

Health, United States, 2011

With Special Feature on Socioeconomic Status and Health



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

Copyright information

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

Suggested citation

National Center for Health Statistics.
Health, United States, 2011: With Special Feature on
Socioeconomic Status and Health. Hyattsville, MD. 2012.

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

Health, United States, 2011

With Special Feature on Socioeconomic Status and Health

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

May 2012
DHHS Publication No. 2012-1232

U.S. Department of Health and Human Services

Kathleen Sebelius
Secretary

Centers for Disease Control and Prevention

Thomas R. Frieden, M.D., M.P.H.
Director

National Center for Health Statistics

Edward J. Sondik, Ph.D.
Director

Preface

Health, United States, 2011 is the 35th report on the health status of the Nation and is submitted by the Secretary of the Department of Health and Human Services to the President and the Congress of the United States in compliance with Section 308 of the Public Health Service Act. This report was compiled by the Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics (NCHS). The National Committee on Vital and Health Statistics served in a review capacity.

The *Health, United States* series presents an annual look at national trends in health statistics. The report contains a Chartbook that assesses the Nation's health by presenting trends and current information on selected measures of morbidity, mortality, health care utilization, health risk factors, prevention, health insurance, and personal health care expenditures. This year's Chartbook includes a Special Feature on Socioeconomic Status and Health. The report also contains 151 Trend Tables organized around four major subject areas: health status and determinants, health care utilization, health care resources, and health care expenditures. A companion product to *Health, United States—Health, United States: In Brief*—features information extracted from the full report. The complete report, *In Brief*, and related data products are available on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

The 2011 Edition

Health, United States, 2011 includes a summary “At a Glance” table that displays selected indicators of health and their determinants, cross-referenced to charts and tables in the report. It also contains a Highlights section, a Chartbook, detailed Trend Tables, extensive Appendixes, and an Index. Major sections of the 2011 report are described below.

Chartbook

The 2011 Chartbook contains 41 charts, including 20 (Figures 22–41) on this year's Special Feature on Socioeconomic Status and Health (SES). This feature includes charts on the relationship between SES and health by using a four-category education variable and a four-category relative family income variable as SES measures. Charts on trends in poverty and differences in relative family income by race and Hispanic origin for children and adults are presented

to provide context for the other charts. This feature explores the SES gradient in health measures for both children and adults and how that gradient differs across racial and ethnic groups. When possible, trend data are presented to examine changes in SES disparities over time. Charts present information on associations between SES and morbidity and mortality, prevention and risk factors, and access to care and health insurance.

Trend Tables

The Chartbook is followed by 151 Trend Tables organized around four major subject areas: health status and determinants, health care utilization, health care resources, and health care expenditures. The tables present data for selected years, to highlight major trends in health statistics. Additional years of data may be available in Excel spreadsheet files on the *Health, United States* website. Trend Tables for which additional data years are available are listed in Appendix III. Comparability across years in *Health, United States* is fostered by including similar Trend Tables in each volume, and timeliness is maintained by improving the content of ongoing tables and adding new tables each year to reflect emerging topics in public health. A key criterion used in selecting these tables is the availability of comparable national data over a period of several years.

Health, United States, 2011 includes eight new Trend Tables on the following subjects:

- Drug poisoning death rates (Table 36), based on data from the National Vital Statistics System.
- Prevalence of health-related behaviors for children 6–11 years of age (Table 66), based on data from the National Survey of Children's Health.
- Prevalence of cigarette smoking (Table 63), selected disability and health status measures (Tables 57 and 58), and selected access to medical care measures (Table 80) by urbanization level, based on data from the National Health Interview Survey and the 2006 NCHS Urban–Rural Classification Scheme for Counties.
- Utilization of colorectal tests and procedures (Table 92), based on data from the National Health Interview Survey.

■ Cost of hospital discharges with common hospital operating room procedures (Table 132), based on data from the Healthcare Cost and Utilization Project.

Appendixes

Appendix I. Data Sources describes each data source used in *Health, United States, 2011* and provides references for further information about the sources. Data sources are listed alphabetically within two broad categories: Government Sources, and Private and Global Sources.

Appendix II. Definitions and Methods is an alphabetical listing of terms used in the report. It also contains information on the methods used in the report.

Appendix III. Additional Data Years Available lists tables for which additional years of trend data are available in Excel spreadsheet files on the *Health, United States* website.

Index

The Index to the Trend Tables and figures is a useful tool for locating data by topic. Tables and figures are cross-referenced by such topics as child and adolescent health; older population 65 years of age and over; women's health; men's health; state data; American Indian and Alaska Native, Asian, black or African American, and Hispanic-origin populations; education; injury; disability; and metropolitan and nonmetropolitan data. Many of the Index topics are also available as conveniently grouped data packages on the *Health, United States* website.

Data Considerations

Racial and Ethnic Data

Many tables in *Health, United States* present data according to race and Hispanic origin, consistent with a Department-wide emphasis on expanding racial and ethnic detail when presenting health data. Trend data on race and ethnicity are presented in the greatest detail possible after taking into account the quality of the data, the amount of missing data, and the number of observations. These issues significantly affect the availability of reportable data for certain populations, such as the Native Hawaiian and Other Pacific Islander population and the American Indian and Alaska Native population. Standards for the classification of federal data on race

and ethnicity are described in an appendix. (See [Appendix II, Race](#).)

Education and Income Data

Many tables in *Health, United States* present data according to SES, using education and family income as proxy measures. Education and income data are generally obtained directly from survey respondents and are not usually available from records-based data collection systems. Categories shown for income data were expanded in *Health, United States, 2010*. State vital statistics systems currently report mother's education on the birth certificate and (based on an informant) decedent's education on the death certificate. (See [Appendix II, Education](#); [Family income](#); [Poverty](#).)

Disability Data

Disability can include the presence of physical or mental impairments that limit a person's ability to perform an important activity and affect the use of or need for supports, accommodations, or interventions to improve functioning. Information on disability in the U.S. population is critical to health planning and policy. Several initiatives are currently under way to coordinate and standardize the measurement of disability across federal data systems. *Health, United States, 2009* introduced the first detailed Trend Table using data from the National Health Interview Survey to create disability measures consistent with two of the conceptual components that have been identified in disability models and legislation: basic actions difficulty and complex activity limitation. Basic actions difficulty captures limitations or difficulties in movement and sensory, emotional, or mental functioning that are associated with a health problem. Complex activity limitation describes limitations or restrictions in a person's ability to participate fully in social role activities such as working or maintaining a household. *Health, United States, 2010* expanded the use of these measures to many of the tables from the National Health Interview Survey and this year's report added two tables on disability measure by urbanization level ([Tables 57 and 58](#)). *Health, United States* also includes the following disability-related information for the civilian noninstitutionalized population: vision and hearing limitations for adults ([Table 55](#)) and disability-related information for Medicare enrollees ([Table 145](#)), Medicaid recipients ([Table 146](#)), and veterans with service-connected disabilities ([Table 148](#)). For more information on disability statistics, see: Altman B, Bernstein A. Disability and health in the United States, 2001–2005.

Hyattsville, MD: NCHS. 2008. Available from:
<http://www.cdc.gov/nchs/data/misc/disability2001-2005.pdf>.

Statistical Significance

All differences between estimates noted in the Highlights section of *Health, United States* were determined to be statistically significant at the 0.05 level using two-sided significance tests (z tests). In the Chartbook, weighted least squares regression was performed to test for the presence of a statistically significant increase or decrease in the estimates during the time period (see [Technical Notes](#) accompanying the Chartbook). Terms such as “similar,” “stable,” and “no difference” indicate that the statistics being compared were not significantly different. Lack of comment regarding the difference between statistics does not necessarily suggest that the difference was tested and found to be not significant. Because statistically significant differences or trends are partly a function of sample size (the larger the sample size, the smaller the change that can be detected), statistically significant differences or trends do not necessarily have public health significance (1).

Overall estimates generally have relatively small standard errors, but estimates for certain population subgroups may be based on small numbers and have relatively large standard errors. Although 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% sample for selected years) and are not subject to sampling error, the counts are subject to random variation, which means that the number of events that actually occur in a given year 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 standard errors or small numbers of events have been noted with an asterisk. The criteria used to designate or suppress unreliable estimates are indicated in the table footnotes.

For NCHS surveys, point estimates and their corresponding variances were calculated using the SUDAAN software package (2), which takes into consideration the complex survey design. Standard errors for other surveys or data sets were computed using the methodology recommended by the programs providing the data or were provided directly by those programs. Standard errors are

available for selected tables in the Excel spreadsheet version on the *Health, United States* website at:
<http://www.cdc.gov/nchs/hus.htm>.

Access to *Health, United States*

Health, United States can be accessed in its entirety at: <http://www.cdc.gov/nchs/hus.htm>. The website is a user-friendly resource for *Health, United States* and related products. In addition to the full report, it contains the *In Brief* companion report and data conveniently grouped by topic. The Chartbook figures are provided as PowerPoint slides, and the Trend Tables and Chartbook data tables as Excel spreadsheet files and individual PDFs. Many Excel spreadsheet files include additional years of data not shown in the printed report, along with standard errors where available. Spreadsheet files for selected tables will be updated on the website as available. Visitors to the website can join the *Health, United States* electronic mailing list to receive announcements about release dates and notices of updates to tables. Previous editions of *Health, United States*, and their Chartbooks, can also be accessed from the website.

Printed copies of *Health, United States* can be purchased from the Government Printing Office at:
<http://bookstore.gpo.gov>.

Questions?

If you have questions about *Health, United States* or related data products, please contact:

Office of Information Services
Information Dissemination Staff
National Center for Health Statistics
Centers for Disease Control and Prevention
3311 Toledo Road, Fifth Floor
Hyattsville, MD 20782
Phone: 1-800-232-4636
E-mail: nchsquery@cdc.gov
Internet: <http://www.cdc.gov/nchs/>

References

1. CDC. Youth Risk Behavior Survey (YRBS): Interpretation of YRBS trend data. 2010. Available from: http://www.cdc.gov/HealthyYouth/yrbs/pdf/YRBS_trend_interpretation.pdf.
2. SUDAAN, release 10.0.1 [computer software]. Research Triangle Park, NC: RTI International. 2009.

Acknowledgments

Overall responsibility for planning and coordinating the content of this volume rested with the National Center for Health Statistics' (NCHS) Office of Analysis and Epidemiology, under the direction of Amy B. Bernstein, Diane M. Makuc, and Linda T. Bilheimer.

Production of *Health, United States, 2011*, including highlights, trend tables, and appendixes, was managed by Amy B. Bernstein, Sheila J. Franco, and Virginia M. Freid. Trend tables were prepared by Mary Ann Bush, Jeanetta E. Churchill, La-Tonya D. Curl, Anne K. Driscoll, Catherine R. Duran, Sheila J. Franco, Virginia M. Freid, Tamyra C. Garcia, Nancy Han, Ji-Eun Kim, Rebecca A. Placek, and Henry Xia, with assistance from Anita L. Powell and Ilene B. Rosen. Appendix II tables and the index were assembled by Anita L. Powell. Production planning and coordination of trend tables were managed by Rebecca A. Placek. Review and clearance books were assembled by Ilene B. Rosen. Administrative and word processing assistance was provided by Lillie C. Featherstone and Danielle Wood.

Production of the *Chartbook* was managed by Virginia M. Freid and Sheila J. Franco. Data and analysis for specific charts were provided by Amy B. Bernstein, Anne K. Driscoll, Sheila J. Franco, Virginia M. Freid, Tamyra C. Garcia, Ji-Eun Kim, Kimberly Lochner, and Elsie Pamuk. Charts were drafted by La-Tonya D. Curl, and data tables were prepared by Rebecca A. Placek. Technical assistance and programming were provided by Mary Ann Bush, La-Tonya D. Curl, Catherine R. Duran, Nancy Han, Xiang Liu, and Henry Xia.

Publication production was performed by CDC/OSELS/NCHS/OD/Office of Information Services, Information Design and Publishing Staff. Project management and editorial review were provided by Barbara J. Wassell. The designer was Sarah M. Hinkle. The cover was designed by Megan Griner. Layout and production were done by Zung T. Le and Jacqueline M. Davis. Design and production for *Health, United States, 2011: In Brief* were provided by Kyung M. Park. Oversight review for publications and electronic products was provided by Christine J. Brown, Tommy C. Seibert, Jr., and Tammy Stewart-Prather. Printing was managed by Patricia L. Wilson, CDC/OCOO/MASO.

Electronic access through the NCHS Internet site was provided by Christine J. Brown, La-Tonya D. Curl, Jacqueline M. Davis, Zung T. Le, Anthony Lipphardt,

Anita L. Powell, Sharon L. Ramirez, Ilene B. Rosen, and Barbara J. Wassell.

Data and technical assistance were provided by staff of the following NCHS organizations: *Division of Health Care Statistics*: Vladislav Beresovsky, Frederic H. Decker, Carol J. DeFrances, Lisa L. Dwyer, Marni J. Hall, Lauren Harris-Kojetin, Maria F. Owings, and Susan M. Schappert; *Division of Health and Nutrition Examination Surveys*: Debra J. Brody, Margaret D. Carroll, Bruce A. Dye, Mark Eberhardt, Jaime J. Gahche, Quiping Gu, Xianfen Li, Cynthia L. Ogden, Ryne Paulose, Sung Sug (Sarah) Yoon, and Chia-Yih Wang; *Division of Health Interview Statistics*: Patricia F. Adams, Veronica E. Benson, Barbara Bloom, Robin A. Cohen, Susan S. Jack, Whitney Kirzinger, Jacqueline Lucas, Michael Martinez, Kathleen S. O'Connor, Jennifer Peregoy, Jeannine Schiller, Charlotte A. Schoenborn, and Brian W. Ward; *Division of Vital Statistics*: Joyce C. Abma, Robert N. Anderson, Elizabeth Arias, Anjani Chandra, Brady Hamilton, Donna L. Hoyert, Kenneth D. Kochanek, Marian MacDorman, Joyce A. Martin, T. J. Mathews, Ari Miniño, Sherry L. Murphy, Michelle Osterman, and Stephanie J. Ventura; *Office of Analysis and Epidemiology*: Lara Akinbami, Li-Hui Chen, Deborah D. Ingram, Susan Lukacs, Patricia Pastor, Laura A. Pratt, Kenneth Schoendorf, Cynthia A. Reuben, Cheryl V. Rose, Rashmi Tandon, Margaret Warner, and Julie Dawson Weeks; *Office of the Center Director*: Juan Albertorio and Francis C. Notzon; and *Office of Research and Methodology*: Meena Khare.

Additional data and technical assistance were provided by the following organizations of the Centers for Disease Control and Prevention (CDC): *Epidemiology Program Office*: Samuel L. Groseclose and Michael Wodajo; *National Center for Chronic Disease Prevention and Health Promotion*: Sonya Gamble, Steve Kinchen, and Karen Pazol; *National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention*: Stacy Cohen, Irene Hall, Alexis Kaigler, Rachel S. Wynn, and Jill Wasserman; *National Center for Immunization and Respiratory Diseases*: Christina Dorell and James A. Singleton; *National Institute for Occupational Safety and Health*: John Myers, Kara Perritt, Roger Rosa, and John Sestito; by the following organizations within the Department of Health and Human Services: *Agency for Healthcare Research and Quality*: Roxanne Andrews, David Kashihara, and Steven R. Machlin; *Centers for Medicare & Medicaid Services*: Joseph Benson, M. Kent Clemens, Cathy A. Cowan, Christine Cox, Maria Diacogiannis,

Micah Hartman, Stephanie L. Hunt, Christopher Kessler, Deborah W. Kidd, Barbara S. Klees, John Klemm, Kimberly Lochner, Maggie S. Murgolo, Jason G. Petroski, Joseph F. Regan, Thomas W. Reilly, Loan Swisher, John A. Wandishin, Benjamin E. Washington, Lekha Whittle, and Lirong Zhao; *National Institutes of Health*: Nancy Breen, Kathy Cronin, Brenda Edwards, Paul W. Eggars, and Marsha Lopez; *Substance Abuse and Mental Health Services Administration*: Jeffrey Buck, James Colliver, Joe Gfroerer, Beth Han, Laura Milazzo-Sayre, and Rita Vandivort-Warren; and by the following governmental and nongovernmental organizations: *U.S. Census Bureau*: Bernadette D. Proctor; *Bureau of Labor Statistics*: Daniel Ginsburg, Jeffrey Schildkraut, Stephen Pegula, Elizabeth Rogers, and Audrey Watson; *Department of Veterans Affairs*: Pheakdey Lim

and Dat Tran; *American Association of Colleges of Pharmacy*: Jennifer M. Patton, Danielle Taylor, and Maureen Thielemans; *American Association of Colleges of Osteopathic Medicine*: Wendy Fernando and Tom Levitan; *American Association of Colleges of Podiatric Medicine*: Moraith G. North; *American Osteopathic Association*: Margaret Harrison; *American Dental Education Association*: Jon D. Ruesch; *Association of American Medical Colleges*: Franc Slapar and Amber Sterling; *Association of Schools and Colleges of Optometry*: Paige Pence and Joanne Zuckerman; *Association of Schools of Public Health*: Kristin Dolinski; *Cowles Research Group*: C. McKeen Cowles; *NOVA Research Company*: Shilpa Bengeri; and *Thomson Reuters*: Rosanna Coffey and Katharine Levit.

SPECIAL ACKNOWLEDGMENTS

Dr. Diane Makuc

and

Ms. Rebecca Placek

All those associated with *Health, United States* would like to give special thanks to Dr. Diane Makuc and Ms. Rebecca Placek, who recently retired from the National Center for Health Statistics.

Dr. Makuc contributed to *Health, United States* for more than 30 years, providing direction and insightful guidance for the report. Her strong grasp of public health issues, knowledge of NCHS data systems, and expertise in statistical methodology were key to ensuring the high quality and continued relevance of this annual report to Congress on the health of the Nation.

For 32 years, Ms. Placek was the anchor of the *Health, United States* production team—keeping this large and complex project well organized and of the highest quality. She managed the entire trend table production process with a wonderful combination of meticulousness and good spirits, and was instrumental in designing systems to track the overall production status of the report.

The *Health, United States* team is truly grateful to both Diane and Becky for their vital and tireless contributions to the report over their many years of association. We miss them dearly and wish them the very best in their retirement!

Contents

Preface	iii	Obesity Among Children	14
Acknowledgments	vi	Overweight and Obesity Among Adults	15
List of Chartbook Figures	xiii	Prevention	15
List of Trend Tables	xv	Influenza and Pneumococcal Vaccination	15
		Mammography Use	16
At a Glance Table and Highlights		Health Insurance	16
At a Glance Table	2	Coverage Among Children	16
Highlights	4	Coverage Among Adults 18–64 Years of Age	17
Special Feature on Socioeconomic Status and Health	4	Utilization and Access	17
Life Expectancy and Mortality	5	Prescription Drug Use	17
Fertility and Natality	5	Emergency Department Visits	18
Health Risk Factors	5	Delay or Nonreceipt of Needed Medical Care or Prescription Drugs due to Cost	18
Measures of Health and Disease Prevalence	6	Health Care Resources	19
Health Care Utilization	6	Patient Care Physicians per Population	19
Urbanization Level: Health Status, Risk Factors, and Access to Care	7	Personal Health Care Expenditures	19
Unmet Need for Medical Care, Prescription Drugs, and Dental Care Due to Cost	7	Source of Funds	19
Health Care Resources	7	Type of Expenditure	20
Health Care Expenditures and Payers	8	Special Feature on Socioeconomic Status and Health	24
Health Insurance Coverage	8	Introduction	24
		Children	
Chartbook With Special Feature on Socioeconomic Status and Health		Background	27
Mortality	10	Child Poverty	27
Life Expectancy at Birth	10	Morbidity	28
Infant Mortality	10	Current Asthma Among Children	28
Selected Causes of Death	11	Attention Deficit Hyperactivity Disorder Among Children	29
Motor Vehicle-related Death Rates	11	Health Risk Factors	30
Natality	12	Child Obesity	30
Teenage Birth Rates	12	Children’s Screen Time	31
Morbidity	12	Prevention	32
Heart Disease Prevalence	12	Babies Who Were Breastfed for 3 Months or More	32
Disability Measures	13	Adolescent Vaccinations	33
Basic Actions Difficulty or Complex Activity Limitation	13	Health Insurance	34
Health Risk Factors	13	Uninsured Children	34
Current Cigarette Smoking	13	Utilization and Access	35
Uncontrolled High Blood Pressure	14	Dental Visits Among Children	35

Adults	
Background	36
Adult Poverty	36
Mortality	37
Life Expectancy at Age 25	37
Morbidity	38
Depression	38
Edentulism (Lack of Natural Teeth)	39
Two or More Selected Chronic Health Conditions	40
Disability Measures	41
Basic Actions Difficulty or Complex Activity Limitation	41
Health Risk Factors	42
Adult Obesity	42
Current Cigarette Smoking	43
Prevention	44
Colorectal Tests or Procedures	44
Health Insurance	45
Uninsured Adults	45
Access to Care	46
Delay or Nonreceipt of Medical Care in the Past 12 Months Due to Cost	46
Technical Notes	47
Data Tables for Special Feature: Figures 22–41	49

Trend Tables

Health Status and Determinants	71
Population	71
Fertility and Natality	76
Mortality	98
Determinants and Measures of Health	170
Utilization of Health Resources	268
Ambulatory Care	268
Inpatient Care	328
Health Care Resources	349
Personnel	349
Facilities	357
Health Care Expenditures and Payers	368
National Health Expenditures	368
Health Care Coverage and Major Federal Programs	395
State Health Expenditures and Health Insurance	419

Appendixes

Appendix Contents	425
Appendix I. Data Sources	429
Appendix II. Definitions and Methods	485
Appendix III. Additional Data Years Available	550

Index

Index	555
-----------------	-----

List of Chartbook Figures

Mortality

- Figure 1. Life expectancy** at birth, by race and sex and Hispanic origin: United States, 1980–2008 . . . 10
- Figure 2. Infant, neonatal, and postneonatal mortality** rates: United States, 1998–2008 10
- Figure 3. Death rates** for selected causes of death for all ages, by sex: United States, 1998–2008 11
- Figure 4. Motor vehicle-related death rates** among persons 15–24 years of age, by sex and age: United States, 1998–2008 11

Nativity

- Figure 5. Teenage childbearing**, by maternal age and race and Hispanic origin: United States, 1998–2008 12

Morbidity

- Figure 6.** Respondent-reported lifetime **heart disease** prevalence among adults 18 years of age and over, by sex and age: United States, 1999–2000 through 2009–2010 12

Disability Measures

- Figure 7. Basic actions difficulty or complex activity limitation** among adults 18 years of age and over, by sex and age: United States, 2000–2010 13

Health Risk Factors

- Figure 8.** Current **cigarette smoking** among high school seniors and adults 18 years of age and over, by sex and age: United States, 2000–2010 13
- Figure 9. Uncontrolled high blood pressure** among adults 20 years of age and over for persons with hypertension, by sex and age: United States, 1988–1994, 1999–2002, and 2007–2010 14
- Figure 10. Obesity** among children, by age: United States, 1988–1994 through 2009–2010 . . . 14
- Figure 11. Overweight and obesity** among adults 20 years of age and over, by sex: United States, 1988–1994, 1999–2002, and 2007–2010 15

Prevention

- Figure 12. Influenza and pneumococcal vaccination** among adults, by type of vaccination and age: United States, 2000–2010 15
- Figure 13. Mammography** use in the past 2 years among women 40 years of age and over, by age: United States, 2000–2010 16

Health Insurance

- Figure 14. Health insurance coverage** among children under 18 years of age, by type of coverage: United States, 2000–2010 16
- Figure 15. Health insurance coverage** among adults 18–64 years of age, by age and type of coverage: United States, 2000–2010 17

Utilization and Access

- Figure 16.** Use of **three or more prescription drugs** in the past 30 days, by sex and age: United States, 1988–1994, 1999–2002, and 2005–2008 17
- Figure 17.** Any **emergency department visit** within the past 12 months, by age and type of coverage: United States, 2000–2010 18
- Figure 18. Delay or nonreceipt of needed medical care or prescription drugs** in the past 12 months due to cost among adults 18–64 years of age, by type of coverage: United States, 2000–2010 . . . 18

Health Care Resources

- Figure 19.** Patient care **physicians** per 10,000 population, by state: United States, 2009 Personal Health Care Expenditures 19

Personal Health Care Expenditures

- Figure 20. Personal health care expenditures**, by source of funds: United States, 1999–2009 19
- Figure 21. Personal health care expenditures**, by type of expenditure: United States, 1999–2009 . . 20

Special Feature on Socioeconomic Status and Health

Children

- Figure 22.** Children under 18 years of age, by percent of **poverty** level and race and Hispanic origin: United States, 1990–2010 27
- Figure 23.** Current **asthma** among children under 18 years of age, by race and Hispanic origin and percent of poverty level: United States, 2009–2010 28
- Figure 24. Attention deficit hyperactivity disorder** among children 5–17 years of age, by race and Hispanic origin and percent of poverty level: United States, 2009–2010 29
- Figure 25. Obesity** among children 2–19 years of age, by sex of child and education level of head of household: United States, 1988–1994 and 2007–2010 30
- Figure 26.** Children 6–11 years of age who engaged in more than 2 hours of **screen time** daily, by sex and percent of poverty level: United States, average annual, 2003 and 2007 31

Figure 27. Babies breastfed 3 months or more among mothers 22–44 years of age, by mother’s education level: United States, 1992–1994 through 2002–2004	32
Figure 28. Vaccinations among adolescents 13–17 years of age, by type of vaccine and percent of poverty level: United States, 2009	33
Figure 29. No health insurance coverage among children under 18 years of age, by percent of poverty level and race and Hispanic origin: United States, 2000–2010	34
Figure 30. Dental visits in the past year among children 2–17 years of age, by percent of poverty level and race and Hispanic origin: United States, 2000–2010	35

Adults

Figure 31. Adults 18 years of age and over, by percent of poverty level and race and Hispanic origin: United States, 1990–2010	36
Figure 32. Life expectancy at age 25 , by sex and education level: United States, 1996 and 2006	37
Figure 33. Depression among adults 20 years of age and over, by age and percent of poverty level: United States, 2005–2010	38
Figure 34. Edentulism (lack of natural teeth) among adults 45 years of age and over, by age and percent of poverty level: United States, 2000–2010	39
Figure 35. Two or more selected chronic health conditions among adults 45–64 years of age, by percent of poverty level: United States, 1999–2000 and 2009–2010	40
Figure 36. Basic actions difficulty or complex activity limitation among adults 18 years of age and over, by age and percent of poverty level: United States, 2000–2010	41
Figure 37. Obesity among adults 25 years of age and over, by sex and education level: United States, 1988–1994 and 2007–2010	42
Figure 38. Current cigarette smoking among adults 25 years of age and over, by age and education level: United States, 2000–2010.	43
Figure 39. Colorectal tests or procedures among adults 50–75 years of age, by education level: United States, 2000–2010	44
Figure 40. No health insurance coverage among adults 18–64 years of age, by percent of poverty level and race and Hispanic origin: United States, 2000–2010	45
Figure 41. Delay or nonreceipt of needed medical care in the past 12 months due to cost among adults 18–64 years of age, by percent of poverty level and race and Hispanic origin: United States, 2000–2010	46

Summary List of Trend Tables by Topic

Tables 1–151

Population (Tables 1 and 2)

Resident population
Persons in poverty

Fertility and Natality (Tables 3–14)

Births
Low birthweight
Breastfeeding
and more . . .

Mortality (Tables 15–42)

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

Determinants and Measures of Health (Tables 43–76)

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

Ambulatory Care (Tables 77–101)

Visits: health care, dentists, emergency departments
and more . . .
Prevention: mammograms, pap smears, vaccinations

Inpatient Care (Tables 102–108)

Hospital stays and procedures
Nursing homes
and more . . .

Personnel (Tables 109–115)

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

Facilities (Tables 116–123)

Hospitals
Nursing homes
and more . . .

National Health Expenditures (Tables 124–137)

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

Health Care Coverage and Major Federal Programs (Tables 138–148)

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

State Health Expenditures and Health Insurance (Tables 149–151)

Medicare, Medicaid, HMO expenditures and enrollees
Uninsured persons

List of Trend Tables

Health Status and Determinants

Population

Table 1. Resident population , by age, sex, race, and Hispanic origin: United States, selected years 1950–2009	71
Table 2. Persons below poverty level, by selected characteristics, race, and Hispanic origin: United States, selected years 1973–2009	74

Fertility and Natality

Table 3. Crude birth rates, fertility rates , and birth rates , by age, race, and Hispanic origin of mother: United States, selected years 1950–2008	76
Table 4. Live births , by plurality and detailed race and Hispanic origin of mother: United States, selected years 1970–2008	79
Table 5. Prenatal care for live births, by detailed race and Hispanic origin of mother: United States, selected reporting areas 2007 and 2008	80
Table 6. Teenage childbearing , by age and detailed race and Hispanic origin of mother: United States, selected years 1970–2008	81
Table 7. Nonmarital childbearing , by detailed race and Hispanic origin of mother, and maternal age: United States, selected years 1970–2008	83
Table 8. Mothers who smoked cigarettes during pregnancy, by selected characteristics: United States, selected reporting areas 2007 and 2008	84
Table 9. Low birthweight live births, by detailed race, Hispanic origin, and smoking status of mother: United States, selected years 1970–2008	85
Table 10. Low birthweight live births among mothers 20 years of age and over, by detailed race, Hispanic origin, and education of mother: United States, selected reporting areas 2007 and 2008	86
Table 11. Low birthweight live births, by race and Hispanic origin of mother, and state: United States, 2000–2002, 2003–2005, and 2006–2008	88
Table 12. Legal abortions and legal abortion ratios , by selected patient characteristics: United States, selected years 1973–2007	90
Table 13. Contraceptive use in the past month among women 15–44 years of age, by age, race and Hispanic origin, and method of contraception: United States, selected years 1982–2008	92
Table 14. Breastfeeding among mothers 15–44 years of age, by year of baby's birth and selected characteristics of mother: United States, average annual 1986–1988 through 2002–2004	97

Mortality

Table 15. Infant, neonatal, and postneonatal mortality rates , by detailed race and Hispanic origin of mother: United States, selected years 1983–2007	98
Table 16. Infant mortality rates , by birthweight: United States, selected years 1983–2007	99
Table 17. Infant mortality rates , fetal mortality rates, and perinatal mortality rates, by race: United States, selected years 1950–2008	100
Table 18. Infant mortality rates , by race and Hispanic origin of mother, and state: United States, average annual 1989–1991, 2002–2004, and 2005–2007	101
Table 19. Neonatal mortality rates , by race and Hispanic origin of mother, and state: United States, average annual 1989–1991, 2002–2004, and 2005–2007	103
Table 20. Infant mortality rates and international rankings: Organisation for Economic Co-operation and Development (OECD) countries, selected years 1960–2008	105
Table 21. Life expectancy at birth and at 65 years of age, by sex: Organisation for Economic Co-operation and Development (OECD) countries, selected years 1980–2009	106
Table 22. Life expectancy at birth, at 65 years of age, and at 75 years of age, by sex, race, and Hispanic origin: United States, selected years 1900–2009	108
Table 23. Age-adjusted death rates , by race, Hispanic origin, and state: United States, average annual 1979–1981, 1989–1991, and 2006–2008	110
Table 24. Age-adjusted death rates for selected causes of death, by sex, race, and Hispanic origin: United States, selected years 1950–2008	112
Table 25. Years of potential life lost before age 75 for selected causes of death, by sex, race, and Hispanic origin: United States, selected years 1980–2008	116
Table 26. Leading causes of death and numbers of deaths, by sex, race, and Hispanic origin: United States, 1980 and 2008	120
Table 27. Leading causes of death and numbers of deaths, by age: United States, 1980 and 2008	124
Table 28. Age-adjusted death rates , by race, sex, region, and urbanization level: United States, average annual, selected years 1996–1998 through 2006–2008	126
Table 29. Death rates for all causes, by sex, race, Hispanic origin, and age: United States, selected years 1950–2008	129

Table 30. Death rates for diseases of heart , by sex, race, Hispanic origin, and age: United States, selected years 1950–2008	133
Table 31. Death rates for cerebrovascular diseases , by sex, race, Hispanic origin, and age: United States, selected years 1950–2008	136
Table 32. Death rates for malignant neoplasms , by sex, race, Hispanic origin, and age: United States, selected years 1950–2008	139
Table 33. Death rates for malignant neoplasms of trachea, bronchus, and lung , by sex, race, Hispanic origin, and age: United States, selected years 1950–2008	143
Table 34. Death rates for malignant neoplasm of breast among females, by race, Hispanic origin, and age: United States, selected years 1950–2008	146
Table 35. Death rates for human immunodeficiency virus (HIV) disease , by sex, race, Hispanic origin, and age: United States, selected years 1987–2008	148
Table 36. Death rates for drug poisoning and drug poisoning involving opioid analgesics , by sex, age, race, and Hispanic origin: United States, selected years 1999–2008	150
Table 37. Death rates for motor vehicle-related injuries , by sex, race, Hispanic origin, and age: United States, selected years 1950–2008	153
Table 38. Death rates for homicide , by sex, race, Hispanic origin, and age: United States, selected years 1950–2008	157
Table 39. Death rates for suicide , by sex, race, Hispanic origin, and age: United States, selected years 1950–2008	161
Table 40. Death rates for firearm-related injuries , by sex, race, Hispanic origin, and age: United States, selected years 1970–2008	164
Table 41. Deaths from selected occupational diseases among persons 15 years of age and over: United States, selected years 1980–2008	167
Table 42. Occupational fatal injuries and rates, by industry, sex, age, race, and Hispanic origin: United States, selected years 1995–2009	168
Determinants and Measures of Health	
Table 43. Nonfatal occupational injuries and illnesses with days away from work, job transfer, or restriction, by industry: United States, selected years 2003–2009	170
Table 44. Selected notifiable disease rates and number of new cases: United States, selected years 1950–2009	171
Table 45. Acquired immunodeficiency syndrome (AIDS) diagnoses, by year of diagnosis and selected characteristics: United States, 2006–2009	173

Table 46. Health conditions among children under 18 years of age, by selected characteristics: United States, average annual, selected years 1997–1999 through 2008–2010	176
Table 47. Age-adjusted cancer incidence rates for selected cancer sites, by sex, race, and Hispanic origin: United States, selected geographic areas, selected years 1990–2008	181
Table 48. Five-year relative cancer survival rates for selected cancer sites, by race and sex: United States, selected geographic areas, selected years 1975–1977 through 2001–2007	184
Table 49. Respondent-reported prevalence of heart disease, cancer, and stroke among adults 18 years of age and over, by selected characteristics: United States, average annual, selected years 1997–1998 through 2009–2010	185
Table 50. Diabetes prevalence and glycemic control among adults 20 years of age and over, by sex, age, and race and Hispanic origin: United States, selected years 1988–1994 through 2003–2006	188
Table 51. End-stage renal disease patients , by selected characteristics: United States, selected years 1980–2008	190
Table 52. Severe headache or migraine, low back pain, and neck pain among adults 18 years of age and over, by selected characteristics: United States, selected years 1997–2010	192
Table 53. Joint pain among adults 18 years of age and over, by selected characteristics: United States, selected years 2002–2010	195
Table 54. Basic actions difficulty and complex activity limitation among adults 18 years of age and over, by selected characteristics: United States, selected years 1997–2010	200
Table 55. Vision and hearing limitations among adults 18 years of age and over, by selected characteristics: United States, selected years 1997–2010	202
Table 56. Respondent-assessed health status , by selected characteristics: United States, selected years 1991–2010	205
Table 57. Selected measures of disability and health status among adults 18–64 years of age, by urbanization level and selected characteristics: United States, average annual, 2002–2004 through 2008–2010	207
Table 58. Selected measures of disability and health status among adults 65 years of age and over, by urbanization level and selected characteristics: United States, average annual, 2002–2004 through 2008–2010	212

Table 59. Serious psychological distress in the past 30 days among adults 18 years of age and over, by selected characteristics: United States, average annual, selected years 1997–1998 through 2009–2010	217
Table 60. Current cigarette smoking among adults 18 years of age and over, by sex, race, and age: United States, selected years 1965–2010	219
Table 61. Age-adjusted prevalence of current cigarette smoking among adults 25 years of age and over, by sex, race, and education level: United States, selected years 1974–2010	221
Table 62. Current cigarette smoking among adults, by sex, race, Hispanic origin, age, and education level: United States, average annual, selected years 1990–1992 through 2008–2010	222
Table 63. Current cigarette smoking among adults 18–64 years of age, by urbanization level and selected characteristics: United States, average annual, 2002–2004 through 2008–2010	225
Table 64. Use of selected substances in the past month among persons 12 years of age and over, by age, sex, race, and Hispanic origin: United States, selected years 2002–2009	230
Table 65. Use of selected substances among high school seniors, 10th graders, and 8th graders, by sex and race: United States, selected years 1980–2010	232
Table 66. Health-related behaviors of children 6–11 years of age, by selected characteristics: United States, 2003 and 2007	235
Table 67. Health risk behaviors among students in grades 9–12, by sex, grade level, race, and Hispanic origin: United States, selected years 1991–2009	237
Table 68. Heavier drinking and drinking five or more drinks in a day among adults 18 years of age and over, by selected characteristics: United States, selected years 1997–2010	239
Table 69. Selected health conditions and risk factors: United States, selected years 1988–1994 through 2009–2010	242
Table 70. Hypertension among persons 20 years of age and over, by selected characteristics: United States, selected years 1988–1994 through 2007–2010	244
Table 71. Cholesterol among persons 20 years of age and over, by selected characteristics: United States, selected years 1988–1994 through 2007–2010	246
Table 72. Mean energy and macronutrient intake among persons 20 years of age and over, by sex and age: United States, selected years 1971–1974 through 2005–2008	250

Table 73. Participation in leisure-time aerobic and muscle-strengthening activities that meet the 2008 federal Physical Activity Guidelines for adults 18 years of age and over, by selected characteristics: United States, selected years 1998–2010	252
Table 74. Healthy weight, overweight, and obesity among persons 20 years of age and over, by selected characteristics: United States, selected years 1960–1962 through 2007–2010	257
Table 75. Obesity among children and adolescents 2–19 years of age, by selected characteristics: United States, selected years 1963–1965 through 2007–2010	264
Table 76. Untreated dental caries , by selected characteristics: United States, selected years 1971–1974 through 2005–2008	266

Utilization of Health Resources

Ambulatory Care

Table 77. No usual source of health care among children under 18 years of age, by selected characteristics: United States, average annual, selected years 1993–1994 through 2009–2010	268
Table 78. No usual source of health care among adults 18–64 years of age, by selected characteristics: United States, average annual, selected years 1993–1994 through 2009–2010	270
Table 79. Reduced access to medical care, dental care, and prescription drugs during the past 12 months due to cost, by selected characteristics: United States, selected years 1997–2010	272
Table 80. Selected measures of access to medical care among adults 18–64 years of age, by urbanization level and selected characteristics: United States, average annual, 2002–2004 through 2008–2010	275
Table 81. Reduced access to medical care during the past 12 months due to cost, by state: 25 largest states and United States, average annual, selected years 1997–1998 through 2009–2010	278
Table 82. No health care visits to an office or clinic within the past 12 months among children under 18 years of age, by selected characteristics: United States, average annual, selected years 1997–1998 through 2009–2010	279
Table 83. Health care visits to doctor offices, emergency departments, and home visits within the past 12 months, by selected characteristics: United States, selected years 1997–2010	281
Table 84. Influenza vaccination among adults 65 years of age and over: Selected Organisation for Economic Co-operation and Development (OECD) countries, 1998–2009	284

Table 85. Vaccination coverage among children 19–35 months of age for selected diseases, by race, Hispanic origin, poverty level, and location of residence in metropolitan statistical area: United States, selected years 1995–2009 **285**

Table 86. Vaccination coverage among children 19–35 months of age, by state and selected urban area: United States, selected years 2002–2009 . . . **288**

Table 87. Vaccination coverage among adolescents 13–17 years of age for selected diseases, by selected characteristics: United States, 2006–2009 **290**

Table 88. Influenza vaccination among adults 18 years of age and over, by selected characteristics: United States, selected years 1989–2010 **291**

Table 89. Pneumococcal vaccination among adults 18 years of age and over, by selected characteristics: United States, selected years 1989–2010 **293**

Table 90. Use of mammography among women 40 years of age and over, by selected characteristics: United States, selected years 1987–2010 **295**

Table 91. Use of Pap smears among women 18 years of age and over, by selected characteristics: United States, selected years 1987–2010 **298**

Table 92. Use of colorectal tests or procedures among adults 50–75 years of age, by selected characteristics: United States, selected years 2000–2010 **303**

Table 93. Emergency department visits within the past 12 months among children under 18 years of age, by selected characteristics: United States, selected years 1997–2010 **305**

Table 94. Emergency department visits within the past 12 months among adults 18 years of age and over, by selected characteristics: United States, selected years 1997–2010 **309**

Table 95. Initial injury-related visits to hospital emergency departments, by sex, age, and intent and mechanism of injury: United States, average annual, selected years 2005–2006 and 2008–2009 **312**

Table 96. Visits to physician offices, hospital outpatient departments, and hospital emergency departments, by age, sex, and race: United States, selected years 1995–2009 **314**

Table 97. Visits to primary care generalist and specialist physicians, by selected characteristics and type of physician: United States, selected years 1980–2009 **317**

Table 98. Dental visits in the past year, by selected characteristics: United States, selected years 1997–2010 **319**

Table 99. Prescription drug use in the past 30 days, by sex, age, race and Hispanic origin: United States, selected years 1988–1994 through 2005–2008 . . . **321**

Table 100. Selected prescription drug classes used in the past 30 days, by sex and age: United States, selected years 1988–1994 through 2005–2008 . . . **323**

Table 101. Dietary supplement use among persons 20 years of age and over, by selected characteristics: United States, selected years 1988–1994 through 2005–2008 **326**

Inpatient Care

Table 102. Persons with hospital stays in the past year, by selected characteristics: United States, selected years 1997–2010 **328**

Table 103. Discharges, days of care, and average length of stay in nonfederal short-stay hospitals, by selected characteristics: United States, selected years 1980 through 2008–2009 **332**

Table 104. Discharges in nonfederal short-stay hospitals, by sex, age, and selected first-listed diagnosis: United States, selected years 1990 through 2008–2009 **335**

Table 105. Discharge rate in nonfederal short-stay hospitals, by sex, age, and selected first-listed diagnosis: United States, selected years 1990 through 2008–2009 **338**

Table 106. Average length of stay in nonfederal short-stay hospitals, by sex, age, and selected first-listed diagnosis: United States, selected years 1990 through 2008–2009 **341**

Table 107. Discharges with at least one procedure in nonfederal short-stay hospitals, by sex, age, and selected procedures: United States, selected years 1990 through 2008–2009 **344**

Table 108. Hospital admissions, average length of stay, outpatient visits, and outpatient surgery, by type of ownership and size of hospital: United States, selected years 1975–2009 **348**

Health Care Resources

Personnel

Table 109. Active physicians and physicians in patient care, by state: United States, selected years 1975–2009 **349**

Table 110. Doctors of medicine, by place of medical education and activity: United States and outlying U.S. areas, selected years 1975–2009 **350**

Table 111. Doctors of medicine in primary care, by specialty: United States and outlying U.S. areas, selected years 1949–2009 **351**

Table 112. Active dentists, by state: United States, selected years 1993–2008 **352**

Table 113. Health care employment and wages, by selected occupations: United States, selected years 2001–2010 **353**

Table 114. First-year enrollment and graduates of health professions schools, and number of schools, by selected profession: United States, selected academic years 1980–1981 through 2008–2009 **354**

Table 115. Total enrollment in schools for selected health occupations, by race and Hispanic origin: United States, selected academic years 1980–1981 through 2008–2009 **355**

Facilities

Table 116. Hospitals, beds, and occupancy rates, by type of ownership and size of hospital: United States, selected years 1975–2009 **357**

Table 117. Mental health organizations and beds for 24-hour hospital and residential treatment, by type of organization: United States, selected years 1986–2008 **358**

Table 118. Community hospital beds and average annual percent change, by state: United States, selected years 1960–2009 **359**

Table 119. Occupancy rates in community hospitals and average annual percent change, by state: United States, selected years 1960–2009 **360**

Table 120. Nursing homes, beds, residents, and occupancy rates, by state: United States, selected years 1995–2010 **361**

Table 121. Certified intermediate care facilities and specialty hospitals, number of facilities and beds, by state: United States, selected years 1995–2010 **363**

Table 122. Medicare-certified providers and suppliers: United States, selected years 1975–2009 **365**

Table 123. Number of magnetic resonance imaging (MRI) units and computed tomography (CT) scanners: Selected countries, selected years 1990–2009 **366**

Health Care Expenditures and Payers

National Health Expenditures

Table 124. Total health expenditures as a percentage of gross domestic product and per capita health expenditures in dollars, by selected countries: Selected years 1960–2009 **368**

Table 125. Gross domestic product, national health expenditures, per capita amounts, percent distribution, and average annual percent change: United States, selected years 1960–2009 **370**

Table 126. Consumer Price Index and average annual percent change for all items, selected items, and medical care components: United States, selected years 1960–2010 **371**

Table 127. Growth in personal health care expenditures and percent distribution of factors affecting growth: United States, 1960–2009 . . . **373**

Table 128. National health expenditures, average annual percent change, and percent distribution, by type of expenditure: United States, selected years 1960–2009 **374**

Table 129. Personal health care expenditures, by source of funds and type of expenditure: United States, selected years 1960–2009 **376**

Table 130. National health expenditures for mental health services, average annual percent change and percent distribution, by type of expenditure: United States, selected years 1986–2005 **379**

Table 131. National health expenditures for substance abuse treatment, average annual percent change and percent distribution, by type of expenditure: United States, selected years 1986–2005 **380**

Table 132. Cost of hospital discharges with common hospital **operating room procedures** in nonfederal community hospitals, by age and selected principal procedure: United States, selected years 2000–2009 **381**

Table 133. Expenses for health care and prescribed medicine, by selected population characteristics: United States, selected years 1987–2008 **384**

Table 134. Sources of payment for health care, by selected population characteristics: United States, selected years 1987–2008 **387**

Table 135. Out-of-pocket health care expenses among persons with medical expenses, by age: United States, selected years 1987–2008 **390**

Table 136. Expenditures for health services and supplies and percent distribution, by sponsor: United States, selected years 1987–2009 **391**

Table 137. Employers' costs per employee-hour worked for total compensation, wages and salaries, and **health insurance**, by selected characteristics: United States, selected years 1991–2011 **393**

Health Care Coverage and Major Federal Programs

Table 138. Private health insurance coverage among persons under 65 years of age, by selected characteristics: United States, selected years 1984–2010 **395**

Table 139. Private health insurance coverage obtained through the workplace among persons under 65 years of age, by selected characteristics: United States, selected years 1984–2010 **398**

Table 140. Medicaid coverage among persons under 65 years of age, by selected characteristics: United States, selected years 1984–2010 **401**

Table 141. No health insurance coverage among persons under 65 years of age, by selected characteristics: United States, selected years 1984–2010	404
Table 142. Health insurance coverage of Medicare beneficiaries 65 years of age and over, by type of coverage and selected characteristics: United States, selected years 1992–2008	407
Table 143. Medicare enrollees and expenditures and percent distribution, by Medicare program and type of service: United States and other areas, selected years 1970–2010	409
Table 144. Medicare enrollees and program payments among fee-for-service Medicare beneficiaries, by sex and age: United States and other areas, selected years 1994–2009	411
Table 145. Medicare beneficiaries, by race, Hispanic origin, and selected characteristics: United States, selected years 1992–2007	412
Table 146. Medicaid beneficiaries and payments, by basis of eligibility, and race and Hispanic origin: United States, selected fiscal years 1999–2009	414
Table 147. Medicaid beneficiaries and payments, by type of service: United States, selected fiscal years 1999–2009	416
Table 148. Department of Veterans Affairs health care expenditures and use, and persons treated, by selected characteristics: United States, selected fiscal years 1970–2010	417

State Health Expenditures and Health Insurance

Table 149. Medicare enrollees, enrollees in managed care, payment per enrollee, and short-stay hospital utilization, by state: United States, selected years 1994–2009	419
Table 150. Medicaid beneficiaries, beneficiaries in managed care, payments per beneficiary, and beneficiaries per 100 persons below the poverty level, by state: United States, selected fiscal years 1999–2009	421
Table 151. Persons without health insurance coverage , by state: United States, average annual, selected years 1995–1997 through 2007–2009	422

At a Glance Table and Highlights

Health, United States, 2011: At a Glance

	Value (year)			Health, United States, 2011 Figure/Table no.
Life Expectancy and Mortality				
Life Expectancy in years				Figure 1/Table 22
At birth	76.8 (2000)	77.9 (2007)	78.5 (2009)	
At 65 years	17.6 (2000)	18.6 (2007)	19.2 (2009)	
Infant deaths per 1,000 live births				Figure 2/Table 17
All infants	6.91 (2000)	6.75 (2007)	6.61 (2008)	
Deaths per 100,000 population, age-adjusted				Table 24
All causes	869.0 (2000)	760.2 (2007)	758.3 (2008)	
Heart disease	257.6 (2000)	190.9 (2007)	186.5 (2008)	
Cancer	199.6 (2000)	178.4 (2007)	175.3 (2008)	
Stroke	60.9 (2000)	42.2 (2007)	40.7 (2008)	
Chronic lower respiratory diseases	44.2 (2000)	40.8 (2007)	44.0 (2008)	
Unintentional injuries	34.9 (2000)	40.0 (2007)	38.8 (2008)	
Motor-vehicle	15.4 (2000)	14.4 (2007)	12.9 (2008)	
Diabetes	25.0 (2000)	22.5 (2007)	21.8 (2008)	
Morbidity and Risk Factors				
Fair or poor health, percent				Table 56
All ages	8.9 (2000)	9.9 (2009)	10.1 (2010)	
65 years and over	26.9 (2000)	24.0 (2009)	24.4 (2010)	
Heart disease, percent				Table 49
18 years and over	10.9 (1999–2000)	11.6 (2007–2008)	11.8 (2009–2010)	
65 years and over	29.6 (1999–2000)	31.8 (2007–2008)	30.4 (2009–2010)	
Cancer (ever had), percent				Table 49
18 years and over	4.9 (1999–2000)	5.8 (2007–2008)	6.3 (2009–2010)	
65 years and over	15.2 (1999–2000)	17.0 (2007–2008)	18.1 (2009–2010)	
Hypertension, ¹ percent				Table 69
20 years and over	28.9 (1999–2000)	32.6 (2007–2008)	31.9 (2009–2010)	
High serum total cholesterol, ² percent				Table 69
20 years and over	17.7 (1999–2000)	14.6 (2007–2008)	13.6 (2009–2010)	
Obese, percent				Figures 10 and 11/Table 69
Obese, ³ 20 years and over	30.3 (1999–2000)	33.9 (2007–2008)	35.9 (2009–2010)	
Obese (BMI at or above sex- and age-specific 95th percentile):				
2–5 years	10.3 (1999–2000)	10.1 (2007–2008)	12.1 (2009–2010)	
6–11 years	15.1 (1999–2000)	19.6 (2007–2008)	18.0 (2009–2010)	
12–19 years	14.8 (1999–2000)	18.1 (2007–2008)	18.4 (2009–2010)	
Cigarette smoking, percent				Figure 8/Table 60
18 years and over	23.2 (2000)	20.6 (2009)	19.3 (2010)	
Aerobic activity and muscle strengthening, ⁴ percent				Table 73
18 years and over	15.1 (2000)	18.8 (2009)	20.4 (2010)	
Health Care Utilization				
No health care visit in past 12 months, percent				Table 83
Under 18 years	12.3 (2000)	9.1 (2009)	8.1 (2010)	
18–44 years	23.4 (2000)	22.6 (2009)	24.2 (2010)	
45–64 years	14.9 (2000)	15.3 (2009)	14.8 (2010)	
65 years and over	7.4 (2000)	4.7 (2009)	5.3 (2010)	

Health, United States, 2011: At a Glance

	Value (year)			Health, United States, 2011 Figure/Table no.
Emergency room visit in past 12 months, percent				
				Tables 93 and 94
Under 18 years	20.3 (2000)	20.8 (2009)	22.1 (2010)	
18–44 years	20.5 (2000)	22.0 (2009)	22.0 (2010)	
45–64 years	17.6 (2000)	18.4 (2009)	19.2 (2010)	
65 years and over	23.7 (2000)	24.9 (2009)	23.7 (2010)	
Dental visit in past year, percent				
				Table 98
2–17 years	74.1 (2000)	78.4 (2009)	78.9 (2010)	
18–64 years	65.1 (2000)	62.0 (2009)	61.1 (2010)	
65 years and over	56.6 (2000)	59.6 (2009)	57.7 (2010)	
Prescription drug in past 30 days, percent				
				Table 99
Under 18 years	23.9 (2001–2004)	---	25.3 (2005–2008)	
18–44 years	37.7 (2001–2004)	---	37.8 (2005–2008)	
45–64 years	66.2 (2001–2004)	---	64.8 (2005–2008)	
65 years and over	87.3 (2001–2004)	---	90.1 (2005–2008)	
Hospitalization in past year, percent				
				Table 102
18–44 years	7.0 (2000)	6.7 (2009)	6.3 (2010)	
45–64 years	8.4 (2000)	8.5 (2009)	8.3 (2010)	
65 years and over	18.2 (2000)	17.1 (2009)	16.1 (2010)	
Health Insurance and Access to Care				
Uninsured, percent				
				Figures 14 and 15/Table 141
Under 65 years	17.0 (2000)	17.5 (2009)	18.2 (2010)	
Under 18 years	12.6 (2000)	8.2 (2009)	7.8 (2010)	
18–44 years	22.4 (2000)	25.9 (2009)	27.1 (2010)	
45–64 years	12.6 (2000)	14.6 (2009)	15.7 (2010)	
Delayed or did not receive needed medical care in past 12 months due to cost, percent				
				Figure 18/Table 79
Under 18 years	4.6 (2000)	5.2 (2009)	4.4 (2010)	
18–44 years	9.5 (2000)	15.1 (2009)	14.5 (2010)	
45–64 years	8.8 (2000)	15.1 (2009)	14.9 (2010)	
65 years and over	4.5 (2000)	5.1 (2009)	5.0 (2010)	
Health Care Resources				
Patient care physicians per 10,000 population				
				Figure 19/Table 109
United States	22.7 (2000)	25.7 (2008)	25.4 (2009)	
Highest state	34.4 (MA) (2000)	39.7 (MA) (2008)	39.6 (MA) (2009)	
Lowest state	14.4 (ID) (2000)	17.0 (ID) (2008)	17.3 (MS) (2009)	
Community hospital beds per 1,000 population				
				Table 118
United States	2.9 (2000)	---	2.6 (2009)	
Highest state	6.0 (ND) (2000)	---	5.2 (ND) (2009)	
Lowest state	1.9 (NM,NV,OR,UT,WA) (2000)	---	1.7 (OR,WA) (2009)	
Expenditures				
Personal health care expenditures, dollars				
				Figure 21/Table 129
Total in trillions	\$1.2 (2000)	\$2.0 (2008)	\$2.1 (2009)	
Per capita	\$4,122 (2000)	\$6,552 (2008)	\$6,797 (2009)	

--- Data not available. ¹Having measured high blood pressure (systolic pressure of at least 140 mm Hg or diastolic pressure of at least 90 mm Hg) and/or taking antihypertensive medication. ²Having high serum total cholesterol of 240 mg/dl or greater. ³Obesity is a body mass index (BMI) greater than or equal to 30. Height and weight are measured.

⁴Meeting 2008 federal guidelines for aerobic activity and muscle strengthening.

NOTES: Some estimates are from the Excel spreadsheet version of the cited table and are not shown in the PDF version or in the printed version. For more information, data sources, notes, and the Excel version of the spreadsheet, see the complete report, *Health, United States, 2011*, available from: <http://www.cdc.gov/nchs/hus.htm>.

Special Feature on Socioeconomic Status and Health

Children

In 2007–2010, **obesity** among boys and girls 2–19 years of age decreased with increasing **education of the head of household**. In households where the head had less than a high school education, 24% of boys and 22% of girls were obese, compared with households where the head had a Bachelor's degree or higher education in which 11% of boys and 7% of girls were obese (Figure 25).

On average in 2003 and 2007, children 6–11 years of age living below 400% of the **poverty level** were more likely to have more than 2 hours of **screen time** on an average weekday (watching TV or videos, playing video games, or using a computer recreationally) (38%–43%) than children living at 400% or more of the poverty level (31%) (Figure 26).

In 2002–2004, babies of mothers who had **less than a Bachelor's degree** were less likely to be **breastfed for at least 3 months** (43%–46%) than babies of mothers who had a Bachelor's degree or higher education (75%) (Figure 27).

Between 2000 and 2010, the percentage of children with a family income below 200% of the **poverty level** who were **uninsured** decreased from 22% to 11%–13%, while the percentage with a family income at 200%–399% of poverty who were uninsured decreased from 9% to 7%, and children with a family income at 400% or more of the poverty level who were uninsured decreased from 3% to 2% (Figure 29).

In 2009–2010, children 5–17 years of age living below 200% of the **poverty level** were more likely to have been told by a doctor or other health professional that they had **attention deficit hyperactivity disorder** (11%–13%) than children living at 200% or more of the poverty level (8%) (Figure 24).

In 2010, the percentage of children 2–17 years of age who had a **dental visit** within the past year rose with relative family income, from 73% of those living below 200% of the **poverty level** to 88% of those at 400% or more of the poverty level (Figure 30).

Adults

Between 1996 and 2006, the gap in **life expectancy at age 25** between those with less than a high school **education** and those with a Bachelor's degree or higher education increased by 1.9 years for men and 2.8 years for women. On average in 2006, 25-year-old men without a high school diploma had a life expectancy 9.3 years less than those with a Bachelor's degree or higher; women without a high school diploma had a life expectancy 8.6 years less than those with a Bachelor's degree or higher (Figure 32).

In 2005–2010, the prevalence of **depression** among adults 45–64 years of age was 5 times as high for those below poverty (24%), 3 times as high for those with family income between 100%–199% of poverty (15%), and more than 1.5 times as high for those with family income between 200%–399% (7%), compared with those at 400% or more of the **poverty level** (5%) (Figure 33).

In 2010, the percentage of noninstitutionalized adults 18–64 years of age with a **disability** (defined as a basic actions difficulty or complex activity limitation) was inversely associated with relative family income and was twice as high among those living below the **poverty level** (40%) compared with those with family income at 400% or more of poverty (20%) (Figure 36).

In 2010, **edentulism (lack of natural teeth)** was five times as high for adults 45–64 years of age with a family income below 200% of the **poverty level** (15%) and nearly three times as high for those with family income between 200%–399% of poverty (8%), compared with those at 400% or more of the poverty level (3%) (Figure 34).

In 2007–2010, women 25 years of age and over with less than a Bachelor's degree were more likely to be **obese** (39%–43%) than those with a Bachelor's degree or higher **education** (25%); obesity among men did not vary consistently by educational attainment (Figure 37).

In 2010, 31% of adults 25–64 years of age with a high school diploma or less **education** were **current smokers**, compared with 24% of adults with some college and 9% of adults with a Bachelor's degree or higher (Figure 38).

In 2010, the percentage of adults 50–75 years of age reporting a **colorectal test or procedure** increased with increasing **education** level from 45% among those with no high school diploma to 67% among those with a Bachelor's degree or higher (Figure 39).

In 2010, adults 18–64 years of age with a family income below 200% of the poverty level were more than six times as likely to be **uninsured** (42%–43%), and adults with a family income at 200%–399% of the **poverty** level were three times as likely to be uninsured (21%), as adults with a family income at 400% or more of the poverty level (7%) (Figure 40).

In 2010, about one-quarter of adults 18–64 years of age with a family income below 200% of the poverty level **did not get or delayed seeking needed medical care due to cost**, compared with 15% of those with a family income at 200%–399% of the poverty level, and 7% of those with a family income at 400% or more of the **poverty level** (Figure 41).

Life Expectancy and Mortality

Between 2000 and 2009, **life expectancy at birth** increased 1.9 years for **males** and 1.6 years for **females**. The gap in life expectancy between males and females narrowed from 5.2 years in 2000 to 4.9 years in 2009 (Table 22).

Between 2000 and 2009, **life expectancy at birth** increased more for the **black** than for the **white** population, thereby narrowing the gap in life expectancy between these two racial groups. In 2000, life expectancy at birth for the white population was 5.5 years longer than for the black population. By 2009, the difference had narrowed to 4.3 years (Table 22).

Between 2000 and 2009, the **infant mortality** rate decreased 7.5%, from 6.91 to 6.39 deaths per 1,000 live births. Infant mortality rates have declined for most racial and ethnic groups, but large disparities among the groups remain (Table 15 and Figure 2).

Between 2000 and 2008, the age-adjusted **heart disease death** rate decreased 28%, from 257.6 to 186.5 deaths per 100,000 population. In 2008, one-quarter of all deaths were from heart disease (Table 26 and Table 30).

Between 2000 and 2008, the age-adjusted **cancer death** rate decreased 12%, from 199.6 to 175.3 deaths per 100,000 population. In 2008, 23% of all deaths were from cancer (Table 26 and Table 32).

Between 2000 and 2008, the age-adjusted **drug poisoning death** rate nearly doubled, increasing from 6.2 to 11.9 deaths per 100,000 population. In

2008, 40% of drug poisoning deaths involved **opioid analgesic drugs** (Table 36, a new table in the 2011 edition).

Fertility and Natality

Between 2009 and 2010 (preliminary data), the **birth rate among teenagers** 15–19 years of age fell 9%, from 37.9 to 34.3 live births per 1,000 females—a record low for the United States (Table 3 and Figure 5).

Low birthweight is associated with elevated risk of death and disability in infants. The percentage of low birthweight births [infants weighing less than 2,500 grams (5.5 pounds) at birth] was 8.15% in 2010 (preliminary data) and has declined slowly since 2006 (8.26%) (Table 9).

Health Risk Factors

Between 2003 and 2007, the percentage of children 6–11 years of age who did not get **daily vigorous physical activity** decreased from 69% to 62%; the percentage of children who had more than **2 hours of screen time** on an average weekday (watched TV or videos, played video games, or used a computer recreationally) increased from 36% to 40%; and the percentage of children who did not **get enough sleep** nightly increased from 25% to 28% (Table 66, a new table in the 2011 edition).

Between 1988–1994 and 2009–2010, the prevalence of **obesity among preschool-age children** 2–5 years of age increased from 7% to 12% (Table 69 and Figure 10).

The prevalence of **obesity among school-age children and adolescents** increased from 11% to 18% between 1988–1994 and 2009–2010 (Table 69 and Figure 10).

In 2010, 50% of adults 18 years of age and over met **neither the aerobic activity nor the muscle-strengthening physical activity federal guidelines**. This percentage increased with age, rising from 39% of adults 18–24 years of age to 70% of adults 75 years and over (Table 73).

From 1988–1994 through 2007–2010, the percentage of adults 20 years of age and over with **grade 1 obesity** [a body mass index (BMI) of 30.0–34.9] increased from 14% to 20%. Those with **grade 2 obesity** (BMI of 35.0–39.9) nearly doubled, from 5% to 9%, and those with **grade 3 or higher obesity** (BMI of 40 or higher) rose from 3% to 6% (Table 74).

In 2010, 19% of U.S. adults were current **cigarette smokers**, a decline from 21% in 2009. Men were more likely than women to be current cigarette smokers (Table 60 and Figure 8).

Measures of Health and Disease Prevalence

In 2008–2010, 6% of children under 18 years of age had an **asthma attack** in the past year, 12% had a **skin allergy**, and 6% had three or more **ear infections** in the past year. Among school-age children 5–17 years of age, 9% had **attention deficit hyperactivity disorder** and 6% had **serious emotional or behavioral difficulties** (Table 46).

In 2010, the percentage of noninstitutionalized adults who reported their **health as fair or poor** ranged from 6% of those 18–44 years of age to 28% of those 75 years and over (Table 56).

In 2010, 27% of noninstitutionalized adults 18–64 years of age reported a **disability** (defined as any basic actions difficulty or complex activity limitation), compared with 62% of those 65 years of age and over (Table 54).

In 2009–2010, 45% of men and 31% of women 75 years of age and over had ever been told by a physician or other health professional that they had **heart disease**. Among those 75 years of age and over, heart disease prevalence rose between 1999–2000 and 2009–2010 among men but not among women (Table 49).

In 2009–2010, 25% of men and 18% of women 75 years of age and over had ever been told by a physician or other health professional that they had **cancer** (excluding squamous and basal cell skin cancers) (Table 49).

Between 1988–1994 and 2007–2010, the prevalence of **uncontrolled high blood pressure** among adults 20 years of age and over with hypertension decreased from 74% to 49% (Table 70).

Between 1988–1994 and 2007–2010, the percentage of adults 20 years of age and over with a **high serum total cholesterol level** (defined as greater than or equal to 240 mg/dL) declined from 20% to 14% (Table 71).

Health Care Utilization

Use of Health Care Services

In 2009, there were 1.3 billion **visits to physician offices, hospital outpatient departments, and hospital emergency departments**. Of these, 1.0 billion were visits to physician offices, 96 million were visits to hospital outpatient departments, and 136 million were visits to hospital emergency departments (Table 96).

In 2010, 21% of adults 18 years of age and over had one or more **emergency department visits** in the past year, and 8% had two or more visits. (Table 94).

In 2010, 79% of children 2–17 years of age, 61% of adults 18–64 years, and 58% of adults 65 years of age and over **had seen a dentist in the past year** (Table 98).

Between 2000 and 2008–2009, the nonfederal short-stay **hospital discharge rate** was stable at 1,100–1,200 discharges per 10,000 population, and the average length of stay was 5 days (Table 103).

The percentage of the population taking at least one **prescription drug** during the past 30 days increased from 38% in 1988–1994 to 48% in 2005–2008. During the same period, the percentage taking three or more prescription drugs nearly doubled, from 11% to 21%, and the percentage taking five or more drugs increased from 4% to 11% (Table 99).

Use of Preventive Medical Care Services

In 2010, one-half of noninstitutionalized adults 50 years of age and over had received **influenza vaccination** in the past year, ranging from 42% of those 50–64 years of age to 68% of those 75 years of age and over (Table 88 and Figure 12).

Between 2000 and 2010, the percentage of noninstitutionalized adults 65 years of age and over who ever received a **pneumococcal vaccination** increased from 53% to 60%. In 2010, 55% of those 65–74 years of age and 66% of those 75 years of age and over ever had a pneumococcal vaccination (Table 89 and Figure 12).

The percentage of women 40 years of age and over who had a **mammogram** in the past 2 years ranged from 67% to 70% between 2000 and 2010 (Table 90).

The percentage of adults 50–75 years of age with any **colorectal test or procedure** increased from 34% in 2000 to 59% in 2010. The percentage of adults 50–75 years of age reporting a **colonoscopy procedure** nearly tripled from 2000 to 2010, increasing from 19% to 55% (Table 92, a new table in the 2011 edition; and Figure 39).

Urbanization Level: Health Status, Risk Factors, and Access to Care

In 2008–2010, the percentage of adults 18–64 years of age with **disability** (defined as any basic actions difficulty or complex activity limitation) was lower in large central **metropolitan counties** compared with the most rural **nonmetropolitan counties**. The percentage of adults 18–64 years of age with a disability ranged from 23%–25% in the most urban (large central and large fringe) metropolitan counties to 36% in the most rural (nonmicropolitan) counties (Table 57, a new table in the 2011 edition).

In 2008–2010, the percentage of adults 18–64 years of age who were **current cigarette smokers** was generally lower in more urban (large central and large fringe) **metropolitan counties** (19%–21%) compared with **nonmetropolitan counties** (28%–30%) (Table 63, a new table in the 2011 edition).

In 2008–2010, the percentage of adults 18–64 years of age who reported **not receiving or delaying seeking needed medical care due to cost** in the past year was lowest in **large fringe metropolitan counties** (12%), compared with **large central metropolitan counties** (14%), **medium and small metropolitan counties** (15%), and **nonmetropolitan counties** (17%) (Table 80, a new table in the 2011 edition).

In 2008–2010, the percentage of adults 18–64 years of age living in **large fringe metropolitan counties** who were **uninsured** (17%) was lower than in counties of other urbanization levels (21%–25%), although the pattern differed among the four regions of the country. For example, in the West region, the percentage of adults who were uninsured was 19% in the large fringe metropolitan counties compared with 24% in other metropolitan counties and 27%–33% in nonmetropolitan counties (Table 80, a new table in the 2011 edition).

Unmet Need for Medical Care, Prescription Drugs, and Dental Care Due to Cost

Between 1997 and 2010, among adults 18–64 years of age, the percentage who reported **not receiving or delaying seeking needed medical care due to cost** in the past 12 months increased from 11% to 15%; the percentage not receiving needed **prescription drugs due to cost** nearly doubled, rising from 6% to 11%; and the percentage not receiving needed **dental care due to cost** grew from 11% to 17% (Table 79).

In 2010, 35% of adults 18–64 years of age who were uninsured **did not get or delayed seeking needed medical care due to cost** in the past 12 months, compared with 8% of adults with private **coverage** and 13% of adults with Medicaid (Table 79 and Figure 18).

In 2010, 26% of adults 18–64 years of age who were uninsured **did not get needed prescription drugs due to cost** in the past 12 months, compared with 6% of those with private **coverage** and 14% of those with Medicaid (Table 79 and Figure 18).

Health Care Resources

Between 2000 and 2009, the number of **physicians in patient care** increased 12%, from 23 to 25 per 10,000 population. In 2009, the number of patient care physicians per 10,000 population ranged from 17 in Idaho and Mississippi to 40 in Massachusetts (Table 109 and Figure 19).

Between 2000 and 2009, there were about 5,000 **community hospitals** and 800,000 **community hospital beds** (Table 116).

In 2010, there were about 1.7 million **nursing home beds** in 16,000 certified **nursing homes**. Between 2000 and 2010, nursing home bed occupancy for the United States was stable at 82% (Table 120).

Health Care Expenditures and Payers

Health Care Expenditures

In 2009, **national health care expenditures** in the United States totaled \$2.5 trillion, a 4% increase from 2008. The **average per capita expenditure** on health was \$8,000 in 2009 (Table 125 and Table 128).

Expenditures for hospital care accounted for 31% of all national health expenditures in 2009. Physician and clinical services accounted for 20% of the total, prescription drugs for 10%, and nursing care facilities and continuing care retirement communities for 6% (Table 128).

Prescription drug expenditures increased 5.3% between 2008 and 2009, compared with a 3.1% increase between 2007 and 2008 (Table 128).

In 2009, the average **cost for the entire hospitalization** involving a **heart valve procedure** was \$49,000, a **coronary artery bypass graft procedure** was \$36,000, **cardiac pacemaker** insertion or replacement was \$33,000, and **spinal fusion** was \$26,000 (Table 132, a new table in the 2011 edition).

Health Care Payers

In 2009, 34% of **personal health care expenditures** were paid by private health insurance; consumers paid 14% out of pocket; 23% was paid by Medicare and 17% by Medicaid; and the remainder was paid by other insurance, payers, and programs (Table 129 and Figure 20).

In 2010, the **Medicare** program had 48 million **enrollees and expenditures** of \$523 billion, up from \$509 billion the previous year. Expenditures for the Medicare drug program (Part D) were \$62 billion in 2010 (Table 143).

Of the 35 million **Medicare enrollees in the fee-for-service program** in 2009, 18% were under 65 years of age, compared with 15% in 2000 (Table 144).

In 2009, children under 21 years of age accounted for 48% of **Medicaid recipients** but only 20% of expenditures. Aged, blind, and persons with disabilities accounted for 21% of recipients and 63% of expenditures (Table 146).

In 2009, the **Children's Health Insurance Program (CHIP)** accounted for \$9.5 billion (less than 1%) of personal health care expenditures (Table 129).

Health Insurance Coverage

Between 2000 and 2010, the percentage of the population under 65 years of age with **private health insurance obtained through the workplace** declined from 67% to 57% (Table 139).

In 2010, 8% of children under 18 years of age and 22% of adults 18–64 years of age had **no health insurance coverage** (public or private) **at the time of interview** (Table 141).

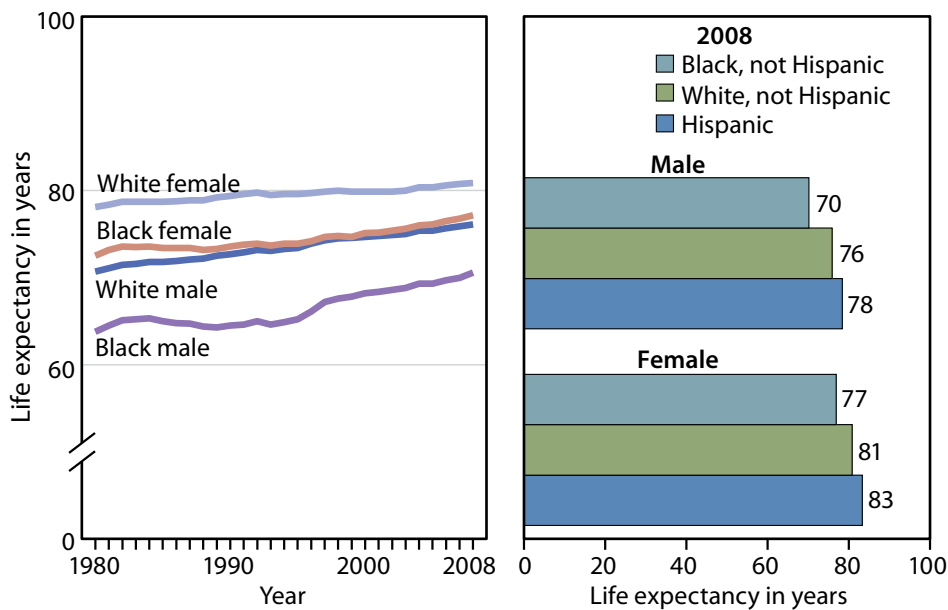
Between 2000 and 2010, among children in **families with income just above the poverty level** (100%–199% of poverty), the percentage of **uninsured children** under 18 years of age dropped from 22% to 13%, while the percentage with coverage through **Medicaid or the Children's Health Insurance Program (CHIP)** increased from 28% to 54% (Table 140 and Table 141).

Chartbook: Figures 1–21

Mortality

Life Expectancy at Birth

Figure 1. Life expectancy at birth, by race and sex and Hispanic origin: United States, 1980–2008



The gap in life expectancy at birth between white persons and black persons persists but has narrowed since 1990.

Life expectancy is a measure often used to gauge the overall health of a population. From 1980 to 2008, life expectancy at birth in the United States increased from 70 years to 81 years for males and from 77 years to 81 years for females. Racial disparities in life expectancy at birth persisted for both males and females in 2008 but had narrowed since 1990. In 2008, Hispanic males and females had longer life expectancy at birth than non-Hispanic white or non-Hispanic black males and females.

SOURCE: CDC/NCHS, *Health, United States, 2011*, Table 22. Data from the National Vital Statistics System (NVSS).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig01>

Mortality

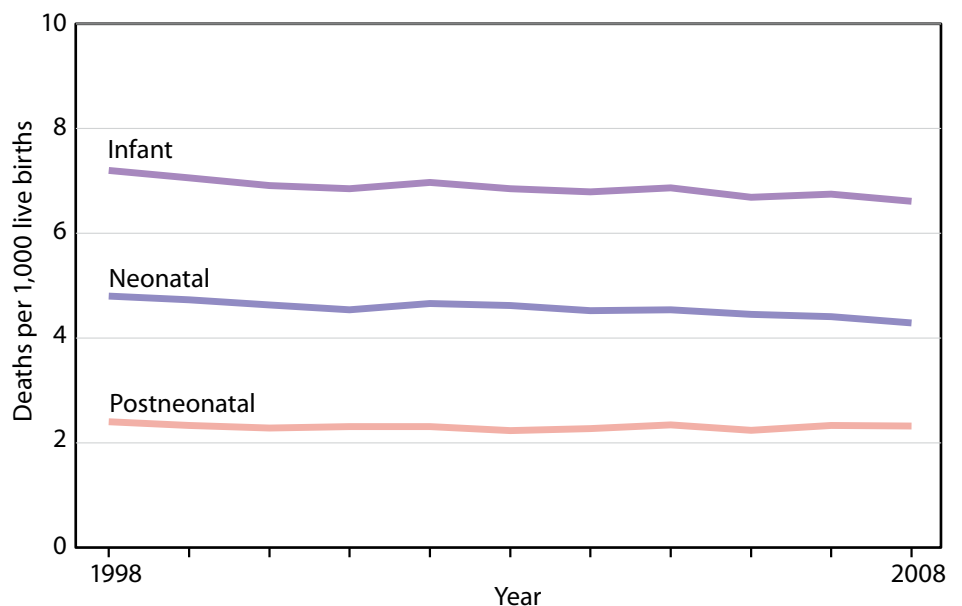
Infant Mortality

Infant and neonatal mortality rates declined between 1998 and 2008.

The infant mortality rate is the risk of death during the first year of life. The 2008 infant mortality rate of 6.61 per 1,000 live births was 8% lower than in 1998. During the same period, the neonatal mortality rate (death rate among infants under 28 days) decreased 11%, to 4.29 per 1,000 live births, and the postneonatal mortality rate (death rate among infants 28 days through 11 months) remained stable.

SOURCE: CDC/NCHS, *Health, United States, 2011*, Table 17 and reference 1. Data from the National Vital Statistics System (NVSS).

Figure 2. Infant, neonatal, and postneonatal mortality rates: United States, 1998–2008

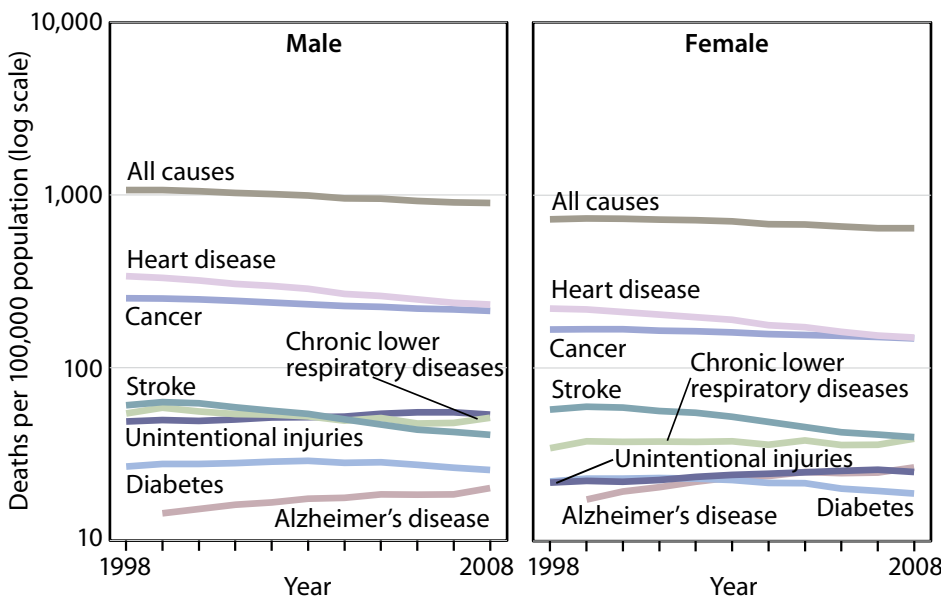


Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig02>

Mortality

Selected Causes of Death

Figure 3. Death rates for selected causes of death for all ages, by sex: United States, 1998–2008



Between 1998 and 2008, the age-adjusted death rate decreased 16% among males and 11% among females.

During this 10-year period, age-adjusted death rates among males for stroke declined 33%, heart disease declined 32%, cancer declined 15%, and unintentional injuries increased 10%. Among females, age-adjusted death rates for heart disease declined 32%, stroke declined 31%, cancer declined 11%, and unintentional injuries increased 15%. In 2008, age-adjusted death rates were higher for males than females for heart disease, cancer, chronic lower respiratory diseases, diabetes, and unintentional injuries, were similar for stroke, and were higher among females than males for Alzheimer's disease.

NOTE: Starting with 1999 data, cause of death is coded according to the *International Classification of Diseases, 10th Revision (ICD-10)*.
SOURCE: CDC/NCHS, *Health, United States, 2011, Table 24*.
Data from the National Vital Statistics System (NVSS).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig03>

Mortality

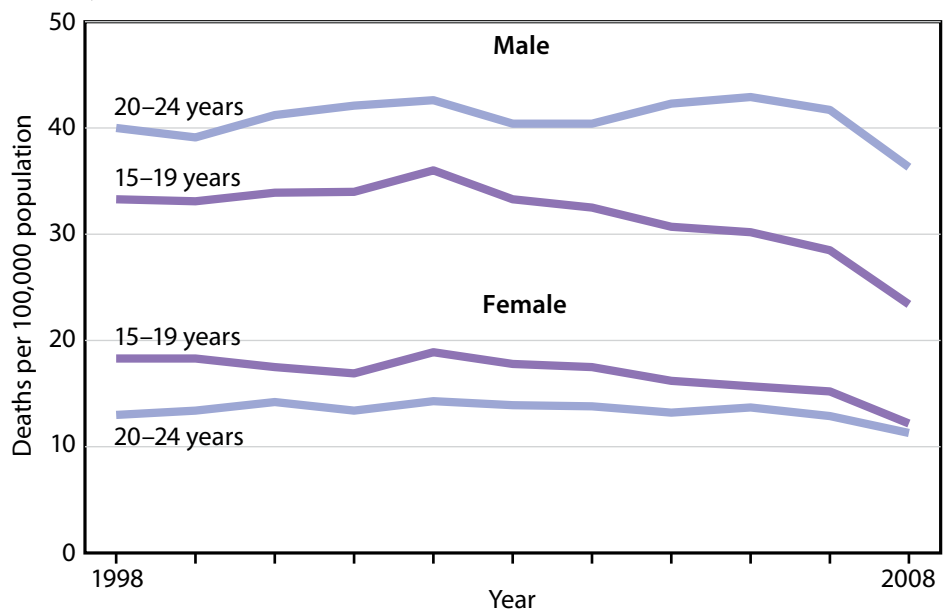
Motor Vehicle-related Death Rates

Between 1998 and 2008, motor vehicle-related death rates declined among males and females 15–19 years of age while fluctuating among males and females 20–24 years of age.

Motor vehicle-related deaths are a significant cause of preventable death, accounting for about 40,000 deaths in the United States in 2008 across all ages (2). Motor vehicle-related death rates are higher for males and females 15–24 years of age than for most other age groups (Table 37). For males 15–19 years of age, motor vehicle-related death rates declined 30% from 1998 to 2008, and for females 15–19 years of age, motor-vehicle death rates declined 33% during this period. Motor vehicle-related death rates for males and females 20–24 years of age fluctuated during this time.

SOURCE: CDC/NCHS, *Health, United States, 2011, Table 37*.
Data from the National Vital Statistics System (NVSS).

Figure 4. Motor vehicle-related death rates among persons 15–24 years of age, by sex and age: United States, 1998–2008

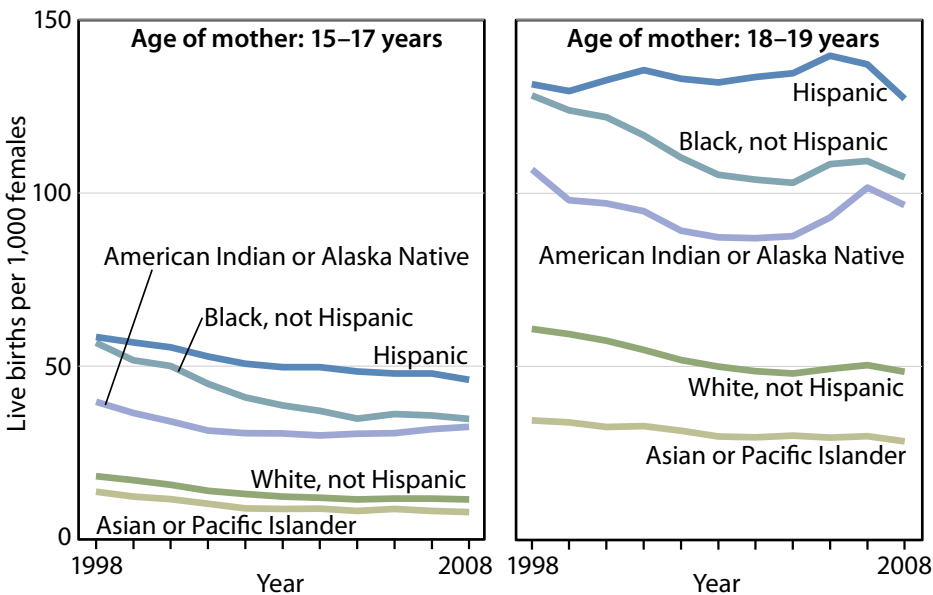


Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig04>

Natality

Teenage Birth Rates

Figure 5. Teenage childbearing, by maternal age and race and Hispanic origin: United States, 1998–2008



From 1998 to 2008, teenage birth rates declined among most racial and ethnic groups.

In 2008, 3% of births were to teenagers under 18 years of age and 7% were to mothers 18–19 years of age (Table 6). Between 1998 and 2008, birth rates declined 27% for teenagers 15–17 years of age and 13% for those 18–19 years of age (Table 3). Since 1998, birth rates have decreased 21% for Hispanic teenagers 15–17 years of age and 39% for non-Hispanic black teenagers 15–17 years of age. During this period, birth rates for 18–19 year olds decreased 18% for non-Hispanic black teenagers and were stable for older Hispanic teenagers.

SOURCE: CDC/NCHS, *Health, United States, 2011*, Table 3. Data from the National Vital Statistics System (NVSS).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig05>

Morbidity

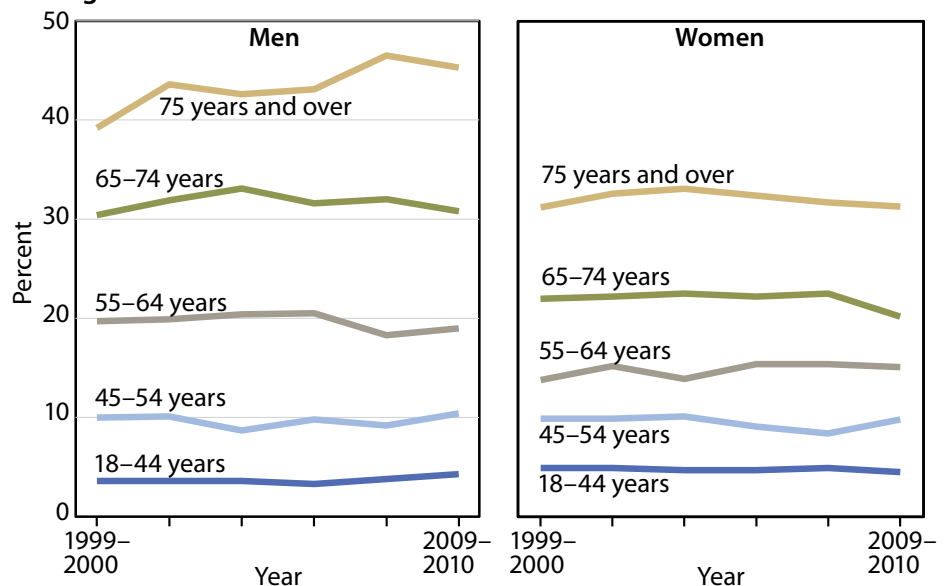
Heart Disease Prevalence

From 1999–2000 to 2009–2010, heart disease prevalence remained stable among women in all age groups and among men 45–74 years of age.

Heart disease is the leading cause of death in the United States, accounting for about 617,000 deaths in 2008 (Table 26). Between 1999–2000 and 2009–2010, the prevalence of lifetime respondent-reported heart disease among adults 18–54 years of age was similar for men and women. Among adults 55 years of age and over, heart disease prevalence was higher for men than for women. Among adult women in all age groups, and among men 45–74 years of age, prevalence remained steady from 1999–2000 to 2009–2010. Among men 75 years of age and over, prevalence rose from 39% in 1999–2000 to 45% in 2009–2010.

SOURCE: CDC/NCHS, *Health, United States, 2011*, Table 49. Data from the National Health Interview Survey (NHIS).

Figure 6. Respondent-reported lifetime heart disease prevalence among adults 18 years of age and over, by sex and age: United States, 1999–2000 through 2009–2010

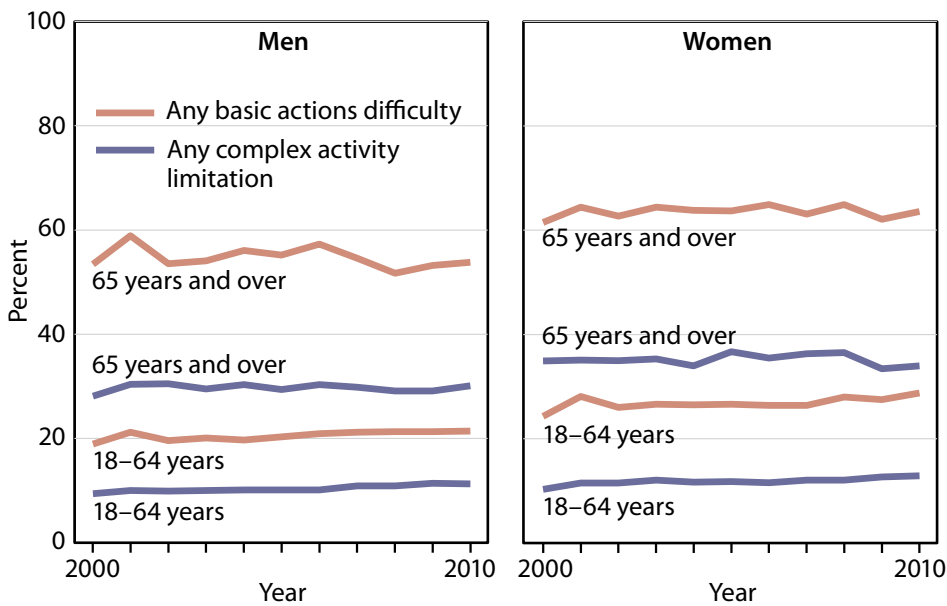


Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig06>

Disability Measures

Basic Actions Difficulty or Complex Activity Limitation

Figure 7. Basic actions difficulty or complex activity limitation among adults 18 years of age and over, by sex and age: United States, 2000–2010



The percentages of the noninstitutionalized population with each of two measures of disability—basic actions difficulty or complex activity limitation—were stable from 2000 to 2010.

Two constructs for defining and measuring disability status are basic actions difficulty and complex activity limitation (3). Basic actions difficulty captures limitations in movement, emotional, sensory, or cognitive functioning associated with a health problem. Complex activity limitation is the inability to function successfully in certain social roles, such as working, maintaining a household, living independently, or participating in community activities. Between 2000 and 2010, the prevalence of each measure was generally higher for women than men in the same age group, and higher for adults 65 years of age and over than for those 18–64 years of age.

SOURCE: CDC/NCHS, *Health, United States, 2011*, Table 54. Data from the National Health Interview Survey (NHIS).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig07>

Health Risk Factors

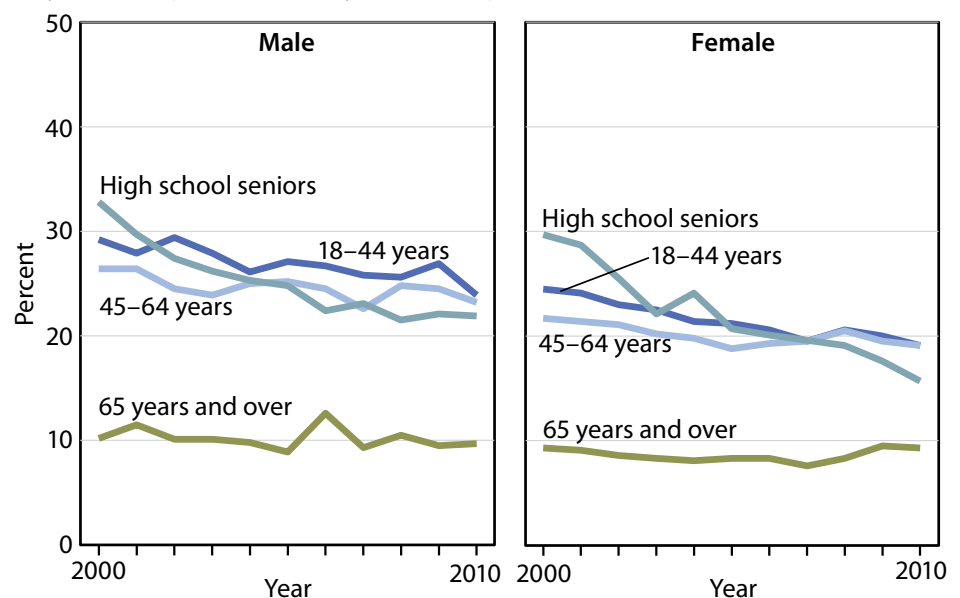
Current Cigarette Smoking

In 2010, 19% of high school seniors, 22% of men, and 17% of women were current cigarette smokers.

Smoking is associated with an increased risk of heart disease, stroke, lung and other types of cancers, and chronic lung diseases (4). Between 2000 and 2010, cigarette smoking among students in grade 12 decreased from 33% to 22% for male students and from 30% to 16% for female students. During this period, the percentage of adults who smoked cigarettes declined for men and women 18–44 and 45–64 years of age, while remaining stable for adults 65 years of age and over.

SOURCE: CDC/NCHS, *Health, United States, 2011*, Tables 60 and 65. Data from the National Health Interview Survey (NHIS) and the Monitoring the Future (MTF) Study.

Figure 8. Current cigarette smoking among high school seniors and adults 18 years of age and over, by sex and age: United States, 2000–2010

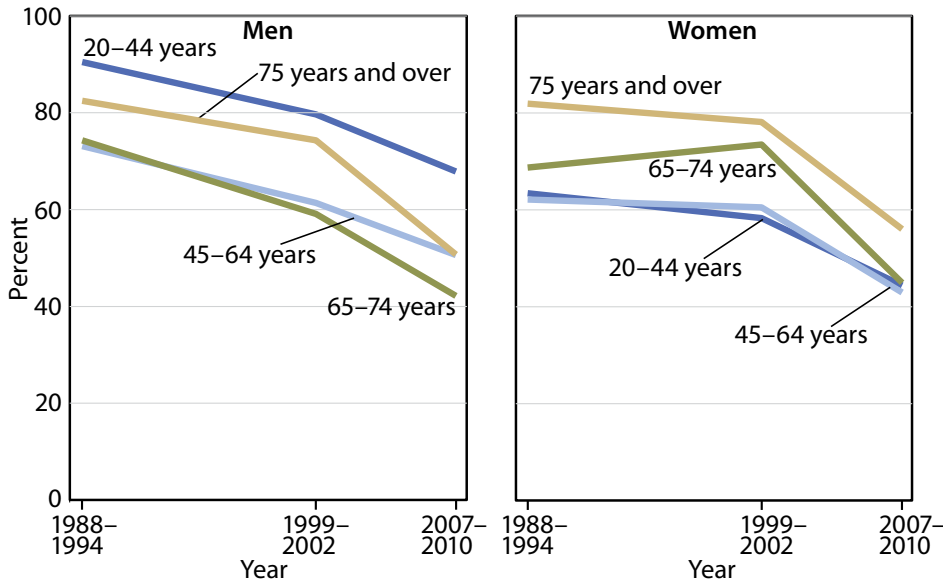


Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig08>

Health Risk Factors

Uncontrolled High Blood Pressure

Figure 9. Uncontrolled high blood pressure among adults 20 years of age and over for persons with hypertension, by sex and age: United States, 1988–1994, 1999–2002, and 2007–2010



Although control of high blood pressure has improved since 1988–1994, nearly one-half of adults with hypertension had uncontrolled high blood pressure in 2007–2010.

Hypertension increases the risk for cardiovascular disease, heart attack, and stroke (5). Between 1988–1994 and 2007–2010, the prevalence of uncontrolled high blood pressure (defined as an average systolic blood pressure of 140 mm Hg or higher, or an average diastolic pressure of 90 mm Hg or higher, among those with hypertension) declined for all age groups of men and women. However, in 2007–2010, nearly one-half of adults with hypertension continued to have uncontrolled high blood pressure.

SOURCE: CDC/NCHS, *Health, United States, 2011*, Table 70. Data from the National Health and Nutrition Examination Survey (NHANES).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig09>

Health Risk Factors

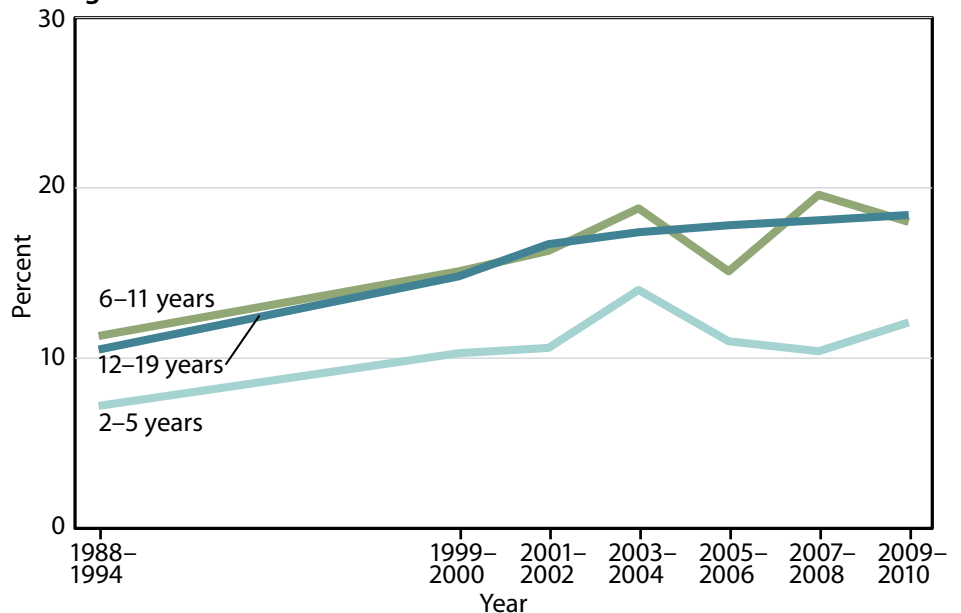
Obesity Among Children

In 2009–2010, almost one in five children older than 5 years of age was obese.

Excess body weight in children is associated with excess morbidity in childhood and adulthood (6). The percentage of children 2–5 years of age who were obese rose from 7% in 1988–1994 to 10% in 1999–2000 and has held steady since that time (7). The prevalence of obesity among 6–11 year olds increased from 11% in 1988–1994 to 15% in 1999–2000 and has not increased significantly since then. Among adolescents 12–19 years of age, the prevalence of obesity rose from 11% in 1988–1994 to 15% in 1999–2000 and has not increased significantly since then.

SOURCE: CDC/NCHS, *Health, United States, 2011*, Table 69. Data from the National Health and Nutrition Examination Survey (NHANES).

Figure 10. Obesity among children, by age: United States, 1988–1994 through 2009–2010

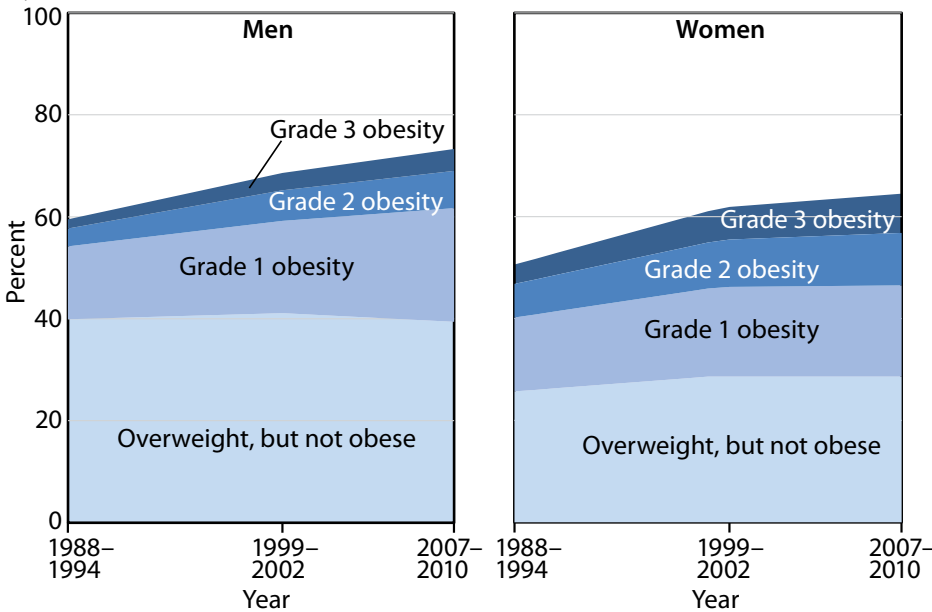


Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig10>

Health Risk Factors

Overweight and Obesity Among Adults

Figure 11. Overweight and obesity among adults 20 years of age and over, by sex: United States, 1988–1994, 1999–2002, and 2007–2010



In 2007–2010, 20% of adults had Grade 1 obesity, 9% had Grade 2 obesity, and 6% had Grade 3 obesity.

Excess body weight is correlated with excess morbidity and mortality (8,9). In particular, Grade 2 or higher obesity [a body mass index (BMI) of 35 or higher] significantly increases the risk of death (10). Between 1988–1994 and 2007–2010, the percentage of men and women who were overweight but not obese was stable while the percentage with obesity increased. During this period, the percentage with Grade 1 obesity (BMI greater than or equal to 30 but less than 35) increased more for men than for women. The percentage with Grade 2 obesity (BMI greater than or equal to 35 but less than 40) and Grade 3 obesity (BMI of 40 or higher) also increased among men and women during this period.

SOURCE: CDC/NCHS, *Health, United States, 2011*, Table 74. Data from the National Health and Nutrition Examination Survey (NHANES).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig11>

Prevention

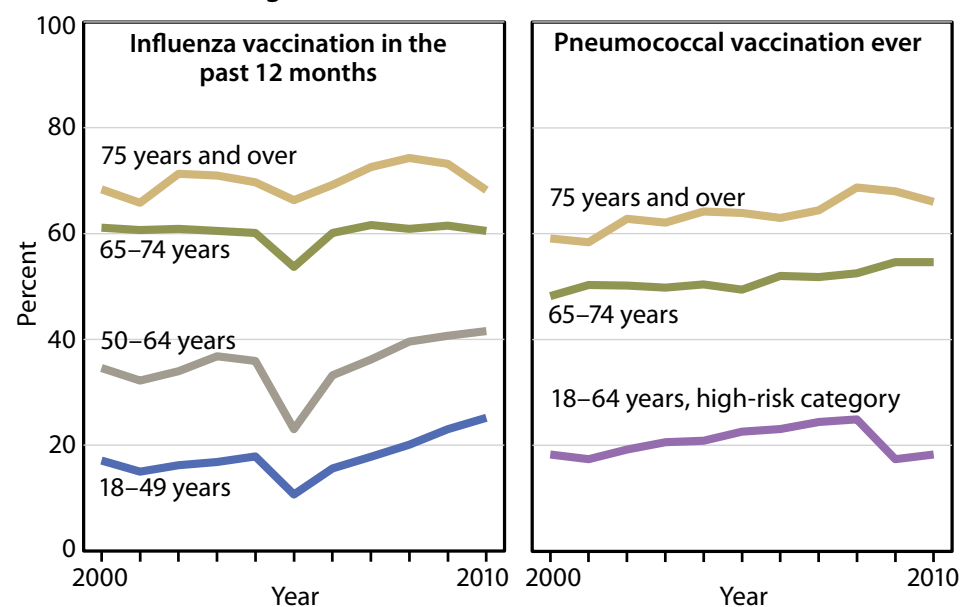
Influenza and Pneumococcal Vaccination

Between 2000 and 2010, influenza vaccination increased among adults under 65 years of age and pneumococcal vaccination increased among those 65 years of age and over.

Vaccination of persons at risk for complications from influenza and invasive pneumococcal disease is an important public health strategy (11). Between 2000 and 2010, influenza vaccination in the past 12 months for noninstitutionalized adults increased among those 18–49 and 50–64 years of age but was stable among those 65 years of age and over. Decreases in influenza vaccination coverage in 2005 were related to a vaccine shortage (12). Between 2000 and 2010, the percentage of noninstitutionalized adults who had ever received pneumococcal vaccination increased among those 65–74 and 75 years of age and over.

SOURCE: CDC/NCHS, *Health, United States, 2011*, Tables 88 and 89. Data from the National Health Interview Survey (NHIS).

Figure 12. Influenza and pneumococcal vaccination among adults, by type of vaccination and age: United States, 2000–2010

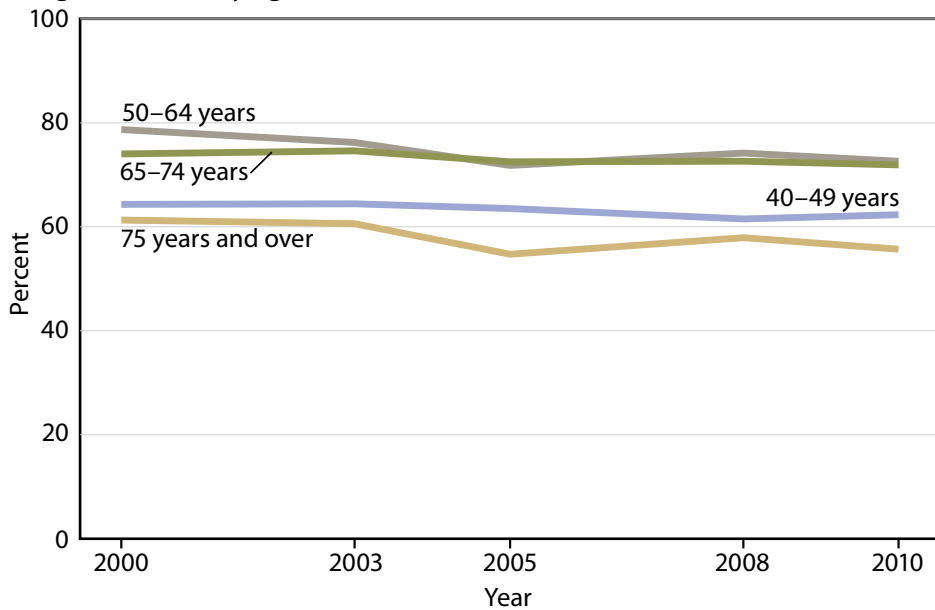


Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig12>

Prevention

Mammography Use

Figure 13. Mammography use in the past 2 years among women 40 years of age and over, by age: United States, 2000–2010



Between 2000 and 2010, mammography use was stable among all age groups of women 40 years of age and over.

In 2010, an estimated 207,000 women in the United States developed invasive breast cancer and 40,000 women died of this disease (13). Mammography recommendations changed in 2009. Currently, the U.S. Preventive Services Task Force recommends mammography screening every 2 years for women 50–74 years of age, and the American Cancer Society recommends annual screening starting at age 40 (14,15). Between 2000 and 2010, mammography use within the past 2 years was stable among all age groups of women 40 years of age and over.

SOURCE: CDC/NCHS, *Health, United States, 2011*, Table 90. Data from the National Health Interview Survey (NHIS).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig13>

Health Insurance

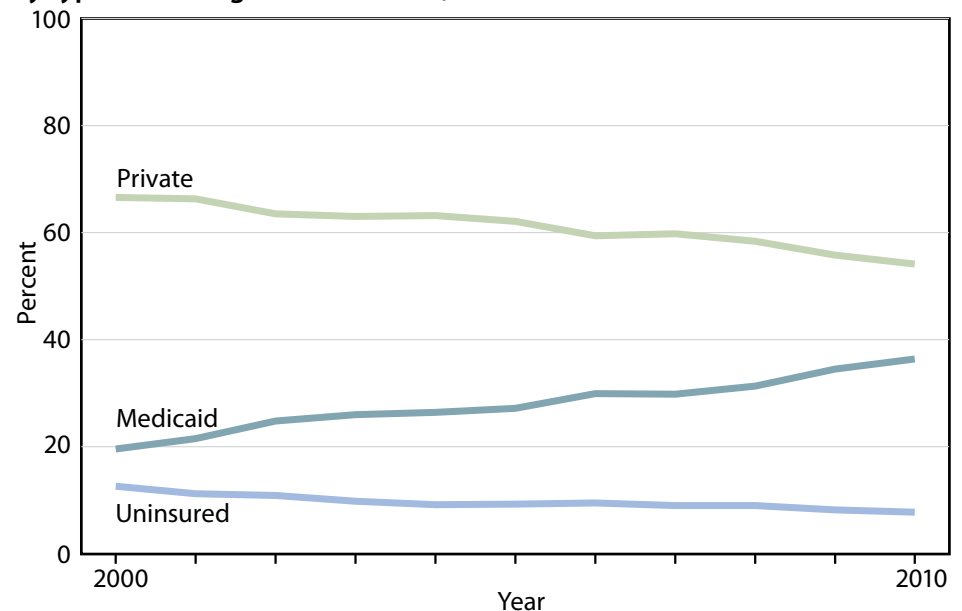
Coverage Among Children

Between 2000 and 2010, the percentage of children with private health insurance coverage declined while the percentage with Medicaid coverage increased at a faster rate, resulting in a decline in the percentage of children who were uninsured.

Health insurance is a major determinant of access to care (16). Between 2000 and 2010, the percentage of children under 18 years of age with private health insurance declined from 67% to 54%. During the same period, Medicaid coverage [a category that includes the Children’s Health Insurance Program (CHIP) (17)] increased from 20% to 36%. This led to a decline in the percentage of children who were uninsured, from 13% in 2000 to 8% in 2010.

SOURCE: CDC/NCHS, *Health, United States, 2011*, Tables 138, 140, and 141. Data from the National Health Interview Survey (NHIS).

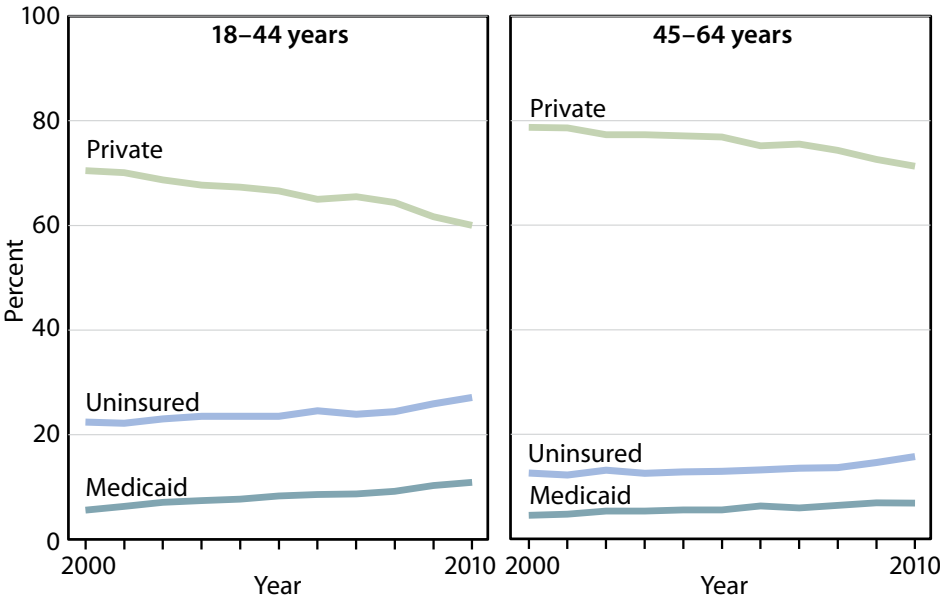
Figure 14. Health insurance coverage among children under 18 years of age, by type of coverage: United States, 2000–2010



Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig14>

Health Insurance Coverage Among Adults 18–64 Years of Age

Figure 15. Health insurance coverage among adults 18–64 years of age, by age and type of coverage: United States, 2000–2010



Between 2000 and 2010, the percentage of adults 18–64 years of age with private health insurance coverage decreased while the percentage uninsured increased.

Health insurance is a major determinant of access to health care. Among adults 18–44 years of age, the percentage with private coverage declined from 71% in 2000 to 60% in 2010 while Medicaid coverage increased from 6% to 11%. The percentage of persons 18–44 years of age who were uninsured increased from 22% to 27% during the same period. Similarly between 2000 and 2010, the percentage of adults 45–64 years of age with private coverage declined from 79% to 71%; the percentage with Medicaid coverage increased from 5% to 7%; and the percentage uninsured increased from 13% to 16%.

SOURCE: CDC/NCHS, *Health, United States, 2011*, Tables 138, 140, and 141. Data from the National Health Interview Survey (NHIS).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig15>

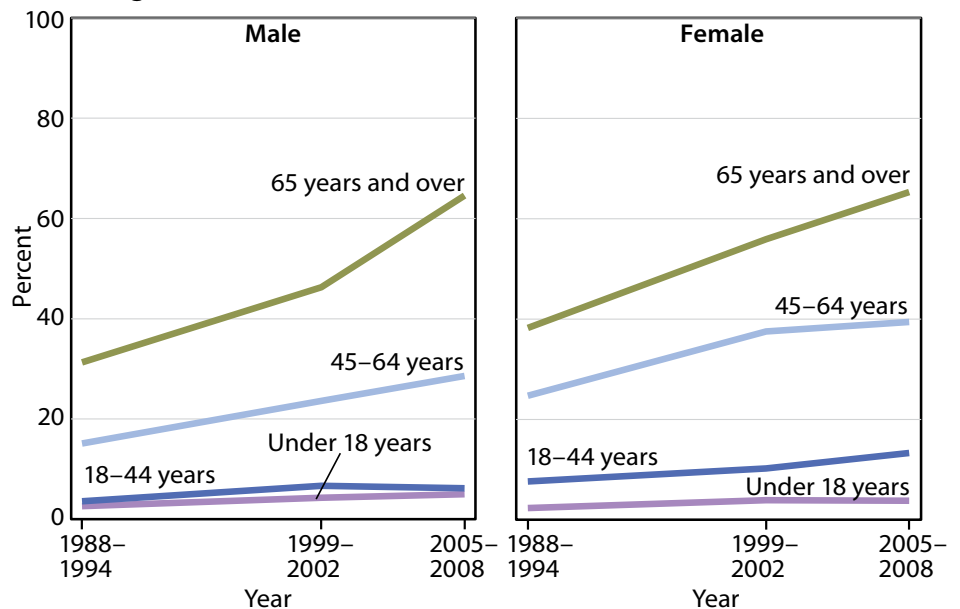
Utilization and Access Prescription Drug Use

Between 1988–1994 and 2005–2008, the percentage of children and adults who had used three or more prescription drugs in the past 30 days increased.

In the United States, spending for prescription drugs was \$250 billion in 2009, accounting for 12% of personal health care expenditures (Table 128). Between 1988–1994 and 2005–2008, the use of three or more prescription drugs in the past 30 days increased for all age groups of males and females. Some of the most commonly used prescription medications were asthma medicines and central nervous system stimulants for children and adolescents, antidepressants for middle-aged adults, and cholesterol-lowering and high blood pressure control drugs for older Americans (Table 100).

SOURCE: CDC/NCHS, *Health, United States, 2011*, Table 99. Data from the National Health and Nutrition Examination Survey (NHANES).

Figure 16. Use of three or more prescription drugs in the past 30 days, by sex and age: United States, 1988–1994, 1999–2002, and 2005–2008

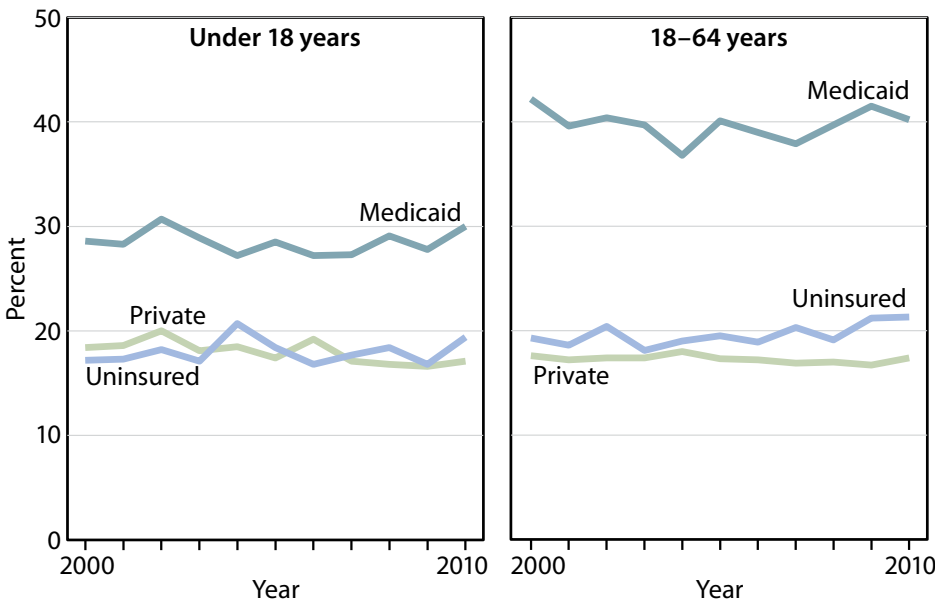


Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig16>

Utilization and Access

Emergency Department Visits

Figure 17. Any emergency department visit within the past 12 months, by age and type of coverage: United States, 2000–2010



Between 2000 and 2010, use of the emergency department by children and adults under 65 years of age was highest among those with Medicaid coverage.

Nationwide, there has been concern about appropriate use of emergency services and crowding of emergency departments (18). Between 2000 and 2010, children and adults under 65 years of age with Medicaid coverage were more likely than those with private coverage or the uninsured to have used the emergency department in the past 12 months. In 2010, adults 18–64 years of age with Medicaid coverage were twice as likely to have had at least one emergency department visit in the past 12 months as those with private coverage or the uninsured.

SOURCE: CDC/NCHS, *Health, United States, 2011*, Tables 93 and 94. Data from the National Health Interview Survey (NHIS).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig17>

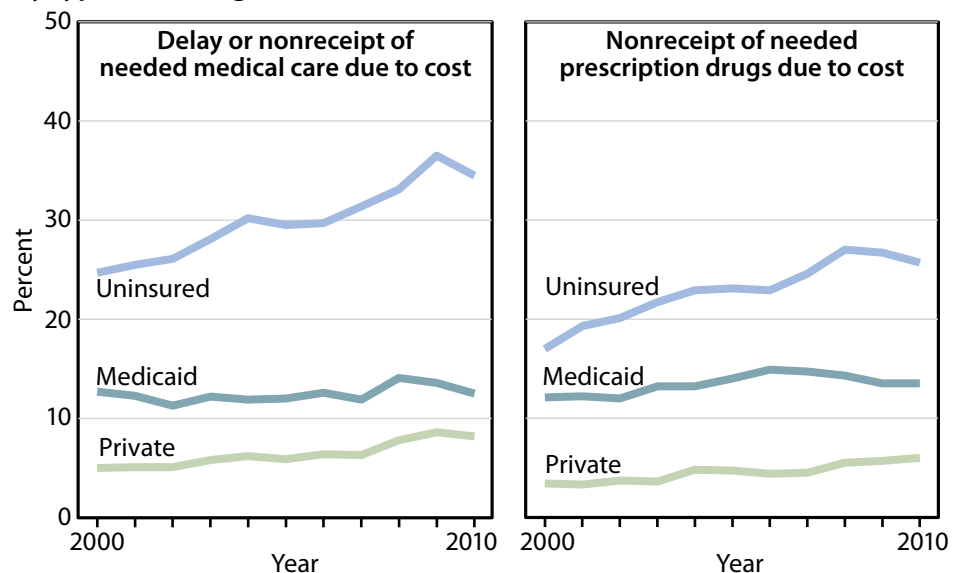
Utilization and Access

Delay or Nonreceipt of Needed Medical Care or Prescription Drugs Due to Cost

Between 2000 and 2010, the percentage of adults 18–64 years of age who delayed or did not receive needed medical care or prescription drugs due to cost increased for the uninsured and those with private coverage.

Delaying or not receiving needed medical care or prescription drugs may result in more serious illness, increased complications, and longer hospital stays (19,20). Between 2000 and 2010, delay or nonreceipt of needed medical care in the past 12 months due to cost for those 18–64 years of age increased among those with private coverage and the uninsured while remaining stable among those with Medicaid. During this period, the percentage of adults 18–64 years of age who did not receive needed prescription drugs in the past 12 months due to cost increased among those with private coverage, Medicaid, and the uninsured.

Figure 18. Delay or nonreceipt of needed medical care or prescription drugs in the past 12 months due to cost among adults 18–64 years of age, by type of coverage: United States, 2000–2010



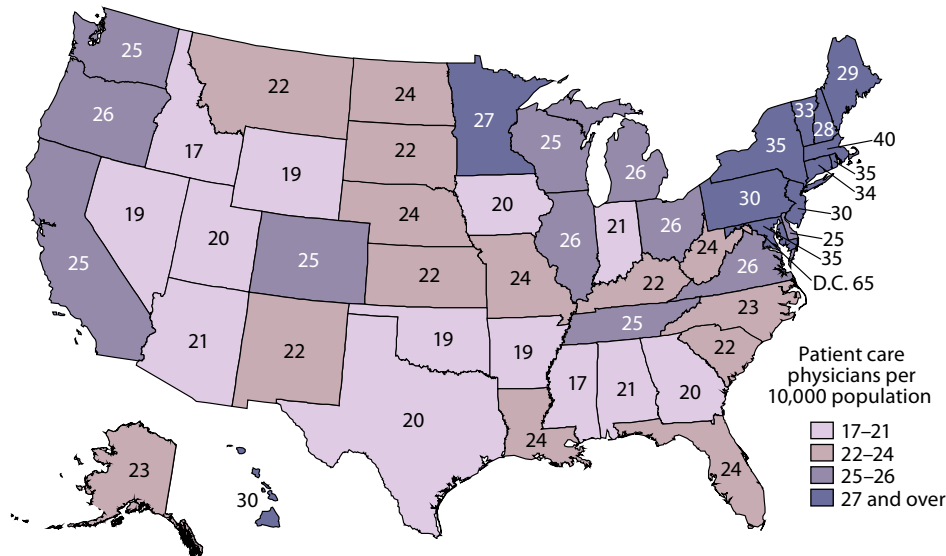
SOURCE: CDC/NCHS, *Health, United States, 2011*, Table 79. Data from the National Health Interview Survey (NHIS).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig18>

Health Care Resources

Patient Care Physicians per Population

Figure 19. Patient care physicians per 10,000 population, by state: United States, 2009



The number of patient care physicians per 10,000 population in the United States in 2009 ranged from a high of 40 in Massachusetts to a low of 17 in Idaho and Mississippi.

On average, there were 25 patient care physicians per 10,000 population in the United States in 2009. The New England states, Mid-Atlantic states, District of Columbia, Maryland, Hawaii, and Minnesota were in the highest quartile (27 or more patient care physicians per 10,000 population). States in the lowest quartile (17–21 patient care physicians per 10,000 population) included parts of the South and some of the Mountain states, along with Iowa and Indiana.

SOURCE: CDC/NCHS, *Health, United States, 2011*, Table 109. Data from the American Medical Association (AMA) and the American Osteopathic Association (AOA).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig19>

Personal Health Care Expenditures

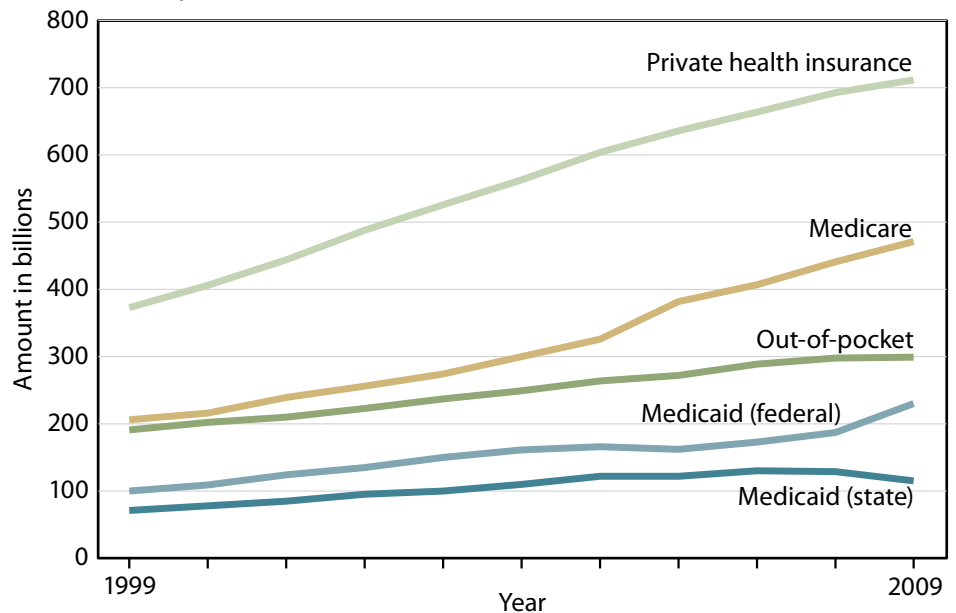
Source of Funds

Out-of-pocket spending for personal health care expenditures grew less rapidly than Medicare, Medicaid, and private insurance spending from 1999 to 2009.

Between 1999 and 2009, total personal health care expenditures grew from \$1.1 trillion to \$2.1 trillion. During this period, the average annual growth in Medicare expenditures was 9%, for Medicaid and private insurance 7%, and for out-of-pocket spending 5%. In 2009, 34% of personal health care expenditures were paid by private health insurance, 23% by Medicare, 17% by Medicaid, 14% out of pocket, and less than 1% by the Children's Health Insurance Program (CHIP).

SOURCE: CDC/NCHS, *Health, United States, 2011*, Table 129. Data from the Centers for Medicare & Medicaid Services, National Health Expenditure Accounts (NHEA).

Figure 20. Personal health care expenditures, by source of funds: United States, 1999–2009

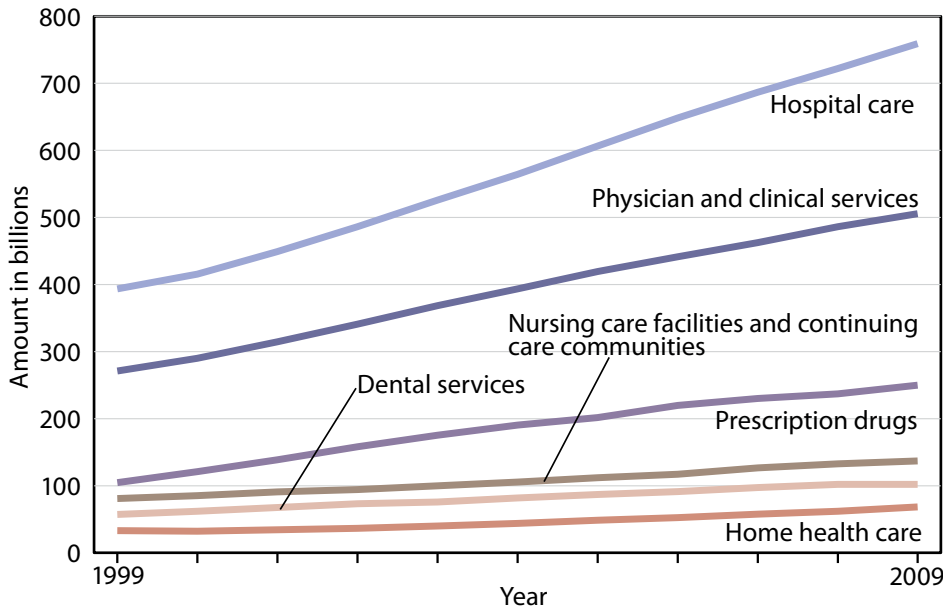


Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig20>

Personal Health Care Expenditures

Type of Expenditure

Figure 21. Personal health care expenditures, by type of expenditure: United States, 1999–2009



Between 1999 and 2009, spending for prescription drugs and home health care grew rapidly.

Between 1999 and 2009, the average annual growth was 9% for prescription drugs, 8% for home health care, 7% for hospital care, 6% for physician and clinical services and dental services, and 5% for nursing care facilities and continuing care retirement communities. In 2009, 36% of personal health care expenditures were spent on hospital care, 24% on physician care, 12% on prescription drugs, and 7% on nursing care and continuing care retirement communities.

SOURCE: CDC/NCHS, *Health, United States, 2011*, Table 129. Data from the Centers for Medicare & Medicaid Services, National Health Expenditure Accounts (NHEA).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig21>

References for Figures 1–21

1. Miniño AM, Murphy SL, Xu JQ, Kochanek KD. Deaths: Final data for 2008. National vital statistics reports; vol 59 no 10. Hyattsville, MD: NCHS; 2011. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_10.pdf.
2. CDC/NCHS. Compressed mortality file 1999–2008. CDC WONDER online database, compiled from Compressed Mortality File 1999–2008. Forthcoming 2012. Available from: <http://wonder.cdc.gov/cmfi-icd10.html>.
3. Altman B, Bernstein A. Disability and health in the United States, 2001–2005. Hyattsville, MD: NCHS; 2008. Available from: <http://www.cdc.gov/nchs/data/misc/disability2001-2005.pdf>.
4. The health consequences of smoking: A report of the Surgeon General. National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. Washington, DC: U.S. Government Printing Office; 2004. Available from: http://www.cdc.gov/tobacco/data_statistics/sgr/sgr_2004/index.htm.
5. National High Blood Pressure Education Program. Seventh report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure: Complete report. NIH pub no 04–5230. Bethesda, MD: National Heart, Lung, and Blood Institute, National Institutes of Health; 2004. Available from: <http://www.nhlbi.nih.gov/guidelines/hypertension/jnc7full.htm>.
6. Dietz WH. Health consequences of obesity in youth: Childhood predictors of adult disease. *Pediatrics* 1998;101(3 pt 2):518–25.
7. Ogden CL, Carroll MD, Curtin LR, Lamb MM, Flegal KM. Prevalence of high body mass index in U.S. children and adolescents, 2007–2008. *JAMA* 2010;303(3):242–9.
8. National Heart, Lung, and Blood Institute and National Institute of Diabetes and Digestive and Kidney Diseases. Clinical guidelines on the identification, evaluation, and treatment of overweight and obesity in adults: The evidence report. NIH pub no 98–4083. Bethesda, MD: National Institutes of Health; 1998. Available from: http://www.nhlbi.nih.gov/guidelines/obesity/ob_gdlns.pdf.
9. National Task Force on the Prevention and Treatment of Obesity. Overweight, obesity, and health risk. *Arch Intern Med* 2000;160(7):898–904.
10. Flegal KM, Graubard BI, Williamson DF and Gail MH. Excess deaths associated with underweight, overweight, and obesity. *JAMA* 2005;293(15):1861–7.
11. CDC. Recommendations of the Advisory Committee on Immunization Practices (ACIP): General recommendations on immunization. *MMWR* 2011;60(RR–2):1–60. Available from: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6002a1.htm?s_cid=rr6002a1_e.
12. CDC. Experiences with obtaining influenza vaccination among persons in priority groups during a vaccine shortage—United States, October–November, 2004. *MMWR* 2004;53(49):1153–5. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5349a2.htm>.
13. Jemal A, Siegel R, Xu J, Ward E. Cancer statistics, 2010. *CA Cancer J Clin* 2010;60(5):277–300. Available from: <http://onlinelibrary.wiley.com/doi/10.3322/caac.20073/pdf>.
14. U.S. Preventive Services Task Force. Screening for breast cancer. Rockville, MD: USPSTF Program Office; 2009. Available from: <http://www.uspreventiveservicestaskforce.org/uspstf/uspstfbrca.htm>.
15. American Cancer Society responds to changes to USPSTF mammography guidelines [press release]. Atlanta, GA; 2009 November 16. Available from: <http://pressroom.cancer.org/index.php?s=43&item=201>.
16. Kaiser Commission on Medicaid and the Uninsured. The uninsured and the difference health insurance makes. Kaiser Family Foundation; 2010. Available from: <http://www.kff.org/uninsured/upload/1420-12.pdf>.
17. Centers for Medicare & Medicaid Services. Children’s Health Insurance Program (CHIP). Available from: <http://www.cms.hhs.gov/NationalCHIPPolicy>.
18. Garcia TC, Bernstein AB, Bush MA. Emergency department visitors and visits: Who used the emergency room in 2007? NCHS data brief, no 38. Hyattsville, MD: NCHS; 2010. Available from: <http://www.cdc.gov/nchs/data/databriefs/db38.pdf>.
19. Diamant AL, Hays RD, Morales LS, Ford W, Clames D, Asch S, et al. Delays and unmet need for health care among adult primary care patients in a restructured urban public health system. *Am J Public Health* 2004;94(5):783–9.
20. Baker DW, Shapiro MF, Schur CL. Health insurance and access to care for symptomatic conditions. *Arch Intern Med* 2000;160(9):1269–74.

Chartbook: Figures 22–41

Special Feature on Socioeconomic Status and Health

Introduction

Socioeconomic status (SES) is a multidimensional concept comprising measures of resources such as income, wealth, and educational credentials, and the access to goods, services, and knowledge that these resources afford those who have them. SES is a measure that allows comparisons between individuals, households, and groups (1,2). It is most commonly measured using educational attainment, income or poverty status, and, when available, wealth, employment, and occupational status.

This chartbook examines how health varies across four categories of each of two SES measures.

Educational attainment is categorized as less than high school diploma, high school graduate or GED, some college, and Bachelor's degree or higher.

Relative family income, defined as family income as a percentage of the applicable poverty threshold, is categorized as below the poverty level, 100%–199% of the poverty level, 200%–399% of the poverty level, and 400% or more of the poverty level.

In the United States, SES varies markedly by race and ethnicity. Asian persons and white persons are disproportionately represented among the higher SES groups, and black and Hispanic persons are disproportionately represented among the lower SES groups (Figures 22 and 31). In addition, the relationship between SES and health may differ within race and ethnicity groups. Therefore, when health outcomes are presented by SES groups it is often useful to stratify by race and ethnicity to help interpret patterns and differences. In this chartbook, many of the figures that show the relationship between SES and health measures also display that relationship within race and ethnicity groups.

The association between SES measures, such as education and income, and health is well established, but the mechanisms are less clear. The link between education and health appears to operate through several pathways. Highly educated persons are more likely to be employed and well-paid than the less educated. They have a higher sense of control over their health and lives and more social support (3). In addition, the well-educated are more likely to engage in healthy behaviors and avoid unhealthy ones (3). All of these factors are associated with better health (4) and help explain health differences by education level. In addition to the effects of high SES on health, poor health may limit the ability to work or function in society and can lead to lower

income and more difficulty obtaining educational and employment opportunities (5).

Health-related behaviors such as cigarette smoking and physical inactivity are more common among those with lower SES than among their high-SES peers (Tables 62 and 73, Figure 38) (6,7). Living and working environments also affect health and vary by SES. Low-SES children and adults tend to live in low-income, low-resource neighborhoods, which are negatively associated with various health outcomes (8–11).

SES also affects health through its association with the ability to access health care, including preventive services, screenings, and medical treatments. Health insurance facilitates access to the health care system; people without insurance are less likely to receive needed health care (6,12). Nonelderly adults with family income below 400% of the poverty level are more likely to be uninsured than those in the highest relative family income group (Figure 40). Similarly, adults without a high school education are four times as likely to lack health insurance as those with a Bachelor's degree (6). These disparities in insurance contribute to SES health disparities and help to explain why low-income and less educated people have less access to care than higher income and more educated persons.

Preventive health services such as immunizations prevent infectious diseases, and screening and early detection of diseases such as cancer can substantially increase longevity and quality of life. SES disparities in receipt of such services start early in life and continue through old age. Low-SES women are less likely to use contraception at first sexual intercourse than high-SES women (13). Less educated and lower income pregnant women are less likely to receive adequate prenatal care (14). The percentage of children who receive recommended vaccinations rises with maternal education and income, although these gaps have narrowed in the 2000s (15,16). SES disparities persist into adulthood. Those with higher education and income are more likely to undergo mammography and colorectal cancer tests and procedures (Tables 90 and 92, Figure 39) (6,17). Elderly adults without a high school diploma are less likely than their more educated peers to receive an influenza or pneumococcal vaccination (Tables 88 and 89).

Because health varies by SES, it is important to track changes in health within SES groups over time to examine how disparities change over time. Changes in overall health may be due to changes in the health of either low- or higher SES persons or some combination of both. Greater engagement in high-risk behaviors, greater exposure to unhealthy environments, and less access to care and services by lower income and less educated populations can lead to worse health, greater disease burdens, higher death rates, and shorter lives than for the higher income and more educated (18–20). From the early 1980s to 2000, the gap in life expectancy between those in the lowest and highest SES groups widened because life expectancy increased more for high-SES individuals (21). More recently, the gap in life expectancy between the least and most educated has continued to grow for both men and women (Figure 32).

Some success in narrowing, albeit not eliminating, health gaps has occurred for children. Between 2000 and 2010, the percentage of uninsured children living below 200% of the poverty level dropped by about one-half (Figure 29). The introduction and expansion of the Children's Health Insurance Program (CHIP) is largely responsible for narrowing the coverage gap among children (22,23). Yet low income children remain five times as likely to be uninsured as those at 400% or more of the poverty level (Figure 29, Table 141).

The reduction in elevated blood lead levels, and the elimination of the disparity in elevated lead levels by SES, represent additional success in reducing health gaps. Laws banning lead from various sources, such as gasoline and paint, led to a drop in the concentration of lead found in children's blood. Moreover, the inverse relationship between SES and blood lead concentration found several decades ago has virtually disappeared. Poor children have blood lead concentrations no greater, on average, than affluent children (24).

Although there have been improvements in many health indicators over time for adults at all SES levels, this chartbook shows that gaps in health indicators between low- and high-SES individuals remain. Obesity, which raises the risk for conditions such as diabetes, heart disease, and some types of cancer, is more common in adults without a college degree than in those who have finished college (Figure 37). Similarly, depression (Figure 33), edentulism (Figure 34), functional limitations (Figure 36), cigarette smoking (Figure 38), lacking health insurance (Figure 40), and having unmet need for medical care due to cost (Figure 41) are all more common for adults at lower than higher SES.

This Special Feature focuses on the relationship between SES and health using a four-category education variable and a four-category relative family income variable as SES measures. Charts on trends in poverty and differences in relative family income by race and Hispanic origin for children and adults are presented to provide context for the other charts. This Feature explores the SES gradient in health measures for children and adults and how that gradient differs across racial and ethnic groups. When possible, trend data are presented to examine changes in SES disparities over time. Charts present information on associations between SES and morbidity and mortality, prevention and risk factors, and access to care and health insurance. Together, they provide a broad picture of the relationship between Americans' SES and their health.

References

1. Krieger N, Williams DR, Moss NE. Measuring social class in U.S. public health research: Concepts, methodologies, and guidelines. *Annu Rev Public Health* 1997;18:341–78.
2. Liberatos P, Link BG, Kelsey JL. The measurement of social class in epidemiology. *Epidemiol Rev* 1988;10:87–121.
3. Ross CE, Wu C. The links between education and health. *Am Sociol Rev* 1995;60(5):719–45.
4. Cohen S. Social relationships and health. *Am Psychol* 2004;59(8):676–84.
5. Smith JP. Unraveling the SES–health connection. *Popul Dev Rev* 2004;30:108–32.
6. CDC. CDC health disparities and inequalities report: United States, 2011. *MMWR* 2011;60(suppl). Available from: <http://www.cdc.gov/mmwr/pdf/other/su6001.pdf>.
7. Winkleby MA, Jatulis DE, Frank E, Fortmann SP. Socioeconomic status and health: How education, income, and occupation contribute to risk factors for cardiovascular disease. *Am J Public Health* 1992;82(6):816–20.
8. Casagrande SS, Whitt-Glover MC, Lancaster KJ, Odoms-Young AM, Gary TL. Built environment and health behaviors among African Americans: A systematic review. *Am J Prev Med* 2009;36(2):174–81.
9. Gordon-Larsen P, Nelson MC, Page P, Popkin BM. Inequality in the built environment underlies key health disparities in physical activity and obesity. *Pediatrics* 2006;117(2):417–24.
10. Ross CE, Mirowsky J. Neighborhood disadvantage, disorder, and health. *J Health Soc Behav* 2001;42(3):258–76.
11. Wight RG, Cummings JR, Miller-Martinez D, Karlamangla AS, Seeman TE, Aneshensel CS. A multilevel analysis of urban neighborhood socioeconomic disadvantage and health in late life. *Soc Sci Med* 2008;66(4):862–72.
12. Agency for Healthcare Research and Quality. 2010 National Healthcare Disparities Report. AHRQ pub no 11–0005. Rockville, MD: AHRQ; 2011. Available from: <http://www.ahrq.gov/qual/nhdr10/nhdr10.pdf>.
13. Mosher WD, Jones J. Use of contraception in the United States: 1982–2008. *NCHS. Vital Health Stat* 2010;23(29). Available from: http://www.cdc.gov/NCHS/data/series/sr_23/sr23_029.pdf.
14. Frisbie WP, Echevarria S, Hummer RA. Prenatal care utilization among non-Hispanic whites, African Americans, and Mexican Americans. *Matern Child Health J* 2001;5(1):21–33.
15. Wooten KG, Luman ET, Barker LE. Socioeconomic factors and persistent racial disparities in childhood vaccination. *Am J Health Behav* 2007;31(4):434–45.

16. Zhao Z, Luman ET. Progress toward eliminating disparities in vaccination coverage among U.S. children, 2000–2008. *Am J Prev Med* 2010;38(2):127–37.
17. Kim J, Jang SN. Socioeconomic disparities in breast cancer screening among U.S. women: Trends from 2000 to 2005. *J Prev Med Public Health* 2008;41(3):186–94.
18. Krueger PM, Chang VW. Being poor and coping with stress: Health behaviors and the risk of death. *Am J Public Health* 2008;98(5):889–96.
19. Winkleby MA, Cubbin C. Influence of individual and neighborhood socioeconomic status on mortality among black, Mexican-American, and white women and men in the United States. *J Epidemiol Community Health* 2003;57(6):444–52.
20. Kaplan GA, Keil JE. Socioeconomic factors and cardiovascular disease: A review of the literature. *Circulation* 1993;88(4 pt 1):1973–98.
21. Singh GK, Siahpush M. Widening socioeconomic inequalities in U.S. life expectancy, 1980–2000. *Int J Epidemiol* 2006;35(4):969–79.
22. Dubay L, Kenney G. The impact of CHIP on children's insurance coverage: An analysis using the National Survey of America's Families. *Health Serv Res* 2009;44(6):2040–59.
23. Hudson JL, Sleden TM, Banthin JS. The impact of SCHIP on insurance coverage of children. *Inquiry* 2005;42(3):232–54.
24. CDC/NCHS. National Health and Nutrition Examination Survey [unpublished analysis].

Background

Child Poverty

The percentage of children living in poverty declined in the 1990s but increased in the 2000s; the percentage living in poverty varied by racial and ethnic group throughout this period.

Growing up in poverty raises children's risks for school failure, poor health, and teen pregnancy and childbearing (1–3). In all racial and ethnic groups, children are more likely to be poor than adults (Figures 22 and 31). In 2010, 16.4 million children lived in poverty (4).

Between 1990 and 2000, the percentage of children under 18 years of age living in poverty declined from 21% to 16% and then rose to 22% in 2010. During the 1990s, the percentage of children living in poverty declined among black, Hispanic, Asian, and non-Hispanic white children, but rates for all groups were stable or rose in the 2000s. Black and Hispanic children had higher poverty rates than Asian and non-Hispanic white children between 1990 and 2010.

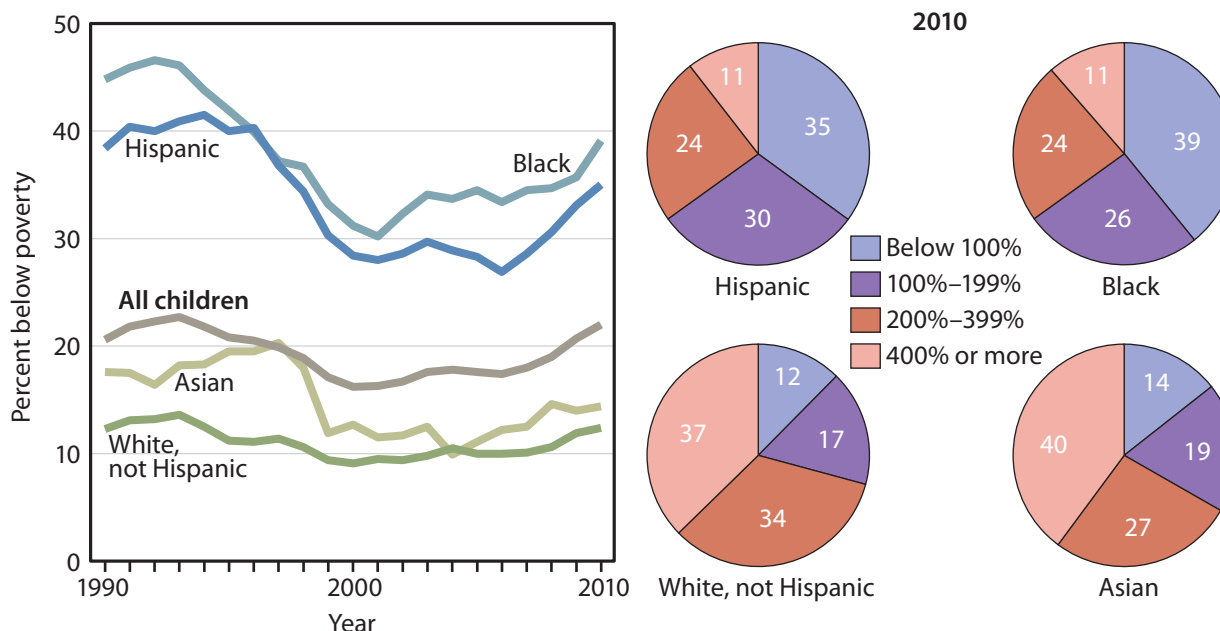
The percentage of children in the four relative family income groups shown in many of the subsequent charts in this Special Feature differed by race and ethnicity. In 2010, 39% of black children and 35% of

Hispanic children were poor, compared with 14% of Asian children and 12% of non-Hispanic white children. Two-thirds of black children and Hispanic children lived below 200% of the poverty level, as did one-third of Asian children and 29% of non-Hispanic white children. Eleven percent of black children and Hispanic children lived in families with an income at 400% or more of the poverty level, compared with 40% of Asian children and 37% of non-Hispanic white children.

References

1. Brooks-Gunn J, Duncan GJ. The effects of poverty on children. *Future Child* 1997;7(2):55–71.
2. Wood D. Effect of child and family poverty on child health in the United States. *Pediatrics* 2003;112(3 pt 2):707–11.
3. Chen E, Martin AD, Matthews KA. Socioeconomic status and health: Do gradients differ within childhood and adolescence? *Soc Sci Med* 2006;62(9):2161–70.
4. DeNavas-Walt C, Proctor BD, Smith JC. Income, poverty, and health insurance coverage in the United States: 2010. U.S. Census Bureau, Current Population Reports, P60–239. Washington, DC: U.S. Government Printing Office; 2011. Available from: <http://www.census.gov/prod/2011pubs/p60-239.pdf>.

Figure 22. Children under 18 years of age, by percent of poverty level and race and Hispanic origin: United States, 1990–2010



NOTE: See [data table for Figure 22](#).

SOURCE: U.S. Census Bureau. See [Appendix I, Current Population Survey \(CPS\)](#).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig22>

Morbidity

Current Asthma Among Children

In 2009–2010 asthma prevalence was higher for children living in poverty than for those with higher relative family income, but this pattern did not hold for Hispanic children.

Asthma is a chronic disease characterized by attacks of breathing difficulty; its prevalence is at historically high levels (1,2). Childhood asthma causes significant morbidity and is a major reason for emergency department visits and hospitalizations (1). Some risk factors include genetic predisposition and exposure to environmental allergens, including outdoor air pollution (2–4). Once asthma develops, many triggers for attacks exist, including indoor allergens such as dust mites, cockroaches, pets, and molds. Second-hand tobacco smoke is a major asthma trigger, and poor children are more likely to be exposed to second-hand smoke (2,5,6). Socioeconomic status and having health insurance are related to control of asthma symptoms (7,8). Families with less comprehensive prescription drug coverage (and higher out-of-pocket costs) are less likely to purchase asthma maintenance drugs (7).

In 2009–2010, current asthma prevalence was lowest for children living at 200% or more of poverty, higher for children in families at 100%–199% poverty, and highest for children living in poverty. Asthma

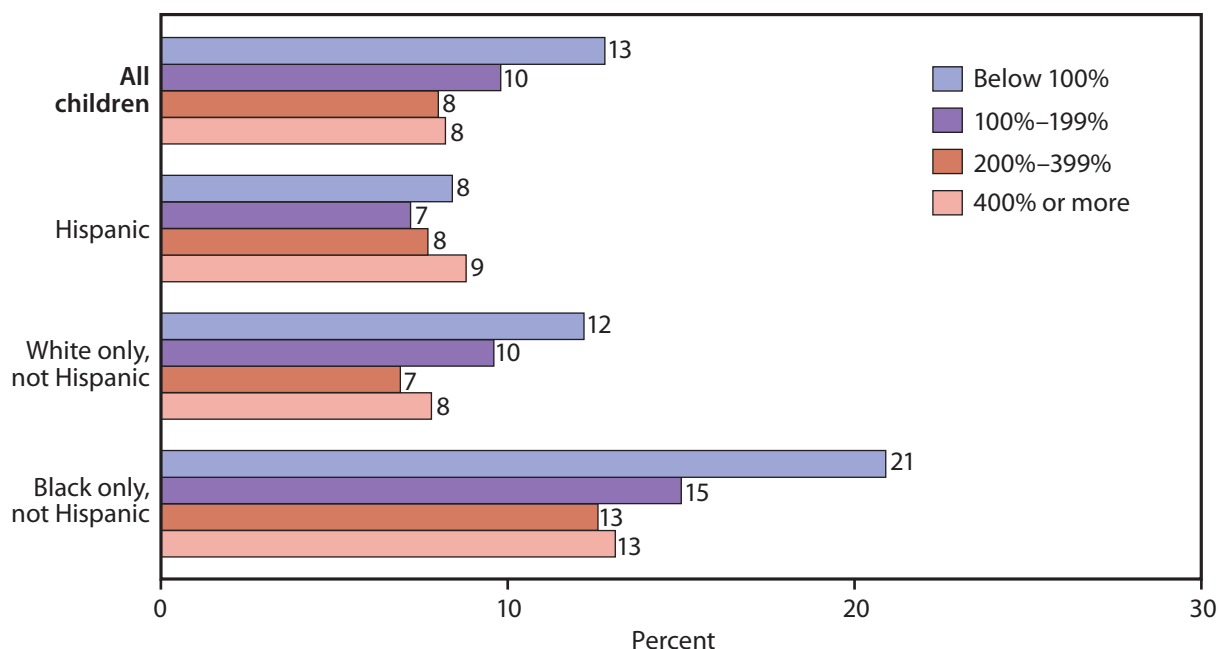
prevalence did not vary by relative family income for Hispanic children. In contrast, non-Hispanic white and non-Hispanic black children living in poverty were more likely to have asthma than their counterparts at 200% or more of the poverty level. Asthma prevalence was higher for non-Hispanic black children and children of Puerto Rican origin than for those in other race and ethnicity groups (data table for Figure 23).

References

1. Akinbami LJ, Moorman JE, Garbe PL, Sondik EJ. Status of childhood asthma in the United States, 1980–2007. *Pediatrics* 2009;123(suppl 3):S131–45.
2. National Institute of Environmental Health Sciences. Asthma and its environmental triggers. Available from: http://www.niehs.nih.gov/health/materials/respiratory_disease_and_the_environment.pdf.
3. Forno E, Celedon JC. Asthma and ethnic minorities: Socioeconomic status and beyond. *Curr Opin Allergy Clin Immunol* 2009;9(2):154–60.
4. Akinbami L, Parker J, Woodruff T. Association between outdoor air pollution and childhood asthma symptoms in metropolitan areas, United States. *Epidemiology* 2006;17(6):S275 [abstract].
5. Max W, Sung HY, Shi Y. Who is exposed to secondhand smoke? Self-reported and serum cotinine measured exposure in the U.S., 1999–2006. *Int J Environ Res Public Health* 2009;6(5):1633–48.

(References continue on data table for Figure 23)

Figure 23. Current asthma among children under 18 years of age, by race and Hispanic origin and percent of poverty level: United States, 2009–2010



NOTE: See data table for Figure 23.

SOURCE: CDC/NCHS, National Health Interview Survey. See Appendix I, National Health Interview Survey (NHIS).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig23>

Attention Deficit Hyperactivity Disorder Among Children

In 2009–2010, children living below 200% of the poverty level were more likely to be diagnosed with attention deficit hyperactivity disorder (ADHD or ADD) than children with higher relative family income, but this pattern differed across racial and ethnic groups.

ADHD (or ADD) is one of the most common childhood neurobehavioral disorders (1,2). Reported ADHD prevalence increased from 7% in 1997–1999 to 9% in 2008–2010 (Table 46). The economic effect of ADHD on families, schools, and the health care system is substantial (3). Children with ADHD are more likely than children without ADHD to use prescription medication (3,4). The percentage of children who had recently used prescription stimulants for ADHD increased from less than 1% to nearly 4% from 1988–1994 to 2005–2008 (Table 100). Poor children are less likely to receive medication on a regular basis to treat their ADHD than children living in families with higher incomes (5).

In 2009–2010, 1 of 10 children 5–17 years of age had been diagnosed with ADHD according to the parent or knowledgeable adult in the family. Children with family income below 200% of poverty were

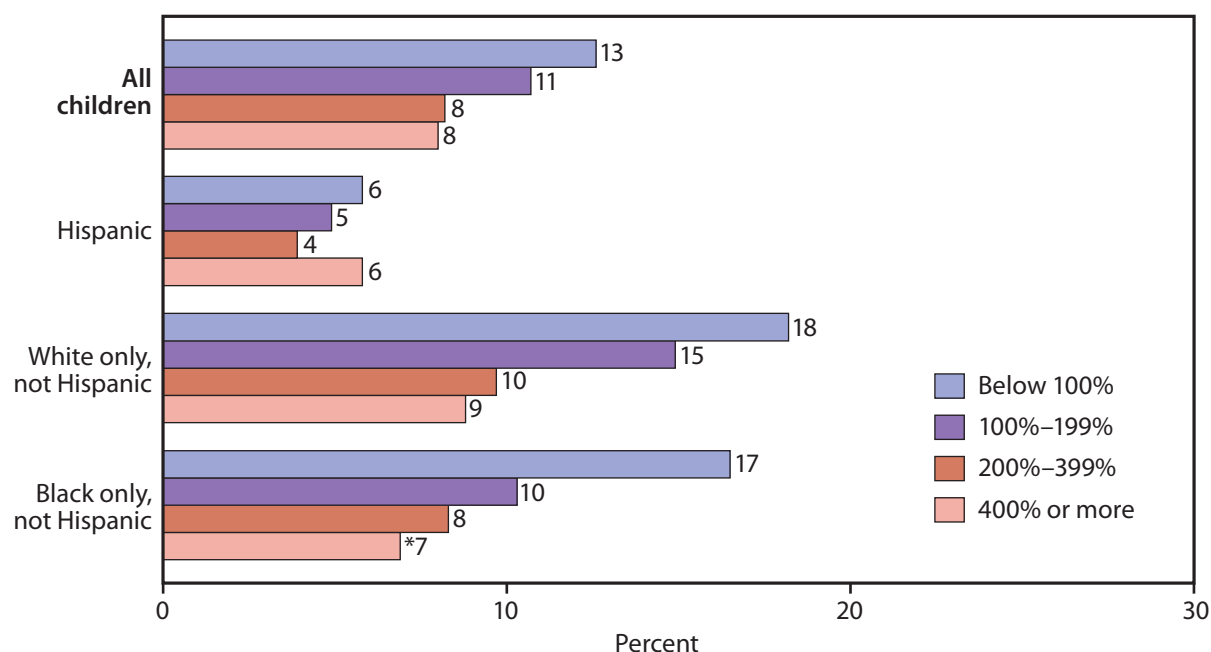
diagnosed with ADHD more often than children with family income at 200% or more of the poverty level. Non-Hispanic white children with family income below 200% of the poverty level were diagnosed with ADHD more often than those with higher relative family income. For non-Hispanic black children, the percentage diagnosed with ADHD was higher among poor children than among those in other relative family income groups. For Hispanic children, there was no difference in ADHD prevalence by relative family income. Prevalence of ADHD was more than twice as high among non-Hispanic white and non-Hispanic black children than among Hispanic children.

References

1. Fulton BD, Scheffler RM, Hinshaw SP, Levine P, Stone S, Brown TT, Modrek S. National variation of ADHD diagnostic prevalence and medication use: Health care providers and education policies. *Psychiatr Serv* 2009;60(8):1075–83.
2. Akinbami LJ, Liu X, Pastor PN, Reuben CA. Attention deficit hyperactivity disorder among children aged 5–17 years in the United States, 1998–2009. NCHS data brief, no 70. Hyattsville, MD: NCHS; 2011. Available from: <http://www.cdc.gov/nchs/data/databriefs/db70.pdf>.

(References continue on data table for Figure 24)

Figure 24. Attention deficit hyperactivity disorder among children 5–17 years of age, by race and Hispanic origin and percent of poverty level: United States, 2009–2010



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

NOTE: See data table for Figure 24.

SOURCE: CDC/NCHS, National Health Interview Survey. See Appendix I, National Health Interview Survey (NHIS).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig24>

Health Risk Factors

Child Obesity

In 2007–2010, the prevalence of obesity was higher among boys and girls whose household head had lower educational attainment.

Excess body weight in children is associated with excess morbidity in childhood and adulthood (1). Obesity among children and teenagers 2–19 years of age is defined as a body mass index (BMI) for age and sex at or above the 95th percentile of the CDC growth charts (2,3). SES has generally been found to be inversely associated with obesity in children and adolescents (4–9), but this association may vary by race (10).

In 2007–2010, obesity for boys was double for those whose household head had less than a high school education, and about 60% higher for those whose household head had a high school degree or some college, compared with those whose household head had a Bachelor’s degree or higher education. Among girls, obesity was about three times as high for those whose household head had a high school degree or less education, and about twice as high for

those whose household head had some college, compared with those whose household head had a Bachelor’s degree or higher.

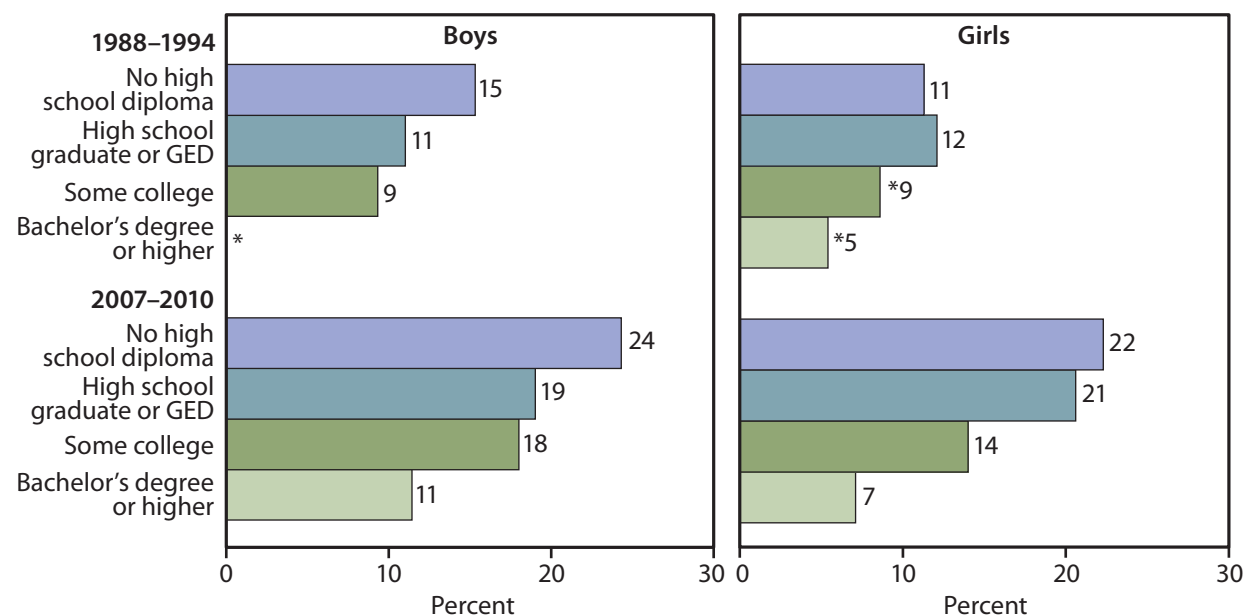
Between 1988–1994 and 2007–2010, the percentage of boys and girls who were obese increased within each household head education level except those with a Bachelor’s degree or higher, resulting in a widening of the gap in child obesity between children at the lowest and highest SES levels. In 2007–2010, 18% of boys and 15% of girls were obese.

References

1. Dietz WH. Health consequences of obesity in youth: Childhood predictors of adult disease. *Pediatrics* 1998; 101(3 pt 2):518–25.
2. Kuczumski RJ, Ogden CL, Guo SS, et al. 2000 CDC Growth Charts for the United States: Methods and development. *NCHS. Vital Health Stat* 11(246); 2002. Available from http://www.cdc.gov/nchs/data/series/sr_11/sr11_246.pdf.
3. Ogden CL, Flegal KM. Changes in terminology for childhood overweight and obesity. *National health statistics reports*; no 25. Hyattsville, MD: NCHS; 2010. Available from: <http://www.cdc.gov/nchs/data/nhsr/nhsr025.pdf>.

(References continue on [data table for Figure 25](#))

Figure 25. Obesity among children 2–19 years of age, by sex of child and education level of head of household: United States, 1988–1994 and 2007–2010



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

NOTES: GED is General Educational Development high school equivalency diploma. Education level is for head of household. Obesity is body mass index at or above the sex- and age-specific 95th percentile from the 2000 CDC Growth Charts. See [data table for Figure 25](#).

SOURCE: CDC/NCHS, National Health and Nutrition Examination Survey. See [Appendix I, National Health and Nutrition Examination Survey \(NHANES\)](#).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig25>

Children's Screen Time

Children with family income below 400% of poverty were more likely to engage in more than 2 hours of screen time daily than children at 400% or more of the poverty level.

Sedentary behavior, such as watching television and playing video games, has been cited as contributing to rising obesity rates among children. Some research (1–5) has found positive associations between television viewing and higher body mass index or obesity. Other research (6) suggests that video games, but not television, are associated with youth obesity. Still other work (7) found an association between obesity and commercial, but not noncommercial, television. The American Academy of Pediatrics recommends that children engage in less than 2 hours of screen time daily (8).

Children 6–11 years of age in families below 400% of poverty were more likely to spend more than 2 hours on an average weekday watching television and videos, playing video games, or on a computer (screen time) than children in the highest relative family income group. Screen time excludes computer use for homework. On average during 2003 and 2007, about 4 in 10 (38%–43%) children in families up

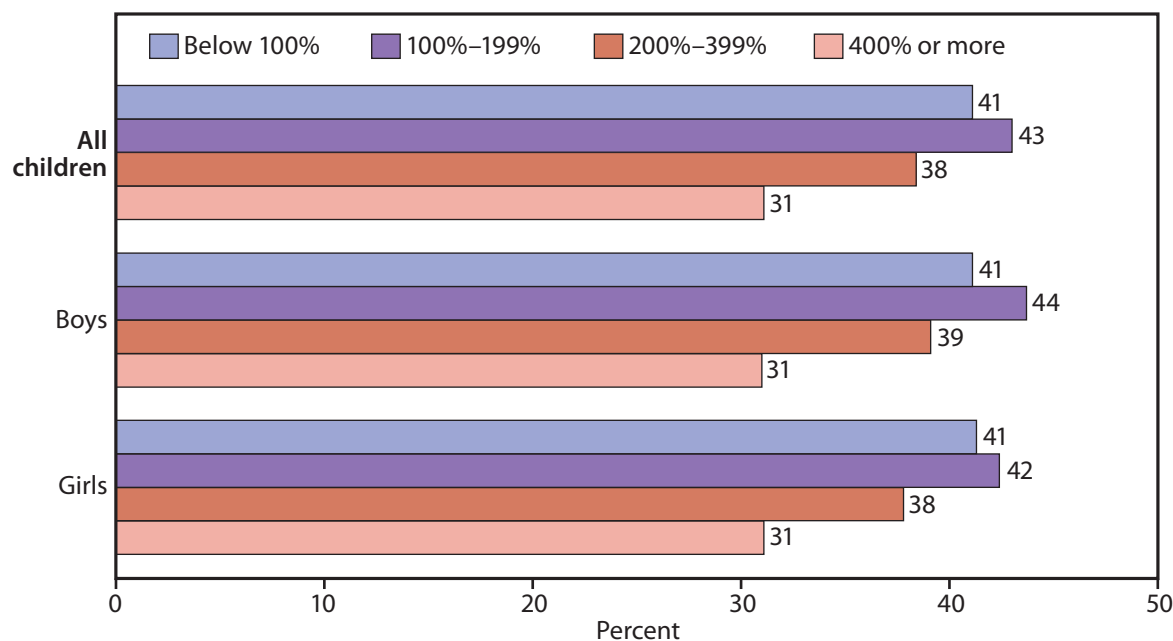
to 400% of poverty spent more than 2 hours per day in front of a screen compared with 3 in 10 (31%) children living at 400% or more of the poverty level. This pattern was similar for boys and girls.

References

1. Andersen RE, Crespo CJ, Bartlett SJ, Cheskin LJ, Pratt M. Relationship of physical activity and television watching with body weight and level of fitness among children: Results from the third National Health and Nutrition Examination Survey. *JAMA* 1998;279(12):938–42.
2. Crespo CJ, Smit E, Troiano RP, Bartlett SJ, Macera CA, Andersen RE. Television watching, energy intake, and obesity in U.S. children: Results from the third National Health and Nutrition Examination Survey, 1988–1994. *Arch Pediatr Adolesc Med* 2001;155(3):360–5.
3. Danner FW. A national longitudinal study of the association between hours of TV viewing and the trajectory of BMI growth among U.S. children. *J Pediatr Psychol* 2008;33(10):1100–7.
4. Giammattei J, Blix G, Marshak HH, Wollitzer AO, Pettitt DJ. Television watching and soft drink consumption: Associations with obesity in 11- to 13-year-old schoolchildren. *Arch Pediatr Adolesc Med* 2003;157(9):882–6.
5. Gortmaker SL, Must A, Sobol AM, Peterson K, Colditz GA, Dietz WH. Television viewing as a cause of increasing obesity among children in the United States, 1986–1990. *Arch Pediatr Adolesc Med* 1996;150(4):356–62.

(References continue on [data table for Figure 26](#))

Figure 26. Children 6–11 years of age who engaged in more than 2 hours of screen time daily, by sex and percent of poverty level: United States, average annual, 2003 and 2007



NOTES: Screen time includes watching TV or videos, playing video games, or non-school-related computer use. See [data table for Figure 26](#).

SOURCE: CDC/NCHS, National Survey of Children's Health. See [Appendix I, National Survey of Children's Health \(NSCH\)](#).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig26>

Prevention

Babies Who Were Breastfed for 3 Months or More

In 2002–2004, babies of mothers without a Bachelor's degree were less likely to be breastfed for at least 3 months than babies whose mothers had a Bachelor's degree or higher education.

Exclusive breastfeeding (without supplementing with formula or other foods) and longer duration of breastfeeding are associated with better health outcomes for mother and infant (1). Breastfeeding is associated with nutritional, immunologic, developmental, psychological, social, economic, and environmental benefits (1,2). Increasing rates of breastfeeding is a public health strategy to improve children's health and reduce health care costs (3). The American Academy of Pediatrics recommends exclusive breastfeeding for the first 6 months of life (2). Breastfeeding rates differ by race and ethnicity, socioeconomic level, and other demographic factors (Table 14) (3). In 2002–2004, non-Hispanic black babies were about half as likely to be breastfed for at least 3 months than non-Hispanic white and Hispanic babies (Table 14).

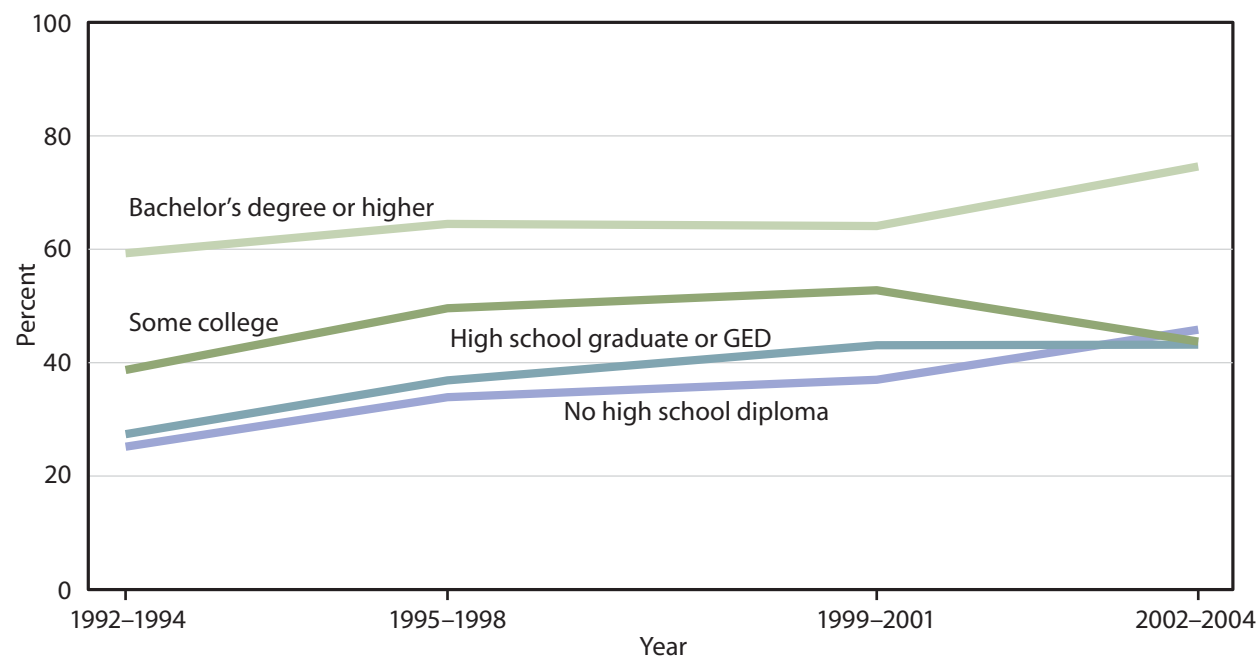
In 2002–2004, babies of mothers with less than a Bachelor's degree were about 40% less likely to be breastfed for at least 3 months than babies of

mothers with a Bachelor's degree or higher education. Throughout the period 1992–1994 to 2002–2004, breastfeeding was more likely for babies whose mothers had a Bachelor's degree or higher than for those with less education. During this period, breastfeeding increased for mothers of all education levels, except among mothers with some college. The largest percentage increase in breastfeeding during this decade occurred among mothers without a high school diploma, resulting in a narrowing of the gap in breastfeeding rates between mothers in the lowest and highest education groups.

References

1. U.S. Department of Health and Human Services. The Surgeon General's call to action to support breastfeeding. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General; 2011. Available from: <http://www.surgeongeneral.gov/initiatives/breastfeeding/>.
2. American Academy of Pediatrics. Breastfeeding and the use of human milk. *Pediatrics* 2005;115(2):496–506. Available from: <http://pediatrics.aappublications.org/content/115/2/496.full>.
3. CDC. Racial and Socioeconomic disparities in breastfeeding—United States, 2004. *MMWR* 2006;55(12):335–9. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5512a3.htm>.

Figure 27. Babies breastfed 3 months or more among mothers 22–44 years of age, by mother's education level: United States, 1992–1994 through 2002–2004



NOTES: GED is General Educational Development high school equivalency diploma. See [data table for Figure 27](#).

SOURCE: CDC/NCHS, National Survey of Family Growth. See [Appendix I, National Survey of Family Growth \(NSFG\)](#).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig27>

Adolescent Vaccinations

In 2009, adolescents living in families below 400% of the poverty level were less likely to have been vaccinated against meningococcal disease and to have received all three doses of human papillomavirus vaccine than adolescents living in families at 400% or more of the poverty level.

Vaccination of children and teenagers against communicable diseases is an important public health strategy (1). Vaccinations are required for public school attendance, but the timing, number, and type varies by state (2). Ideally, adolescents should have completed the recommended series for measles, mumps, and rubella; hepatitis B; and varicella during early childhood.

Vaccinations recommended for the preteen to teenage years include tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap), meningococcal conjugate vaccine (MenACWY), and three doses of human papillomavirus vaccine (HPV) (1). MenACWY was recommended for use in May 2005 and HPV for females in March 2007 (3–5). Vaccinations may be expensive but are often covered by health insurance. Uninsured or underinsured

children may receive vaccinations at little or no cost through CDC's Vaccines for Children Program (6).

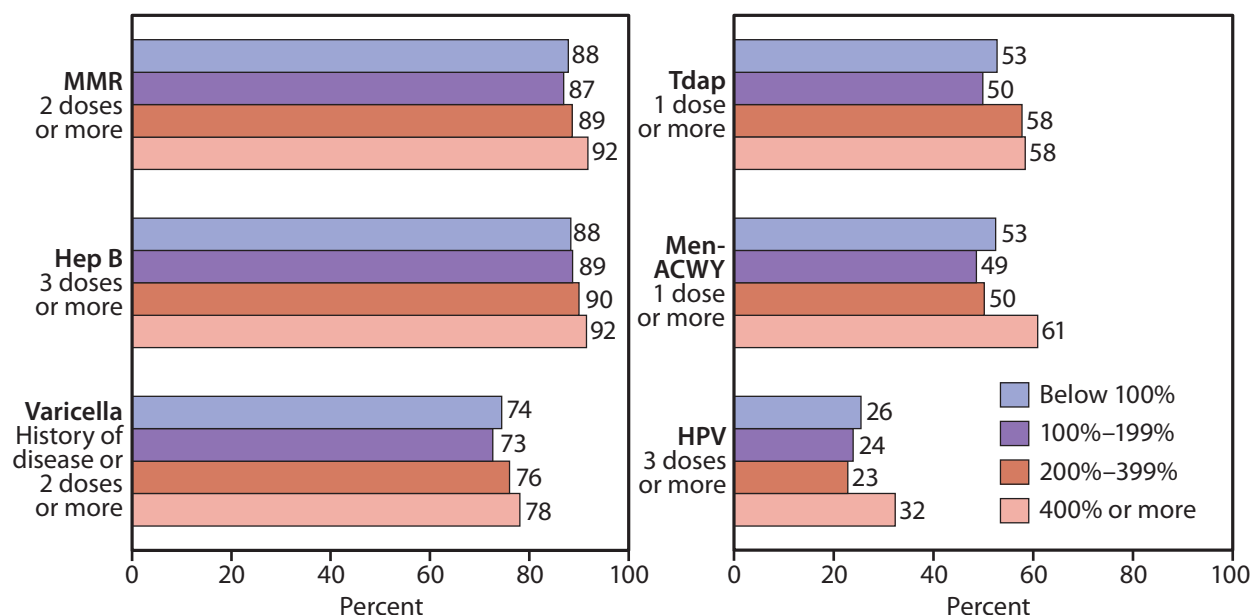
In 2009, adolescents living in poverty were less likely to have had recommended vaccinations compared with adolescents living in families with income at 400% or more of the poverty level. The differences in vaccination rates by relative family income were larger for HPV and MenACWY than for other vaccines. Compared with the highest relative family income group, the percentage vaccinated in the three lower groups was 8 to 12 percentage points lower for MenACWY and 7 to 10 percentage points lower for three doses of HPV. Although females living below the poverty level were more likely than those above poverty to initiate HPV vaccination, they were less likely to complete the series (7).

References

1. CDC. Recommended immunization schedules for persons aged 0 through 18 years—United States, 2011. MMWR 2011;60(5). Available from: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6005a6.htm?s_cid=mm6005a6_w.

(References continue on [data table for Figure 28](#))

Figure 28. Vaccinations among adolescents 13–17 years of age, by type of vaccine and percent of poverty level: United States, 2009



NOTES: Vaccine types: MMR is measles, mumps, rubella; Hep B is hepatitis B; varicella is chickenpox; Tdap is tetanus and diphtheria toxoids and acellular pertussis; MenACWY is meningococcal conjugate; and HPV is human papillomavirus (reported for females). See [data table for Figure 28](#).

SOURCE: CDC/NCHS and National Center for Immunization and Respiratory Diseases, National Immunization Survey–Teen. See [Appendix I, National Immunization Survey \(NIS\)](#).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig28>

Health Insurance

Uninsured Children

Between 2000 and 2010, gains in insurance coverage for children in families below 200% of the poverty level resulted in a narrowing of the gap in the percentage of children who were uninsured across relative family income groups.

Children need access to the health care system for diagnosis and treatment of acute and chronic illnesses, treatment of injuries, and preventive care. Health insurance is a major determinant of access to care; in 2010, there were 5.8 million uninsured children under 18 years of age (1). Children are less likely to be uninsured than adults 18–64 years of age because they are more likely to qualify for public coverage, primarily Medicaid (2). The Children’s Health Insurance Program (CHIP) provides coverage to eligible low-income, uninsured children who do not qualify for Medicaid (3).

During 2000–2010, the percentage of children living below 200% of poverty who were uninsured was cut almost in half, while the percentage who were uninsured in higher relative family income groups declined at a slower rate, narrowing the gap in uninsurance by relative family income. Throughout

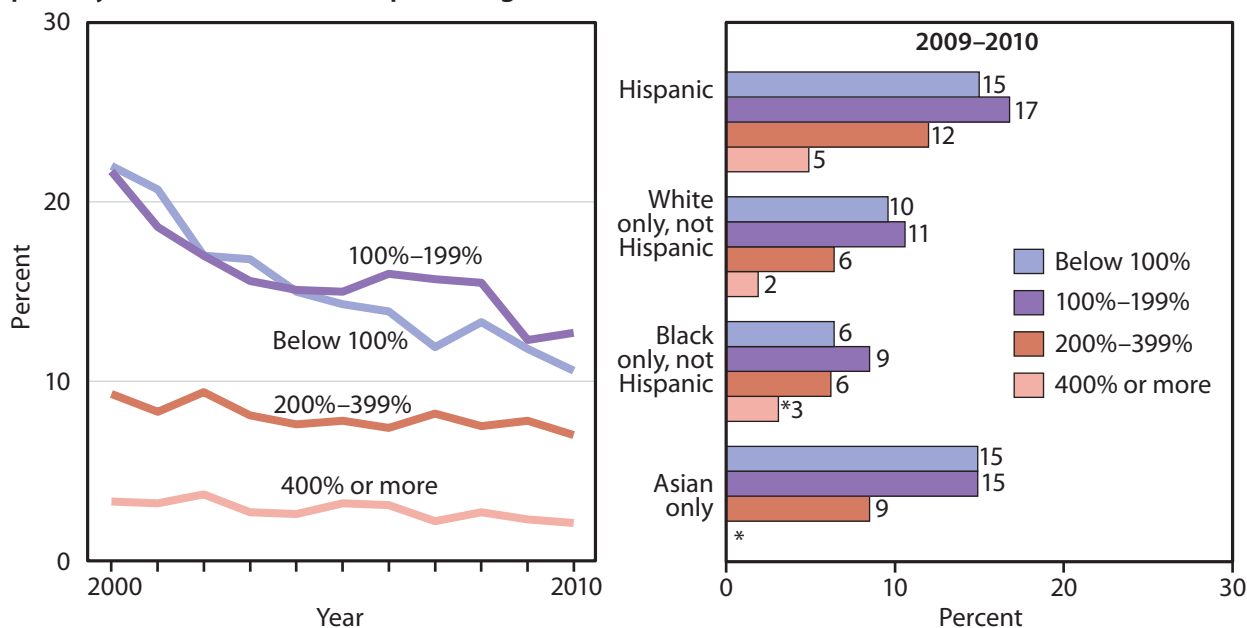
this period, children below 200% of poverty were the most likely to be uninsured. By 2010, compared with children with family income at 400% or more of the poverty level, those below 200% of the poverty level were five to six times as likely, and those at 200%–399% were three times as likely, to be uninsured.

In 2009–2010, for Hispanic and non-Hispanic black children below 200% of poverty, uninsurance percentages were two to three times higher than for those in families at 400% or more of poverty. For non-Hispanic white children, percentages were three to six times higher among lower family income groups.

References

1. Cohen RA, Ward BW, Schiller JS. Health insurance coverage: Early release of estimates from the National Health Interview Survey, 2010. NCHS; June 2011. Available from: <http://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201106.htm>.
2. Kaiser Commission on Medicaid and the Uninsured. The uninsured and the difference health insurance makes. 2010. Available from: <http://www.kff.org/uninsured/upload/1420-12.pdf>.
3. Centers for Medicare & Medicaid Services. Children’s Health Insurance Program (CHIP). Available from: <http://www.cms.hhs.gov/NationalCHIPPolicy/>.

Figure 29. No health insurance coverage among children under 18 years of age, by percent of poverty level and race and Hispanic origin: United States, 2000–2010



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

NOTE: See [data table for Figure 29](#).

SOURCE: CDC/NCHS, National Health Interview Survey. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig29>

Utilization and Access

Dental Visits Among Children

In 2010, the percentage of children 2–17 years of age who had a dental visit within the past year rose with relative family income, from 73% of those in families below the poverty level to 88% of those at 400% or more of the poverty level.

Dental caries (tooth decay) is one of the most common childhood diseases (1,2). The American Academy of Pediatric Dentistry recommends that each child see a dentist by his or her first birthday and have regular visits thereafter. Starting regular dental care for children at a young age makes regular dental care more likely and reduces later dental costs, especially for low-income children (3). Utilization of dental care and the prevalence of untreated dental caries vary by income and by race and ethnicity, with those in higher income groups and non-Hispanic whites having higher utilization and lower untreated dental caries prevalence (Table 76) (1–5).

During 2000–2010, the percentage of children 2–17 years of age who had a dental visit in the past year rose more for children below 200% of the poverty level than for those at 200% or more of poverty, narrowing the gap across relative family income groups. By 2010, the percentage of children with a recent visit was 17% lower for children living below

200% of the poverty level and 10% lower for children at 200%–399% of poverty, compared with those at 400% or more of the poverty level.

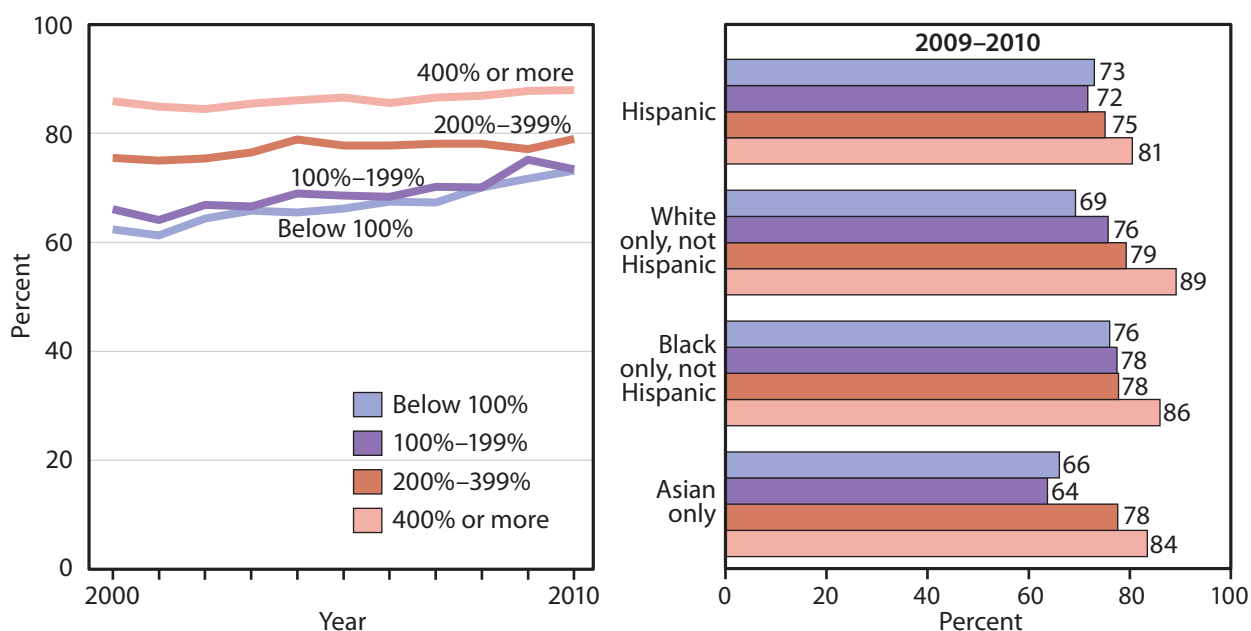
In 2009–2010, the percentage of children with a recent dental visit was lower for those in poverty compared with those living at 400% of poverty or more for each racial and ethnic group examined. The disparity across relative family income groups was smaller among Hispanic and non-Hispanic black children than for Asian and non-Hispanic white children.

References

1. U.S. General Accounting Office (GAO). Oral health: Factors contributing to low use of dental services by low-income populations. GAO/HEHS-00-149. Washington, DC: GAO; 2000. Available from: <http://www.gao.gov/archive/2000/he00149.pdf>.
2. U.S. Department of Health and Human Services. Oral health in America: A report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health; 2000. Available from: <http://www.nidcr.nih.gov/DataStatistics/SurgeonGeneral/sgr/>.
3. Savage MF, Lee JY, Kotch JB, Vann WF Jr. Early preventive dental visits: Effects on subsequent utilization and costs. *Pediatrics* 2004;114(4):e418–23.

(References continue on data table for Figure 30)

Figure 30. Dental visits in the past year among children 2–17 years of age, by percent of poverty level and race and Hispanic origin: United States, 2000–2010



NOTE: See data table for Figure 30.

SOURCE: CDC/NCHS, National Health Interview Survey. See Appendix I, National Health Interview Survey (NHIS).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig30>

Background

Adult Poverty

During 1990–2010, the percentage of adults living in poverty fluctuated between 10% and 13% and varied by race and ethnicity.

Poor adults are more likely to be in poor health, to be uninsured, and to die at a younger age than nonpoor adults (1–4). In 2010, 13% of adults 18 years of age and over (30 million adults) lived in poverty, including 14% of 18–64 year olds and 9% of adults 65 years of age and older (1).

Between 1990 and 2010, the percentage of adults 18 years of age and over living in poverty fluctuated between 10% and 13%. Between 1990 and 2000, the percentage of Hispanic adults and black adults living in poverty declined, while the percentage living in poverty fluctuated between 7% and 9% for non-Hispanic white adults and between 9% and 14% for Asian adults. During the 2000s, the percentage living in poverty increased for most groups. Hispanic adults and black adults had poverty rates at least twice as high as non-Hispanic white adults and Asian adults between 1990 and 2010.

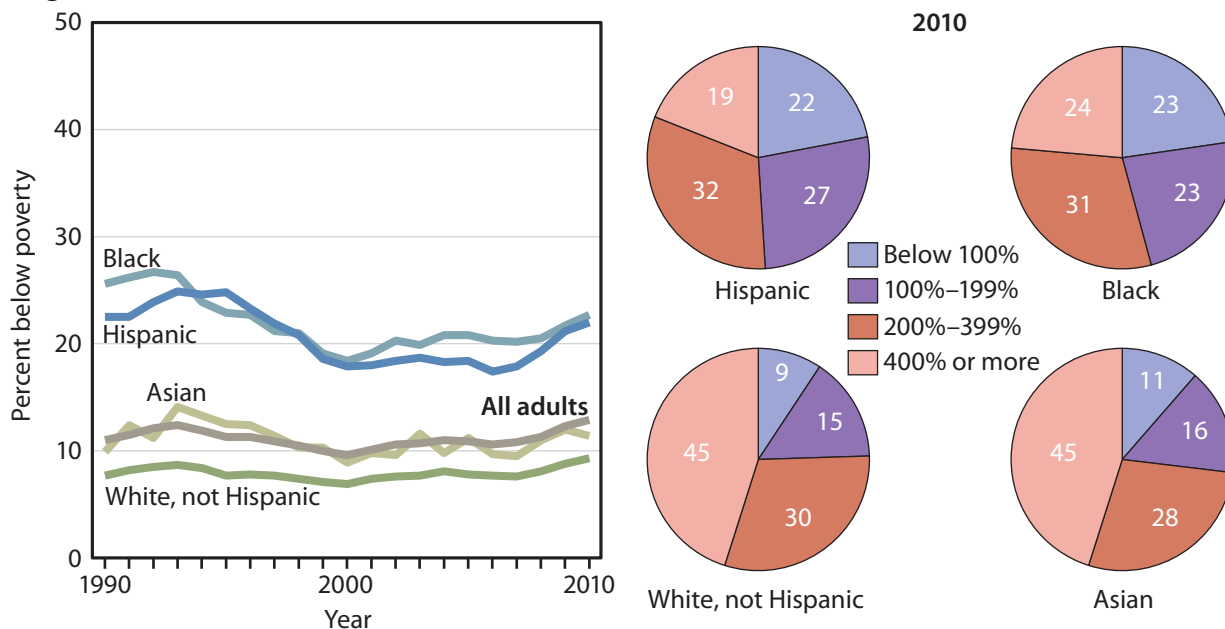
The percentage of adults in the four relative family income groups shown in many of the subsequent charts differs by race and ethnicity. In 2010, 23% of black adults and 22% of Hispanic adults lived below

the poverty level, compared with 11% of Asian and 9% of non-Hispanic white adults. Nearly one-half of black adults and Hispanic adults lived below 200% of poverty, as did 27% of Asian adults and 25% of non-Hispanic white adults. One in four (24%) black and one in five (19%) Hispanic adults lived at 400% or more of the poverty level, compared with almost one-half of Asian adults (45%) and non-Hispanic white adults (45%).

References

1. DeNavas-Walt C, Proctor BD, Smith JC. Income, poverty, and health insurance coverage in the United States: 2010. U.S. Census Bureau, Current Population Reports, P60–239. Washington, DC: U.S. Government Printing Office; 2011. Available from: <http://www.census.gov/prod/2011pubs/p60-239.pdf>.
2. Lantz PM, House JS, Lepkowski JM, Williams DR, Mero RP, Chen J. Socioeconomic factors, health behaviors, and mortality: Results from a nationally representative prospective study of U.S. adults. JAMA 1998;279(21):1703–8.
3. Winkleby MA, Cubbin C. Influence of individual and neighbourhood socioeconomic status on mortality among black, Mexican-American, and white women and men in the United States. J Epidemiol Community Health 2003;57(6):444–52.
4. Banks J, Marmot M, Oldfield Z, Smith JP. Disease and disadvantage in the United States and in England. JAMA 2006;295(17):2037–45.

Figure 31. Adults 18 years of age and over, by percent of poverty level and race and Hispanic origin: United States, 1990–2010



NOTE: See data table for Figure 31.

SOURCE: U.S. Census Bureau. See Appendix I, Current Population Survey (CPS).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig31>

Mortality

Life Expectancy at Age 25

The gap in life expectancy at age 25, by education, widened between 1996 and 2006 for both men and women.

Life expectancy is a summary measure of health used to gauge the health of a population. It is the expected number of years of life remaining at a given age, calculated by summing mortality rates across all subsequent ages, and is derived using life table methodology. Life expectancy at birth for the U.S. population overall was 78.5 years in 2009; at age 25 it was 54.6 years (1). Women have higher life expectancy than men. In 2009, life expectancy at birth was 76.0 years for males and 80.9 years for females (1).

Life expectancy at age 25 in the U.S. is positively associated with education for both men and women. Women at each educational level have higher life expectancy than men.

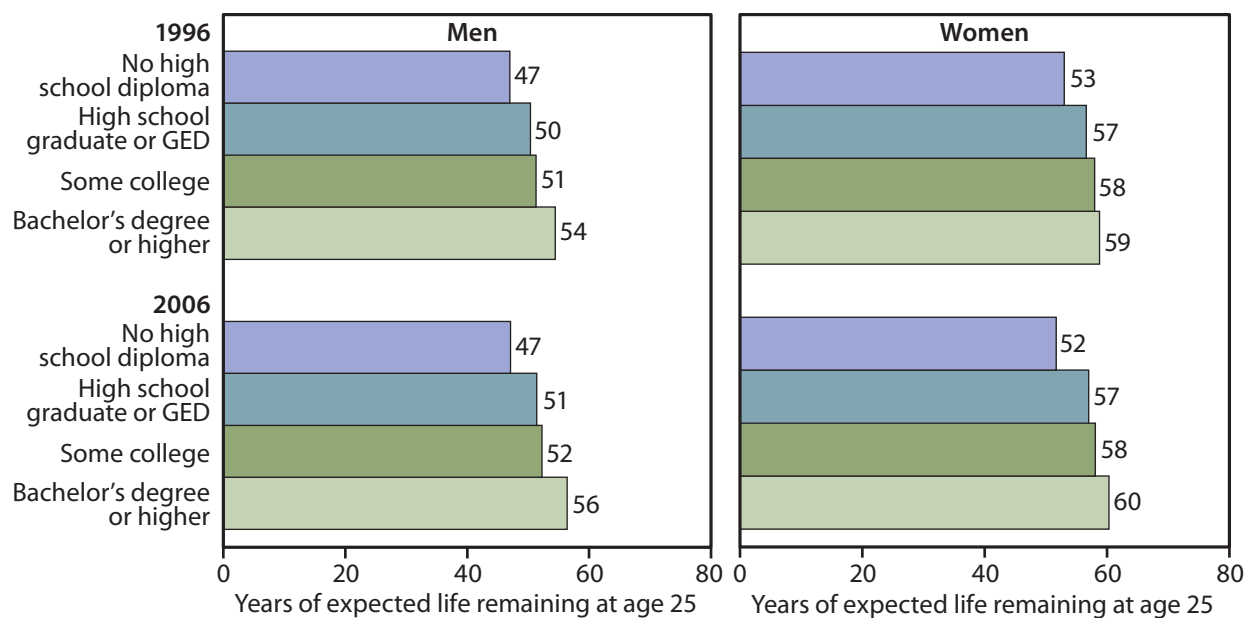
Between 1996 and 2006, life expectancy at age 25 increased for men and women with a Bachelor's degree or higher, while remaining unchanged for those with less than a Bachelor's degree (2). In 1996, on average, 25 year-old men with less than a high

school education could expect to live 7.4 years less than those with a Bachelor's degree or higher. That gap increased to 9.3 years in 2006 due to a 2-year increase in life expectancy among the most educated men and no increase among the least educated. Similarly, 25 year-old women with no high school diploma in 1996 could expect to live on average 5.8 years less than those with a Bachelor's degree or higher. By 2006, that gap had grown to 8.6 years due to a decrease in the life expectancy of the least educated women and an increase in life expectancy for the most educated women.

References

1. Kochanek KD, Xu J, Murphy SL, et al. Highlights and detailed tables for Deaths: Final data for 2009. 2009 Mortality multiple cause microdata files. Hyattsville, MD: NCHS; 2012. Available from: http://www.cdc.gov/nchs/data/dvs/deaths_2009_release.pdf.
2. Lochner KA, Parsons VL, Schenker N, Wheatcroft G, Kramarow E, Pamuk ER. Education differences in life expectancy in the United States: 1990–2006. CDC/NCHS, National Health Interview Survey Linked Mortality file [unpublished analysis].

Figure 32. Life expectancy at age 25, by sex and education level: United States, 1996 and 2006



NOTES: GED is General Educational Development high school equivalency diploma. See [data table for Figure 32](#).

SOURCE: CDC/NCHS, National Health Interview Survey Linked Mortality File. See [Appendix I, National Health Interview Survey \(NHIS\) Linked Mortality File](#).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig32>

Morbidity

Depression

In 2005–2010, depression prevalence among adults 20 years of age and over living below the poverty level was more than four times as high as for those with family income at 400% or more of the poverty level.

Depression is a common condition that is associated with increased morbidity and mortality, reduced productivity, and poorer quality of life (1–6). Its symptoms include difficulties with mood, sleep, and concentration, and loss of interest or pleasure in doing things. Major depression may be incapacitating (5,6). Despite the introduction of new antidepressant drugs in recent decades, depression remains underdiagnosed and inadequately treated (1,5,7).

Depression was measured using the Patient Health Questionnaire—a screening instrument that asks a series of questions in which respondents indicated how frequently they felt down, had trouble sleeping, had little energy, and other symptoms over the past 2 weeks. Responses were scored based on the frequency of these symptoms (8); a score of 10 or higher (out of 27) was classified as depression (8,9).

In 2005–2010, among adults 20–44 and 45–64 years of age, depression was five times as high for those

below poverty, about three times as high for those with family income at 100%–199% of poverty, and 60% higher for those with income at 200%–399% of poverty compared with those at 400% or more of the poverty level. For adults 65 years of age and over, depression was five times as high for those below poverty, about three times as high for those with family income at 100%–199% of poverty, and similar for those with income at 200%–399% compared with those at 400% or more of the poverty level.

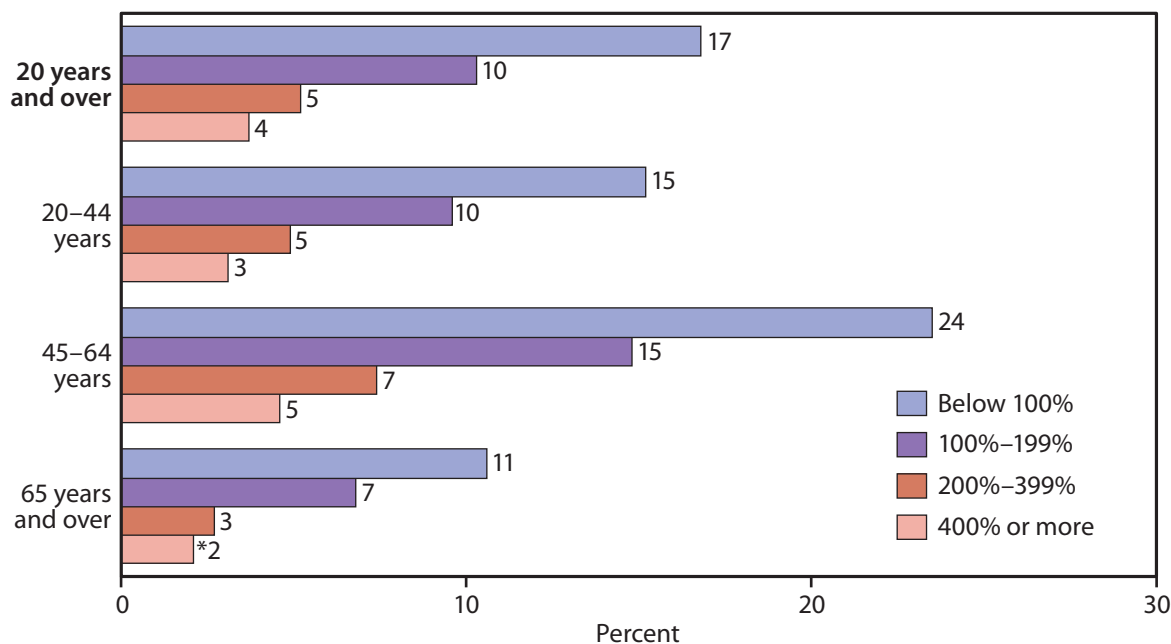
Previous studies have shown an association between SES and depression, although the nature and direction of this association are not clear (2,8,10). Low SES may contribute to developing depression and may also be a result of reduced earning potential or productivity due to depression (10,11).

References

1. Timonen M, Liukkonen T. Management of depression in adults. *BMJ* 2008;336(7641):435–9.
2. Kessler RC, Berglund P, Demler O, Jin R, Koretz D, Merikangas KR, et al. The epidemiology of major depressive disorder: Results from the National Comorbidity Survey Replication (NCS–R). *JAMA* 2003;289(23):3095–105.

(References continue on [data table for Figure 33](#))

Figure 33. Depression among adults 20 years of age and over, by age and percent of poverty level: United States, 2005–2010



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

NOTE: See [data table for Figure 33](#).

SOURCE: CDC/NCHS, National Health and Nutrition Examination Survey. See [Appendix I, National Health and Nutrition Examination Survey \(NHANES\)](#).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig33>

Edentulism (Lack of Natural Teeth)

The percentage of middle-age and older adults with edentulism (no natural teeth) increased with decreasing relative family income in 2000–2010.

Edentulism—the absence of any natural teeth—may occur for a variety of reasons but most commonly results from untreated dental caries or periodontal disease (1). Loss of teeth may also reflect poor dietary intake or limited access to oral health care (2). Edentulism is associated with morbidity, including heart disease and stroke (2). Over the past several decades, the prevalence of edentulism has declined, likely due to improved access to and use of oral health care services and fluoridated water, and lower prevalence of smoking among adults (1,3,4).

Edentulism increases with decreasing relative family income. In 2010, among adults 45–64 years of age, edentulism was 5 times as high for those living below poverty, 4.8 times as high for those at 100%–199% of the poverty level, and 2.7 times as high among those at 200%–399% of the poverty level, compared with those with income at 400% or more of the poverty level. In 2010, among adults 65 years of age and over, edentulism was 3 times as high for those living below poverty, 2.5 times as high for those at 100%–199% of the poverty level, and 1.8 times as high among those

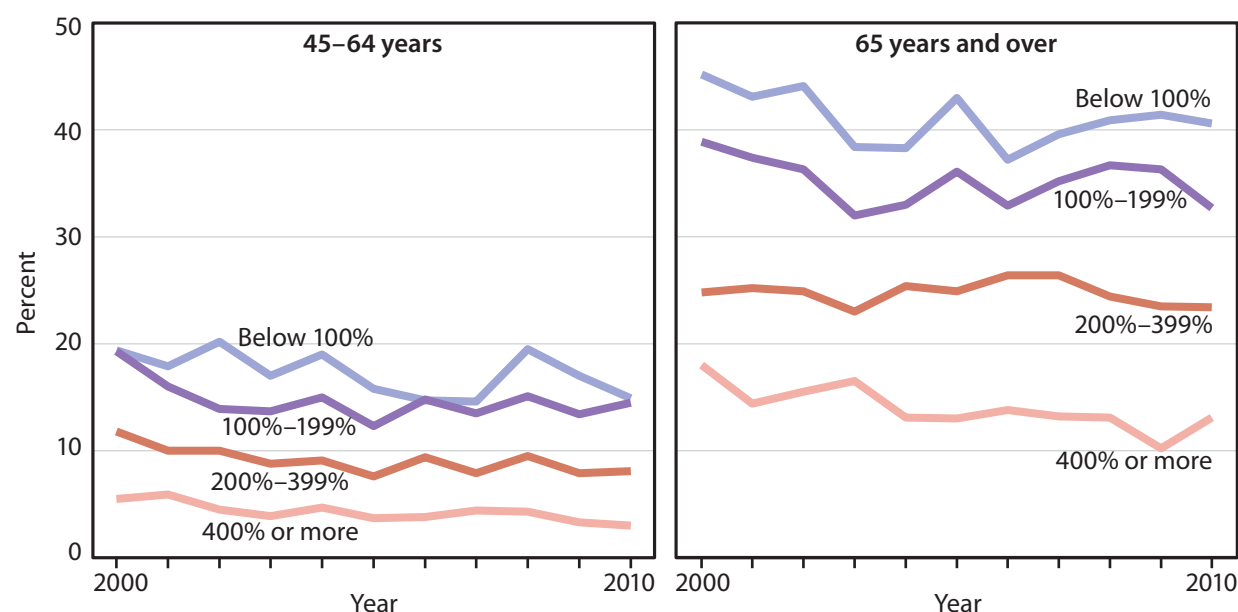
at 200%–399% of the poverty level, compared with those with income at 400% or more of the poverty level.

For both age groups, the percentage with edentulism has declined from 2000 to 2010. However, there has been a more rapid decline among adults in higher relative family income groups, resulting in an increase in the percent difference in edentulism between the lowest and highest groups over the past decade.

References

1. U.S. Department of Health and Human Services. Oral health in America: A report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health; 2000. Available from: <http://www.nidcr.nih.gov/DataStatistics/SurgeonGeneral/sgr/>.
2. Holm-Pedersen P, Schultz-Larsen K, Christiansen N, Avlund K. Tooth loss and subsequent disability and mortality in old age. *J Am Geriatr Soc* 2008;56(3):429–35.
3. Cunha-Cruz J, Hujuel PP, Nadanovsky P. Secular trends in socio-economic disparities in edentulism: USA, 1972–2001. *J Dent Res* 2007;86(2):131–6.
4. CDC. Ten Great Public Health Achievements—United States, 1900–1999. *MMWR* 1999;48(12):241–3. Available from: <http://www.cdc.gov/MMWR/preview/mmwrhtml/00056796.htm>.

Figure 34. Edentulism (lack of natural teeth) among adults 45 years of age and over, by age and percent of poverty level: United States, 2000–2010



NOTE: See [data table for Figure 34](#).

SOURCE: CDC/NCHS, National Health Interview Survey. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig34>

Two or More Selected Chronic Health Conditions

The percentage of adults 45–64 years of age with two or more selected chronic health conditions increased with decreasing relative family income in 2009–2010.

Midlife is a time when the prevalence of chronic health conditions begins to increase (Tables 49–51). Studies suggest that the presence of more than one chronic condition adds a layer of complexity to disease management for the individual and the health care system, and increases health care utilization and expenditures (1–6).

Having two or more chronic conditions is defined as respondent-reported physician diagnosis of two or more of the following nine chronic conditions: heart disease, high blood pressure, stroke, emphysema, cancer, diabetes, current asthma, chronic bronchitis, or kidney disease (see data table for Figure 35 for exact survey questions and recall periods). Many of these conditions share a common set of modifiable risk factors that may vary by income. Cigarette smoking and lack of physical activity are more common for adults living in poverty than for those in higher relative family income groups (Tables 62 and

73, Figure 38). The prevalence of obesity and elevated cholesterol varies less by relative family income (Tables 71 and 74).

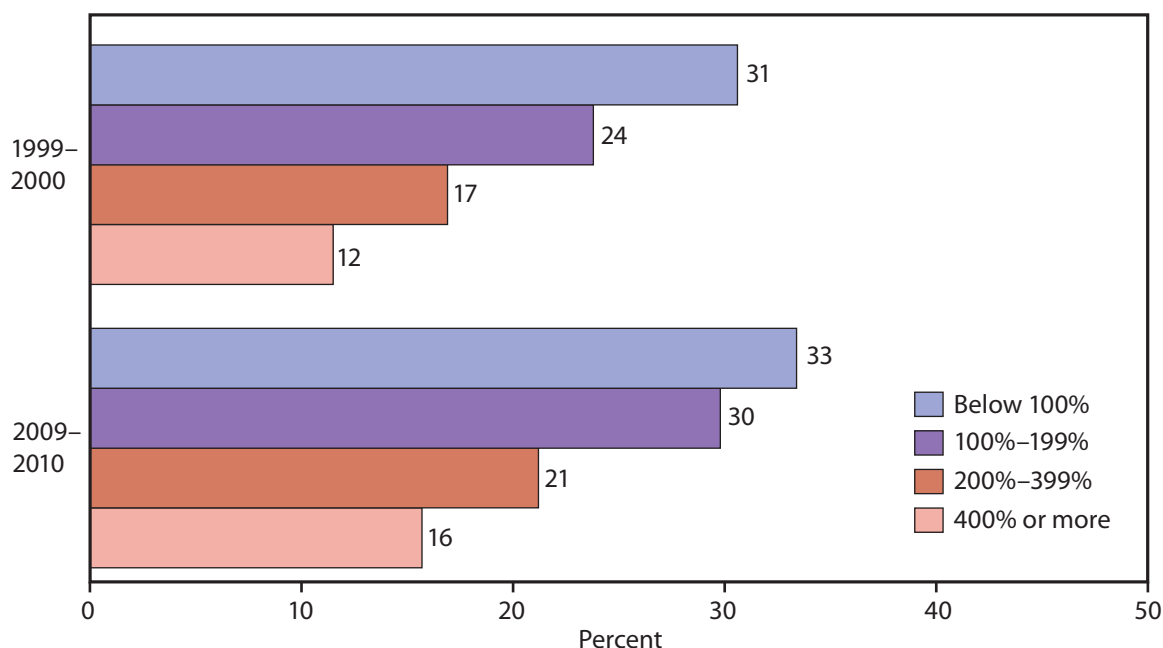
In both 1999–2000 and 2009–2010, the percentage of adults 45–64 years of age with two or more chronic conditions rose with decreasing relative family income. Between these two time periods, the prevalence of two or more chronic conditions increased more for those above poverty than below poverty, thereby narrowing the gap by relative family income; in 2009–2010, prevalence was twice as high among those with income below the poverty level compared with those with income at 400% or more of the poverty level.

References

1. Benjamin RM. Multiple chronic conditions: A public health challenge. *Surgeon General's Perspectives. Public Health Rep* 2010;125:626–7.
2. U.S. Department of Health and Human Services. HHS initiative on multiple chronic conditions; 2011. Available from: <http://www.hhs.gov/ash/initiatives/mcc/>.

(References continue on data table for Figure 35)

Figure 35. Two or more selected chronic health conditions among adults 45–64 years of age, by percent of poverty level: United States, 1999–2000 and 2009–2010



NOTES: Selected chronic conditions include ever told had heart disease, diabetes, cancer, hypertension (told at least twice), stroke, or emphysema; or told in last year had chronic bronchitis or kidney disease; or reported having an asthma attack in past year. See data table for Figure 35.

SOURCE: CDC/NCHS, National Health Interview Survey. See Appendix I, National Health Interview Survey (NHIS).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#35>

Disability Measures

Basic Actions Difficulty or Complex Activity Limitation

Reported disability among adults 18–64 and 65 years of age and over was higher among those living below 200% of poverty compared with those in higher relative family income groups during 2000–2010.

Any basic actions difficulty or complex activity limitation—subsequently referred to as disability—is defined as a respondent report of one or more of the following: movement difficulty, emotional difficulty, sensory (seeing or hearing) difficulty, cognitive difficulty, self-care (ADL or IADL) limitation, social limitation, or work limitation (Table 54) (1).

In 2010, one-third of American adults reported a disability. About one-quarter of adults 18–64 years of age reported a disability, compared with three-fifths of adults 65 years of age and over.

In 2010, among adults 18–64 years of age, disability was almost twice as high among those living in poverty, 1.6 times as high for those with family income at 100%–199% of poverty, and 1.3 times as high for those with family income at 200%–399%, compared with those with income at 400% or more of the poverty level. Among older adults, disability was 1.5 times as high among those living below 200% of the poverty level and 1.3 times as high for

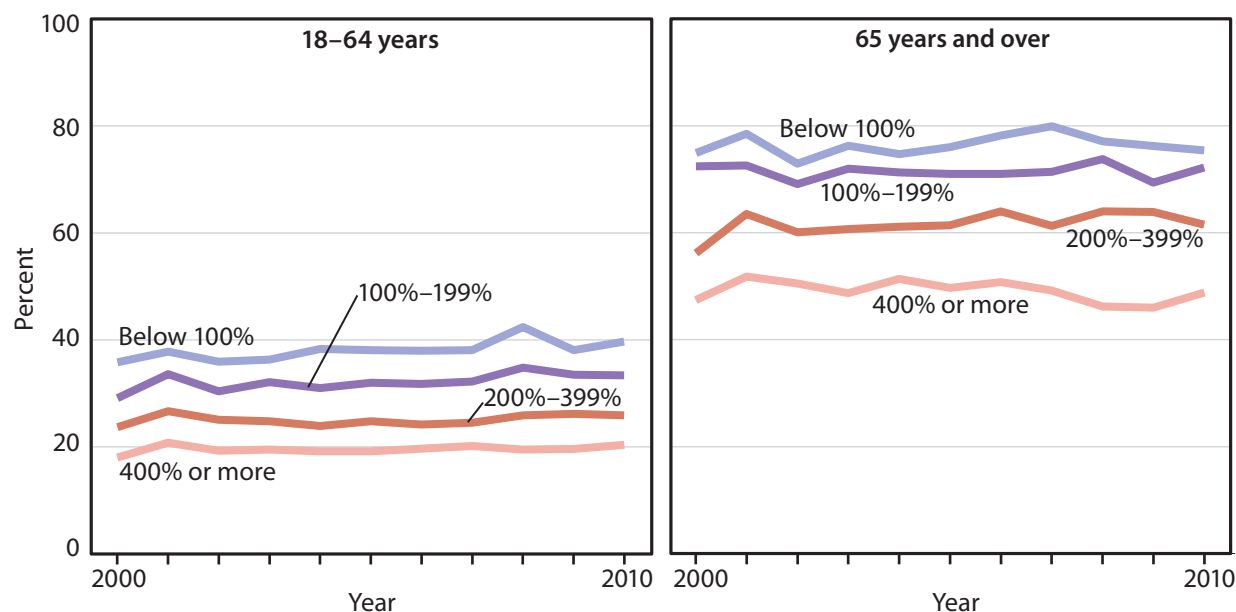
those with family income at 200%–399%, compared with the highest relative family income group.

Disability may be either a cause or a consequence of lower family income. It may lead to lower income due to lower earning potential, reduced productivity, and less access to employment opportunities (2–4). Family income level may also affect the prevalence of disability through employment and education opportunities, living and environmental conditions, and access to health care, preventive services, and accommodations.

References

1. Altman B, Bernstein A. Disability and health in the United States, 2001–2005. Hyattsville, MD: NCHS; 2008. Available from: <http://www.cdc.gov/nchs/data/misc/disability2001-2005.pdf>.
2. Isaacs SL, Schroeder SA. Class—The ignored determinant of the nation’s health. *N Engl J Med* 2004;351(11):1137–42.
3. Braut MW. Americans with disabilities: 2005. U.S. Census Bureau, Current Population Reports, P70–117 Washington, DC: U.S. Government Printing Office; 2008. Available from: <http://www.census.gov/prod/2008pubs/p70-117.pdf>.
4. Minkler M, Fuller-Thomson E, Guralnik JM. Gradient of disability across the socioeconomic spectrum in the United States. *N Engl J Med* 2006;355(7):695–703.

Figure 36. Basic actions difficulty or complex activity limitation among adults 18 years of age and over, by age and percent of poverty level: United States, 2000–2010



NOTE: See data table for Figure 36.

SOURCE: CDC/NCHS, National Health Interview Survey. See Appendix I, National Health Interview Survey (NHIS).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig36>

Health Risk Factors

Adult Obesity

In 2007–2010, obesity prevalence for women was higher among those with less than a Bachelor's degree, compared with women with more education; obesity among men did not have a clear relationship to educational attainment.

Obesity (body mass index of 30.0 or higher) is associated with excess mortality and morbidity (1–3). Obesity is also associated with increased risk of heart disease, stroke, some cancers, diabetes, osteoarthritis, and disability (1,2,4). Diet, physical inactivity, genetic factors, environment, and health conditions contribute to obesity. Previous research has found that the prevalence of obesity is significantly lower among those with college degrees compared with those with some college (5).

In both 1988–1994 and 2007–2010, obesity was higher among women with less than a Bachelor's degree compared with those with higher educational attainment. In 2007–2010, two-fifths (39%–43%) of women in the lower educational attainment groups were obese, compared with one-quarter of women with a Bachelor's degree or higher education. The relationship between educational attainment and obesity levels was less clear among men.

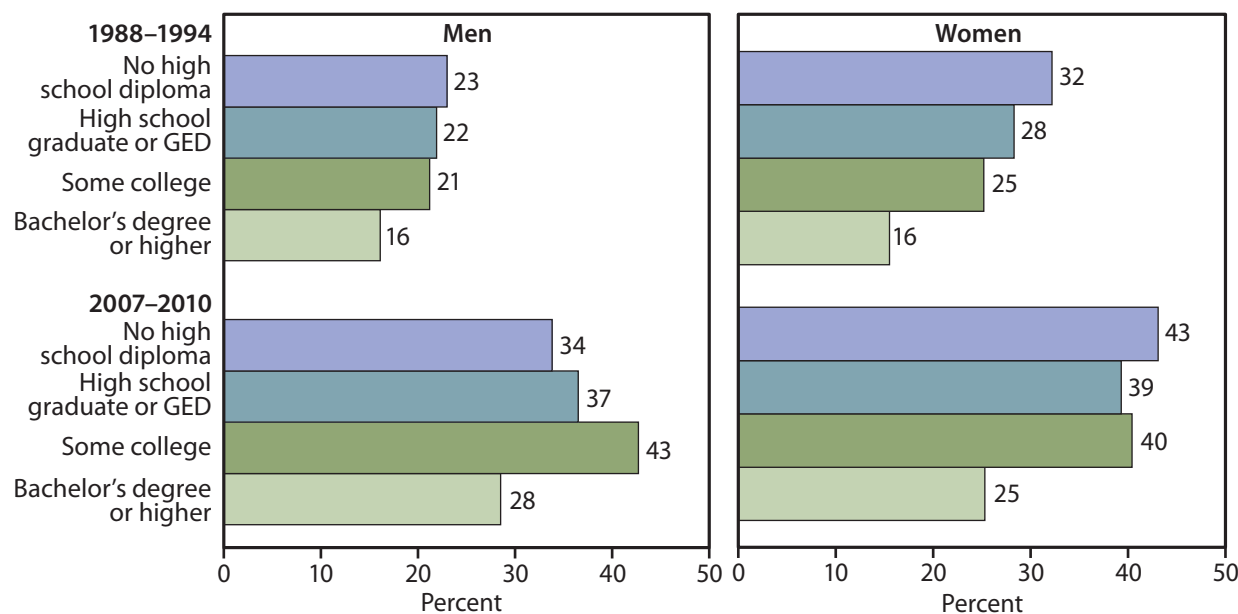
Obesity prevalence increased for men and women 25 years of age and over at all education levels from 1988–1994 through 2007–2010. Over the period, the percentage increase in obesity prevalence was largest for men with at least some college and for women with at least some college or a Bachelor's degree or higher education, resulting in a narrowing of the gap in obesity by education. In 1988–1994, the overall obesity rate for women was higher than for men; by 2007–2010, obesity rates were similar for men and women.

References

1. National Heart, Lung, and Blood Institute and National Institute of Diabetes and Digestive and Kidney Diseases. Clinical guidelines on the identification, evaluation, and treatment of overweight and obesity in adults: The evidence report. NIH pub no 98–4083. Bethesda, MD: National Institutes of Health; 1998. Available from: http://www.nhlbi.nih.gov/guidelines/obesity/ob_gdlns.pdf.
2. National Institute of Diabetes and Digestive and Kidney Diseases. Overweight, obesity, and health risk: National Task Force on the Prevention and Treatment of Obesity. Arch Intern Med 2000;160(7):898–904.
3. Flegal KM, Graubard BI, Williamson DF, Gail MH. Excess deaths associated with underweight, overweight, and obesity. JAMA 2005;293(15):1861–7.

(References continue on [data table for Figure 37](#))

Figure 37. Obesity among adults 25 years of age and over, by sex and education level: United States, 1988–1994 and 2007–2010



NOTES: GED is General Educational Development high school equivalency diploma. See [data table for Figure 37](#).

SOURCE: CDC/NCHS, National Health and Nutrition Examination Survey. See [Appendix I, National Health and Nutrition Examination Survey \(NHANES\)](#).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig37>

Current Cigarette Smoking

Cigarette smoking prevalence is higher among adults with less educational attainment; this negative relationship between education and smoking is stronger among adults 25–64 years of age than among adults 65 years of age and over.

Tobacco use, primarily cigarette smoking, continues to be the leading cause of preventable disease, disability, and death in the United States (1,2). Each year, an estimated 443,000 premature deaths are caused from smoking or exposure to secondhand smoke (1). In 2010, 19% of adults 25 years of age and over were current cigarette smokers (data table for Figure 38).

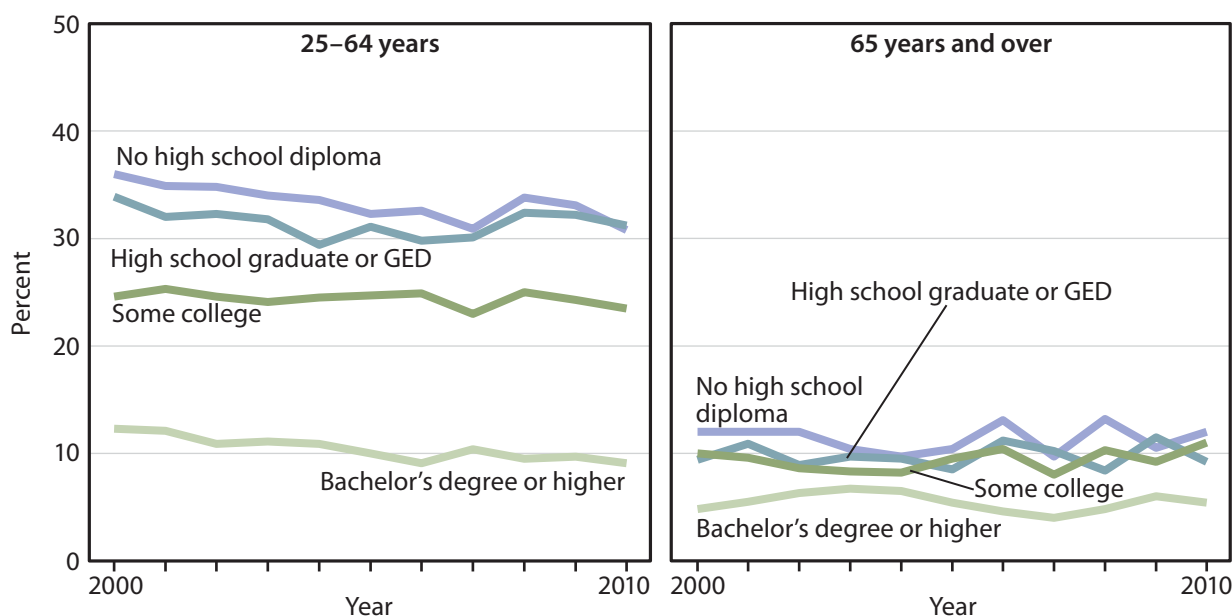
In 2010, the prevalence of current smoking was 3.4 times as high among adults 25–64 years of age with a high school diploma or less education, and 2.6 times as high for those with some college, compared with those with a Bachelor's degree or higher. Among adults 65 years of age and over, smoking prevalence was more than double among those with less than a high school diploma, 1.7 times higher among those with a high school degree, and double among those with some college, compared with those with a Bachelor's degree or higher education.

During 2000–2010, the percentage of current smokers among adults 25–64 years of age declined for those without a high school diploma and for those with a Bachelor's degree or higher education. The decline was greater among those with a Bachelor's degree or higher, widening the relative gap in smoking prevalence between the lowest and highest education groups. In the past decade, there has been no change in smoking prevalence among adults 65 years of age and over, regardless of education level.

References

1. National Center for Chronic Disease Prevention and Health Promotion. Tobacco use: Targeting the Nation's leading killer—At a glance 2011; 2011. Available from: http://www.cdc.gov/chronicdisease/resources/publications/aag/pdf/2011/Tobacco_AAG_2011_508.pdf.
2. CDC. Vital Signs: Current cigarette smoking among adults aged ≥18 years—United States, 2005–2010. MMWR 2011;60(35):1207–12. Available from: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6035a5.htm?s_cid=mm6035a5_w.

Figure 38. Current cigarette smoking among adults 25 years of age and over, by age and education level: United States, 2000–2010



NOTES: GED is General Educational Development high school equivalency diploma. See data table for Figure 38.

SOURCE: CDC/NCHS, National Health Interview Survey. See Appendix I, National Health Interview Survey (NHIS).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig38>

Prevention

Colorectal Tests or Procedures

Colorectal tests or procedures for adults 50–75 years of age increased with increasing education level in 2010.

Colorectal cancer is the third most common cancer in the United States and the leading cause of cancer deaths among nonsmokers (1,2). The U.S. Preventive Services Task Force recommends screening for colorectal cancer for adults 50–75 years of age using home fecal occult blood tests, sigmoidoscopy, or colonoscopy (1). Colorectal tests or procedures are also performed for diagnostic purposes. Recent declines in colorectal cancer deaths were attributed to increases in colorectal cancer testing (2).

In 2010, more than one-half of adults 50–75 years of age had a recent colorectal test or procedure (see [data table for Figure 39](#) for definitions of colorectal tests or procedures). Those in higher education groups were more likely to have had a recent test or procedure. Compared with adults with a Bachelor's degree or higher education, in 2010 the percentage with a recent colorectal test or procedure was 34% lower for those without a high school degree, 20% lower for those with a high school degree, and 8% lower for those with some college.

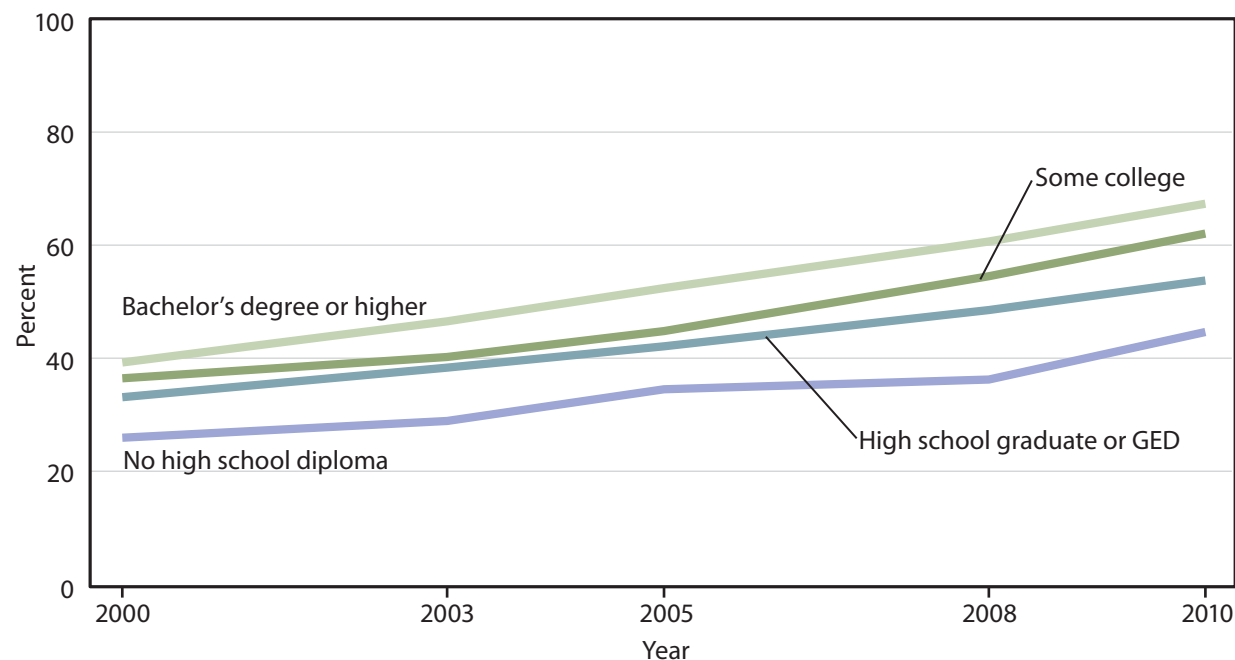
During 2000–2010, the percentage of adults 50–75 years of age with a colorectal test or procedure increased from one-third in 2000 to almost three-fifths in 2010. For each education group, the percentage with a recent colorectal test or procedure increased 62%–72% in the past decade.

Increases in colorectal cancer tests or procedures have occurred at a slower rate among the uninsured (2). Patient education and income, as well as provider and clinical systems factors, may all contribute to differences in utilization (2).

References

1. U.S. Preventive Services Task Force. Screening for colorectal cancer: U.S. Preventive Services Task Force recommendation statement. *Ann Intern Med* 2008;149:627–37. Available from: <http://www.uspreventiveservicestaskforce.org/uspstf08/colocancer/colors.pdf>.
2. CDC. Vital Signs: Colorectal cancer screening among adults aged 50–75 years—United States, 2008. *MMWR* 2010;59(26):808–12. Available from: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5926a3.htm?s_cid=mm5926a3_w.

Figure 39. Colorectal tests or procedures among adults 50–75 years of age, by education level: United States, 2000–2010



NOTES: GED is General Educational Development high school equivalency diploma. See [data table for Figure 39](#).

SOURCE: CDC/NCHS, National Health Interview Survey. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig39>

Health Insurance

Uninsured Adults

Adults 18–64 years of age who were living below 200% of the poverty level were more likely to be uninsured than those with higher relative family income in 2000–2010.

In 2010, 42.5 million adults 18–64 years of age had no health insurance coverage (1). Since 1999, employer-sponsored coverage has decreased and the number of uninsured adults 18–64 years of age has increased (Tables 139 and 141). Adults with family income below 200% of the poverty level are more likely to be uninsured and are less likely to receive insurance through the workplace than those with higher family income (Tables 139 and 141) (2). Uninsured adults are more likely to delay or forego needed care and are less likely to seek preventive care than the insured (Table 79) (2). This may lead to serious health problems and greater medical expenses in the future.

Between 2000 and 2010, the percentage of uninsured adults 18–64 years of age increased by 6 percentage points for those at 100%–199% of the poverty level and 3 percentage points for those at 200%–399% of the poverty level, while remaining stable for those living below poverty and at 400% or

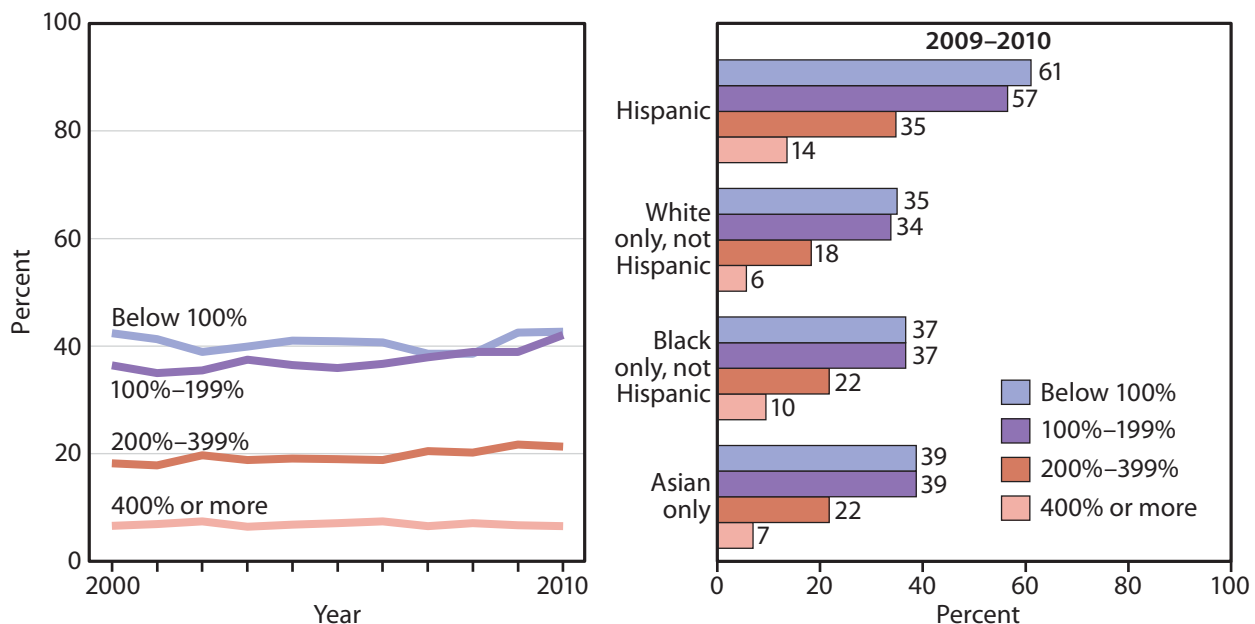
more of the poverty level. Throughout this decade, adults living at less than 200% of the poverty level were five to seven times as likely, and those living at 200%–399% of the poverty level were about three times as likely, to be uninsured, compared with adults living at 400% or more of the poverty level (data table for Figure 40).

In 2009–2010, within each racial and ethnic group, adults living below 200% of poverty were more likely to be uninsured than those with higher income. Within each relative income group, the percent uninsured was higher for Hispanic adults than for those in any other race or ethnicity group.

References

1. Cohen RA, Ward BW, Schiller JS. Health insurance coverage: Early release of estimates from the National Health Interview Survey, 2010. NCHS; June 2011. Available from: <http://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201106.htm>.
2. Kaiser Commission on Medicaid and the Uninsured. The uninsured and the difference health insurance makes. 2010. Available from: <http://www.kff.org/uninsured/upload/1420-12.pdf>.

Figure 40. No health insurance coverage among adults 18–64 years of age, by percent of poverty level and race and Hispanic origin: United States, 2000–2010



NOTE: See data table for Figure 40.

SOURCE: CDC/NCHS, National Health Interview Survey. See Appendix I, National Health Interview Survey (NHIS).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig40>

Access to Care

Delay or Nonreceipt of Medical Care in the Past 12 Months Due to Cost

Adults 18–64 years of age with family income below 200% of the poverty level were more likely than those with higher relative family income to delay seeking or not receive needed medical care due to cost for all racial and ethnic groups in 2009–2010.

Foregoing or delaying needed medical care can have serious health effects (1). Between 2000 and 2010, the percentage of adults 18–64 years of age who did not get, or delayed seeking, needed medical care during the past 12 months due to cost increased in all relative family income groups. During this period, the percentage with unmet need for medical care decreased as relative family income increased from below 200% of the poverty level to 400% or more of the poverty level. Unmet need for medical care was equally likely among those below poverty and for those with a family income at 100%–199% of the poverty level.

In 2009–2010, unmet need for medical care decreased as relative family income increased for all racial and ethnic groups. The difference in the percentage with unmet need between the highest

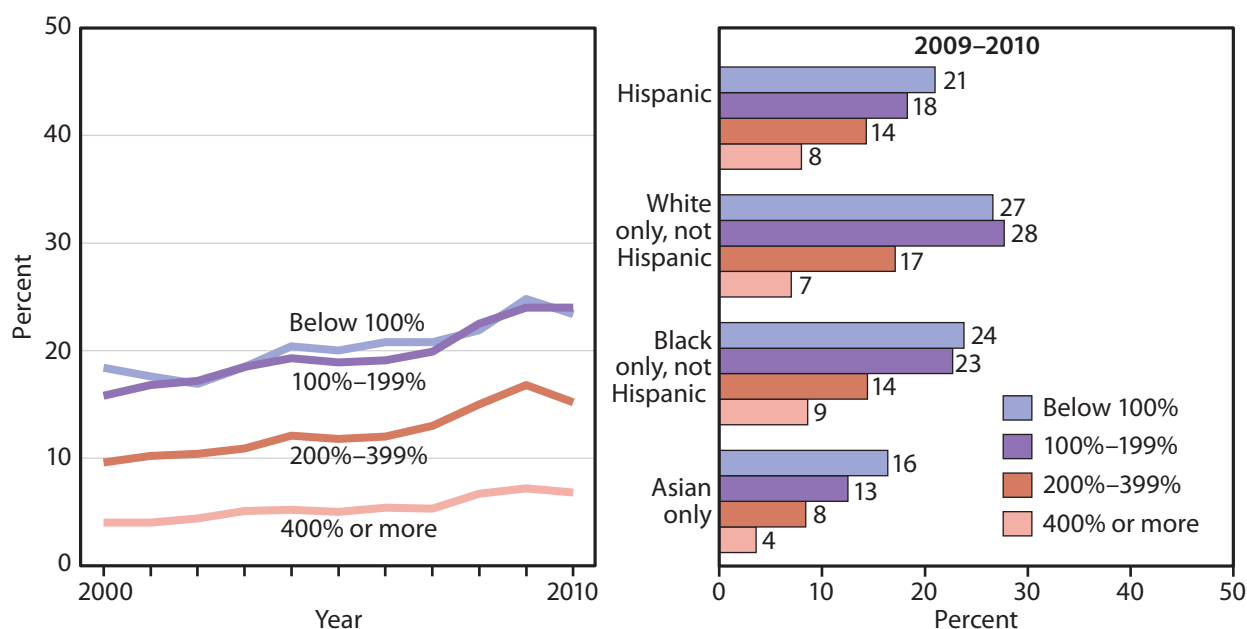
and lowest relative income groups was 20 percentage points for non-Hispanic white adults, 15 percentage points for non-Hispanic black adults, and 13 percentage points for Hispanic adults and for Asian adults.

Health insurance is a major determinant of access to needed medical services, but does not guarantee such access because of cost-sharing, noncoverage of some services, and the existence of nonfinancial barriers to access to care (2). Between 2000 and 2010, uninsured adults were much more likely than insured adults to have delayed seeking or not received needed medical care due to cost (Table 79).

References

1. Cunningham PJ, Felland LE. Falling behind: Americans' access to medical care deteriorates, 2003–2007. *Track Rep* 2008;19:1–5. Available from: <http://hschange.org/CONTENT/993/>.
2. NCHS. Health, United States, 2007: With chartbook on trends in the health of Americans. Hyattsville, MD; 2007. Available from: [http://www.cdc.gov/nchs/data/07.pdf](http://www.cdc.gov/nchs/data/hus/07.pdf).

Figure 41. Delay or nonreceipt of needed medical care in the past 12 months due to cost among adults 18–64 years of age, by percent of poverty level and race and Hispanic origin: United States, 2000–2010



NOTE: See [data table for Figure 41](#).

SOURCE: CDC/NCHS, National Health Interview Survey. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Excel and PowerPoint: <http://www.cdc.gov/nchs/07/contents2011.htm#fig41>

Data Sources and Comparability

Data for the *Health, United States, 2011* Chartbook come from many surveys and data systems and cover a broad range of years. Detailed descriptions of the data sources represented in the Chartbook are provided in [Appendix I—Data Sources](#). Additional information clarifying and qualifying the data are included in the table notes and in [Appendix II—Definitions and Methods](#).

Data Presentation

Many measures in the Chartbook are shown for people in specific age groups because of the strong effect of age on most health outcomes. Some estimates are age-adjusted using the age distribution of the 2000 standard population, and this is noted in the data tables that accompany the charts (see [Appendix II, Age adjustment](#)). Age-adjusted rates are computed to eliminate differences in observed rates that result from age differences in population composition. For some charts, data years are combined to increase sample size and the reliability of the estimates. Some charts present time trends, while others focus on differences in estimates among population subgroups for the most recent time point available. Trends are generally shown on a linear scale to emphasize absolute differences over time. The time trends for the overall mortality measures are shown on a logarithmic (log) scale to emphasize the rate of change and to enable measures with large differences in magnitude to be shown on the same chart. Point estimates and standard errors for [Figures 1–21](#) are available in the Trend Table and Excel spreadsheet specified in each figure note. Data tables with point estimates and standard errors accompany the Special Feature [Figures 22–41](#). Some data tables contain additional data that were not graphed because of space considerations.

Statistical Testing

Trends in rates can be described in many ways. For trend analyses presented in the Chartbook, the statistical significance of increases or decreases in the estimates during the entire time period shown was assessed at the 0.05 level using weighted least squares regression, performed using the National Cancer Institute's Joinpoint software. Regression models describing relative changes over the period

were fit to the log of the estimates, with the number of joinpoints limited to zero. For a test of the SES gradient, linear regression models were fit using the estimate, and the number of joinpoints was limited to zero. For more information on Joinpoint, see: <http://srab.cancer.gov/joinpoint>. For analyses that show two time periods, differences between the two periods were assessed for statistical significance at the 0.05 level using two-sided significance tests (z test).

Terms used in the text such as “similar,” “stable,” and “no difference” indicate that the statistics being compared were not significantly different. Lack of comment regarding the difference between statistics does not necessarily suggest that the difference was tested and found to be not significant. Because statistically significant differences or trends are partly a function of sample size (the larger the sample, the smaller the change that can be detected), even statistically significant differences or trends do not necessarily have public health significance (1).

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 deaths from the National Vital Statistics System represent complete counts and therefore are not subject to sampling error. However, they are subject to random variation, which means that the number of events that actually occur in a given year 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. The criteria used to designate or suppress unreliable estimates are indicated in the notes to the applicable tables or charts.

For NCHS surveys, point estimates and their corresponding variances were calculated using the SUDAAN software package (2), which takes into consideration the complex survey design. Standard errors for other surveys or datasets were computed using the methodology recommended by the programs providing the data or were provided directly by those programs.

References

1. National Center for Chronic Disease Prevention and Health Promotion. Youth Risk Behavior Survey (YRBS): Interpretation of YRBS trend data; 2010. Available from: http://www.cdc.gov/HealthyYouth/yrbs/pdf/YRBS_trend_interpretation.pdf.
2. SUDAAN, release 10.0.1 [computer software]. Research Triangle Park, NC: RTI International; 2009.

Data Tables for Special Feature: Figures 22–41

Data table for Figure 22. Children under 18 years of age, by percent of poverty level and race and Hispanic origin: United States, 1990–2010

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig22>

Characteristic	All children	Race and Hispanic origin			
		Hispanic	White, not Hispanic	Black	Asian
Year	Percent below poverty				
1990	20.6	38.4	12.3	44.8	17.6
1991	21.8	40.4	13.1	45.9	17.5
1992	22.3	40.0	13.2	46.6	16.4
1993	22.7	40.9	13.6	46.1	18.2
1994	21.8	41.5	12.5	43.8	18.3
1995	20.8	40.0	11.2	41.9	19.5
1996	20.5	40.3	11.1	39.9	19.5
1997	19.9	36.8	11.4	37.2	20.3
1998	18.9	34.4	10.6	36.7	18.0
1999	17.1	30.3	9.4	33.2	11.9
2000	16.2	28.4	9.1	31.2	12.7
2001	16.3	28.0	9.5	30.2	11.5
2002	16.7	28.6	9.4	32.3	11.7
2003	17.6	29.7	9.8	34.1	12.5
2004	17.8	28.9	10.5	33.7	9.9
2005	17.6	28.3	10.0	34.5	11.1
2006	17.4	26.9	10.0	33.4	12.2
2007	18.0	28.6	10.1	34.5	12.5
2008	19.0	30.6	10.6	34.7	14.6
2009	20.7	33.1	11.9	35.7	14.0
2010	22.0	35.0	12.4	39.1	14.4
Percent of poverty level, 2010	Percent distribution				
Total	100.0%	100.0%	100.0%	100.0%	100.0%
Below 100%	22.0	35.0	12.4	39.1	14.4
100%–199%	21.6	30.0	16.8	25.9	18.9
200%–399%	29.4	24.4	33.5	23.5	26.8
400% or more	27.0	10.5	37.3	11.4	39.9

NOTES: Persons of Hispanic origin may be of any race. Prior to 2002, estimates included persons who reported more than one race. Starting in 2002, estimates are for persons who reported a single race. Also starting in 2002, the category Asian and Pacific Islander was changed to Asian. Percent distribution may not total to 100% because of rounding.

SOURCE: U.S. Census Bureau, Current Population Survey, Annual Social and Economic (ASEC) Supplement: http://www.census.gov/hhes/www/cpstables/032011/pov/new01_000.htm and <http://www.census.gov/hhes/www/poverty/data/historical/people.html>.

Data table for Figure 23. Current asthma among children under 18 years of age, by race and Hispanic origin and percent of poverty level: United States, 2009–2010

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig23>

<i>Race and Hispanic origin and percent of poverty level</i>	<i>Percent</i>	<i>SE</i>
All children	9.5	0.3
Below 100%	12.8	0.7
100%–199%	9.8	0.6
200%–399%	8.0	0.4
400% or more	8.2	0.4
Hispanic	7.9	0.4
Below 100%	8.4	0.8
100%–199%	7.2	0.8
200%–399%	7.7	0.9
400% or more	8.8	1.4
Mexican origin	6.7	0.5
Below 100%	6.3	0.8
100%–199%	5.9	0.9
200%–399%	8.1	1.2
400% or more	*9.1	2.0
Puerto Rican origin	17.7	1.9
Below 100%	25.8	3.8
100%–199%	*17.5	3.7
200%–399%	*10.9	2.8
400% or more	*	*
White only, not Hispanic	8.4	0.3
Below 100%	12.2	1.4
100%–199%	9.6	0.9
200%–399%	6.9	0.5
400% or more	7.8	0.5
Black or African American only, not Hispanic	16.4	0.9
Below 100%	20.9	1.6
100%–199%	15.0	1.6
200%–399%	12.6	1.3
400% or more	13.1	1.8
Asian only	8.1	1.0
Below 100%	*	*
100%–199%	*	*
200%–399%	*8.4	2.2
400% or more	*9.1	1.9

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

NOTES: SE is standard error. Data are for the civilian noninstitutionalized population. Current asthma is based on a parent or knowledgeable adult responding to both questions: “Has a doctor or other health professional ever told you that your child had asthma?” and “Does your child still have asthma?” Persons of Hispanic origin may be of any race. Asian race includes persons of both Hispanic and non-Hispanic origin. Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed for 2009–2010. See [Appendix II, Family income; Hispanic origin; Poverty; Race; Table VI](#). Also see [Table 46](#).

SOURCE: CDC/NCHS, National Health Interview Survey. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

References (continued from [Figure 23](#) text)

- Ahluwalia SK, Matsui EC. The indoor environment and its effects on childhood asthma. *Curr Opin Allergy Clin Immunol* 2011;11(2):137–43.
- Ungar WJ, Kozyrskyi A, Paterson M, Ahmad F. Effect of cost-sharing on use of asthma medication in children. *Arch Pediatr Adolesc Med* 2008;162(2):104–10.
- Halterman JS, Montes G, Shone LP, Szilagyi PG. The impact of health insurance gaps on access to care among children with asthma in the United States. *Ambul Pediatr* 2008;8(1):43–9.

Data table for Figure 24. Attention deficit hyperactivity disorder among children 5–17 years of age, by race and Hispanic origin and percent of poverty level: United States, 2009–2010

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig24>

<i>Race and Hispanic origin and percent of poverty level</i>	<i>Percent</i>	<i>SE</i>
All children	9.6	0.3
Below 100%	12.6	0.7
100%–199%	10.7	0.8
200%–399%	8.2	0.5
400% or more	8.0	0.5
Hispanic	5.1	0.4
Below 100%	5.8	1.0
100%–199%	4.9	0.7
200%–399%	3.9	0.7
400% or more	5.8	1.1
White only, not Hispanic	11.2	0.4
Below 100%	18.2	1.7
100%–199%	14.9	1.5
200%–399%	9.7	0.7
400% or more	8.8	0.6
Black or African American only, not Hispanic	11.6	0.7
Below 100%	16.5	1.6
100%–199%	10.3	1.6
200%–399%	8.3	1.2
400% or more	*6.9	1.4
Asian only	*1.2	0.3
Below 100%	*	*
100%–199%	*	*
200%–399%	*	*
400% or more	*	*

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

NOTES: SE is standard error. Data are for the civilian noninstitutionalized population. Based on a parent or knowledgeable adult responding to the question: “Has a doctor or health professional ever told you that your child has attention deficit hyperactivity disorder (ADHD) or attention deficit disorder (ADD)?” Persons of Hispanic origin may be of any race. Asian race includes persons of both Hispanic and non-Hispanic origin. Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed for 2009–2010. See [Appendix II, Family income; Hispanic origin; Poverty; Race; Table VI](#). Also see [Table 46](#).

SOURCE: CDC/NCHS, National Health Interview Survey. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

References (continued from [Figure 24 text](#))

- CDC. Increasing prevalence of parent-reported attention deficit hyperactivity disorder among children—United States, 2003 and 2007. *MMWR* 2010;59(44):1439–43. Available from: <http://www.cdc.gov/mmwr/pdf/wk/mm5944.pdf>.
- Pastor PN, Reuben CA. Diagnosed attention deficit hyperactivity disorder and learning disability: United States, 2004–2006. *NCHS. Vital health stat* 2008;10(237). Available from: http://www.cdc.gov/nchs/data/series/sr_10/Sr10_237.pdf.
- Froehlich TE, Lanphear BP, Epstein JN, Barbaresi WJ, Katusic SK, Kahn RS. Prevalence, recognition, and treatment of attention-deficit/hyperactivity disorder in a national sample of US children. *Arch Pediatr Adolesc Med* 2007;161(9):857–64. Available from: <http://archpedi.ama-assn.org/cgi/reprint/161/9/857>.

Data table for Figure 25. Obesity among children 2–19 years of age, by sex of child and education level of head of household: United States, 1988–1994 and 2007–2010

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig25>

Sex of child and education level of household head	1988–1994		2007–2010	
	Percent	SE	Percent	SE
Boys 2–19 years	10.2	0.7	18.2	0.9
Household head				
No high school diploma	15.3	1.6	24.0	1.7
High school graduate or GED	11.0	1.3	19.0	1.3
Some college	9.3	1.8	18.1	1.6
Bachelor’s degree or higher	*	*	11.4	1.7
Girls 2–19 years	9.8	0.8	15.4	0.9
Household head				
No high school diploma	11.3	1.3	22.3	2.1
High school graduate or GED	12.1	1.5	20.6	2.5
Some college	*8.6	2.0	14.1	1.4
Bachelor’s degree or higher	*5.4	1.5	7.1	1.1

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

NOTES: SE is standard error; GED is General Educational Development high school equivalency diploma. Data are for the civilian noninstitutionalized population. Totals include those with unknown education for the head of household. Obesity is body mass index (BMI) at or above the sex- and age-specific 95th percentile BMI cutoff points from the 2000 CDC Growth Charts: United States. Kuczmarski RJ, Ogden CL, Guo SS, Grummer-Strawn LM, Flegal KM, Mei Z, et al. 2000 CDC Growth Charts for the United States: Methods and development. Vital Health Stat 2002 May;11(246):1–190. Available from: http://www.cdc.gov/nchs/data/series/sr_11/sr11_246.pdf. In 1988–1994, respondents were asked about the household head, “What is the highest grade or year of regular school PERSON has completed?” In 2007–2010, respondents were asked about the household head, “What is the highest grade or level of school (you have/PERSON has) completed or the highest degree (you have/PERSON has) received?” Estimates exclude pregnant women. See [Appendix II, Body mass index \(BMI\); Education](#). Also see [Table 75](#).

SOURCE: CDC/NCHS, National Health and Nutrition Examination Survey. See [Appendix I, National Health and Nutrition Examination Survey \(NHANES\)](#).

References (continued from [Figure 25](#) text)

- Delva J, O’Malley PM, Johnston LD. Racial/ethnic and socioeconomic status differences in overweight and health-related behaviors among American students: National trends 1986–2003. *J Adolesc Health* 2006;39(4):536–45.
- Goodman E. The role of socioeconomic status gradients in explaining differences in U.S. adolescents’ health. *Am J Public Health* 1999;89(10):1522–8.
- Haas JS, Lee LB, Kaplan CP, Sonneborn D, Phillips KA, Liang SY. The association of race, socioeconomic status, and health insurance status with the prevalence of overweight among children and adolescents. *Am J Public Health* 2003;93(12):2105–10.
- Singh GK, Siahpush M, Kogan MD. Rising social inequalities in U.S. childhood obesity, 2003–2007. *Ann Epidemiol* 2010;20(1):40–52.
- Wang Y, Zhang Q. Are American children and adolescents of low socioeconomic status at increased risk of obesity? Changes in the association between overweight and family income between 1971 and 2002. *Am J Clin Nutr* 2006;84(4):707–16.
- Ogden CL, Lamb MM, Carroll MD, Flegal KM. Obesity and socioeconomic status in children and adolescents: United States, 2005–2008. NCHS data brief no 51. Hyattsville, MD: NCHS; 2010. Available from: <http://www.cdc.gov/nchs/data/databriefs/db51.pdf>.
- Zhang Q, Wang Y. Using concentration index to study changes in socio-economic inequality of overweight among U.S. adolescents between 1971 and 2002. *Int J Epidemiol* 2007;36(4):916–25.

Data table for Figure 26. Children 6–11 years of age who engaged in more than 2 hours of screen time daily, by sex and percent of poverty level: United States, average annual, 2003 and 2007

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig26>

<i>Sex and percent of poverty level</i>	<i>Percent</i>	<i>SE</i>
6–11 years		
Below 100%	41.1	1.2
100%–199%	43.0	1.0
200%–399%	38.4	0.8
400% or more	31.1	0.8
Boys 6–11 years		
Below 100%	41.1	1.6
100%–199%	43.7	1.4
200%–399%	39.1	1.1
400% or more	31.0	1.0
Girls 6–11 years		
Below 100%	41.3	1.8
100%–199%	42.4	1.4
200%–399%	37.8	1.1
400% or more	31.1	1.2

NOTES: SE is standard error. Data are for the civilian noninstitutionalized population. Totals include those with gender not stated. Screen time includes watching TV or videos, playing video games, or using a computer for non-school-related activities. Respondents were asked, “On an average weekday, about how much time does CHILD use a computer for purposes other than schoolwork?” and “On an average weekday, about how much time does CHILD usually watch TV, watch videos, or play video games?” Responses from these two questions were combined to create the screen time measure. Percent of poverty level is based on family income and family composition using U.S. Census Bureau poverty thresholds. The poverty categories available in the two survey years used slightly different cut points. In 2003, the available categories were: Below 100%, 100%–199%, 200%–399%, and 400% or more. In 2007, the poverty categories were: At/below 100%, 101%–200%, 201%–400%, and Above 400%. Missing family income data were imputed. See [Appendix II, Family income; Poverty](#). Also see [Table 66](#).

SOURCE: CDC/NCHS, State and Local Area Integrated Telephone Survey, National Survey of Children’s Health. See [Appendix I, National Survey of Children’s Health \(NSCH\)](#).

References (continued from [Figure 26](#) text)

- Vandewater EA, Shim MS, Caplovitz AG. Linking obesity and activity level with children’s television and video game use. *J Adolesc* 2004;27(1):71–85.
- Zimmerman FJ, Bell JF. Associations of television content type and obesity in children. *Am J Public Health* 2010;100(2):334–40.
- American Academy of Pediatrics, Committee on Communications and Media. Policy statement—Media violence. *Pediatrics* 2009;124(5):1495–503.

Data table for Figure 27. Babies breastfed 3 months or more among mothers 22–44 years of age, by mother’s education level: United States, 1992–1994 through 2002–2004

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig27>

<i>Mother’s education level</i>	<i>1992–1994</i>		<i>1995–1998</i>		<i>1999–2001</i>		<i>2002–2004</i>	
	<i>Percent</i>	<i>SE</i>	<i>Percent</i>	<i>SE</i>	<i>Percent</i>	<i>SE</i>	<i>Percent</i>	<i>SE</i>
Mothers 22–44 years	33.6	1.2	45.8	1.7	48.4	1.9	53.2	2.6
No high school diploma	25.2	3.1	33.9	3.3	37.0	4.4	45.8	8.9
High school graduate or GED	27.4	2.2	36.9	3.9	43.1	3.3	43.2	4.1
Some college	38.7	2.8	49.6	2.9	52.8	3.0	43.7	4.3
Bachelor’s degree or higher	59.3	2.5	64.5	3.3	64.1	3.7	74.6	3.7

NOTES: SE is standard error; GED is General Educational Development high school equivalency diploma. Data are for the civilian noninstitutionalized population. Mother’s education is at time of interview. Data are based on single births to mothers 22–44 years of age at time of interview and may include births that occurred when the mothers were younger than 22 years of age. The American Academy of Pediatrics recommends exclusive breastfeeding for the first 6 months of life. This analysis was limited to breastfeeding for the first 3 months of life in order to have sufficient numbers to analyze breastfeeding practices by mother’s education level. Estimates for the percentage of babies breastfed 3 or more months are based on the questions: “When [child] was an infant, have/did you breastfed him/her at all?” and “How old was he/she when you stopped breastfeeding him/her altogether?” Babies with mothers who responded yes to the first question and reported that they stopped breastfeeding their child altogether at 3 or more months, or the equivalent of 3 or more months in weeks or in days, are classified as being breastfed 3 or more months. See [Appendix II, Education](#). Also see [Table 14](#).

SOURCE: CDC/NCHS, National Survey of Family Growth, Cycle 5 conducted in 1995 (1992–1994), Cycle 6 conducted in 2002 (1995–1998 and 1999–2001), and Cycle 7 conducted in 2006–2008 (2002–2004). See [Appendix I, National Survey of Family Growth \(NSFG\)](#).

Data table for Figure 28. Vaccinations among adolescents 13–17 years of age, by type of vaccine and percent of poverty level: United States, 2009

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig28>

Vaccination	Percent of poverty level									
	Total 13–17 years		Below 100%		100%–199%		200%–399%		400% or more	
	Percent	SE	Percent	SE	Percent	SE	Percent	SE	Percent	SE
Measles, mumps, rubella (MMR) (2 doses or more)	89.1	0.4	87.8	1.1	86.9	1.0	88.6	0.8	91.8	0.6
Hepatitis B (Hep B) (3 doses or more)	89.9	0.4	88.3	1.0	88.7	0.9	90.0	0.7	91.5	0.6
History of varicella disease or received varicella vaccine (2 doses or more)	75.7	0.6	74.4	1.6	72.6	1.4	76.0	1.0	78.1	0.8
Tetanus and diphtheria toxoids and acellular pertussis (Tdap) (1 dose or more since age 10).	55.6	0.6	52.8	1.8	49.9	1.6	57.8	1.1	58.4	1.0
Meningococcal conjugate vaccine (MenACWY) (1 dose or more)	53.6	0.6	52.5	1.8	48.6	1.6	50.2	1.1	60.9	1.0
Human papillomavirus (HPV) (3 doses or more, reported among females)	26.7	0.8	25.5	2.2	23.9	1.9	22.8	1.3	32.3	1.3

NOTES: SE is standard error. Data are for the civilian noninstitutionalized population. Varicella is chickenpox. For meningococcal vaccine, includes persons receiving MenACWY or meningococcal-unknown type vaccine. Information on the adolescent vaccination schedule is available from: <http://www.cdc.gov/vaccines/recs/schedules/downloads/child/mmr-child-schedule.pdf>. Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed. See [Appendix II, Family income; Poverty; Vaccination](#). Also see [Table 87](#).

SOURCE: CDC/NCHS, and National Center for Immunization and Respiratory Diseases, National Immunization Survey (NIS)–Teen. See [Appendix I, National Immunization Survey \(NIS\)](#).

References (continued from [Figure 28](#) text)

2. CDC. State vaccination requirements; 2011. Available from: <http://www.cdc.gov/vaccines/vac-gen/laws/state-reqs.htm>.
3. CDC. Quadrivalent human papillomavirus vaccine: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2007;56(RR-2):1–24. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5602a1.htm>.
4. CDC. Prevention and control of meningococcal disease: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2005;54(RR-7):1–21. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5407a1.htm>.
5. CDC. Updated recommendations for use of meningococcal conjugate vaccines—Advisory Committee on Immunization Practices (ACIP), 2010. MMWR 2011;60(03):72–6. Available from: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6003a3.htm?s_cid=mm6003a3_e.
6. CDC. Vaccines for Children Program (VFC); 2011. Available from: <http://www.cdc.gov/vaccines/programs/vfc/default.htm>.
7. CDC. National, state, and local area vaccination coverage among adolescents aged 13–17 years—United States, 2009. MMWR 2010;59(32):1018–23. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5932a3.htm>.

Data table for Figure 29. No health insurance coverage among children under 18 years of age, by percent of poverty level and race and Hispanic origin: United States, 2000–2010

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig29>

Characteristic	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Percent of poverty level											
Under 18 years	12.6	11.2	10.9	9.8	9.2	9.3	9.5	9.0	9.0	8.2	7.8
Below 100%	22.0	20.7	17.0	16.8	15.0	14.3	13.9	11.9	13.3	11.8	10.6
100%–199%	21.7	18.6	17.0	15.6	15.1	15.0	16.0	15.7	15.5	12.3	12.7
200%–399%	9.3	8.3	9.4	8.1	7.6	7.8	7.4	8.2	7.5	7.8	7.0
400% or more	3.3	3.2	3.7	2.7	2.6	3.2	3.1	2.2	2.7	2.3	2.1
SE											
Under 18 years	0.3	0.4	0.3	0.3	0.3	0.3	0.3	0.4	0.4	0.4	0.3
Below 100%	1.0	1.1	0.9	1.0	1.0	0.8	0.9	1.0	1.0	0.8	0.9
100%–199%	0.9	0.8	0.8	0.8	0.8	0.8	0.9	1.0	0.9	0.8	0.7
200%–399%	0.6	0.5	0.7	0.6	0.5	0.5	0.6	0.6	0.7	0.7	0.5
400% or more	0.3	0.5	0.4	0.3	0.3	0.3	0.4	0.3	0.4	0.3	0.3
Race and Hispanic origin and percent of poverty level, 2009–2010											
	Percent					SE					
Hispanic	13.8					0.5					
Below 100%	15.0					0.9					
100%–199%	16.8					0.9					
200%–399%	12.0					1.0					
400% or more	4.9					0.9					
White only, not Hispanic	5.9					0.3					
Below 100%	9.6					1.1					
100%–199%	10.6					0.8					
200%–399%	6.4					0.6					
400% or more	1.9					0.3					
Black or African American only, not Hispanic	6.5					0.5					
Below 100%	6.4					0.8					
100%–199%	8.5					0.9					
200%–399%	6.2					0.8					
400% or more	*3.1					0.8					
Asian only	8.0					0.8					
Below 100%	14.9					2.7					
100%–199%	14.9					2.4					
200%–399%	8.5					1.5					
400% or more	*					*					

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

NOTES: SE is standard error. Data are for the civilian noninstitutionalized population. Uninsured children are not covered by private insurance, Medicaid, Children’s Health Insurance Program, state-sponsored or other government-sponsored health plans, Medicare, or military plans. Children with Indian Health Service only are considered to have no coverage. Health insurance coverage is at the time of interview. Persons of Hispanic origin may be of any race. Asian race includes persons of both Hispanic and non-Hispanic origin. Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed for 2000 and beyond. See [Appendix II, Health insurance coverage; Family income; Hispanic origin; Poverty; Race; Table VI](#). Also see [Table 141](#).

SOURCE: CDC/NCHS, National Health Interview Survey. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Data table for Figure 30. Dental visits in the past year among children 2–17 years of age, by percent of poverty level and race and Hispanic origin: United States, 2000–2010

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig30>

Characteristic	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Percent of poverty level											
2–17 years	74.1	73.3	74.2	75.0	76.4	76.2	75.7	76.7	77.3	78.4	78.9
Below 100%	62.4	61.3	64.4	65.8	65.5	66.2	67.5	67.3	70.1	71.7	73.2
100%–199%	66.1	64.1	66.9	66.6	69.0	68.6	68.4	70.2	70.1	75.2	73.4
200%–399%	75.5	75.0	75.4	76.5	78.9	77.8	77.8	78.1	78.1	77.1	79.0
400% or more	85.9	84.9	84.5	85.5	86.1	86.6	85.6	86.6	86.9	87.8	88.0
SE											
2–17 years	0.5	0.5	0.5	0.5	0.5	0.5	0.6	0.6	0.6	0.6	0.5
Below 100%	1.4	1.4	1.5	1.4	1.4	1.4	1.5	1.7	1.7	1.6	1.2
100%–199%	1.2	1.2	1.2	1.3	1.1	1.2	1.5	1.4	1.4	1.2	1.1
200%–399%	0.8	0.9	0.9	1.0	0.8	0.9	1.1	1.0	1.1	1.2	1.0
400% or more	0.7	0.7	0.8	0.8	0.8	0.7	0.9	0.8	0.9	0.9	0.8
Race and Hispanic origin and percent of poverty level, 2009–2010											
	Percent					SE					
Hispanic	73.9					0.8					
Below 100%	73.0					1.5					
100%–199%	71.7					1.4					
200%–399%	75.1					1.5					
400% or more	80.5					2.1					
White only, not Hispanic	81.2					0.6					
Below 100%	69.3					2.1					
100%–199%	75.7					1.3					
200%–399%	79.3					1.0					
400% or more	89.2					0.7					
Black or African American only, not Hispanic	78.0					1.0					
Below 100%	76.0					1.7					
100%–199%	77.5					1.8					
200%–399%	77.8					2.1					
400% or more	86.0					1.9					
Asian only	75.5					1.7					
Below 100%	66.1					4.5					
100%–199%	63.7					3.9					
200%–399%	77.6					3.1					
400% or more	83.5					2.3					

NOTES: SE is standard error. Data are for the civilian noninstitutionalized population. Respondents were asked “About how long has it been since you last saw or talked to a dentist?” Persons of Hispanic origin may be of any race. Asian race includes persons of both Hispanic and non-Hispanic origin. Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed for 2000 and beyond. See [Appendix II, Dental visit; Family income; Hispanic origin; Poverty; Race; Table VI](#). Also see [Table 98](#).

SOURCE: CDC/NCHS, National Health Interview Survey. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

References (continued from [Figure 30](#) text)

- Flores G, Tomany-Korman SC. Racial and ethnic disparities in medical and dental health access to care, and use of services in U.S. children. *Pediatrics* 2008;121(2):e286–98.
- Edelstein BL, Chinn CH. Update on disparities in oral health and access to dental care for America’s children. *Acad Pediatr* 2009;9(6):415–9.

Data table for Figure 31. Adults 18 years of age and over, by percent of poverty level and race and Hispanic origin: United States, 1990–2010

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig31>

Characteristic	All adults	Race and Hispanic origin			
		Hispanic	White, not Hispanic	Black	Asian
Year	Percent below poverty				
1990	11.0	22.5	7.7	25.6	9.9
1991	11.5	22.5	8.2	26.2	12.4
1992	12.1	23.9	8.5	26.7	11.2
1993	12.4	24.9	8.7	26.4	14.1
1994	11.9	24.6	8.4	23.9	13.3
1995	11.3	24.8	7.7	22.9	12.5
1996	11.3	23.3	7.8	22.7	12.4
1997	10.9	21.9	7.7	21.2	11.4
1998	10.5	20.8	7.4	21.0	10.3
1999	10.0	18.6	7.1	19.1	10.3
2000	9.6	17.9	6.9	18.4	8.9
2001	10.1	18.0	7.4	19.1	9.8
2002	10.6	18.4	7.6	20.3	9.6
2003	10.7	18.7	7.7	19.9	11.6
2004	11.0	18.3	8.1	20.8	9.8
2005	10.9	18.4	7.8	20.8	11.2
2006	10.6	17.4	7.7	20.3	9.7
2007	10.8	17.9	7.6	20.2	9.5
2008	11.3	19.3	8.1	20.5	11.0
2009	12.3	21.2	8.8	21.7	12.0
2010	12.9	22.0	9.3	22.7	11.4
Percent of poverty level, 2010	Percent distribution				
Total	100.0%	100.0%	100.0%	100.0%	100.0%
Below 100%	12.9	22.0	9.3	22.7	11.4
100%–199%	17.9	27.0	15.2	23.1	15.5
200%–399%	30.5	32.0	30.4	30.6	28.0
400% or more	38.7	19.0	45.1	23.6	45.1

NOTES: Persons of Hispanic origin may be of any race. Prior to 2002, estimates included persons who reported more than one race. Starting in 2002, estimates are for persons who reported a single race. Also starting in 2002, the category Asian and Pacific Islander was changed to Asian. Percent distribution may not total to 100% because of rounding.

SOURCE: U.S. Census Bureau, Current Population Survey, Annual Social and Economic (ASEC) Supplement: http://www.census.gov/hhes/www/cpstables/032011/pov/new01_000.htm and <http://www.census.gov/hhes/www/poverty/data/historical/people.html>.

Data table for Figure 32. Life expectancy at age 25, by sex and education level: United States, 1996 and 2006

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig32>

Education level	Years of expected life remaining at age 25							
	1996				2006			
	Men		Women		Men		Women	
	Years	SE	Years	SE	Years	SE	Years	SE
No high school diploma	47.0	0.3	53.0	0.3	47.1	0.4	51.7	0.5
High school graduate or GED.	50.4	0.2	56.6	0.2	51.4	0.3	57.0	0.3
Some college	51.3	0.3	58.0	0.3	52.3	0.4	58.1	0.3
Bachelor's degree or higher	54.4	0.3	58.8	0.4	56.4	0.3	60.3	0.4

NOTES: SE is standard error; GED is General Educational Development high school equivalency diploma. Data are for the civilian noninstitutionalized population. NHIS years 1990–1994 were pooled with mortality follow-up through December 31, 1996. NHIS years 2000–2004 were pooled with mortality follow-up through December 31, 2006. Education is based on respondent-reported data in the National Health Interview Survey (NHIS). This sample is restricted to NHIS adults 25 years and older who were eligible for mortality follow-up and not missing information on education or marital status. Life expectancy was estimated using a person-year approach to calculate standard life-table functions (U.S. Bureau of the Census, 1971; Chiang, 1984). For more information see: The National Health Interview Survey (1986–2004) Linked Mortality Files, mortality follow-up through 2006: Matching Methodology, May 2009. Hyattsville, Maryland. Available from: http://www.cdc.gov/nchs/data/datalinkage/matching_methodology_nhis_final.pdf.

SOURCE: CDC/NCHS, National Health Interview Survey Linked Mortality File. See [Appendix I, National Health Interview Survey \(NHIS\) Linked Mortality File](#).

Data table for Figure 33. Depression among adults 20 years of age and over, by age and percent of poverty level: United States, 2005–2010

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig33>

Age and percent of poverty level	2005–2010	
	Percent	SE
20 years and over	7.2	0.4
Below 100%	16.8	0.9
100%–199%	10.3	0.7
200%–399%	5.2	0.4
400% or more	3.7	0.4
20–44 years	7.0	0.4
Below 100%	15.2	1.0
100%–199%	9.6	1.0
200%–399%	4.9	0.6
400% or more	3.1	0.5
45–64 years	8.8	0.6
Below 100%	23.5	1.8
100%–199%	14.8	1.4
200%–399%	7.4	1.1
400% or more	4.6	0.6
65 years and over	4.4	0.4
Below 100%	10.6	1.9
100%–199%	6.8	0.9
200%–399%	2.7	0.5
400% or more	*2.1	0.6

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

NOTES: SE is standard error. Data are for the civilian noninstitutionalized population. Totals include those with unknown poverty level. The nine-item Patient Health Questionnaire was used to identify persons with depression. Respondents were asked a series of questions about the frequency of symptoms of depression over the past 2 weeks. Response categories were given a score and summed across questions, yielding a total score ranging from 0 to 27. Respondents with a total score of 10 or higher were classified as having depression. For more information, see: Pratt LA, Brody DJ. Depression in the United States household population, 2005–2006. NCHS data brief no 7, Hyattsville, MD: NCHS. 2008. See [Appendix II, Family income; Poverty](#).

SOURCE: CDC/NCHS, National Health and Nutrition Examination Survey. See [Appendix I, National Health and Nutrition Examination Survey \(NHANES\)](#).

References (continued from [Figure 33](#) text)

- World Health Organization. Depression. 2009. Available from: http://www.who.int/mental_health/management/depression/definition/en/.
- Wells KB, Stewart A, Hays RD, Burnam MA, Rogers W, Daniels M, et al. The functioning and well-being of depressed patients: Results from the Medical Outcomes Study. *JAMA* 1989;262(7):914–9.
- Ebmeier KP, Donaghey C, Steele JD. Recent developments and current controversies in depression. *Lancet* 2006;367(9505):153–67.
- Keller MB. Past, present, and future directions for defining optimal treatment outcome in depression: Remission and beyond. *JAMA* 2003;289(23):3152–60.
- Wang PS, Lane M, Olfson M, Pincus HA, Wells KB, Kessler RC. Twelve-month use of mental health services in the United States: Results from the National Comorbidity Survey Replication. *Arch Gen Psychiatry* 2005;62(6):629–40.
- Kroenke K, Spitzer RL. The PHQ–9: A new depression diagnostic and severity measure. *Psychiatr Ann* 2002;32(9):1–7.
- Pratt LA, Brody DJ. Depression in the United States household population, 2005–2006. NCHS data brief, no 7. Hyattsville, MD: NCHS; 2008. Available from: <http://www.cdc.gov/nchs/data/databriefs/db07.htm>.
- Lorant V, Deliège D, Eaton W, Robert A, Philippot P, Ansseau M. Socioeconomic inequalities in depression: A meta-analysis. *Am J Epidemiol* 2003;157(2):98–112.
- Miech RA, Shanahan MJ, Elder GH Jr. Socioeconomic status and depression in life course perspective. CDE Working Paper 98–24. Madison, WI; University of Wisconsin–Madison, Center for Demography and Ecology; 1998. Available from: <http://www.ssc.wisc.edu/cde/cdewp/98-24.pdf>.

Data table for Figure 34. Edentulism (lack of natural teeth) among adults 45 years of age and over, by age and percent of poverty level: United States, 2000–2010

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig34>

Age and percent of poverty level	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
	Percent										
45 years and over	16.9	15.7	15.1	13.6	14.2	13.4	13.8	13.4	14.0	12.7	12.8
Below 100%	30.2	27.6	29.9	25.0	26.5	25.9	22.6	23.6	26.3	24.7	23.1
100%–199%	29.8	27.3	25.6	22.9	24.0	23.7	23.3	23.6	25.5	23.7	22.6
200%–399%	17.4	16.3	16.2	14.6	15.6	14.3	15.8	15.0	15.4	13.9	14.2
400% or more	7.9	7.6	6.6	6.4	6.4	5.6	5.9	6.3	6.2	4.9	5.3
45–64 years	10.2	9.3	8.5	7.7	8.5	7.0	8.0	7.4	8.5	7.3	7.3
Below 100%	19.4	17.9	20.2	17.0	19.0	15.8	14.7	14.6	19.5	17.0	14.9
100%–199%	19.3	16.0	13.9	13.7	15.0	12.3	14.8	13.5	15.1	13.4	14.5
200%–399%	11.8	10.0	10.0	8.8	9.1	7.6	9.4	7.9	9.5	7.9	8.1
400% or more	5.5	5.9	4.5	3.9	4.7	3.7	3.8	4.4	4.3	3.3	3.0
65 years and over	29.4	27.7	28.0	25.4	25.7	26.6	25.9	26.0	25.6	24.1	24.3
Below 100%	45.2	43.1	44.1	38.4	38.3	43.0	37.2	39.6	40.9	41.4	40.6
100%–199%	38.9	37.4	36.3	32.0	33.0	36.1	32.9	35.2	36.7	36.3	32.7
200%–399%	24.8	25.2	24.9	23.0	25.4	24.9	26.4	26.4	24.4	23.5	23.4
400% or more	18.0	14.4	15.5	16.5	13.1	13.0	13.8	13.2	13.1	10.2	13.1
	SE										
45 years and over	0.4	0.3	0.3	0.4	0.3	0.3	0.4	0.4	0.4	0.4	0.3
Below 100%	1.3	1.2	1.3	1.2	1.2	1.3	1.4	1.4	1.5	1.4	1.2
100%–199%	1.0	1.0	1.0	0.9	0.9	0.9	1.1	1.1	1.2	1.0	0.9
200%–399%	0.7	0.6	0.6	0.6	0.6	0.6	0.8	0.8	0.7	0.7	0.6
400% or more	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.6	0.4	0.3	0.4
45–64 years	0.4	0.4	0.3	0.3	0.3	0.3	0.4	0.4	0.4	0.3	0.3
Below 100%	1.6	1.5	1.5	1.3	1.5	1.4	1.4	1.5	1.8	1.5	1.2
100%–199%	1.4	1.3	1.3	1.1	1.3	1.2	1.4	1.3	1.4	1.2	1.1
200%–399%	0.8	0.7	0.7	0.7	0.7	0.6	0.9	0.7	0.8	0.6	0.6
400% or more	0.4	0.4	0.3	0.3	0.4	0.3	0.4	0.6	0.4	0.3	0.3
65 years and over	0.7	0.7	0.7	0.7	0.7	0.7	0.8	0.8	0.8	0.7	0.7
Below 100%	2.0	2.0	2.1	2.3	2.1	2.2	2.5	2.6	2.7	2.5	2.3
100%–199%	1.5	1.4	1.4	1.4	1.3	1.3	1.7	1.8	1.7	1.6	1.4
200%–399%	1.1	1.1	1.2	1.2	1.1	1.1	1.5	1.6	1.4	1.3	1.2
400% or more	1.4	1.2	1.5	1.4	1.1	1.1	1.5	1.2	1.2	1.0	1.2

NOTES: SE is standard error. Data are for the civilian noninstitutionalized population. Edentulism is having no natural teeth. Respondents were asked, “Have you lost all of your upper and lower natural (permanent) teeth?” Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed for 2000 and beyond. See [Appendix II, Family income; Poverty; Table VI](#).

SOURCE: CDC/NCHS, National Health Interview Survey. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Data table for Figure 35. Two or more selected chronic health conditions among adults 45–64 years of age, by percent of poverty level: United States, 1999–2000 and 2009–2010

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig35>

Percent of poverty level	1999–2000		2009–2010	
	Percent	SE	Percent	SE
45–64 years	16.1	0.3	21.0	0.4
Below 100%	30.6	1.3	33.4	1.3
100%–199%	23.8	1.1	29.8	1.1
200%–399%	16.9	0.6	21.2	0.7
400% or more	11.5	0.4	15.7	0.5

NOTES: SE is standard error. Data are for the civilian noninstitutionalized population. The nine possible selected chronic conditions were based on respondent's report to the following questions: "Have you ever been told by a doctor or other health professional that you had: "...hypertension, also called high blood pressure? Were you told on two or more different visits that you had hypertension, also called high blood pressure?"; "...coronary heart disease?"; "...angina, also called angina pectoris?"; "...a heart attack (also called myocardial infarction)?"; "...any kind of heart condition or heart disease (other than the ones that I just asked about?)"; "...a stroke?"; "...emphysema?"; "...other than during pregnancy, diabetes or sugar diabetes?"; "...cancer or a malignancy of any kind?"; "What kind of cancer was it?". Respondents were also asked the following questions about the past year: "During the past 12 months, have you had an episode of asthma or an asthma attack?"; "During the past 12 months, have you been told by a doctor or other health professional that you had chronic bronchitis?"; "...weak or failing kidneys? Do not include kidney stones, bladder infections, or incontinence." The four types of heart disease questions were combined into one variable to indicate heart disease. For hypertension, respondents had to have been told on two or more different visits. Persons who responded borderline diabetes were recoded to no for diabetes. Persons who responded yes to only nonmelanoma skin cancer were recoded to no for cancer. Adults had to be known on two or more of the selected nine conditions to be included in the analysis. Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed for 1999–2000 and 2009–2010. See [Appendix II, Family income; Poverty; Table VI](#).

SOURCE: CDC/NCHS, National Health Interview Survey. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

References (continued from [Figure 35](#) text)

- Anderson G. Chronic care: Making the case for ongoing care. Princeton, NJ: Robert Wood Johnson Foundation; 2010. Available from: <http://www.rwjf.org/files/research/50968chronic.care.chartbook.pdf>.
- Wolff JL, Starfield B, Anderson G. Prevalence, expenditures, and complications of multiple chronic conditions in the elderly. *Arch Intern Med* 2002;162(20):2269–76.
- Paez KA, Zhao L, Hwang W. Rising out-of-pocket spending for chronic conditions: A ten-year trend. *Health Aff (Millwood)* 2009;28(1): 15–25.
- Vogeli C, Shields AE, Lee TA, Gibson TB, Marder WD, Weiss KB, Blumenthal D. Multiple chronic conditions: Prevalence, health consequences, and implications for quality, care management, and costs. *J Gen Intern Med* 2007;22(suppl 3):391–5.

Data table for Figure 36. Basic actions difficulty or complex activity limitation among adults 18 years of age and over, by age and percent of poverty level: United States, 2000–2010

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig36>

Age and percent of poverty level	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
	Percent										
18 years and over	29.5	32.7	30.7	31.2	30.9	31.2	31.7	31.5	32.5	32.0	32.8
Below 100%	42.3	43.7	41.7	42.0	43.8	43.4	43.2	43.6	46.5	42.7	43.9
100%–199%	39.9	43.4	39.9	41.5	40.1	40.8	40.8	40.7	43.6	41.0	41.6
200%–399%	29.9	33.6	31.8	31.7	31.0	31.7	31.5	31.3	33.2	33.4	33.1
400% or more	20.8	23.9	22.4	22.5	22.6	22.6	23.3	23.8	22.7	23.0	24.1
18–64 years	23.5	26.6	24.8	25.3	24.9	25.3	25.6	25.8	26.8	26.4	27.1
Below 100%	35.8	37.8	35.9	36.3	38.3	38.1	38.0	38.1	42.4	38.1	39.7
100%–199%	29.1	33.6	30.4	32.1	31.0	32.0	31.8	32.2	34.8	33.5	33.4
200%–399%	23.7	26.7	25.1	24.8	23.9	24.8	24.2	24.5	25.9	26.2	25.9
400% or more	18.0	20.8	19.3	19.5	19.2	19.2	19.7	20.2	19.5	19.6	20.4
65 years and over	60.8	64.6	61.8	62.4	62.8	62.4	63.8	62.0	62.2	60.8	61.7
Below 100%	74.9	78.5	72.9	76.3	74.7	76.0	78.2	79.9	77.1	76.2	75.4
100%–199%	72.4	72.6	69.1	72.0	71.3	71.0	71.0	71.4	73.8	69.4	72.2
200%–399%	56.2	63.5	60.1	60.7	61.1	61.4	64.0	61.3	64.0	63.9	61.5
400% or more	47.4	51.8	50.5	48.7	51.4	49.7	50.8	49.2	46.2	46.0	48.8
	SE										
18 years and over	0.3	0.4	0.4	0.4	0.3	0.4	0.4	0.4	0.5	0.4	0.4
Below 100%	1.1	1.1	1.2	1.1	1.1	1.1	1.2	1.4	1.3	1.2	1.0
100%–199%	0.8	0.8	0.8	0.8	0.8	0.9	0.9	1.0	1.1	1.0	0.9
200%–399%	0.6	0.6	0.6	0.6	0.6	0.7	0.7	0.7	0.8	0.7	0.7
400% or more	0.5	0.5	0.5	0.5	0.5	0.5	0.6	0.6	0.6	0.6	0.6
18–64 years	0.3	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.5	0.4	0.4
Below 100%	1.1	1.1	1.2	1.1	1.1	1.2	1.3	1.5	1.4	1.2	1.1
100%–199%	0.9	1.0	0.9	0.9	0.9	1.0	1.0	1.1	1.1	1.1	1.0
200%–399%	0.6	0.6	0.6	0.7	0.6	0.8	0.7	0.8	0.8	0.8	0.7
400% or more	0.5	0.5	0.5	0.5	0.5	0.5	0.6	0.6	0.7	0.6	0.6
65 years and over	0.8	0.8	0.8	0.8	0.8	0.7	0.9	0.9	0.9	0.9	0.8
Below 100%	2.0	1.9	2.1	1.9	2.0	2.1	2.4	2.4	2.6	2.3	2.3
100%–199%	1.2	1.3	1.3	1.4	1.3	1.6	1.6	1.9	1.7	1.7	1.5
200%–399%	1.3	1.4	1.3	1.4	1.3	1.5	1.6	1.8	1.5	1.5	1.4
400% or more	1.8	1.8	1.8	2.0	1.7	1.7	1.9	1.9	1.8	1.8	1.6

NOTES: SE is standard error. Data are for the civilian noninstitutionalized population. Any basic actions difficulty or complex activity limitation is defined as having one or more of the following limitations or difficulties: movement difficulty, emotional difficulty, sensory (seeing or hearing) difficulty, cognitive difficulty, self-care (activities of daily living or instrumental activities of daily living) limitation, social limitation, or work limitation. Starting with 2007 data, the hearing question, a component of the basic actions difficulty measure, was revised. Consequently, data prior to 2007 are not comparable with data for 2007 and beyond. Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed for 2000 and beyond. See [Appendix II, Basic actions difficulty; Complex activity limitation; Family income; Hearing trouble; Poverty; Table VI](#). Also see [Table 54](#).

SOURCE: CDC/NCHS, National Health Interview Survey. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Data table for Figure 37. Obesity among adults 25 years of age and over, by sex and education level: United States, 1988–1994 and 2007–2010

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig37>

Sex and education level	1988–1994		2007–2010	
	Percent	SE	Percent	SE
Adults, 25 years and over	23.5	0.7	36.0	0.7
No high school diploma	27.7	1.0	38.6	1.3
High school graduate or GED	25.5	1.1	37.9	1.5
Some college	23.3	1.3	41.4	0.8
Bachelor's degree or higher	15.8	1.3	26.9	1.4
Men, 25 years and over	20.6	0.8	35.4	1.1
No high school diploma	23.0	1.3	33.8	2.2
High school graduate or GED	21.9	1.5	36.5	2.3
Some college	21.2	2.0	42.6	1.3
Bachelor's degree or higher	16.1	1.7	28.4	2.2
Women, 25 years and over	26.3	1.0	36.5	0.8
No high school diploma	32.2	1.5	43.1	1.6
High school graduate or GED	28.3	1.5	39.2	1.4
Some college	25.2	1.6	40.4	1.1
Bachelor's degree or higher	15.5	1.5	25.3	1.5
Age-adjusted				
Adults, 25 years and over	23.9	0.7	35.7	0.7
No high school diploma	28.0	1.1	38.5	1.3
High school graduate or GED	25.8	1.1	37.6	1.4
Some college	23.1	1.2	41.1	0.9
Bachelor's degree or higher	16.5	1.5	26.8	1.4
Men, 25 years and over	21.0	0.8	35.2	1.1
No high school diploma	23.1	1.3	33.4	2.2
High school graduate or GED	22.4	1.5	36.5	2.2
Some college	21.7	2.2	42.4	1.3
Bachelor's degree or higher	16.4	1.7	28.4	2.3
Women, 25 years and over	26.7	1.0	36.2	0.7
No high school diploma	32.9	1.8	43.6	1.7
High school graduate or GED	28.4	1.5	39.0	1.4
Some college	24.7	1.5	40.1	1.1
Bachelor's degree or higher	17.0	1.7	25.5	1.5

NOTES: SE is standard error. GED is General Educational Development high school equivalency diploma. Data are for the civilian noninstitutionalized population. Totals include those with unknown education level. Obesity is defined as a body mass index (BMI) equal to or greater than 30. Pregnant women were excluded. Age-adjusted estimates are adjusted using three age groups: 25–44 years, 45–64 years, and 65 years and over. See [Appendix II, Age adjustment; Body mass index \(BMI\); Education](#). Also see [Table 74](#).

SOURCE: CDC/NCHS, National Health and Nutrition Examination Survey. See [Appendix I, National Health and Nutrition Examination Survey \(NHANES\)](#).

References (continued from [Figure 37](#) text)

4. Gregg EW, Guralnik JM. Is disability obesity's price of longevity? JAMA 2007;298(17): 2066–7.
5. Ogden CL, Lamb MM, Carroll MD, Flegal KM. Obesity and socioeconomic status in adults: United States, 2005–2008. NCHS data brief, no 50. Hyattsville, MD: NCHS; 2010. Available from: <http://www.cdc.gov/nchs/data/databriefs/db50.htm>.

Data table for Figure 38. Current cigarette smoking among adults 25 years of age and over, by age and education level: United States, 2000–2010

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig38>

Age and education level	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
	Percent										
25 years and over	22.7	22.1	21.5	21.2	20.5	20.4	20.4	19.4	20.5	20.4	19.2
25–64 years	25.7	24.9	24.3	24.0	23.1	23.1	22.7	21.9	23.2	23.0	21.6
No high school diploma	36.0	34.9	34.8	34.0	33.6	32.3	32.6	30.9	33.8	33.1	30.8
High school graduate or GED	33.9	32.0	32.3	31.8	29.4	31.1	29.8	30.1	32.4	32.2	31.2
Some college	24.6	25.3	24.6	24.1	24.5	24.7	24.9	23.0	25.0	24.3	23.5
Bachelor's degree or higher	12.3	12.1	10.9	11.1	10.9	10.0	9.1	10.4	9.5	9.7	9.1
65 years and over	9.7	10.1	9.3	9.1	8.8	8.6	10.2	8.3	9.3	9.5	9.5
No high school diploma	12.0	12.0	12.0	10.4	9.7	10.4	13.1	9.7	13.2	10.5	12.0
High school graduate or GED	9.4	10.9	8.9	9.7	9.5	8.5	11.2	10.2	8.4	11.5	9.2
Some college	10.0	9.6	8.6	8.3	8.2	9.5	10.4	8.0	10.3	9.2	11.0
Bachelor's degree or higher	4.8	5.5	6.3	6.7	6.5	5.4	4.6	4.0	4.8	6.0	5.4
	SE										
25 years and over	0.3	0.3	0.3	0.3	0.3	0.3	0.4	0.4	0.4	0.4	0.3
25–64 years	0.4	0.4	0.4	0.3	0.4	0.3	0.4	0.5	0.5	0.4	0.4
No high school diploma	0.9	0.9	1.0	1.0	1.0	1.0	1.1	1.2	1.3	1.3	1.1
High school graduate or GED	0.7	0.7	0.7	0.7	0.7	0.7	0.9	1.0	0.9	0.8	0.9
Some college	0.6	0.6	0.6	0.6	0.6	0.6	0.8	0.8	0.8	0.7	0.7
Bachelor's degree or higher	0.5	0.4	0.5	0.5	0.5	0.4	0.5	0.6	0.5	0.5	0.4
65 years and over	0.4	0.6	0.4	0.4	0.4	0.4	0.5	0.5	0.5	0.5	0.5
No high school diploma	0.8	0.8	0.8	0.9	0.8	0.8	1.1	1.0	1.2	1.0	1.1
High school graduate or GED	0.7	0.8	0.7	0.7	0.8	0.7	1.0	1.0	0.8	1.0	0.8
Some college	1.0	0.9	0.9	0.8	0.9	1.0	1.2	1.0	1.2	0.9	1.1
Bachelor's degree or higher	0.8	0.8	0.9	0.9	0.8	0.8	0.8	0.8	0.9	0.9	0.8

NOTES: SE is standard error. GED is General Educational Development high school equivalency diploma. Data are for the civilian noninstitutionalized population. Totals include those with unknown education level. Current cigarette smoking is defined as ever smoked 100 cigarettes in their lifetime and now smoke every day or some days. See [Appendix II, Cigarette smoking; Education](#). Also see [Tables 60–62](#).

SOURCE: CDC/NCHS, National Health Interview Survey. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Data table for Figure 39. Colorectal tests or procedures among adults 50–75 years of age, by education level: United States, 2000–2010

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig39>

Education level	2000		2003		2005		2008		2010	
	Percent	SE	Percent	SE	Percent	SE	Percent	SE	Percent	SE
50–75 years	33.9	0.6	39.1	0.6	44.3	0.6	51.6	0.7	58.7	0.7
No high school diploma	25.9	1.1	28.9	1.2	34.5	1.4	36.2	1.7	44.6	1.5
High school graduate or GED	33.1	1.0	38.3	1.1	42.1	1.1	48.5	1.3	53.7	1.2
Some college	36.4	1.1	40.2	1.2	44.8	1.2	54.5	1.3	62.0	1.1
Bachelor's degree or higher	39.2	1.3	46.5	1.2	52.4	1.2	60.6	1.3	67.3	1.1

NOTES: SE is standard error. GED is General Educational Development high school equivalency diploma. Data are for the civilian noninstitutionalized population. Totals include those with unknown education level. Colorectal tests or procedures include reports of home fecal occult blood test (FOBT) in the past year, sigmoidoscopy procedure in the past 5 years with FOBT in the past 3 years, or colonoscopy in the past 10 years. Colorectal tests or procedures are performed for diagnostic and screening purposes. See [Appendix II, Colorectal tests or procedures; Education](#). Also see [Table 92](#).

SOURCE: CDC/NCHS, National Health Interview Survey. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Data table for Figure 40. No health insurance coverage among adults 18–64 years of age, by percent of poverty level and race and Hispanic origin: United States, 2000–2011

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig40>

Characteristic	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Percent of poverty level											
18–64 years	18.9	18.5	19.3	19.3	19.3	19.3	20.0	19.6	19.9	21.2	22.3
Below 100%	42.4	41.3	38.9	39.9	41.0	40.9	40.7	38.6	38.6	42.5	42.7
100%–199%	36.4	35.0	35.5	37.5	36.5	35.9	36.7	37.9	38.9	38.9	42.1
200%–399%	18.2	17.8	19.7	18.8	19.1	19.0	18.8	20.5	20.2	21.7	21.3
400% or more	6.6	6.9	7.4	6.4	6.8	7.1	7.4	6.5	7.1	6.7	6.5
SE											
18–64 years	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3
Below 100%	0.9	0.9	1.0	1.0	0.9	0.9	1.1	1.3	1.2	1.0	0.9
100%–199%	0.7	0.7	0.7	0.8	0.8	0.7	0.8	0.8	0.8	0.8	0.8
200%–399%	0.5	0.4	0.5	0.5	0.5	0.5	0.6	0.5	0.5	0.5	0.5
400% or more	0.2	0.2	0.3	0.2	0.2	0.2	0.4	0.3	0.3	0.3	0.2
Race and Hispanic origin and percent of poverty level, 2009–2010											
	Percent										
	SE										
Hispanic	43.3	0.7									
Below 100%	61.1	1.1									
100%–199%	56.5	0.9									
200%–399%	34.8	0.9									
400% or more	13.6	0.8									
White only, not Hispanic	16.0	0.3									
Below 100%	35.0	1.0									
100%–199%	33.8	0.7									
200%–399%	18.3	0.4									
400% or more	5.7	0.2									
Black or African American only, not Hispanic	25.7	0.5									
Below 100%	36.7	1.1									
100%–199%	36.7	1.0									
200%–399%	21.8	0.8									
400% or more	9.5	0.6									
Asian only	19.6	0.8									
Below 100%	38.7	2.7									
100%–199%	38.7	2.3									
200%–399%	21.8	1.5									
400% or more	7.0	0.7									

NOTES: SE is standard error. Data are for the civilian noninstitutionalized population. Uninsured adults are not covered by private insurance, Medicaid, Children’s Health Insurance Program, state-sponsored or other government-sponsored health plans, Medicare, or military plans. Adults with Indian Health Service only are considered to have no coverage. Health insurance coverage is at the time of interview. Persons of Hispanic origin may be of any race. Asian race includes persons of both Hispanic and non-Hispanic origin. Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed for 2000 and beyond. See [Appendix II, Health insurance coverage](#); [Family income](#); [Hispanic origin](#); [Poverty](#); [Race](#); [Table VI](#). Also see [Table 141](#).

SOURCE: CDC/NCHS, National Health Interview Survey. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Data table for Figure 41. Delay or nonreceipt of needed medical care in the past 12 months due to cost among adults 18–64 years of age, by percent of poverty level and race and Hispanic origin: United States, 2000–2010

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig41>

Characteristic	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Percent of poverty level											
	Percent										
18–64 years	9.2	9.5	9.7	10.6	11.4	11.0	11.7	11.8	13.6	15.1	14.7
Below 100%	18.4	17.6	16.9	18.5	20.4	20.0	20.8	20.8	21.9	24.8	23.4
100%–199%	15.8	16.8	17.2	18.5	19.3	18.9	19.1	19.9	22.5	24.0	24.0
200%–399%	9.6	10.2	10.4	10.9	12.1	11.8	12.0	13.0	15.0	16.8	15.2
400% or more	4.0	4.0	4.4	5.1	5.2	5.0	5.4	5.3	6.7	7.2	6.8
	SE										
18–64 years	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.3	0.3	0.2
Below 100%	0.7	0.6	0.6	0.6	0.7	0.7	0.8	0.8	0.8	0.8	0.7
100%–199%	0.5	0.5	0.5	0.6	0.5	0.5	0.7	0.6	0.7	0.6	0.6
200%–399%	0.3	0.3	0.3	0.4	0.4	0.3	0.4	0.4	0.5	0.5	0.4
400% or more	0.2	0.2	0.2	0.2	0.2	0.2	0.3	0.2	0.3	0.3	0.2
Race and Hispanic origin and percent of poverty level, 2009–2010											
	Percent					SE					
Hispanic	15.9					0.4					
Below 100%	21.0					0.8					
100%–199%	18.3					0.7					
200%–399%	14.3					0.6					
400% or more	8.0					0.6					
White only, not Hispanic	14.6					0.2					
Below 100%	26.6					0.8					
100%–199%	27.7					0.7					
200%–399%	17.1					0.5					
400% or more	7.0					0.2					
Black or African American only, not Hispanic	17.1					0.4					
Below 100%	23.8					1.0					
100%–199%	22.7					0.9					
200%–399%	14.4					0.6					
400% or more	8.6					0.6					
Asian only	7.7					0.4					
Below 100%	16.4					1.7					
100%–199%	12.5					1.3					
200%–399%	8.4					0.9					
400% or more	3.6					0.4					

NOTES: SE is standard error. Data are for the civilian noninstitutionalized population. Based on persons responding yes to the question, “During the past 12 months was there any time when person needed medical care but did not get it because person couldn’t afford it?” or “During the past 12 months have you delayed seeking medical care or has medical care been delayed because of worry about cost?” Persons of Hispanic origin may be of any race. Asian race includes persons of both Hispanic and non-Hispanic origin. Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed for 2000 and beyond. See [Appendix II, Family income; Hispanic origin; Poverty; Race; Table VI](#). Also see [Table 79](#).

SOURCE: CDC/NCHS, National Health Interview Survey. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Trend Tables

Table 1 (page 2 of 3). Resident population, by age, sex, race, and Hispanic origin: United States, selected years 1950–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#001>.

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

Sex, race, Hispanic origin, and year	Total resident population	Age										
		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
Black or African American female												
Number in thousands												
1950	7,745	---	941 ¹	1,446	1,300	1,260	1,112	796	443	322	125 ²	---
1960	9,758	283	1,085	2,191	1,404	1,300	1,229	974	663	430	160	38
1970	11,832	243	970	2,773	2,196	1,456	1,309	1,134	868	582	230	71
1980	14,046	266	951	2,578	2,937	2,267	1,488	1,258	1,059	776	360	106
1990	16,063	316	1,137	2,641	2,700	2,905	2,279	1,416	1,135	884	495	156
2000	19,187	302	1,228	3,348	2,971	2,866	3,055	2,274	1,353	971	587	233
2007	20,907	351	1,325	3,212	3,331	2,953	3,005	2,852	1,867	1,073	656	283
2008	21,074	349	1,320	3,154	3,373	2,981	2,975	2,910	1,949	1,104	666	293
2009	21,384	348	1,365	3,164	3,437	3,041	2,928	2,951	2,043	1,141	700	266
American Indian or Alaska Native male												
1980	702	17	59	153	161	114	75	53	37	22	9	2
1990	1,024	24	88	206	192	183	140	86	55	32	13	3
2000	1,488	28	109	301	271	229	229	165	88	45	18	5
2007	1,615	24	90	263	307	259	231	208	132	64	29	9
2008	1,709	35	130	281	306	266	230	213	139	67	31	10
2009	1,751	36	137	286	311	275	230	218	146	71	31	9
American Indian or Alaska Native female												
1980	718	16	57	149	158	118	79	57	41	27	12	4
1990	1,041	24	85	200	178	186	148	92	61	41	21	6
2000	1,496	26	106	293	254	219	236	174	95	54	28	10
2007	1,620	23	87	255	295	240	227	221	143	73	39	18
2008	1,713	34	127	273	296	246	225	225	150	77	40	19
2009	1,749	35	133	277	299	255	222	229	159	81	42	18
Asian or Pacific Islander male												
1980	1,814	35	130	321	334	366	252	159	110	72	30	6
1990	3,652	68	258	598	665	718	588	347	208	133	57	12
2000	5,713	84	339	861	934	1,073	947	705	399	231	112	27
2007	7,188	111	431	967	1,002	1,261	1,248	966	637	344	168	53
2008	7,318	115	451	989	999	1,235	1,270	996	671	360	175	58
2009	7,529	120	483	1,059	1,035	1,263	1,256	1,007	692	375	181	60
Asian or Pacific Islander female												
1980	1,915	34	127	307	325	423	269	192	126	71	33	9
1990	3,805	65	247	578	621	749	664	371	264	166	65	17
2000	6,044	81	336	817	914	1,112	1,024	812	451	305	152	41
2007	7,586	105	409	940	952	1,301	1,314	1,075	741	415	246	88
2008	7,714	109	427	960	947	1,268	1,335	1,101	782	430	258	96
2009	7,999	114	467	1,028	992	1,330	1,332	1,110	814	445	263	104

See footnotes at end of table.

Table 1 (page 3 of 3). Resident population, by age, sex, race, and Hispanic origin: United States, selected years 1950–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#001>.

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

Sex, race, Hispanic origin, and year	Total resident population	Age										
		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
Hispanic or Latino male		Number in thousands										
1980	7,280	187	661	1,530	1,646	1,256	761	570	364	200	86	19
1990	11,388	279	980	2,128	2,376	2,310	1,471	818	551	312	131	32
2000	18,162	395	1,506	3,469	3,564	3,494	2,653	1,551	804	474	203	50
2007	23,524	528	1,983	4,188	3,910	4,503	3,630	2,414	1,295	643	331	98
2008	24,254	567	2,135	4,322	3,927	4,514	3,729	2,542	1,379	680	348	112
2009	25,057	564	2,236	4,529	4,154	4,505	3,782	2,649	1,452	708	363	114
Hispanic or Latina female												
1980	7,329	181	634	1,482	1,546	1,249	805	615	411	257	117	30
1990	10,966	268	939	2,039	2,028	2,073	1,448	868	632	403	209	59
2000	17,144	376	1,441	3,318	3,017	3,016	2,476	1,585	907	603	303	101
2007	21,981	505	1,900	4,000	3,527	3,665	3,212	2,336	1,397	787	471	181
2008	22,689	542	2,045	4,132	3,587	3,668	3,280	2,441	1,475	826	494	201
2009	23,362	541	2,144	4,323	3,762	3,675	3,282	2,518	1,543	859	508	210
White, not Hispanic or Latino male												
1980	88,035	1,308	4,772	13,317	16,554	14,739	10,284	9,229	8,803	5,906	2,519	603
1990	91,743	1,351	5,181	12,525	13,219	15,967	14,481	9,875	8,303	6,837	3,275	729
2000	96,551	1,163	4,761	13,238	12,628	12,958	16,088	14,223	9,312	6,894	4,225	1,062
2007	98,774	1,190	4,676	12,113	13,509	12,174	14,069	15,714	12,291	7,106	4,427	1,504
2008	99,085	1,181	4,663	12,011	13,472	12,342	13,673	15,769	12,583	7,407	4,419	1,566
2009	99,313	1,155	4,665	11,972	13,424	12,550	13,216	15,738	12,944	7,662	4,482	1,505
White, not Hispanic or Latina female												
1980	92,872	1,240	4,522	12,647	16,185	14,711	10,468	9,700	9,935	7,707	4,345	1,411
1990	96,557	1,280	4,909	11,846	12,749	15,872	14,520	10,153	9,116	8,674	5,491	1,945
2000	100,774	1,102	4,517	12,529	12,183	12,778	16,089	14,446	9,879	8,188	6,429	2,633
2007	102,418	1,132	4,443	11,496	12,815	12,011	14,013	15,961	12,882	8,164	6,325	3,175
2008	102,659	1,125	4,432	11,405	12,778	12,130	13,605	16,017	13,179	8,471	6,258	3,259
2009	102,845	1,102	4,437	11,373	12,738	12,308	13,143	15,991	13,552	8,724	6,216	3,262

--- Data not available.

¹Population for age group under 5 years.

²Population for age group 75 years and over.

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

SOURCE: U.S. Census Bureau: 1950 Nonwhite Population by Race. Special Report P-E, No. 3B. Washington, DC: U.S. Government Printing Office, 1951; U.S. Census of Population: 1960, Number of Inhabitants, PC(1)-A1, United States Summary, 1964; 1970, Number of Inhabitants, Final Report PC(1)-A1, United States Summary, 1971; U.S. population estimates, by age, sex, race, and Hispanic origin: 1980 to 1991. Current population reports, series P-25, no 1095. Washington, DC: U.S. Government Printing Office, Feb. 1993; NCHS. Estimates of the July 1, 1991–July 1, 1999, April 1, 2000, and July 1, 2001–July 1, 2009 United States resident population by age, sex, race, and Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau, Population Estimates Program. Available from: http://www.cdc.gov/nchs/nvss/bridged_race.htm. See [Appendix I, Population Census and Population Estimates](#).

Table 2 (page 1 of 2). Persons below poverty level, by selected characteristics, race, and Hispanic origin: United States, selected years 1973–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#002>.

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

<i>Selected characteristic, race, and Hispanic origin</i> ¹	1973	1980	1985	1990	1995	2000 ²	2004 ³	2008	2009
All persons									
Percent below poverty									
All races	11.1	13.0	14.0	13.5	13.8	11.3	12.7	13.2	14.3
White only	8.4	10.2	11.4	10.7	11.2	9.5	10.8	11.2	12.3
Black or African American only.	31.4	32.5	31.3	31.9	29.3	22.5	24.7	24.7	25.8
Asian only	---	---	---	12.2	14.6	9.9	9.8	11.8	12.5
Hispanic or Latino	21.9	25.7	29.0	28.1	30.3	21.5	21.9	23.2	25.3
Mexican	---	---	28.8	28.1	31.2	22.9	---	---	---
Puerto Rican.	---	---	43.3	40.6	38.1	25.6	---	---	---
White only, not Hispanic or Latino	7.5	9.1	9.7	8.8	8.5	7.4	8.7	8.6	9.4
Related children under 18 years of age in families									
All races	14.2	17.9	20.1	19.9	20.2	15.6	17.3	18.5	20.1
White only	9.7	13.4	15.6	15.1	15.5	12.4	14.3	15.3	17.0
Black or African American only.	40.6	42.1	43.1	44.2	41.5	30.9	33.4	34.4	35.3
Asian only	---	---	---	17.0	18.6	12.5	9.4	14.2	13.6
Hispanic or Latino	27.8	33.0	39.6	37.7	39.3	27.6	28.6	30.3	32.5
Mexican	---	---	37.4	35.5	39.3	29.5	---	---	---
Puerto Rican.	---	---	58.6	56.7	53.2	32.1	---	---	---
White only, not Hispanic or Latino	---	11.3	12.3	11.6	10.6	8.5	9.9	10.0	11.2
Related children under 18 years of age in families with female householder and no spouse present									
All races	---	50.8	53.6	53.4	50.3	40.1	41.9	43.5	44.4
White only	---	41.6	45.2	45.9	42.5	33.9	38.2	39.3	41.2
Black or African American only.	---	64.8	66.9	64.7	61.6	49.3	49.2	51.9	50.6
Asian only	---	---	---	32.2	42.4	38.0	18.7	25.0	25.6
Hispanic or Latino	---	65.0	72.4	68.4	65.7	49.8	51.9	51.9	52.2
Mexican	---	---	64.4	62.4	65.9	51.4	---	---	---
Puerto Rican.	---	---	85.4	82.7	79.6	55.3	---	---	---
White only, not Hispanic or Latino	---	---	---	39.6	33.5	28.0	31.5	31.7	33.5
All persons									
Number below poverty in thousands									
All races	22,973	29,272	33,064	33,585	36,425	31,581	37,040	39,829	43,569
White only	15,142	19,699	22,860	22,326	24,423	21,645	25,327	26,990	29,830
Black or African American only.	7,388	8,579	8,926	9,837	9,872	7,982	9,014	9,379	9,944
Asian only	---	---	---	858	1,411	1,258	1,201	1,576	1,746
Hispanic or Latino	2,366	3,491	5,236	6,006	8,574	7,747	9,122	10,987	12,350
Mexican	---	---	3,220	3,764	5,608	5,460	---	---	---
Puerto Rican.	---	---	1,011	966	1,183	814	---	---	---
White only, not Hispanic or Latino	12,864	16,365	17,839	16,622	16,267	14,366	16,908	17,024	18,530
Related children under 18 years of age in families									
All races	9,453	11,114	12,483	12,715	13,999	11,005	12,473	13,507	14,774
White only	5,462	6,817	7,838	7,696	8,474	6,834	7,876	8,441	9,440
Black or African American only.	3,822	3,906	4,057	4,412	4,644	3,495	3,702	3,781	3,919
Asian only	---	---	---	356	532	407	265	430	444
Hispanic or Latino	1,364	1,718	2,512	2,750	3,938	3,342	3,985	4,888	5,419
Mexican	---	---	1,589	1,733	2,655	2,537	---	---	---
Puerto Rican.	---	---	535	490	610	329	---	---	---
White only, not Hispanic or Latino	---	5,174	5,421	5,106	4,745	3,715	4,190	4,059	4,518

See footnotes at end of table.

Table 2 (page 2 of 2). Persons below poverty level, by selected characteristics, race, and Hispanic origin: United States, selected years 1973–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#002>.

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

Selected characteristic, race, and Hispanic origin ¹	1973	1980	1985	1990	1995	2000 ²	2004 ³	2008	2009
Related children under 18 years of age in families with female householder and no spouse present				Number below poverty in thousands					
All races	---	5,866	6,716	7,363	8,364	6,300	7,152	7,587	7,942
White only	---	2,813	3,372	3,597	4,051	3,090	3,782	3,926	4,325
Black or African American only.	---	2,944	3,181	3,543	3,954	2,908	2,963	3,123	2,998
Asian only	---	---	---	80	145	162	55	88	90
Hispanic or Latino	---	809	1,247	1,314	1,872	1,407	1,840	2,218	2,437
Mexican	---	---	553	615	1,056	938	---	---	---
Puerto Rican.	---	---	449	382	459	242	---	---	---
White only, not Hispanic or Latino	---	---	---	2,411	2,299	1,832	2,114	1,985	2,144

--- Data not available.

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

²Estimates are consistent with 2001 data through implementation of the 2000 census-based population controls and a 28,000 household sample expansion.

³The 2004 data have been revised to reflect a correction to the weights in the 2005 Annual Social and Economic Supplements of the Current Population Survey. See [Appendix I, Current Population Survey \(CPS\)](#).

NOTES: Estimates of poverty for 1991–1998 are based on 1990 postcensal population estimates. Estimates for 1999 and subsequent years are based on 2000 census population controls. Poverty level is based on family income and family size using U.S. Census Bureau poverty thresholds. See [Appendix II, Poverty](#). The Current Population Survey is not large enough to produce reliable annual estimates for American Indian or Alaska Native persons, or for Native Hawaiian and Other Pacific Islander persons. The 2007–2009 average poverty rate for American Indian or Alaska Native only persons was 26.1%, representing 717,000 persons. Data for additional years are available. See [Appendix III](#).

SOURCE: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplements; DeNavas-Walt C, Proctor BD, Smith JC. Income, poverty, and health insurance coverage in the United States: 2009. Current Population Reports, P-60-238. Washington, DC: U.S. Government Printing Office. 2010. Available from: <http://www.census.gov/hhes/www/poverty/data/incpovhlth/2009/index.html>. See [Appendix I, Current Population Survey \(CPS\)](#).

Table 3 (page 1 of 3). Crude birth rates, fertility rates, and birth rates, by age, race, and Hispanic origin of mother: United States, selected years 1950–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#003>.

[Data are based on birth certificates]

Race, Hispanic origin, and year	Crude birth rate ¹	Fertility rate ²	Age of mother									
			10–14 years	15–19 years			20–24 years	25–29 years	30–34 years	35–39 years	40–44 years	45–54 years ³
				Total	15–17 years	18–19 years						
All races												
Live births per 1,000 women												
1950	24.1	106.2	1.0	81.6	40.7	132.7	196.6	166.1	103.7	52.9	15.1	1.2
1960	23.7	118.0	0.8	89.1	43.9	166.7	258.1	197.4	112.7	56.2	15.5	0.9
1970	18.4	87.9	1.2	68.3	38.8	114.7	167.8	145.1	73.3	31.7	8.1	0.5
1980	15.9	68.4	1.1	53.0	32.5	82.1	115.1	112.9	61.9	19.8	3.9	0.2
1985	15.8	66.3	1.2	51.0	31.0	79.6	108.3	111.0	69.1	24.0	4.0	0.2
1990	16.7	70.9	1.4	59.9	37.5	88.6	116.5	120.2	80.8	31.7	5.5	0.2
1995	14.6	64.6	1.3	56.0	35.5	87.7	107.5	108.8	81.1	34.0	6.6	0.3
2000	14.4	65.9	0.9	47.7	26.9	78.1	109.7	113.5	91.2	39.7	8.0	0.5
2005	14.0	66.7	0.7	40.5	21.4	69.9	102.2	115.5	95.8	46.3	9.1	0.6
2007	14.3	69.5	0.6	42.5	22.1	73.9	106.3	117.5	99.9	47.5	9.5	0.6
2008	14.0	68.6	0.6	41.5	21.7	70.6	103.0	115.1	99.3	46.9	9.8	0.7
Race of child: ⁴ White												
1950	23.0	102.3	0.4	70.0	31.3	120.5	190.4	165.1	102.6	51.4	14.5	1.0
1960	22.7	113.2	0.4	79.4	35.5	154.6	252.8	194.9	109.6	54.0	14.7	0.8
1970	17.4	84.1	0.5	57.4	29.2	101.5	163.4	145.9	71.9	30.0	7.5	0.4
1980	14.9	64.7	0.6	44.7	25.2	72.1	109.5	112.4	60.4	18.5	3.4	0.2
Race of mother: ⁵ White												
1980	15.1	65.6	0.6	45.4	25.5	73.2	111.1	113.8	61.2	18.8	3.5	0.2
1985	15.0	64.1	0.6	43.3	24.4	70.4	104.1	112.3	69.9	23.3	3.7	0.2
1990	15.8	68.3	0.7	50.8	29.5	78.0	109.8	120.7	81.7	31.5	5.2	0.2
1995	14.1	63.6	0.8	49.5	29.6	80.2	104.7	111.7	83.3	34.2	6.4	0.3
2000	13.9	65.3	0.6	43.2	23.3	72.3	106.6	116.7	94.6	40.2	7.9	0.4
2005	13.4	66.3	0.5	37.0	18.9	64.7	99.2	118.3	99.3	47.3	9.0	0.6
2007	13.7	68.8	0.5	38.8	19.7	68.1	102.8	119.4	102.7	48.1	9.4	0.6
2008	13.4	67.8	0.4	37.8	19.3	65.0	99.2	116.6	101.8	47.2	9.7	0.6
Race of child: ⁴ Black or African American												
1960	31.9	153.5	4.3	156.1	---	---	295.4	218.6	137.1	73.9	21.9	1.1
1970	25.3	115.4	5.2	140.7	101.4	204.9	202.7	136.3	79.6	41.9	12.5	1.0
1980	22.1	88.1	4.3	100.0	73.6	138.8	146.3	109.1	62.9	24.5	5.8	0.3
Race of mother: ⁵ Black or African American												
1980	21.3	84.7	4.3	97.8	72.5	135.1	140.0	103.9	59.9	23.5	5.6	0.3
1985	20.4	78.8	4.5	95.4	69.3	132.4	135.0	100.2	57.9	23.9	4.6	0.3
1990	22.4	86.8	4.9	112.8	82.3	152.9	160.2	115.5	68.7	28.1	5.5	0.3
1995	17.8	71.0	4.1	94.4	68.5	135.0	133.7	95.6	63.0	28.4	6.0	0.3
2000	17.0	70.0	2.3	77.4	49.0	118.8	141.3	100.3	65.4	31.5	7.2	0.4
2005	16.2	69.0	1.7	62.0	35.5	104.9	129.9	105.9	70.3	35.3	8.5	0.5
2007	16.9	72.7	1.5	64.9	36.1	110.7	135.9	109.6	75.4	36.9	8.8	0.6
2008	16.6	71.9	1.4	63.4	35.2	105.6	132.3	107.2	75.6	37.0	8.9	0.6
American Indian or Alaska Native mother ⁵												
1980	20.7	82.7	1.9	82.2	51.5	129.5	143.7	106.6	61.8	28.1	8.2	*
1985	19.8	78.6	1.7	79.2	47.7	124.1	139.1	109.6	62.6	27.4	6.0	*
1990	18.9	76.2	1.6	81.1	48.5	129.3	148.7	110.3	61.5	27.5	5.9	*
1995	15.3	63.0	1.6	72.9	44.6	122.2	123.1	91.6	56.5	24.3	5.5	*
2000	14.0	58.7	1.1	58.3	34.1	97.1	117.2	91.8	55.5	24.6	5.7	0.3
2005	14.2	59.9	0.9	52.7	30.5	87.6	109.2	93.8	60.1	27.0	6.0	0.3
2007	15.3	64.9	0.9	59.3	31.8	101.6	116.8	96.4	64.0	29.5	6.1	0.3
2008	14.5	64.6	0.9	58.4	32.5	96.6	115.6	94.4	63.8	28.8	6.4	0.4

See footnotes at end of table.

Table 3 (page 2 of 3). Crude birth rates, fertility rates, and birth rates, by age, race, and Hispanic origin of mother: United States, selected years 1950–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#003>.

[Data are based on birth certificates]

Race, Hispanic origin, and year	Crude birth rate ¹	Fertility rate ²	Age of mother									
			10–14 years	15–19 years			20–24 years	25–29 years	30–34 years	35–39 years	40–44 years	45–54 years ³
				Total	15–17 years	18–19 years						
Live births per 1,000 women												
Asian or Pacific Islander mother ⁵												
1980	19.9	73.2	0.3	26.2	12.0	46.2	93.3	127.4	96.0	38.3	8.5	0.7
1985	18.7	68.4	0.4	23.8	12.5	40.8	83.6	123.0	93.6	42.7	8.7	1.2
1990	19.0	69.6	0.7	26.4	16.0	40.2	79.2	126.3	106.5	49.6	10.7	1.1
1995	16.7	62.6	0.7	25.5	15.6	40.1	64.2	103.7	102.3	50.1	11.8	0.8
2000	17.1	65.8	0.3	20.5	11.6	32.6	60.3	108.4	116.5	59.0	12.6	0.8
2005	16.5	66.6	0.2	17.0	8.2	30.1	61.1	107.9	115.0	61.8	13.8	1.0
2007	17.2	71.3	0.2	16.9	8.2	29.9	65.5	118.0	125.4	66.3	14.4	1.1
2008	16.8	71.3	0.2	16.2	7.9	28.4	64.4	120.1	126.8	66.8	15.2	1.2
Hispanic or Latina mother ^{5,6}												
1980	23.5	95.4	1.7	82.2	52.1	126.9	156.4	132.1	83.2	39.9	10.6	0.7
1990	26.7	107.7	2.4	100.3	65.9	147.7	181.0	153.0	98.3	45.3	10.9	0.7
1995	24.1	98.8	2.6	99.3	68.3	145.4	171.9	140.4	90.5	43.7	10.7	0.6
2000	23.1	95.9	1.7	87.3	55.5	132.6	161.3	139.9	97.1	46.6	11.5	0.6
2005	23.1	99.4	1.3	81.7	48.5	134.6	170.0	149.2	106.8	54.2	13.0	0.8
2007	23.4	102.2	1.2	81.8	47.9	137.2	178.6	155.7	111.0	56.5	13.4	0.8
2008	22.2	98.8	1.2	77.5	46.1	127.2	170.7	152.6	109.6	56.1	13.7	0.9
White, not Hispanic or Latina mother ^{5,6}												
1980	14.2	62.4	0.4	41.2	22.4	67.7	105.5	110.6	59.9	17.7	3.0	0.1
1990	14.4	62.8	0.5	42.5	23.2	66.6	97.5	115.3	79.4	30.0	4.7	0.2
1995	12.5	57.5	0.4	39.3	22.0	66.2	90.2	105.1	81.5	32.8	5.9	0.3
2000	12.2	58.5	0.3	32.6	15.8	57.5	91.2	109.4	93.2	38.8	7.3	0.4
2005	11.5	58.3	0.2	25.9	11.5	48.0	81.4	109.1	96.9	45.6	8.3	0.5
2007	11.6	60.1	0.2	27.2	11.8	50.4	83.2	108.6	99.5	45.8	8.6	0.6
2008	11.3	59.4	0.2	26.7	11.5	48.5	80.7	106.0	98.7	44.7	8.8	0.6
Black or African American, not Hispanic or Latina mother ^{5,6}												
1980	22.9	90.7	4.6	105.1	77.2	146.5	152.2	111.7	65.2	25.8	5.8	0.3
1990	23.0	89.0	5.0	116.2	84.9	157.5	165.1	118.4	70.2	28.7	5.6	0.3
1995	18.2	72.8	4.2	97.2	70.4	139.2	137.8	98.5	64.4	28.8	6.1	0.3
2000	17.3	71.4	2.4	79.2	50.1	121.9	145.4	102.8	66.5	31.8	7.2	0.4
2005	15.7	67.2	1.7	60.9	34.9	103.0	126.8	103.0	68.4	34.3	8.2	0.5
2007	16.6	71.6	1.5	64.2	35.8	109.3	133.6	107.5	74.3	36.4	8.6	0.6
2008	16.4	71.1	1.4	62.8	34.8	104.6	130.6	105.7	74.9	36.7	8.8	0.6

See footnotes at end of table.

Table 3 (page 3 of 3). Crude birth rates, fertility rates, and birth rates, by age, race, and Hispanic origin of mother: United States, selected years 1950–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#003>.

[Data are based on birth certificates]

- - - Data not available.

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

¹ Live births per 1,000 population.

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

³ Prior to 1997, data are for live births to mothers 45–49 years of age per 1,000 women 45–49 years of age. In subsequent years, rates were computed by relating the number of births to women age 45 years and over to the population of women age 45–49 years. See [Appendix II, Age](#).

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

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

⁶ Prior to 1993, data from states lacking an Hispanic-origin item on the birth certificate were excluded. See [Appendix II, Hispanic origin](#). Rates in 1985 were not calculated because estimates for the Hispanic and non-Hispanic populations were not available.

NOTES: Data are based on births adjusted for underregistration for 1950 and on registered births for all other years. Starting with 1970 data, births to persons who were not residents of the 50 states and the District of Columbia are excluded. Starting with *Health, United States, 2003*, rates for 1991–1999 were revised using intercensal population estimates based on the 2000 census. Rates for 2000 were computed using the 2000 census counts, and starting in 2001 rates were computed using 2000-based postcensal estimates. See [Appendix I, Population Census and Population Estimates](#). The race groups, white, black, American Indian or Alaska Native, and Asian or Pacific Islander, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 2003 data, some states reported multiple-race data. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards for comparability with other states. See [Appendix II, Race](#). Interpretation of trend data should take into consideration expansion of reporting areas and immigration. Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Vital Statistics System, Birth File. Martin JA, Hamilton BE, Sutton PD, Ventura SJ, Mathews TJ, Osterman MJK. Births: Final data for 2008. National vital statistics reports; vol 59 no 1. Hyattsville, MD: NCHS. 2010; Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_01.pdf. Hamilton BE, Sutton PD, Ventura SJ. Revised birth and fertility rates for the 1990s and new rates for Hispanic populations, 2000 and 2001: United States. National vital statistics reports; vol 51 no 12. Hyattsville, MD: NCHS. 2003; Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr51/nvsr51_12.pdf. Ventura SJ. Births of Hispanic parentage, 1980 and 1985. Monthly vital statistics report; vol 32 no 6 and vol 36 no 11, suppl. Public Health Service. Hyattsville, MD. 1983 and 1988; Available from: http://www.cdc.gov/nchs/data/mvsr/supp/mv32_06sacc.pdf and http://www.cdc.gov/nchs/data/mvsr/supp/mv36_11s.pdf. Internet release of: Vital statistics of the United States, 2000, vol 1, Natality, Tables 1–1 and 1–7; available from: <http://www.cdc.gov/nchs/products/vsus.htm#electronic>. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 4. Live births, by plurality and detailed race and Hispanic origin of mother: United States, selected years 1970–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#004>.

[Data are based on birth certificates]

Plurality of birth and maternal race, and Hispanic origin	1970	1971	1975	1980	1985	1990	1995	2000	2007	2008
All births										
All races	3,731,386	3,555,970	3,144,198	3,612,258	3,760,561	4,158,212	3,899,589	4,058,814	4,316,233	4,247,694
White	3,109,956	2,939,568	2,576,818	2,936,351	3,037,913	3,290,273	3,098,885	3,194,005	3,336,626	3,274,163
Black or African American	561,992	553,750	496,829	568,080	581,824	684,336	603,139	622,598	675,676	670,809
American Indian or Alaska Native	22,264	23,254	22,690	29,389	34,037	39,051	37,278	41,668	49,443	49,537
Asian or Pacific Islander ¹	---	27,004	28,884	74,355	104,606	141,635	160,287	200,543	254,488	253,185
Hispanic or Latina ²	---	---	---	---	---	---	679,768	815,868	1,062,779	1,041,239
Mexican	---	---	---	---	---	---	469,615	581,915	722,055	684,883
Puerto Rican	---	---	---	---	---	---	54,824	58,124	68,488	69,015
Cuban	---	---	---	---	---	---	12,473	13,429	16,981	16,718
Central and South American	---	---	---	---	---	---	94,996	113,344	169,851	155,578
Other and unknown Hispanic or Latina	---	---	---	---	---	---	47,860	49,056	85,404	115,045
Not Hispanic or Latina ²	---	---	---	---	---	---	2,382,638	2,362,968	2,310,333	2,267,817
White	---	---	---	---	---	---	587,781	604,346	627,191	623,029
Black or African American	---	---	---	---	---	---	---	---	---	---
Twin births										
All races	---	63,298	59,192	68,339	77,102	93,865	96,736	118,916	138,961	138,660
White	---	49,972	46,715	53,104	60,351	72,617	76,196	93,235	106,409	105,725
Black or African American	---	12,452	11,375	13,638	14,646	18,164	17,000	20,626	24,432	24,312
American Indian or Alaska Native	---	362	348	491	537	699	769	900	1,186	1,195
Asian or Pacific Islander ¹	---	320	505	1,045	1,536	2,320	2,771	4,155	6,934	7,428
Hispanic or Latina ²	---	---	---	---	---	---	12,685	16,470	23,405	23,266
Mexican	---	---	---	---	---	---	8,341	11,130	14,754	13,977
Puerto Rican	---	---	---	---	---	---	1,248	1,461	2,097	2,071
Cuban	---	---	---	---	---	---	312	371	525	557
Central and South American	---	---	---	---	---	---	1,769	2,361	3,792	3,744
Other and unknown Hispanic or Latina	---	---	---	---	---	---	1,015	1,147	2,237	2,917
Not Hispanic or Latina ²	---	---	---	---	---	---	62,370	76,018	83,632	82,903
White	---	---	---	---	---	---	16,622	20,173	23,101	22,924
Black or African American	---	---	---	---	---	---	---	---	---	---
Triplet and higher-order multiple births										
All races	---	1,034	1,066	1,337	1,925	3,028	4,973	7,325	6,427	6,268
White	---	834	909	1,104	1,648	2,639	4,505	6,551	5,404	5,343
Black or African American	---	196	151	211	240	321	352	521	660	613
American Indian or Alaska Native	---	0	2	9	13	4	20	18	39	24
Asian or Pacific Islander ¹	---	0	4	9	23	61	96	235	324	288
Hispanic or Latina ²	---	---	---	---	---	---	355	659	857	834
Mexican	---	---	---	---	---	---	202	391	523	470
Puerto Rican	---	---	---	---	---	---	35	73	69	83
Cuban	---	---	---	---	---	---	24	15	30	30
Central and South American	---	---	---	---	---	---	59	122	176	167
Other and unknown Hispanic or Latina	---	---	---	---	---	---	35	58	59	84
Not Hispanic or Latina ²	---	---	---	---	---	---	4,050	5,821	4,559	4,493
White	---	---	---	---	---	---	340	506	612	569
Black or African American	---	---	---	---	---	---	---	---	---	---

--- Data not available.

¹Estimates are not available for Asian or Pacific Islander subgroups because not all states have adopted the 2003 revision of the U.S. Certificate of Live Birth. See [Appendix II, Race](#).

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

NOTES: The race groups, white, black, American Indian or Alaska Native, and Asian or Pacific Islander, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 2003 data, some states reported multiple-race data. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards for comparability with other states. See [Appendix II, Race](#). Interpretation of trend data should take into consideration expansion of reporting areas and immigration. Prior to 1993, only a portion of the states reported Hispanic origin on birth certificates. Starting in 1993, Hispanic origin of mother was reported by all 50 states and D.C. Therefore, before 1993, the total number of live births reported for Hispanic persons and Hispanic subgroups, as well as non-Hispanic white and non-Hispanic black persons, does not include live births in many states. Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Vital Statistics System, Birth File. Martin JA, Hamilton BE, Sutton PD, Ventura SJ, Mathews TJ, Osterman MJK. Births: Final data for 2008. National vital statistics reports; vol 59 no 1. Hyattsville, MD: NCHS. 2010; Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_01.pdf. Births: Final data for each data year 1997–2007. National vital statistics reports. Hyattsville, MD; Final natality statistics for each data year 1970–1996. Monthly vital statistics report. Hyattsville, MD. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 5. Prenatal care for live births, by detailed race and Hispanic origin of mother: United States, selected reporting areas 2007 and 2008

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2011.htm#005>.

[Data are based on birth certificates]

Prenatal care, and maternal race, and Hispanic origin	22 reporting areas (2003 revision)	
	2007	2008
Prenatal care began during 1st trimester	Percent of live births ^{1,2}	
All races	70.8	70.7
White	72.2	72.2
Black or African American	59.0	59.1
American Indian or Alaska Native	55.7	55.8
Asian or Pacific Islander ³	77.7	77.4
Hispanic or Latina	64.7	64.7
Mexican	63.8	63.7
Puerto Rican	67.0	67.2
Cuban	79.2	81.6
Central and South American	66.5	65.9
Other and unknown Hispanic or Latina	65.3	66.2
Not Hispanic or Latina:		
White	76.2	76.1
Black or African American	59.2	59.1
Prenatal care began during 3rd trimester or no prenatal care		
All races	7.1	7.0
White	6.5	6.4
Black or African American	11.7	11.5
American Indian or Alaska Native	13.1	12.4
Asian or Pacific Islander ³	4.9	5.1
Hispanic or Latina	9.3	9.1
Mexican	9.7	9.6
Puerto Rican	7.6	7.3
Cuban	3.4	3.1
Central and South American	8.3	8.8
Other and unknown Hispanic or Latina	8.9	8.3
Not Hispanic or Latina:		
White	5.0	5.0
Black or African American	11.7	11.6

¹Data are for the 22 reporting areas that used the 2003 Revision of the U.S. Standard Certificate of Live Birth for data on prenatal care in 2007 and 2008.

²Excludes live births where trimester when prenatal care began is unknown.

³Estimates are not available for Asian or Pacific Islander subgroups because not all states have adopted the 2003 revision of the U.S. Standard Certificate of Live Birth. See [Appendix II, Race](#).

NOTES: Starting in 2003, states began switching to the 2003 Revision of the U.S. Standard Certificate of Live Birth. Because prenatal care data based on the 2003 revision are not comparable with data based on the 1989 or earlier revisions, data are only presented for states that used the 2003 revision for 2007 and 2008. See [Appendix II, Prenatal care](#) for a list of states included in this table. See *Health, United States, 2010* and earlier editions for data for years prior to 2007. The race groups, white, black, American Indian or Alaska Native, and Asian or Pacific Islander, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 2003 data, some states reported multiple-race data. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See [Appendix II, Race](#).

SOURCE: CDC/NCHS, National Vital Statistics System, Birth File. Martin JA, Hamilton BE, Sutton PD, Ventura SJ, Mathews TJ, Osterman MJK. Births: Final data for 2008. National vital statistics reports; vol 59 no 1. Hyattsville, MD: NCHS. 2010. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 6 (page 1 of 2). Teenage childbearing, by age and detailed race and Hispanic origin of mother: United States, selected years 1970–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#006>.

[Data are based on birth certificates]

Maternal age, race, and Hispanic origin	1970	1975	1980	1985	1990	1995	2000	2005	2007	2008
Under 18 years										
	Percent of live births									
All races	6.3	7.6	5.8	4.7	4.7	5.3	4.1	3.4	3.4	3.3
White	4.8	6.0	4.5	3.7	3.6	4.3	3.5	2.9	3.0	3.0
Black or African American	14.8	16.3	12.5	10.6	10.1	10.8	7.8	6.2	6.1	5.9
American Indian or Alaska Native	7.5	11.2	9.4	7.6	7.2	8.7	7.3	6.5	6.1	6.1
Asian or Pacific Islander ¹	---	---	1.5	1.6	2.1	2.2	1.5	1.0	0.9	0.9
Hispanic or Latina ²	---	---	7.4	6.4	6.6	7.6	6.3	5.3	5.3	5.3
Mexican	---	---	7.7	6.9	6.9	8.0	6.6	5.7	5.7	5.6
Puerto Rican	---	---	10.0	8.5	9.1	10.8	7.8	6.5	6.2	5.9
Cuban	---	---	3.8	2.2	2.7	2.8	3.1	2.4	2.3	2.1
Central and South American	---	---	2.4	2.4	3.2	4.1	3.3	2.9	3.0	2.8
Other and unknown Hispanic or Latina	---	---	6.5	7.0	8.0	9.0	7.6	6.6	6.7	6.6
Not Hispanic or Latina: ²	---	---	---	---	---	---	---	---	---	---
White	---	---	4.0	3.2	3.0	3.4	2.6	2.0	2.0	1.9
Black or African American	---	---	12.7	10.7	10.2	10.8	7.8	6.3	6.1	5.9
18–19 years										
All races	11.3	11.3	9.8	8.0	8.1	7.9	7.7	6.8	7.1	7.0
White	10.4	10.3	9.0	7.1	7.3	7.2	7.1	6.3	6.5	6.5
Black or African American	16.6	16.9	14.5	12.9	13.0	12.4	11.9	10.6	11.1	11.1
American Indian or Alaska Native	12.8	15.2	14.6	12.4	12.3	12.7	12.4	11.3	12.2	11.9
Asian or Pacific Islander ¹	---	---	3.9	3.4	3.7	3.5	3.0	2.3	2.2	2.1
Hispanic or Latina ²	---	---	11.6	10.1	10.2	10.3	9.9	8.8	8.9	8.8
Mexican	---	---	12.0	10.6	10.7	10.8	10.4	9.2	9.2	9.1
Puerto Rican	---	---	13.3	12.4	12.6	12.7	12.2	10.9	11.0	11.4
Cuban	---	---	9.2	4.9	5.0	4.9	4.4	5.3	5.9	5.7
Central and South American	---	---	6.0	5.8	5.9	6.5	6.5	5.7	6.1	5.6
Other and unknown Hispanic or Latina	---	---	10.8	10.5	11.1	11.1	11.3	10.5	10.5	10.5
Not Hispanic or Latina: ²	---	---	---	---	---	---	---	---	---	---
White	---	---	8.5	6.5	6.6	6.4	6.1	5.3	5.5	5.5
Black or African American	---	---	14.7	12.9	13.0	12.4	12.0	10.7	11.1	11.2
Under 18 years										
	Number of live births									
All races	235,342	239,912	208,391	178,009	194,984	204,750	165,728	139,913	146,761	141,428
White	149,258	155,254	133,541	112,155	119,908	133,019	111,225	95,148	100,143	96,589
Black or African American	83,390	81,198	70,842	61,481	69,219	65,039	48,426	39,541	41,214	39,511
American Indian or Alaska Native	1,664	2,548	2,769	2,573	2,825	3,228	3,057	2,891	3,038	3,042
Asian or Pacific Islander ¹	---	---	1,090	1,721	2,924	3,464	3,020	2,333	2,366	2,286
Hispanic or Latina ²	---	---	22,763	23,975	39,529	51,862	51,061	52,512	56,398	55,198
Mexican	---	---	16,690	16,735	26,739	37,347	38,649	39,471	41,052	38,691
Puerto Rican	---	---	3,353	2,985	5,360	5,915	4,519	4,140	4,251	4,093
Cuban	---	---	273	220	303	354	423	392	388	355
Central and South American	---	---	519	976	2,648	3,923	3,762	4,408	5,026	4,419
Other and unknown Hispanic or Latina	---	---	1,928	3,059	4,479	4,323	3,708	4,101	5,681	7,640
Not Hispanic or Latina: ²	---	---	---	---	---	---	---	---	---	---
White	---	---	50,569	44,604	78,376	81,054	60,599	45,195	46,337	44,095
Black or African American	---	---	38,105	35,941	67,454	63,734	47,256	36,875	38,534	36,787
18–19 years										
All races	421,118	354,968	353,939	299,696	338,499	307,365	311,781	281,402	304,333	299,094
White	322,626	265,566	264,223	216,597	239,548	222,470	226,227	203,762	217,960	213,125
Black or African American	93,342	83,812	82,309	75,201	88,732	74,582	74,336	67,201	74,792	74,738
American Indian or Alaska Native	2,856	3,442	4,277	4,221	4,798	4,739	5,158	5,052	6,039	5,899
Asian or Pacific Islander ¹	---	---	2,873	3,553	5,218	5,574	6,060	5,387	5,542	5,332
Hispanic or Latina ²	---	---	35,484	37,537	60,502	69,774	81,046	86,860	94,576	92,042
Mexican	---	---	25,881	25,739	41,432	50,753	60,426	64,089	66,697	62,473
Puerto Rican	---	---	4,482	4,363	7,420	6,978	7,092	6,874	7,535	7,841
Cuban	---	---	658	487	564	611	589	847	999	952
Central and South American	---	---	1,271	2,370	4,861	6,139	7,405	8,597	10,342	8,696
Other and unknown Hispanic or Latina	---	---	3,192	4,578	6,225	5,293	5,534	6,453	9,003	12,080
Not Hispanic or Latina: ²	---	---	---	---	---	---	---	---	---	---
White	---	---	106,303	91,871	174,180	151,681	145,297	121,141	127,864	125,693
Black or African American	---	---	44,042	43,542	86,271	72,995	72,499	62,635	69,919	69,903

See footnotes at end of table.

Table 6 (page 2 of 2). Teenage childbearing, by age and detailed race and Hispanic origin of mother: United States, selected years 1970–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#006>.

[Data are based on birth certificates]

- - - Data not available.

¹Estimates are not available for Asian or Pacific Islander subgroups because not all states have adopted the 2003 revision of the U.S. Certificate of Live Birth. See [Appendix II, Race](#).

²Prior to 1993, data from states lacking an Hispanic-origin item on the birth certificate were excluded. See [Appendix II, Hispanic origin](#). Data for non-Hispanic white and non-Hispanic black women for years prior to 1989 are not nationally representative and are provided for comparison with Hispanic data.

NOTES: The race groups, white, black, American Indian or Alaska Native, and Asian or Pacific Islander, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 2003 data, some states reported multiple-race data. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards for comparability with other states. See [Appendix II, Race](#). Interpretation of trend data should take into consideration expansion of reporting areas and immigration. Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Vital Statistics System, Birth File. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 7. Nonmarital childbearing, by detailed race and Hispanic origin of mother, and maternal age: United States, selected years 1970–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#007>.

[Data are based on birth certificates]

Maternal race, Hispanic origin, and age	1970	1975	1980	1985	1990	1995	2000	2005	2006	2007	2008
Live births per 1,000 unmarried women 15–44 years of age ¹											
All races and origins	26.4	24.5	29.4	32.8	43.8	44.3	44.1	47.5	50.6	52.3	52.5
White ²	13.9	12.4	18.1	22.5	32.9	37.0	38.2	43.0	46.1	48.1	48.2
Black or African American ²	95.5	84.2	81.1	77.0	90.5	74.5	70.5	67.8	71.5	72.6	72.5
Asian or Pacific Islander	---	---	---	---	---	---	20.9	24.9	25.9	27.3	28.2
Hispanic or Latina ³	---	---	---	---	89.6	88.8	87.2	100.3	106.1	108.4	105.1
White, not Hispanic or Latina	---	---	---	---	24.4	28.1	28.0	30.1	32.0	33.3	33.7
Percent of live births to unmarried mothers											
All races and origins	10.7	14.3	18.4	22.0	28.0	32.2	33.2	36.9	38.5	39.7	40.6
White.	5.5	7.1	11.2	14.7	20.4	25.3	27.1	31.7	33.3	34.8	35.7
Black or African American	37.5	49.5	56.1	61.2	66.5	69.9	68.5	69.3	70.2	71.2	71.8
American Indian or Alaska Native	22.4	32.7	39.2	46.8	53.6	57.2	58.4	63.5	64.6	65.3	65.8
Asian or Pacific Islander ⁴	---	---	7.3	9.5	13.2	16.3	14.8	16.2	16.5	16.6	16.9
Hispanic or Latina ³	---	---	23.6	29.5	36.7	40.8	42.7	48.0	49.9	51.3	52.6
Mexican	---	---	20.3	25.7	33.3	38.1	40.7	46.7	48.6	50.1	51.3
Puerto Rican	---	---	46.3	51.1	55.9	60.0	59.6	61.7	62.4	63.4	64.6
Cuban	---	---	10.0	16.1	18.2	23.8	27.3	36.4	39.4	41.8	44.2
Central and South American	---	---	27.1	34.9	41.2	44.1	44.7	49.2	51.5	52.7	52.3
Other and unknown Hispanic or Latina	---	---	22.4	31.1	37.2	44.0	46.2	48.6	49.2	51.3	54.4
Not Hispanic or Latina: ³											
White	---	---	9.5	12.4	16.9	21.2	22.1	25.3	26.6	27.8	28.7
Black or African American	---	---	57.2	62.0	66.7	70.0	68.7	69.9	70.7	71.6	72.3
Number of live births, in thousands											
Live births to unmarried mothers	399	448	666	828	1,165	1,254	1,347	1,527	1,642	1,715	1,727
Percent distribution of live births to unmarried mothers											
Under 20 years.	50.1	52.1	40.8	33.8	30.9	30.9	28.0	23.1	22.7	22.5	22.2
20–24 years	31.8	29.9	35.6	36.3	34.7	34.5	37.4	38.3	38.1	37.6	37.1
25 years and over.	18.1	18.0	23.5	29.9	34.4	34.7	34.6	38.7	39.2	39.9	40.7

--- Data not available.

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

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

³Prior to 1993, data from states lacking an Hispanic-origin item on the birth certificate were excluded. See [Appendix II, Hispanic origin](#). Data for non-Hispanic white and non-Hispanic black women for years prior to 1989 are not nationally representative and are provided for comparison with Hispanic data.

⁴Estimates are not available for Asian or Pacific Islander subgroups because not all states have adopted the 2003 revision of the U.S. Certificate of Live Birth. See [Appendix II, Race](#).

NOTES: National estimates for 1970 and 1975 for unmarried mothers are based on births occurring in states reporting marital status of mother. Changes in reporting procedures for marital status occurred in some states during the 1990s. Interpretation of trend data should also take into consideration expansion of reporting areas and immigration. See [Appendix II, Marital status](#). The race groups, white, black, American Indian or Alaska Native, and Asian or Pacific Islander, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 2003 data, some states reported multiple-race data. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards for comparability with other states. See [Appendix II, Race](#). Starting with *Health, United States, 2003*, rates for 1991–1999 were revised using intercensal population estimates based on the 2000 census. Rates for 2000 were computed using the 2000 census counts, and starting with 2001 rates were computed using 2000-based postcensal estimates. Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Vital Statistics System, Birth File. Martin JA, Hamilton BE, Sutton PD, Ventura SJ, Mathews TJ, Osterman MJK. Births: Final data for 2008. National vital statistics reports; vol 59 no 1. Hyattsville, MD: NCHS. 2010; Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_01.pdf. Hamilton BE, Sutton PD, Ventura SJ. Revised birth and fertility rates for the 1990s and new rates for Hispanic populations, 2000 and 2001: United States. National vital statistics reports; vol 51 no 12. Hyattsville, MD: NCHS. 2003; Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr51/nvsr51_12.pdf. Births: Final data for each data year 1997–2007. National vital statistics reports. Hyattsville, MD: Final natality statistics for each data year 1993–1996. Monthly vital statistics report. Hyattsville, MD; Ventura SJ. Births to unmarried mothers: United States, 1980–1992. Vital Health Stat 21(53). 1995. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 8. Mothers who smoked cigarettes during pregnancy, by selected characteristics: United States, selected reporting areas 2007 and 2008

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2011.htm#008>.

[Data are based on birth certificates]

Characteristic of mother	21 reporting areas (2003 revision)	
	2007	2008
	Percent of mothers who smoked ^{1,2}	
Race of mother		
All races	10.4	10.2
White	11.1	10.8
Black or African American	9.9	9.7
American Indian or Alaska Native	20.6	19.6
Asian or Pacific Islander ³	1.6	1.6
Hispanic origin and race of mother		
Hispanic or Latina	2.1	2.0
Mexican	1.5	1.4
Puerto Rican	13.0	12.2
Cuban	6.6	7.1
Central and South American	0.7	0.7
Other and unknown Hispanic or Latina	4.5	3.8
Not Hispanic or Latina:		
White	16.3	16.0
Black or African American	10.1	9.9
Age of mother		
Under 15 years	3.4	3.2
15–19 years	14.2	13.5
15–17 years	9.9	9.1
18–19 years	16.2	15.6
20–24 years	15.9	15.7
25–29 years	10.2	10.1
30–34 years	5.9	5.9
35–39 years	5.4	5.2
40–54 years	5.5	5.0
Education of mother⁴		
No high school diploma or GED	13.6	13.7
High school diploma or GED	16.2	16.0
Some college, no Bachelor's degree	10.4	10.3
Bachelor's degree or more	1.4	1.3

¹Data are for the 21 reporting areas that used the 2003 Revision of the U.S. Standard Certificate of Live Birth for data on smoking in 2007 and 2008.

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

³Estimates are not available for Asian or Pacific Islander subgroups because not all states have adopted the 2003 revision of the U.S. Standard Certificate of Live Birth. See [Appendix II, Race](#).

⁴GED is General Educational Development high school equivalency diploma.

NOTES: Starting in 2003, states began switching to the 2003 Revision of the U.S. Standard Certificate of Live Birth on a voluntary basis. Because cigarette smoking data based on the 2003 revision are not comparable with data based on the 1989 or earlier revisions, data are only presented for states that used the 2003 revision for 2007 and 2008. See [Appendix II, Cigarette smoking](#) for a list of states included in this table. See *Health, United States, 2010* and earlier editions for data for years prior to 2007. The race groups, white, black, American Indian or Alaska Native, and Asian or Pacific Islander, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 2003 data, some states reported multiple-race data. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards for comparability with other states. See [Appendix II, Race](#).

SOURCE: CDC/NCHS, National Vital Statistics System, Birth File. Martin JA, Hamilton BE, Sutton PD, Ventura SJ, Mathews TJ, Osterman MJ. Births: Final data for 2008. National vital statistics reports; vol 59 no 1. Hyattsville, MD: NCHS. 2010. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 9. Low birthweight live births, by detailed race, Hispanic origin, and smoking status of mother: United States, selected years 1970–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#009>.

[Data are based on birth certificates]

<i>Birthweight, maternal race, and Hispanic origin, and smoking status</i>	1970	1975	1980	1985	1990	1995	2000	2005	2007	2008
Low birthweight (less than 2,500 grams)										
	Percent of live births ¹									
All races	7.93	7.38	6.84	6.75	6.97	7.32	7.57	8.19	8.22	8.18
White	6.85	6.27	5.72	5.65	5.70	6.22	6.55	7.16	7.16	7.13
Black or African American	13.90	13.19	12.69	12.65	13.25	13.13	12.99	13.59	13.55	13.39
American Indian or Alaska Native	7.97	6.41	6.44	5.86	6.11	6.61	6.76	7.36	7.46	7.40
Asian or Pacific Islander ²	---	---	6.68	6.16	6.45	6.90	7.31	7.98	8.10	8.18
Hispanic or Latina ³	---	---	6.12	6.16	6.06	6.29	6.41	6.88	6.93	6.96
Mexican	---	---	5.62	5.77	5.55	5.81	6.01	6.49	6.50	6.49
Puerto Rican	---	---	8.95	8.69	8.99	9.41	9.30	9.92	9.83	9.86
Cuban	---	---	5.62	6.02	5.67	6.50	6.49	7.64	7.66	7.83
Central and South American	---	---	5.76	5.68	5.84	6.20	6.34	6.78	6.71	6.70
Other and unknown Hispanic or Latina	---	---	6.96	6.83	6.87	7.55	7.84	8.27	8.61	8.24
Not Hispanic or Latina: ³										
White	---	---	5.69	5.61	5.61	6.20	6.60	7.29	7.28	7.22
Black or African American	---	---	12.71	12.62	13.32	13.21	13.13	14.02	13.90	13.71
									21 reporting areas	
Cigarette smoker ⁴	---	---	---	---	†	†	†	†	11.85	11.85
Nonsmoker ⁴	---	---	---	---	†	†	†	†	7.36	7.32
Very low birthweight (less than 1,500 grams)										
All races	1.17	1.16	1.15	1.21	1.27	1.35	1.43	1.49	1.49	1.46
White	0.95	0.92	0.90	0.94	0.95	1.06	1.14	1.20	1.19	1.18
Black or African American	2.40	2.40	2.48	2.71	2.92	2.97	3.07	3.15	3.11	2.93
American Indian or Alaska Native	0.98	0.95	0.92	1.01	1.01	1.10	1.16	1.17	1.27	1.28
Asian or Pacific Islander ²	---	---	0.92	0.85	0.87	0.91	1.05	1.14	1.14	1.16
Hispanic or Latina ³	---	---	0.98	1.01	1.03	1.11	1.14	1.20	1.21	1.20
Mexican	---	---	0.92	0.97	0.92	1.01	1.03	1.12	1.13	1.11
Puerto Rican	---	---	1.29	1.30	1.62	1.79	1.93	1.87	1.89	1.93
Cuban	---	---	1.02	1.18	1.20	1.19	1.21	1.50	1.27	1.43
Central and South American	---	---	0.99	1.01	1.05	1.13	1.20	1.19	1.15	1.13
Other and unknown Hispanic or Latina	---	---	1.01	0.96	1.09	1.28	1.42	1.36	1.44	1.34
Not Hispanic or Latina: ³										
White	---	---	0.87	0.91	0.93	1.04	1.14	1.21	1.19	1.18
Black or African American	---	---	2.47	2.67	2.93	2.98	3.10	3.27	3.20	3.01
									21 reporting areas	
Cigarette smoker ⁴	---	---	---	---	†	†	†	†	1.80	1.79
Nonsmoker ⁴	---	---	---	---	†	†	†	†	1.32	1.29

--- Data not available.

[†]Data not shown. Due to a change in reporting, data are not comparable to other years. See footnote 4.

¹Excludes live births with unknown birthweight. Percentage based on live births with known birthweight. See [Appendix II, Birthweight](#).

²Estimates are not available for Asian or Pacific Islander subgroups because not all states have adopted the 2003 revision of the U.S. Certificate of Live Birth. See [Appendix II, Race](#).

³Prior to 1993, data from states lacking an Hispanic-origin item on the birth certificate were excluded. See [Appendix II, Hispanic origin](#). Data for non-Hispanic white and non-Hispanic black women for years prior to 1989 are not nationally representative and are provided for comparison with Hispanic data.

⁴Percentage based on live births with known smoking status of mother and known birthweight. Only reporting areas that have implemented the 2003 Revision of the U.S. Standard Certificate of Live Birth are shown because maternal tobacco use data based on the 2003 revision are not comparable with data based on the 1989 or earlier revisions to the U.S. Standard Certificate of Live Birth. Data are for the 21 reporting areas that used the 2003 Revision of the U.S. Standard Certificate of Live Birth for data on smoking in 2007 and 2008. See [Appendix II, Cigarette smoking](#). For data for reporting areas that use the 1989 Revision of the U.S. Standard Certificate of Live Birth, see: Martin JA, Hamilton BE, Sutton PD, Ventura SJ, Mathews TJ, Kirmeyer S, Osterman JK. Births: Final data for 2007. National vital statistics reports; vol 58 no 24. Hyattsville, MD: NCHS; 2010. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_24.pdf.

NOTES: The race groups, white, black, American Indian or Alaska Native, and Asian or Pacific Islander, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 2003 data, some states reported multiple-race data. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards for comparability with other states. See [Appendix II, Race](#). Interpretation of trend data should take into consideration expansion of reporting areas and immigration. Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Vital Statistics System, Birth File. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 10 (page 1 of 2). Low birthweight live births among mothers 20 years of age and over, by detailed race, Hispanic origin, and education of mother: United States, selected reporting areas 2007 and 2008

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2011.htm#010>.

[Data are based on birth certificates]

Maternal education ¹ , race, and Hispanic origin	22 reporting areas (2003 revision)	
	2007	2008
Percent of live births weighing less than 2,500 grams ^{2,3}		
No high school diploma or GED		
All races	8.1	8.0
White	7.3	7.2
Black or African American	14.5	14.3
American Indian or Alaska Native	8.9	7.7
Asian or Pacific Islander ⁴	7.1	7.6
Hispanic or Latina	6.5	6.3
Mexican	6.2	6.0
Puerto Rican	11.0	10.9
Cuban	8.2	5.6
Central and South American	6.4	6.2
Other and unknown Hispanic or Latina	8.8	8.8
Not Hispanic or Latina:		
White	9.6	9.5
Black or African American	15.5	15.3
High school diploma or GED		
All races	8.4	8.4
White	7.4	7.5
Black or African American	13.9	13.5
American Indian or Alaska Native	7.3	7.1
Asian or Pacific Islander ⁴	7.5	7.9
Hispanic or Latina	6.7	7.0
Mexican	6.4	6.6
Puerto Rican	8.8	9.2
Cuban	7.4	9.1
Central and South American	6.4	7.0
Other and unknown Hispanic or Latina	8.4	8.0
Not Hispanic or Latina:		
White	7.9	7.8
Black or African American	14.2	13.9
Some college, no Bachelor's degree		
All races	7.7	7.7
White	6.8	6.8
Black or African American	12.6	12.6
American Indian or Alaska Native	6.8	6.9
Asian or Pacific Islander ⁴	8.0	8.0
Hispanic or Latina	7.2	7.0
Mexican	6.8	6.6
Puerto Rican	8.6	8.5
Cuban	7.3	6.8
Central and South American	6.9	6.7
Other and unknown Hispanic or Latina	8.2	8.4
Not Hispanic or Latina:		
White	6.8	6.7
Black or African American	12.8	12.8
Bachelor's degree or more		
All races	6.8	6.9
White	6.3	6.4
Black or African American	11.2	11.0
American Indian or Alaska Native	6.2	5.4
Asian or Pacific Islander ⁴	7.9	8.1
Hispanic or Latina	6.8	6.9
Mexican	6.6	6.5
Puerto Rican	8.4	8.6
Cuban	7.4	7.8
Central and South American	6.2	6.6
Other and unknown Hispanic or Latina	7.3	7.4
Not Hispanic or Latina:		
White	6.3	6.3
Black or African American	11.4	11.2

See footnotes at end of table.

Table 10 (page 2 of 2). Low birthweight live births among mothers 20 years of age and over, by detailed race, Hispanic origin, and education of mother: United States, selected reporting areas 2007 and 2008

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2011.htm#010>.

[Data are based on birth certificates]

¹GED is General Educational Development high school equivalency diploma.

²Data are for the 22 reporting areas that used the 2003 Revision of the U.S. Standard Certificate of Live Birth for data on maternal education in 2007 and 2008.

³Excludes live births with unknown birthweight. Percentage based on live births with known birthweight.

⁴Estimates are not available for Asian or Pacific Islander subgroups because not all states have adopted the 2003 revision of the U.S. Standard Certificate of Live Birth. See [Appendix II, Race](#).

NOTES: Starting in 2003, states began switching to the 2003 Revision of the U.S. Standard Certificate of Live Birth on a voluntary basis. Because maternal education data based on the 2003 revision are not comparable with data based on the 1989 or earlier revisions, data are presented only for states that used the 2003 revision for 2007 and 2008. See [Appendix II, Education](#) for a list of states included in this table. See *Health, United States, 2010* and earlier editions for data for years prior to 2007. The race groups, white, black, American Indian or Alaska Native, and Asian or Pacific Islander, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 2003 data, some states reported multiple-race data. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards for comparability with other states. See [Appendix II, Race](#).

SOURCE: CDC/NCHS, National Vital Statistics System, Birth File. Martin JA, Hamilton BE, Sutton PD, Ventura SJ, Mathews TJ, Osterman MJK. Births: Final data for 2008. National vital statistics reports; vol 59 no 1. Hyattsville, MD: NCHS. 2010. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 11 (page 1 of 2). Low birthweight live births, by race and Hispanic origin of mother, and state: United States, 2000–2002, 2003–2005, and 2006–2008

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2011.htm#011>.

[Data are based on birth certificates]

State	Not Hispanic or Latina								
	All races			White			Black or African American		
	2000–2002	2003–2005	2006–2008	2000–2002	2003–2005	2006–2008	2000–2002	2003–2005	2006–2008
	Percent of live births weighing less than 2,500 grams ¹								
United States	7.69	8.07	8.22	6.75	7.18	7.27	13.19	13.77	13.86
Alabama	9.75	10.35	10.49	7.77	8.46	8.45	14.10	15.02	15.58
Alaska	5.71	6.02	5.86	4.84	5.34	5.52	10.70	11.74	10.97
Arizona	6.91	7.05	7.09	6.78	7.01	6.88	13.16	12.38	12.53
Arkansas	8.64	9.04	9.18	7.48	7.83	7.97	13.81	14.86	14.93
California	6.29	6.71	6.84	5.86	6.30	6.40	11.66	12.46	12.00
Colorado	8.60	9.04	8.96	8.24	8.81	8.64	14.59	15.20	15.11
Connecticut	7.52	7.74	8.07	6.48	6.60	6.91	12.28	12.88	12.79
Delaware	9.29	9.31	9.01	7.80	7.62	7.33	14.08	14.32	13.74
District of Columbia	11.85	11.06	11.02	6.35	6.28	6.76	14.60	13.96	14.28
Florida	8.18	8.59	8.72	6.98	7.38	7.48	12.58	13.28	13.48
Georgia	8.79	9.27	9.57	6.92	7.44	7.54	12.98	13.81	14.19
Hawaii	7.98	8.23	8.05	6.17	6.42	5.97	11.01	11.44	10.46
Idaho	6.41	6.65	6.65	6.29	6.60	6.59	*	*7.03	*9.71
Illinois	8.04	8.40	8.50	6.74	7.22	7.34	14.04	14.70	14.23
Indiana	7.54	8.10	8.36	6.95	7.54	7.69	12.89	13.46	14.12
Iowa	6.39	6.92	6.81	6.19	6.72	6.58	11.77	12.22	11.49
Kansas	6.96	7.28	7.14	6.66	6.97	6.81	12.37	13.42	12.68
Kentucky	8.38	8.86	9.20	7.84	8.50	8.72	13.84	13.52	15.02
Louisiana	10.40	11.02	11.15	7.56	8.12	8.34	14.44	15.33	15.70
Maine	6.12	6.58	6.61	6.13	6.57	6.51	*9.47	8.47	9.01
Maryland	8.88	9.17	9.24	6.79	7.19	7.27	13.00	13.13	13.14
Massachusetts	7.26	7.77	7.85	6.56	7.15	7.22	11.54	11.82	11.32
Michigan	7.94	8.28	8.44	6.55	7.00	7.17	14.24	14.43	14.09
Minnesota	6.23	6.43	6.54	5.80	5.93	5.98	10.54	10.71	10.66
Mississippi	10.82	11.62	12.16	7.97	8.67	8.84	14.48	15.60	16.39
Missouri	7.74	8.12	8.01	6.79	7.18	7.09	13.27	13.90	13.44
Montana	6.65	7.02	7.29	6.60	6.81	7.11	*	*15.58	*
Nebraska	6.88	6.97	7.06	6.52	6.76	6.54	13.07	12.16	13.37
Nevada	7.44	8.11	8.20	7.19	7.78	8.07	13.40	13.98	13.89
New Hampshire	6.40	6.65	6.57	6.24	6.59	6.51	10.58	10.85	8.95
New Jersey	7.89	8.19	8.51	6.59	7.11	7.43	13.20	13.48	13.52
New Mexico	7.99	8.38	8.71	7.89	8.33	8.55	13.88	15.01	14.08
New York	7.76	8.11	8.22	6.48	6.82	6.94	12.02	12.78	12.66
North Carolina	8.90	9.07	9.13	7.49	7.73	7.73	13.83	14.33	14.39
North Dakota	6.28	6.49	6.60	6.13	6.37	6.52	*9.02	*9.43	*5.94
Ohio	8.07	8.51	8.71	7.08	7.53	7.55	13.45	13.83	14.36
Oklahoma	7.75	7.92	8.27	7.35	7.63	7.87	13.57	13.62	15.06
Oregon	5.65	6.09	6.08	5.44	6.02	5.91	10.32	11.16	9.74
Pennsylvania	7.93	8.20	8.41	6.78	7.06	7.21	13.79	13.67	13.76
Rhode Island	7.47	8.12	7.98	6.75	7.39	7.35	12.32	11.22	11.18
South Carolina	9.74	10.15	10.04	7.40	7.82	7.78	14.29	15.19	14.96
South Dakota	6.58	6.71	6.82	6.37	6.62	6.54	*11.51	*7.27	10.61
Tennessee	9.20	9.35	9.41	7.95	8.26	8.30	14.23	14.51	14.44
Texas	7.54	8.07	8.43	6.81	7.43	7.66	12.82	13.91	14.17
Utah	6.48	6.68	6.79	6.28	6.45	6.52	13.09	12.05	11.64
Vermont	6.15	6.57	6.67	6.12	6.55	6.58	*	*	*10.15
Virginia	7.90	8.23	8.38	6.54	7.01	7.10	12.56	12.83	13.22
Washington	5.75	6.13	6.38	5.43	5.63	5.98	10.34	10.63	9.81
West Virginia	8.60	9.16	9.58	8.39	9.03	9.42	13.81	13.15	15.22
Wisconsin	6.58	6.93	6.96	5.83	6.18	6.19	13.25	13.59	13.28
Wyoming	8.35	8.71	8.77	8.12	8.74	8.80	*13.29	*	*14.06

See footnotes at end of table.

Table 11 (page 2 of 2). Low birthweight live births, by race and Hispanic origin of mother, and state: United States, 2000–2002, 2003–2005, and 2006–2008

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2011.htm#011>.

[Data are based on birth certificates]

State	Hispanic or Latina ²			American Indian or Alaska Native ³			Asian or Pacific Islander ³		
	2000–2002	2003–2005	2006–2008	2000–2002	2003–2005	2006–2008	2000–2002	2003–2005	2006–2008
	Percent of live births weighing less than 2,500 grams ¹								
United States	6.48	6.79	6.96	7.11	7.39	7.46	7.54	7.89	8.13
Alabama	6.95	6.92	6.66	9.68	10.53	*6.77	7.38	8.02	8.31
Alaska	6.07	5.31	6.50	5.81	5.86	5.59	7.33	6.57	6.30
Arizona	6.56	6.69	6.73	6.85	7.11	6.98	7.95	7.92	8.30
Arkansas	5.79	6.54	6.65	8.11	8.86	8.54	7.73	6.74	7.85
California	5.66	6.10	6.22	6.21	6.49	7.01	7.15	7.42	7.73
Colorado	8.33	8.53	8.49	9.05	9.45	9.78	10.17	10.26	10.60
Connecticut	8.25	8.49	8.38	10.06	7.45	9.05	8.07	7.83	8.60
Delaware	6.81	7.03	7.14	*	*	*	9.89	9.33	7.73
District of Columbia	8.04	7.46	6.91	*	*	*	*7.00	8.97	8.47
Florida	6.61	6.98	7.13	7.11	7.38	7.16	8.35	8.73	8.21
Georgia	5.77	5.96	6.31	9.29	9.00	8.40	8.18	8.35	7.94
Hawaii	8.00	8.34	7.92	*4.99	*	*	8.45	8.84	8.80
Idaho	6.95	6.67	6.62	6.15	8.31	7.59	7.38	6.67	7.91
Illinois	6.31	6.60	6.86	8.60	9.46	8.24	8.49	8.28	8.72
Indiana	6.09	6.33	6.88	*7.74	*10.00	*6.37	7.41	7.87	7.81
Iowa	6.01	6.12	6.40	7.23	9.15	7.09	7.13	7.71	8.07
Kansas	5.93	6.09	5.79	6.20	7.09	7.66	6.69	7.34	8.58
Kentucky	7.73	6.85	6.80	*7.17	*8.54	*	7.75	7.56	8.57
Louisiana	6.56	7.62	6.89	9.06	10.11	10.26	7.89	8.46	8.77
Maine	*6.03	*4.74	8.18	*	*	*6.29	*5.46	8.69	7.25
Maryland	6.73	7.18	7.02	9.74	10.87	*8.43	7.42	7.93	7.97
Massachusetts	8.37	8.41	8.27	*7.11	*7.62	10.51	7.57	7.63	8.30
Michigan	6.26	6.46	6.98	7.26	6.98	7.45	7.46	8.33	8.36
Minnesota	6.02	5.70	5.85	7.10	6.87	6.38	7.28	7.43	7.77
Mississippi	6.61	6.42	6.94	7.30	6.24	7.48	6.83	8.06	9.29
Missouri	6.18	6.33	5.88	8.67	7.63	6.59	7.34	7.61	7.94
Montana	7.44	8.63	7.65	7.14	7.80	7.86	*5.95	*8.70	*10.77
Nebraska	6.30	6.20	6.66	7.27	6.78	6.88	8.05	7.61	7.85
Nevada	6.34	6.74	6.71	6.80	7.58	7.18	7.56	10.35	9.96
New Hampshire	4.84	6.55	7.60	*	*	*	5.95	7.75	7.16
New Jersey	7.15	7.27	7.55	11.09	9.83	9.93	7.57	8.10	8.50
New Mexico	8.13	8.45	8.82	6.88	7.32	7.59	7.67	8.60	9.15
New York	7.38	7.59	7.85	7.81	7.31	6.41	7.33	7.89	7.86
North Carolina	6.13	6.27	6.30	10.30	11.01	10.61	8.20	7.77	8.88
North Dakota	*8.10	*5.84	7.69	6.62	6.78	6.81	*	*8.39	*6.20
Ohio	7.20	7.13	7.67	8.86	10.22	10.54	7.86	8.27	8.64
Oklahoma	6.41	6.46	6.47	6.48	6.69	7.37	7.87	6.82	6.88
Oregon	5.54	5.43	5.86	7.23	7.34	6.34	6.78	7.00	7.40
Pennsylvania	8.97	9.00	8.78	9.15	10.95	10.80	7.48	7.99	8.29
Rhode Island	7.20	8.61	7.99	*10.32	13.66	13.40	9.31	10.11	8.85
South Carolina	6.87	6.66	6.49	10.22	10.75	8.26	8.02	8.13	8.30
South Dakota	6.89	5.94	7.88	6.84	7.04	7.29	*11.39	*9.50	*8.28
Tennessee	6.28	6.04	6.36	*7.11	*6.63	5.70	8.60	7.76	8.43
Texas	6.88	7.23	7.60	6.67	7.33	8.32	7.78	8.33	8.93
Utah	7.20	7.26	7.41	6.37	7.46	7.75	7.23	8.20	8.21
Vermont	*	*	*	*	*	*	*	*8.08	*7.67
Virginia	6.07	6.28	6.31	*10.73	*9.20	*6.13	7.50	7.71	7.87
Washington	5.31	5.93	6.00	7.08	7.31	7.78	6.37	6.90	7.50
West Virginia	*	*6.06	*5.71	*	*	*	*9.16	*9.51	*6.65
Wisconsin	6.13	6.34	6.29	6.12	6.04	7.12	6.97	7.50	6.98
Wyoming	8.81	8.43	7.73	9.55	8.39	9.77	*12.04	*	*12.24

* Percentages preceded by an asterisk are based on fewer than 50 births. Percentages not shown are based on fewer than 20 births.

¹Excludes live births with unknown birthweight.

²Persons of Hispanic origin may be of any race. See Appendix II, Hispanic origin.

³Includes persons of Hispanic and non-Hispanic origin.

NOTES: For information on very low birthweight live births, see Table I–10 in Martin JA, Hamilton BE, Sutton PD, Ventura SJ, Mathews TJ, Osterman MJK. Births: Final data for 2008. National vital statistics reports; vol 59 no 1. Hyattsville, MD: NCHS; 2010. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_01.pdf. Starting with 2003 data, some states reported multiple-race data. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards for comparability with other states. See Appendix II, Race.

SOURCE: CDC/NCHS, National Vital Statistics System, Birth File. See Appendix I, National Vital Statistics System (NVSS).

Table 12 (page 1 of 2). Legal abortions and legal abortion ratios, by selected patient characteristics: United States, selected years 1973–2007

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#012>.

[Data are based on reporting by state health departments and by hospitals and other medical facilities]

Characteristic	1973	1975	1980	1985	1990	1995	2000 ²	2005 ⁴	2006 ⁴	2007 ⁵
Number of legal abortions reported in thousands										
Centers for Disease Control and Prevention (CDC)	616	855	1,298	1,329	1,430	1,211	857	820	852	828
Guttmacher Institute ⁶	745	1,034	1,554	1,589	1,609	1,359	1,313	1,206	1,242	1,210
Abortions per 1,000 live births ⁷										
Total CDC	196	272	359	354	344	311	245	233	236	231
Age ⁸										
Under 15 years	1,237	1,193	1,397	1,376	844	667	708	764	754	768
15–19 years	539	542	714	688	515	399	361	358	351	335
20–24 years	294	289	395	386	377	349	300	283	280	273
25–29 years	207	192	237	217	220	221	198	187	188	182
30–34 years	280	250	237	199	191	165	145	140	140	137
35–39 years	451	422	410	336	273	224	181	168	170	169
40 years and over	684	668	807	623	501	387	301	278	276	277
Race ⁸										
White ⁹	326	277	332	277	258	204	167	158	162	159
Black or African American ¹⁰	420	476	543	472	521	534	503	467	459	447
Hispanic origin ⁸										
Hispanic or Latina	---	---	---	---	---	265	225	205	200	193
Not Hispanic or Latina	---	---	---	---	---	280	233	223	224	222
Marital status ⁸										
Married	76	96	105	80	89	76	65	58	---	---
Unmarried	1,398	1,610	1,476	1,174	879	650	570	485	---	---
Previous live births ^{8,11}										
0	437	384	457	451	358	286	226	226	---	---
1	235	220	202	216	230	221	194	182	---	---
2	368	368	295	299	317	309	274	254	---	---
3	469	477	298	182	302	310	285	264	---	---
4 or more ¹²	447	435	243	215	271	239	237	219	---	---
Percent distribution ¹³										
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Period of gestation ⁸										
Under 9 weeks	33.5	43.5	50.0	48.2	50.9	52.8	57.4	60.8	62.0	---
9–10 weeks	27.3	27.7	25.3	26.6	24.9	22.5	19.5	16.8	17.1	---
11–12 weeks	16.6	14.6	11.8	12.5	11.5	10.6	10.0	9.1	9.3	---
13–15 weeks	6.4	4.9	5.0	6.0	6.3	6.1	6.1	6.2	6.5	---
16–20 weeks	7.4	5.9	3.7	3.8	3.9	4.2	4.3	3.7	3.7	---
21 weeks and over	1.6	1.0	0.9	0.8	1.0	1.4	1.4	1.3	1.3	---
Previous induced abortions ⁸										
0	---	71.2	64.4	56.8	56.2	54.0	53.2	53.5	55.2	55.9
1	---	13.0	22.4	25.0	26.4	26.4	25.7	25.2	25.5	25.1
2	---	2.2	6.3	9.6	10.0	10.7	10.9	11.1	11.2	11.1
3 or more	---	0.6	2.2	4.7	5.8	6.7	7.4	7.7	8.0	7.9

See footnotes at end of table.

Table 12 (page 2 of 2). Legal abortions and legal abortion ratios, by selected patient characteristics: United States, selected years 1973–2007

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#012>.

[Data are based on reporting by state health departments and by hospitals and other medical facilities]

-- Data not available.

¹In 1998 and 1999, Alaska, California, New Hampshire, and Oklahoma did not report abortion data to CDC (shown in spreadsheet file). For comparison, in 1997, the 48 corresponding reporting areas reported about 900,000 legal abortions.

²In 2000, 2001, and 2002, Alaska, California, and New Hampshire did not report abortion data to CDC.

³In 2003 and 2004, California, New Hampshire, and West Virginia did not report abortion data to CDC (shown in spreadsheet file).

⁴In 2005 and 2006, California, Louisiana, and New Hampshire did not report abortion data to CDC. For 2006, Louisiana provided abortion data after publication of the 2006 report. Because of this, the number of abortions reported here and in subsequent reports is greater than in the 2006 report.

⁵In 2007, California, Maryland, and New Hampshire did not report abortion data to CDC.

⁶No surveys were conducted in 1983, 1986, 1989, 1990, 1993, 1994, 1997, 1998, 2001, 2002, or 2003. Data for these years were estimated by interpolation. See [Appendix I, Guttmacher Institute Abortion Provider Census](#).

⁷For calculation of ratios by each characteristic, abortions with unknown characteristics were distributed in proportion to abortions with known characteristics.

⁸Some states that reported total abortion numbers did not report abortions by certain characteristics (e.g., age, race, Hispanic origin, marital status, previous live births, period of gestation, or previous induced abortions). See original references for each year for a list of states that were excluded for each characteristic.

⁹For 1989 and later years, white race includes women of Hispanic ethnicity.

¹⁰Before 1989, black race includes races other than white.

¹¹For 1973–1975, data indicate number of living children.

¹²For 1975, data refer to four previous live births, not four or more. For five or more previous live births, the ratio is 47.3.

¹³For calculation of percent distribution by each characteristic, abortions with characteristic unknown were excluded.

NOTES: The number of areas reporting adequate data (less than or equal to 15% missing) for each characteristic varies from year to year. For methodological differences between these two data sources, see [Appendix I, Abortion Surveillance System; Guttmacher Institute Abortion Provider Census](#). Some data have been revised and differ from previous editions of *Health, United States*. Starting with *Health, United States, 2011*, abortion ratios are computed per 1,000 live births. Data for additional years are available. See [Appendix III](#).

SOURCE: CDC, National Center for Chronic Disease Prevention and Health Promotion: Abortion Surveillance, 1973, 1975, 1979–1980. Atlanta, GA: Public Health Service, 1975, 1977, 1983; CDC MMWR Surveillance Summaries. Abortion Surveillance, United States, 1984 and 1985, vol 38, no SS–2, 1989; 1990, vol 42, no SS–6, 1993; 1995, vol 47, no SS–2, 1998; 1997, vol 49, no SS–11, 2000; 1998, vol 51, no SS–3, 2002; 1999, vol 51, no SS–9, 2002; 2000, vol 52, no SS–12, 2003; 2001, vol 53, no SS–9, 2004; 2002, vol 54, no SS–7, 2005; 2003, vol 55, no SS–11, 2006; 2004, vol 56, no SS–09, 2007; 2005, vol 57, no SS–13, 2008; 2006, vol 58, no SS–08, 2009; 2007, vol 60 no SS–01, 2011. Guttmacher Institute Abortion Provider Survey. Finer LB, Henshaw SK. Abortion incidence and services in the United States in 2000. *Perspect Sex Reprod Health* 2003;35(1)6–15. Finer LB, Henshaw SK. Estimates of U.S. abortion incidence, 2001–2003. Guttmacher Institute. August 2006. Jones RK, Zolna MRS, Henshaw SK, Finer LB. Abortion in the United States: Incidence and access to services, 2005. *Perspect Sex Reprod Health* 2008;40(1)6–16. Available from: <http://www.guttmacher.org/journals/toc/psrh4001toc.html>. See [Appendix I, Abortion Surveillance System; Guttmacher Institute Abortion Provider Census](#).

Table 13 (page 1 of 5). Contraceptive use in the past month among women 15–44 years of age, by age, race and Hispanic origin, and method of contraception: United States, selected years 1982–2008

Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#013>.

[Data are based on household interviews of samples of women of childbearing age]

Race and Hispanic origin, and year ¹	Age in years				
	15–44	15–19	20–24	25–34	35–44
Number of women in population, in thousands					
All women: ²					
1982	54,099	9,521	10,629	19,644	14,305
1995	60,201	8,961	9,041	20,758	21,440
2002	61,561	9,834	9,840	19,522	22,365
2006–2008	61,864	10,431	10,140	19,837	21,457
Not Hispanic or Latina:					
White only:					
1982	41,279	7,010	8,081	14,945	11,243
1995	42,154	5,865	6,020	14,471	15,798
2002	39,498	6,069	5,938	12,073	15,418
2006–2008	37,660	6,186	6,122	11,954	13,397
Black or African American only:					
1982	6,825	1,383	1,456	2,392	1,593
1995	8,060	1,334	1,305	2,780	2,641
2002	8,250	1,409	1,396	2,587	2,857
2006–2008	8,452	1,606	1,440	2,704	2,702
Hispanic or Latina: ³					
1982	4,393	886	811	1,677	1,018
1995	6,702	1,150	1,163	2,450	1,940
2002	9,107	1,521	1,632	3,249	2,705
2006–2008	10,377	1,812	1,705	3,656	3,204
Percent of women in population using contraception					
All women: ²					
1982	55.7	24.2	55.8	66.7	61.6
1995	64.2	29.8	63.5	71.1	72.3
2002	61.9	31.5	60.7	68.6	69.9
2006–2008	61.8	28.2	54.7	67.2	76.5
Not Hispanic or Latina:					
White only:					
1982	57.3	23.6	58.7	67.8	63.5
1995	66.2	30.5	65.4	72.9	73.6
2002	64.6	35.0	66.3	69.9	71.4
2006–2008	64.7	31.7	57.6	69.6	78.8
Black or African American only:					
1982	51.6	29.8	52.3	63.5	52.0
1995	62.3	36.1	67.6	66.8	68.3
2002	57.6	32.9	50.8	67.9	63.8
2006–2008	54.5	25.3	46.4	62.5	68.2
Hispanic or Latina: ³					
1982	50.6	*	*36.8	67.2	59.0
1995	59.0	26.1	50.6	69.2	70.8
2002	59.0	20.4	57.4	66.2	72.9
2006–2008	58.5	20.5	51.3	64.3	77.2

See footnotes at end of table.

Table 13 (page 2 of 5). Contraceptive use in the past month among women 15–44 years of age, by age, race and Hispanic origin, and method of contraception: United States, selected years 1982–2008

Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#013>.

[Data are based on household interviews of samples of women of childbearing age]

Race and Hispanic origin, and year ¹	Age in years				
	15–44	15–19	20–24	25–34	35–44
Number of sexually active women in population, in thousands ⁴					
All women: ²					
1982	---	---	---	---	---
1995	41,796	3,341	6,272	15,687	16,495
2002	42,683	3,775	6,798	14,857	17,252
2006–2008	42,756	3,618	6,475	14,713	17,951
Not Hispanic or Latina:					
White only:					
1982	---	---	---	---	---
1995	29,994	2,202	4,276	11,194	12,322
2002	28,079	2,519	4,329	9,224	12,006
2006–2008	26,889	2,317	4,001	9,054	11,516
Black or African American only:					
1982	---	---	---	---	---
1995	5,579	598	967	2,039	1,975
2002	5,611	564	949	1,978	2,121
2006–2008	5,504	511	871	2,056	2,066
Hispanic or Latina: ³					
1982	---	---	---	---	---
1995	4,330	409	685	1,794	1,442
2002	6,075	405	1,070	2,462	2,138
2006–2008	6,669	488	1,001	2,569	2,610
Percent of sexually active women in population using contraception ⁴					
All women: ²					
1982	---	---	---	---	---
1995	92.5	80.2	91.7	94.0	93.9
2002	89.3	82.0	87.9	90.2	90.7
2006–2008	89.4	81.3	85.7	90.5	91.4
Not Hispanic or Latina:					
White only:					
1982	---	---	---	---	---
1995	93.0	81.7	93.0	93.9	94.2
2002	90.9	84.4	90.9	91.5	91.7
2006–2008	90.6	84.5	88.2	91.8	91.6
Black or African American only:					
1982	---	---	---	---	---
1995	90.0	80.0	91.3	91.6	90.9
2002	84.7	82.2	74.8	88.9	86.0
2006–2008	83.7	79.4	76.7	82.2	89.1
Hispanic or Latina: ³					
1982	---	---	---	---	---
1995	91.4	75.5	82.5	95.4	95.2
2002	88.4	76.4	87.5	87.4	92.3
2006–2008	91.1	76.2	87.4	91.6	94.8

See footnotes at end of table.

Table 13 (page 3 of 5). Contraceptive use in the past month among women 15–44 years of age, by age, race and Hispanic origin, and method of contraception: United States, selected years 1982–2008

Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#013>.

[Data are based on household interviews of samples of women of childbearing age]

Method of contraception and year	Age in years				
	15–44	15–19	20–24	25–34	35–44
Female sterilization					
Percent of contracepting women					
1982	23.2	—	*4.5	22.1	43.5
1995	27.8	*	4.0	23.8	45.0
2002	27.0	—	3.6	21.7	45.8
2006–2008	27.1	*	*2.4	22.2	44.2
Male sterilization					
1982	10.9	*	*3.6	10.1	19.9
1995	10.9	—	*	7.8	19.5
2002	10.2	—	*	7.2	18.2
2006–2008	10.9	—	—	6.6	19.8
Implant and other hormonal contraceptives ⁵					
1982	...	...	...	...	...
1995	1.3	*	3.7	*1.3	*
2002	1.2	*	*	*1.9	*
2006–2008	1.1	1.8	1.4	*1.7	0.5
Injectable ⁵					
1982	...	...	...	...	...
1995	3.0	9.7	6.1	2.9	*0.8
2002	5.4	13.9	10.2	5.3	*1.8
2006–2008	3.2	9.4	*5.1	3.7	*1.1
Birth control pill					
1982	28.0	63.9	55.1	25.7	*3.7
1995	27.0	43.8	52.1	33.4	8.7
2002	31.0	53.8	52.5	34.8	15.0
2006–2008	29.1	54.6	48.1	31.4	16.3
Intrauterine device					
1982	7.1	*	*4.2	9.7	6.9
1995	0.8	—	*	*0.8	1.1
2002	2.2	*	1.8	3.7	*
2006–2008	5.6	3.6	5.9	6.5	5.0
Diaphragm					
1982	8.1	*6.0	10.2	10.3	4.0
1995	1.9	*	*	1.7	2.8
2002	—	—	*	*	*
2006–2008	—	—	—	*	*
Condom					
1982	12.0	20.8	10.7	11.4	11.3
1995	23.4	45.8	33.7	23.7	15.3
2002	23.8	44.6	36.0	23.1	15.6
2006–2008	22.5	37.6	37.2	26.3	11.7
Periodic abstinence-calendar rhythm					
1982	3.3	2.0	3.1	3.3	3.7
1995	3.3	*	*1.5	3.7	3.9
2002	2.0	*	*2.3	*1.7	*2.4
2006–2008	1.8	*	—	2.3	1.9
Periodic abstinence-natural family planning					
1982	0.6	—	*	0.9	*
1995	*0.5	—	*	*0.7	*
2002	*0.4	—	—	*	*
2006–2008	—	—	*	—	—
Withdrawal					
1982	2.0	2.9	3.0	1.8	1.3
1995	6.1	13.2	7.1	6.0	4.5
2002	8.8	15.0	11.9	10.7	4.7
2006–2008	10.1	11.0	14.0	12.6	6.6
Other methods ⁶					
1982	4.9	2.6	5.4	4.8	5.3
1995	3.2	*	3.2	3.1	3.4
2002	1.7	*	*	*1.5	*1.8
2006–2008	2.9	—	*6.7	3.8	—

See footnotes at end of table.

Table 13 (page 4 of 5). Contraceptive use in the past month among women 15–44 years of age, by age, race and Hispanic origin, and method of contraception: United States, selected years 1982–2008

Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#013>.

[Data are based on household interviews of samples of women of childbearing age]

Method of contraception and year	Not Hispanic or Latina ¹		
	White only	Black or African American only	Hispanic or Latina ³
Percent of contracepting women			
Female sterilization			
1982	22.0	30.0	23.0
1995	24.5	39.9	36.6
2002	23.9	39.2	33.8
2006–2008	23.0	39.9	33.5
Male sterilization			
1982	13.0	*1.5	*
1995	13.7	*1.8	*4.0
2002	12.9	*	4.7
2006–2008	14.1	2.4	6.1
Implant and other hormonal contraceptives⁵			
1982 . . . . .	...	...	...
1995	*1.0	*2.4	*2.0
2002	*0.8	*	*3.1
2006–2008	0.7	–	–
Injectable⁵			
1982 . . . . .	...	...	...
1995	2.4	5.4	4.7
2002	4.2	9.4	7.3
2006–2008	2.1	*7.5	*4.5
Birth control pill			
1982	26.4	37.9	30.2
1995	28.7	23.7	23.0
2002	34.9	23.1	22.1
2006–2008	34.1	21.9	20.3
Intrauterine device			
1982	5.8	9.3	19.2
1995	0.7	*	*
2002	1.7	*	5.3
2006–2008	5.1	–	8.3
Diaphragm			
1982	9.2	*3.2	*
1995	2.3	*	*
2002	*	*	–
2006–2008	–	–	*
Condom			
1982	13.1	6.3	*6.9
1995	22.5	24.9	21.2
2002	21.7	29.6	24.1
2006–2008	21.0	27.2	19.3
Periodic abstinence-calendar rhythm			
1982	3.2	2.9	3.9
1995	3.3	*1.7	3.2
2002	2.3	*	*
2006–2008	1.5	–	*2.5
Periodic abstinence-natural family planning			
1982	0.7	0.3	–
1995	0.7	*	*
2002	*	*	*
2006–2008	–	*	*
Withdrawal			
1982	2.1	1.3	2.6
1995	6.4	3.3	5.7
2002	9.5	4.9	6.3
2006–2008	10.3	6.3	9.8

See footnotes at end of table.

Table 13 (page 5 of 5). Contraceptive use in the past month among women 15–44 years of age, by age, race and Hispanic origin, and method of contraception: United States, selected years 1982–2008

Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#013>.

[Data are based on household interviews of samples of women of childbearing age]

Method of contraception and year	Not Hispanic or Latina ¹		
	White only	Black or African American only	Hispanic or Latina ³
Other methods ⁶		Percent of contracepting women	
1982	4.6	7.3	5.0
1995	3.3	3.8	*2.2
2002	*1.7	*1.9	*1.2
2006–2008	3.2	3.2	2.3

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

--- Data not available.

– Quantity zero.

. . . Data not applicable.

¹Starting with 1995 data, race-specific estimates are tabulated according to 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. Starting with 1995 data, race-specific estimates are for persons who reported only one racial group. Prior to data year 1995, data were tabulated according to the 1977 Standards. Estimates for single-race categories prior to 1995 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. See [Appendix II, Race](#).

²Includes women of other or unknown race not shown separately.

³Persons of Hispanic origin may be of any race. See [Appendix II, Hispanic origin](#).

⁴Had sexual (vaginal) intercourse in the past 3 months.

⁵Data collected starting with the 1995 survey.

⁶In 2006–2008, includes contraceptive ring, female condom/vaginal pouch, foam, cervical cap, Today sponge, suppository or insert, jelly or cream (without diaphragm), and other methods. See [Appendix II, Contraception](#), for the list of other methods reported in previous surveys.

NOTES: Survey collects up to four methods of contraception used in the month of interview. Percents may not add to the total because more than one method could have been used in the month of interview. These data replace estimates of most effective method used and may differ from previous editions of *Health, United States*. Standard errors for selected years are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Survey of Family Growth. See [Appendix I, National Survey of Family Growth \(NSFG\)](#).

Table 14. Breastfeeding among mothers 15–44 years of age, by year of baby's birth and selected characteristics of mother: United States, average annual 1986–1988 through 2002–2004

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#014>.

[Data are based on household interviews of samples of women of childbearing age]

Selected maternal characteristic	1986–1988	1989–1991	1992–1994	1995–1998	1999–2001	2002–2004
Percent of babies breastfed						
Total	54.1	53.3	57.6	64.4	66.5	73.3
Age at baby's birth						
Under 20 years	28.4	34.7	41.0	49.5	47.3	73.2
20–24 years	48.2	44.3	50.0	55.9	59.3	66.2
25–29 years	58.2	56.4	57.4	68.1	63.5	72.5
30–44 years	68.6	66.0	70.2	72.8	80.0	78.4
Race and Hispanic origin ¹						
Not Hispanic or Latina:						
White only	59.1	58.4	61.7	66.5	68.7	79.1
Black or African American only	22.3	22.4	26.1	47.9	45.3	44.4
Hispanic or Latina	55.6	57.0	63.8	71.2	76.0	76.5
Education ²						
No high school diploma or GED	31.8	36.5	44.6	50.6	46.6	61.0
High school diploma or GED	47.4	45.5	51.1	55.9	61.6	63.0
Some college, no bachelor's degree	62.2	61.4	64.3	70.1	75.6	70.4
Bachelor's degree or higher	78.4	80.6	82.5	82.0	81.3	91.5
Geographic region ³						
Northeast	51.3	53.5	56.5	61.6	66.9	75.5
Midwest	52.3	49.6	51.7	61.7	61.9	67.9
South	44.6	43.6	48.6	58.1	60.9	70.2
West	71.4	69.5	77.3	78.1	78.9	84.0
Percent of babies who were breastfed 3 months or more						
Total	34.6	31.8	33.6	45.8	48.4	53.2
Age at baby's birth						
Under 20 years	18.5	*10.5	*11.7	30.0	30.0	48.8
20–24 years	26.1	24.1	25.1	36.6	41.8	39.3
25–29 years	36.9	32.3	35.6	46.3	43.7	50.5
30–44 years	50.1	46.8	46.7	57.5	62.4	64.7
Race and Hispanic origin ¹						
Not Hispanic or Latina:						
White only	37.7	35.2	36.6	47.8	49.7	57.1
Black or African American only	11.6	11.5	13.3	29.6	33.7	30.1
Hispanic or Latina	38.2	33.9	35.0	49.7	54.3	58.2
Education ²						
No high school diploma or GED	21.8	17.6	25.2	33.9	37.0	45.8
High school diploma or GED	28.2	28.0	27.4	36.9	43.1	43.2
Some college, no bachelor's degree	38.7	33.1	38.7	49.6	52.8	43.7
Bachelor's degree or higher	55.0	56.1	59.3	64.5	64.1	74.6
Geographic region ³						
Northeast	29.9	37.2	36.4	48.2	48.8	61.1
Midwest	30.3	31.5	30.1	42.0	42.8	44.1
South	27.7	20.1	26.2	38.9	44.4	50.1
West	52.4	42.9	45.3	58.2	59.2	64.5

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

¹Starting with 1995 data, race-specific estimates are tabulated according to 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. Starting with 1995 data, race-specific estimates are for persons who reported only one racial group. Prior to data year 1995, data were tabulated according to the 1977 Standards. Estimates for single-race categories prior to 1995 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. See [Appendix II, Race](#).

²Educational attainment is presented only for women 22–44 years of age. Education is as of year of interview. GED is General Educational Development high school equivalency diploma. See [Appendix II, Education](#).

³See [Appendix II, Geographic region](#).

NOTES: Data are based on single births to mothers 15–44 years of age at interview, including those births that occurred when the mothers were younger than 15 years of age. Data on breastfeeding during 1986–1994 are based on responses to questions in the National Survey of Family Growth (NSFG) Cycle 5, conducted in 1995. Data for 1995–2001 are based on NSFG Cycle 6 conducted in 2002. Data for 2002–2004 are based on NSFG Cycle 7 conducted in 2006–2008. See [Appendix I, National Survey of Family Growth \(NSFG\)](#). Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Survey of Family Growth, Cycle 5 (1995), Cycle 6 (2002), and Cycle 7 (2006–2008). See [Appendix I, National Survey of Family Growth \(NSFG\)](#).

Table 15. Infant, neonatal, and postneonatal mortality rates, by detailed race and Hispanic origin of mother: United States, selected years 1983–2007

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#015>.

[Data are based on linked birth and death certificates for infants]

Maternal race and Hispanic origin	1983 ¹	1985 ¹	1990 ¹	1995 ²	2000 ²	2005 ²	2006 ²	2007 ²
Infant ³ deaths per 1,000 live births								
All mothers	10.9	10.4	8.9	7.6	6.9	6.9	6.7	6.8
White	9.3	8.9	7.3	6.3	5.7	5.7	5.6	5.6
Black or African American	19.2	18.6	16.9	14.6	13.5	13.3	12.9	12.9
American Indian or Alaska Native	15.2	13.1	13.1	9.0	8.3	8.1	8.3	9.2
Asian or Pacific Islander ⁴	8.3	7.8	6.6	5.3	4.9	4.9	4.5	4.8
Hispanic or Latina ^{5,6}	9.5	8.8	7.5	6.3	5.6	5.6	5.4	5.5
Mexican	9.1	8.5	7.2	6.0	5.4	5.5	5.3	5.4
Puerto Rican	12.9	11.2	9.9	8.9	8.2	8.3	8.0	7.7
Cuban	7.5	8.5	7.2	5.3	4.6	4.4	5.1	5.2
Central and South American	8.5	8.0	6.8	5.5	4.6	4.7	4.5	4.6
Other and unknown Hispanic or Latina	10.6	9.5	8.0	7.4	6.9	6.4	5.8	6.4
Not Hispanic or Latina:								
White ⁶	9.2	8.6	7.2	6.3	5.7	5.8	5.6	5.6
Black or African American ⁶	19.1	18.3	16.9	14.7	13.6	13.6	13.4	13.3
Neonatal ³ deaths per 1,000 live births								
All mothers	7.1	6.8	5.7	4.9	4.6	4.5	4.5	4.4
White	6.1	5.8	4.6	4.1	3.8	3.8	3.7	3.7
Black or African American	12.5	12.3	11.1	9.6	9.1	8.9	8.7	8.5
American Indian or Alaska Native	7.5	6.1	6.1	4.0	4.4	4.0	4.3	4.6
Asian or Pacific Islander ⁴	5.2	4.8	3.9	3.4	3.4	3.4	3.2	3.4
Hispanic or Latina ^{5,6}	6.2	5.7	4.8	4.1	3.8	3.9	3.7	3.7
Mexican	5.9	5.4	4.5	3.9	3.6	3.8	3.7	3.7
Puerto Rican	8.7	7.6	6.9	6.1	5.8	5.9	5.4	5.1
Cuban	*5.0	6.2	5.3	*3.6	*3.2	*3.1	3.6	3.7
Central and South American	5.8	5.6	4.4	3.7	3.3	3.2	3.1	3.1
Other and unknown Hispanic or Latina	6.4	5.6	5.0	4.8	4.6	4.3	3.7	4.1
Not Hispanic or Latina:								
White ⁶	5.9	5.6	4.5	4.0	3.8	3.7	3.6	3.6
Black or African American ⁶	12.0	11.9	11.0	9.6	9.2	9.1	9.0	8.7
Postneonatal ³ deaths per 1,000 live births								
All mothers	3.8	3.6	3.2	2.6	2.3	2.3	2.2	2.3
White	3.2	3.1	2.7	2.2	1.9	2.0	1.9	1.9
Black or African American	6.7	6.3	5.9	5.0	4.3	4.3	4.2	4.4
American Indian or Alaska Native	7.7	7.0	7.0	5.1	3.9	4.0	4.0	4.7
Asian or Pacific Islander ⁴	3.1	2.9	2.7	1.9	1.4	1.5	1.4	1.4
Hispanic or Latina ^{5,6}	3.3	3.2	2.7	2.1	1.8	1.8	1.7	1.8
Mexican	3.2	3.2	2.7	2.1	1.8	1.7	1.6	1.7
Puerto Rican	4.2	3.5	3.0	2.8	2.4	2.4	2.6	2.6
Cuban	*2.5	*2.3	*1.9	*1.7	*	*1.4	*1.4	*1.5
Central and South American	2.6	2.4	2.4	1.9	1.4	1.5	1.4	1.4
Other and unknown Hispanic or Latina	4.2	3.9	3.0	2.6	2.3	2.1	2.1	2.3
Not Hispanic or Latina:								
White ⁶	3.2	3.0	2.7	2.2	1.9	2.1	1.9	2.0
Black or African American ⁶	7.0	6.4	5.9	5.0	4.4	4.5	4.4	4.6

* Estimates are considered unreliable. Rates preceded by an asterisk are based on fewer than 50 deaths in the numerator. Rates not shown are based on fewer than 20 deaths in the numerator.

¹Rates based on unweighted birth cohort data.

²Rates based on a period file using weighted data. See [Appendix I, National Vital Statistics System \(NVSS\), Linked Birth/Infant Death Data Set](#).

³Infant (under 1 year of age), neonatal (under 28 days), and postneonatal (28 days–11 months).

⁴Estimates are not available for Asian or Pacific Islander subgroups because not all states have adopted the 2003 revision of the U.S. Certificate of Live Birth. See [Appendix II, Race](#).

⁵Persons of Hispanic origin may be of any race.

⁶Prior to 1995, data are shown only for states with an Hispanic-origin item on their birth certificates. See [Appendix II, Hispanic origin](#).

NOTES: The race groups white, black, American Indian or Alaska Native, and Asian or Pacific Islander include persons of Hispanic and non-Hispanic origin. Starting with 2003 data, some states reported multiple-race data. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See [Appendix II, Race](#). National linked files do not exist for 1992–1994. Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Vital Statistics System. Mathews TJ, MacDorman MF. Infant mortality statistics from the 2007 period: Linked birth/infant death data set. National vital statistics reports; vol 59 no 6. Hyattsville, MD: NCHS; 2011. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_06.pdf. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 16. Infant mortality rates, by birthweight: United States, selected years 1983–2007Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#016>.

[Data are based on linked birth and death certificates for infants]

Birthweight	1983 ¹	1985 ¹	1990 ¹	1995 ²	2000 ²	2005 ²	2006 ²	2007 ²
	Infant deaths per 1,000 live births ³							
All birthweights	10.9	10.4	8.9	7.6	6.9	6.9	6.7	6.8
Less than 2,500 grams	95.9	93.9	78.1	65.3	60.2	57.6	55.7	56.3
Less than 1,500 grams	400.6	387.7	317.6	270.7	246.9	245.7	241.4	241.5
Less than 500 grams	890.3	895.9	898.2	904.9	847.9	857.2	847.6	859.7
500–999 grams	584.2	559.2	440.1	351.0	313.8	305.1	303.8	300.3
1,000–1,499 grams	162.3	145.4	97.9	69.6	60.9	58.1	58.4	56.9
1,500–1,999 grams	58.4	54.0	43.8	33.5	28.7	27.0	26.2	26.9
2,000–2,499 grams	22.5	20.9	17.8	13.7	11.9	10.9	10.4	10.8
2,500 grams or more	4.7	4.3	3.7	3.0	2.5	2.3	2.3	2.3
2,500–2,999 grams	8.8	7.9	6.7	5.5	4.6	4.2	4.0	4.2
3,000–3,499 grams	4.4	4.3	3.7	2.9	2.4	2.2	2.1	2.1
3,500–3,999 grams	3.2	3.0	2.6	2.0	1.7	1.5	1.4	1.5
4,000 grams or more	3.3	3.2	2.4	2.0	1.6	1.6	1.5	1.5
4,000–4,499 grams	2.9	2.9	2.2	1.8	1.5	1.5	1.4	1.4
4,500–4,999 grams	3.9	3.8	2.5	2.2	2.1	2.2	1.9	1.9
5,000 grams or more ⁴	14.4	14.7	9.8	8.5	*6.1	*4.6	*5.4	*5.2

* Estimates are considered unreliable. Rates preceded by an asterisk are based on fewer than 50 deaths in the numerator.

¹Rates based on unweighted birth cohort data.²Rates based on a period file using weighted data; unknown birthweight imputed when period of gestation is known and proportionately distributed when period of gestation is unknown. See [Appendix I, National Vital Statistics System \(NVSS\), Linked Birth/Infant Death Data Set](#).³For calculation of birthweight-specific infant mortality rates, unknown birthweight has been distributed in proportion to known birthweight separately for live births (denominator) and infant deaths (numerator). Thus, birthweight-specific infant mortality rates shown in this table may differ from those shown in other publications that do not correct for unknown birthweight.⁴In 1989, a birthweight-gestational age consistency check instituted for the natality file resulted in a decrease in the number of deaths to infants coded with birthweights of 5,000 grams or more and a discontinuity in the mortality trend for infants weighing 5,000 grams or more at birth. Starting with 1989 data, the rates are believed to be more accurate.NOTES: National linked files do not exist for 1992–1994. Data for additional years are available. See [Appendix III](#).SOURCE: CDC/NCHS, National Vital Statistics System, Linked Birth/Infant Death Data Set. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 17. Infant mortality rates, fetal mortality rates, and perinatal mortality rates, by race: United States, selected years 1950–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#017>.

[Data are based on death certificates, fetal death records, and birth certificates]

Race and year	Neonatal ¹				Fetal mortality rate ²	Late fetal mortality rate ³	Perinatal mortality rate ⁴
	Infant ¹	Under 28 days	Under 7 days	Postneonatal ¹			
All races							
Deaths per 1,000 live births							
1950 ⁵	29.2	20.5	17.8	8.7	18.4	14.9	32.5
1960 ⁵	26.0	18.7	16.7	7.3	15.8	12.1	28.6
1970	20.0	15.1	13.6	4.9	14.0	9.5	23.0
1980	12.6	8.5	7.1	4.1	9.1	6.2	13.2
1990	9.2	5.8	4.8	3.4	7.5	4.3	9.0
1995	7.6	4.9	4.0	2.7	7.0	3.6	7.6
2000	6.9	4.6	3.7	2.3	6.6	3.3	7.0
2003	6.9	4.6	3.7	2.2	6.3	3.1	6.8
2004	6.8	4.5	3.6	2.3	6.3	3.1	6.7
2005	6.9	4.5	3.6	2.3	6.2	3.0	6.6
2006	6.7	4.5	3.5	2.2	---	---	---
2007	6.8	4.4	3.5	2.3	---	---	---
2008	6.6	4.3	3.4	2.3	---	---	---
Race of child: ⁶ White							
1950 ⁵	26.8	19.4	17.1	7.4	16.6	13.3	30.1
1960 ⁵	22.9	17.2	15.6	5.7	13.9	10.8	26.2
1970	17.8	13.8	12.5	4.0	12.3	8.6	21.0
1980	11.0	7.5	6.2	3.5	8.1	5.7	11.9
Race of mother: ⁷ White							
1980	10.9	7.4	6.1	3.5	8.1	5.7	11.8
1990	7.6	4.8	3.9	2.8	6.4	3.8	7.7
1995	6.3	4.1	3.3	2.2	5.9	3.3	6.5
2000	5.7	3.8	3.0	1.9	5.6	2.9	5.9
2003	5.7	3.9	3.1	1.8	5.3	2.7	5.8
2004	5.7	3.8	3.0	1.9	5.4	2.8	5.8
2005	5.7	3.8	3.0	1.9	5.3	2.7	5.7
2006	5.6	3.7	2.9	1.8	---	---	---
2007	5.6	3.7	2.9	1.9	---	---	---
2008	5.5	3.6	2.9	1.9	---	---	---
Race of child: ⁶ Black or African American							
1950 ⁵	43.9	27.8	23.0	16.1	32.1	---	---
1960 ⁵	44.3	27.8	23.7	16.5	---	---	---
1970	32.6	22.8	20.3	9.9	23.2	---	34.5
1980	21.4	14.1	11.9	7.3	14.4	8.9	20.7
Race of mother: ⁷ Black or African American							
1980	22.2	14.6	12.3	7.6	14.7	9.1	21.3
1990	18.0	11.6	9.7	6.4	13.3	6.7	16.4
1995	15.1	9.8	8.2	5.3	12.7	5.7	13.8
2000	14.1	9.4	7.6	4.7	12.4	5.4	13.0
2003	14.0	9.4	7.5	4.6	12.1	5.1	12.5
2004	13.8	9.1	7.3	4.7	11.6	5.0	12.2
2005	13.7	9.1	7.3	4.7	11.4	4.9	12.1
2006	13.3	8.8	7.0	4.5	---	---	---
2007	13.2	8.6	6.9	4.6	---	---	---
2008	12.7	8.2	6.6	4.5	---	---	---

--- Data not currently available. They will be posted on the website when the file is completed.

¹Infant (under 1 year of age), neonatal (under 28 days), early neonatal (under 7 days), and postneonatal (28 days–11 months).

²Number of fetal deaths of 20 weeks or more gestation per 1,000 live births plus fetal deaths.

³Number of fetal deaths of 28 weeks or more gestation (late fetal deaths) per 1,000 live births plus late fetal deaths.

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

⁵Includes births and deaths of persons who were not residents of the 50 states and the District of Columbia.

⁶Infant deaths, live births, and fetal deaths are tabulated by race of child. See [Appendix II, Race](#).

⁷Infant deaths are tabulated by race of decedent; fetal deaths and live births are tabulated by race of mother. See [Appendix II, Race](#).

NOTES: Infant mortality rates in this table are based on infant deaths from the mortality file (numerator) and live births from the natality file (denominator). Inconsistencies in reporting race for the same infant between the birth and death certificate can result in underestimated infant mortality rates for races other than white or black. Infant mortality rates for minority population groups are available from the Linked Birth/Infant Death Data Set and are presented in [Table 18](#). Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Vital Statistics System; Miniño AM, Xu JQ, Kochanek KD, Murphy SL. Deaths: Final data for 2008. National vital statistics reports; vol 59 no 10. Hyattsville, MD: NCHS. 2011. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_10.pdf and unpublished data. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 18 (page 1 of 2). Infant mortality rates, by race and Hispanic origin of mother, and state: United States, average annual 1989–1991, 2002–2004, and 2005–2007

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2011.htm#018>.

[Data are based on linked birth and death certificates for infants]

State	Not Hispanic or Latina								
	All races			White			Black or African American		
	1989–1991 ¹	2002–2004 ²	2005–2007 ²	1989–1991 ¹	2002–2004 ²	2005–2007 ²	1989–1991 ¹	2002–2004 ²	2005–2007 ²
	Infant ³ deaths per 1,000 live births								
United States	9.0	6.9	6.8	7.3	5.7	5.7	17.2	13.7	13.4
Alabama	11.4	8.8	9.5	8.6	6.7	7.6	16.8	13.5	14.1
Alaska	9.2	6.4	6.5	7.2	5.1	4.7	*	*	*
Arizona	8.8	6.6	6.7	8.2	6.0	6.2	17.3	11.1	13.1
Arkansas	9.8	8.5	8.0	8.1	7.6	6.8	15.2	13.2	14.0
California	7.6	5.3	5.2	6.9	4.6	4.7	15.4	11.3	11.2
Colorado	8.7	6.1	6.1	8.0	5.1	5.2	16.7	16.3	13.5
Connecticut	7.9	5.8	6.2	5.9	4.4	4.6	17.0	12.1	13.9
Delaware	11.2	8.9	8.2	8.2	7.1	5.8	20.1	15.0	13.9
District of Columbia	20.3	11.4	12.8	*8.2	*3.8	*4.2	23.9	15.5	18.6
Florida	9.4	7.3	7.2	7.2	5.8	5.7	16.2	13.1	12.9
Georgia	11.9	8.7	8.1	8.4	6.3	5.9	17.9	13.6	12.7
Hawaii	7.0	6.9	6.4	5.5	4.6	4.2	*13.6	*15.0	*21.1
Idaho	8.9	6.1	6.6	8.9	6.1	6.1	*	*	*
Illinois	10.7	7.5	7.2	7.6	5.9	5.7	20.5	15.5	13.8
Indiana	9.4	7.8	7.8	8.4	6.9	6.9	17.3	15.0	16.0
Iowa	8.2	5.4	5.3	7.8	5.1	5.0	15.8	*10.4	10.4
Kansas	8.5	7.0	7.5	7.8	6.6	6.9	15.4	14.1	15.7
Kentucky	8.7	6.9	7.0	8.1	6.5	6.5	14.4	11.6	12.4
Louisiana ⁴	10.2	9.9	9.6	7.5	7.2	6.6	14.3	14.0	14.5
Maine	6.6	5.0	6.5	6.2	4.9	6.4	*	*	*
Maryland	9.1	8.1	7.8	6.3	5.5	5.2	15.0	13.6	12.8
Massachusetts	7.0	4.8	5.0	5.9	3.9	4.2	14.2	10.2	9.9
Michigan	10.5	8.1	7.7	7.7	6.2	5.9	20.7	16.8	15.4
Minnesota	7.3	4.9	5.3	6.4	4.4	4.6	18.5	8.7	10.5
Mississippi	11.5	10.3	10.6	7.9	6.9	6.9	15.2	14.7	15.1
Missouri	9.7	7.9	7.5	8.0	6.7	6.3	18.0	14.8	14.4
Montana	9.0	6.4	6.5	8.0	5.8	5.8	*	*	*
Nebraska	8.1	6.3	6.0	7.2	5.5	5.4	18.3	16.2	12.3
Nevada	8.6	6.0	6.2	7.8	5.8	5.5	16.9	13.0	13.0
New Hampshire ⁴	7.1	4.9	5.5	7.2	4.8	5.3	*	*	*
New Jersey	8.4	5.6	5.2	6.1	3.8	3.5	17.8	12.2	11.7
New Mexico	8.4	6.1	6.0	8.1	6.5	6.2	*17.2	*	*
New York	9.5	6.1	5.7	6.3	4.7	4.5	18.4	11.7	11.2
North Carolina	10.7	8.4	8.5	8.0	6.1	6.4	16.9	15.4	15.2
North Dakota	8.0	6.5	6.5	7.3	5.9	6.0	*	*	*
Ohio	9.0	7.7	7.9	7.7	6.3	6.4	16.2	15.6	15.3
Oklahoma ⁴	8.0	8.0	8.1	7.3	7.5	7.8	12.7	13.8	13.9
Oregon	8.0	5.6	5.7	7.4	5.6	5.6	21.3	*10.1	*8.9
Pennsylvania	9.2	7.4	7.5	7.2	6.0	5.7	19.1	13.9	14.5
Rhode Island	8.7	6.4	6.7	7.5	5.4	4.0	*13.6	*11.6	*11.7
South Carolina	11.8	9.0	8.7	8.4	6.2	6.1	17.2	14.4	14.0
South Dakota	9.5	7.1	6.7	7.5	5.8	5.7	*	*	*
Tennessee	10.2	9.0	8.6	7.8	7.0	6.9	18.2	17.3	15.3
Texas	7.9	6.4	6.3	6.9	5.9	5.7	14.1	12.2	12.3
Utah	7.0	5.3	4.9	6.8	4.8	4.7	*	*	*
Vermont	6.6	4.7	5.7	6.3	4.7	5.6	*	*	*
Virginia	9.9	7.5	7.4	7.4	5.8	5.6	18.0	13.9	14.2
Washington	8.0	5.6	4.9	7.4	5.1	4.3	15.1	9.2	7.8
West Virginia	9.1	8.0	7.5	8.8	7.7	7.2	*15.7	*13.6	*15.3
Wisconsin	8.4	6.4	6.4	7.4	5.1	5.3	17.0	17.6	15.5
Wyoming	8.4	7.0	6.9	8.0	6.8	6.5	*	*	*

See footnotes at end of table.

Table 18 (page 2 of 2). Infant mortality rates, by race and Hispanic origin of mother, and state: United States, average annual 1989–1991, 2002–2004, and 2005–2007

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2011.htm#018>.

[Data are based on linked birth and death certificates for infants]

State	Hispanic or Latina ⁵			American Indian or Alaska Native ⁶			Asian or Pacific Islander ⁶		
	1989–1991 ¹	2002–2004 ²	2005–2007 ²	1989–1991 ¹	2002–2004 ²	2005–2007 ²	1989–1991 ¹	2002–2004 ²	2005–2007 ²
	Infant ³ deaths per 1,000 live births								
United States	7.5	5.6	5.5	12.6	8.6	8.5	6.6	4.8	4.7
Alabama	*	7.9	6.6	*	*	*	*	*	*
Alaska	*	*	*	15.7	9.4	10.1	*	*	*
Arizona	8.0	6.5	6.5	11.4	8.3	7.8	*8.5	6.7	5.2
Arkansas	*	6.0	5.7	*	*	*	*	*	*
California	7.0	5.0	4.9	11.0	6.3	7.5	6.4	4.2	4.3
Colorado	8.5	6.7	7.0	*16.5	*	*	*7.8	*6.4	*4.5
Connecticut	7.9	7.1	7.0	*	*	*	*	*	*4.2
Delaware	*	*6.2	*7.5	*	*	*	*	*	*
District of Columbia	*8.8	*7.9	*5.7	*	*	*	*	*	*
Florida	7.1	5.1	5.4	*	*8.3	*	*6.2	6.0	5.3
Georgia	9.0	6.2	4.9	*	*	*	*8.2	5.8	5.6
Hawaii	10.7	7.1	5.7	*	*	*	7.1	7.3	6.7
Idaho	*7.2	6.2	7.6	*	*	*	*	*	*
Illinois	9.2	6.0	6.0	*	*	*	6.0	4.6	5.5
Indiana	*7.2	6.9	6.4	*	*	*	*	*5.4	*
Iowa	*11.9	*5.8	5.7	*	*	*	*	*	*7.2
Kansas	8.7	6.2	7.1	*	*	*	*	*6.2	*
Kentucky	*	*6.2	6.2	*	*	*	*	*	*
Louisiana ⁷	---	*5.1	*5.1	*	*	*	*	*7.0	*
Maine	*	*	*	*	*	*	*	*	*
Maryland	7.2	5.7	5.4	*	*	*	7.5	4.2	5.3
Massachusetts	8.3	6.6	5.9	*	*	*	5.7	3.5	3.6
Michigan	7.9	7.3	7.7	*10.7	*	*	*6.1	5.0	4.8
Minnesota	*8.4	5.0	4.3	17.3	*8.8	*9.5	*5.1	*3.6	5.2
Mississippi	*	*	*6.4	*	*	*23.2	*	*	*
Missouri	*9.1	8.2	5.4	*	*	*	*9.1	*6.8	*4.8
Montana	*	*	*	16.7	*8.4	*9.8	*	*	*
Nebraska	*8.8	6.2	5.3	*18.2	*	*	*	*	*
Nevada	7.0	4.5	5.6	*	*	*	*	*5.2	5.4
New Hampshire ⁷	---	*	*	*	*	*	*	*	*
New Jersey	7.5	5.8	5.1	*	*	*	5.6	4.2	3.8
New Mexico	7.8	5.5	5.5	9.8	7.0	7.3	*	*	*
New York	9.4	5.5	5.1	*15.2	*11.0	*	6.4	3.8	3.4
North Carolina	*7.5	6.6	6.3	12.2	11.1	12.8	*6.3	*5.2	5.8
North Dakota	*	*	*	*13.8	*8.7	*11.3	*	*	*
Ohio	8.0	7.9	6.6	*	*	*	*4.8	*4.7	5.4
Oklahoma ⁷	---	6.1	5.1	7.8	7.8	8.5	*	*	*6.7
Oregon	8.5	4.6	5.6	*15.7	*11.1	*9.0	*8.4	*5.3	*5.4
Pennsylvania	10.9	7.5	7.9	*	*	*	7.8	4.7	5.5
Rhode Island	*7.2	*6.3	8.7	*	*	*	*	*	*
South Carolina	*	6.4	6.7	*	*	*	*	*7.8	*
South Dakota	*	*	*	19.9	13.5	11.1	*	*	*
Tennessee	*	6.0	6.3	*	*	*	*	*6.2	*7.2
Texas	7.0	5.5	5.6	*	*	*	6.8	4.2	4.3
Utah	*7.0	6.6	4.9	*10.0	*	*	*10.7	*7.3	*7.4
Vermont	*	*	*	*	*	*	*	*	*
Virginia	7.6	5.2	5.6	*	*	*	6.0	4.8	4.6
Washington	7.6	5.4	4.5	19.6	10.5	9.7	6.2	5.2	4.2
West Virginia	*	*	*	*	*	*	*	*	*
Wisconsin	*7.3	6.0	6.2	*11.9	*9.7	*9.2	*6.7	*6.5	*5.9
Wyoming	*	*	*	*	*	*	*	*	*

* Estimates are considered unreliable. Rates preceded by an asterisk are based on fewer than 50 deaths in the numerator. Rates not shown are based on fewer than 20 deaths in the numerator.

--- Data not available.

¹Rates based on unweighted birth cohort data.

²Rates based on period file using weighted data. See [Appendix I, National Vital Statistics System \(NVSS\), Linked Birth/Infant Death Data Set](#).

³Under 1 year of age.

⁴Rates for white and black are substituted for non-Hispanic white and non-Hispanic black for Louisiana for 1989, Oklahoma for 1989–1990, and New Hampshire for 1989–1991.

⁵Persons of Hispanic origin may be of any race. See [Appendix II, Hispanic origin](#).

⁶Includes persons of Hispanic origin.

⁷Rates for Hispanic origin exclude data from states not reporting Hispanic origin on the birth certificate for 1 or more years in a 3-year period.

NOTES: Starting with 2003 data, some states reported multiple-race data. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See [Appendix II, Race](#). National linked files do not exist for 1992–1994.

SOURCE: CDC/NCHS, National Vital Statistics System, Linked Birth/Infant Death Data Set. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 19 (page 1 of 2). Neonatal mortality rates, by race and Hispanic origin of mother, and state: United States, average annual 1989–1991, 2002–2004, and 2005–2007

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2011.htm#019>.

[Data are based on linked birth and death certificates for infants]

State	Not Hispanic or Latina								
	All races			White			Black or African American		
	1989–1991 ¹	2002–2004 ²	2005–2007 ²	1989–1991 ¹	2002–2004 ²	2005–2007 ²	1989–1991 ¹	2002–2004 ²	2005–2007 ²
	Neonatal ³ deaths per 1,000 live births								
United States	5.7	4.6	4.5	4.6	3.8	3.7	11.1	9.2	8.9
Alabama	7.5	5.4	6.0	5.7	4.0	4.7	11.1	8.6	9.0
Alaska	4.1	2.9	3.4	3.7	*2.4	*2.6	*	*	*
Arizona	5.3	4.3	4.5	4.9	4.0	4.2	11.0	7.0	7.3
Arkansas	5.4	5.2	4.7	4.5	4.6	3.6	8.5	8.2	9.2
California	4.6	3.5	3.5	4.1	3.0	3.1	9.2	7.2	7.3
Colorado	5.0	4.3	4.4	4.7	3.5	3.7	10.9	11.6	9.6
Connecticut	5.7	4.2	4.7	4.2	3.3	3.5	12.5	8.1	10.2
Delaware	7.5	6.5	6.1	5.8	5.3	4.2	12.4	10.9	10.7
District of Columbia	14.1	8.0	8.9	*5.2	*	*3.6	16.7	10.5	12.8
Florida	6.2	4.8	4.6	4.7	3.6	3.5	10.5	8.7	8.1
Georgia	7.9	5.8	5.3	5.5	4.0	3.7	12.0	9.3	8.4
Hawaii	4.3	4.9	4.3	3.5	*3.8	*2.8	*	*	*18.0
Idaho	5.3	3.9	4.4	5.2	3.9	4.2	*	*	*
Illinois	7.0	5.1	4.9	5.1	4.2	4.0	12.7	9.9	8.9
Indiana	6.0	5.2	5.0	5.2	4.6	4.3	11.5	10.1	11.1
Iowa	4.8	3.4	3.4	4.5	3.3	3.2	*10.5	*6.3	*5.8
Kansas	4.9	4.6	4.7	4.6	4.3	4.3	8.3	9.7	9.7
Kentucky	5.0	4.1	4.2	4.6	3.8	3.8	8.9	6.8	7.2
Louisiana ⁴	6.3	6.2	5.7	4.8	4.2	3.6	8.5	9.0	8.8
Maine	4.5	3.8	4.5	4.2	3.8	4.4	*	*	*
Maryland	5.9	5.8	5.6	3.9	3.9	3.7	10.2	9.8	9.4
Massachusetts	4.9	3.7	3.6	4.1	2.9	3.0	10.4	7.8	7.3
Michigan	6.9	5.6	5.4	4.9	4.3	4.1	14.0	11.4	10.8
Minnesota	4.3	3.3	3.4	3.9	3.2	3.0	10.7	4.8	6.9
Mississippi	7.1	6.2	6.4	4.9	3.9	3.7	9.5	9.1	9.6
Missouri	6.0	5.4	4.9	5.0	4.5	4.0	10.6	10.1	10.0
Montana	4.6	3.7	3.5	4.2	3.6	3.2	*	*	*
Nebraska	4.5	4.2	3.9	4.2	3.8	3.5	*9.8	11.9	*7.9
Nevada	4.3	3.8	3.9	3.8	3.7	3.4	*8.3	7.9	7.9
New Hampshire ⁴	4.3	3.6	3.9	4.4	3.4	3.6	*	*	*
New Jersey	5.8	4.1	3.6	4.5	2.7	2.6	11.4	8.7	7.5
New Mexico	5.0	3.9	3.7	4.8	4.1	4.0	*	*	*
New York	6.5	4.3	3.8	4.3	3.4	3.1	12.6	8.1	7.3
North Carolina	7.3	5.8	5.8	5.3	4.0	4.1	11.9	11.1	10.7
North Dakota	5.0	4.8	4.3	4.7	4.5	4.3	*	*	*
Ohio	5.5	5.2	5.3	4.8	4.2	4.2	9.8	10.6	10.8
Oklahoma ⁴	4.4	4.7	4.6	4.1	4.3	4.5	6.3	9.4	8.8
Oregon	4.4	3.8	3.8	4.0	3.8	3.8	*11.6	*	*
Pennsylvania	6.2	5.3	5.2	4.9	4.2	3.9	12.5	9.8	10.1
Rhode Island	6.4	4.7	5.2	5.3	3.7	3.1	*9.8	*8.6	*9.1
South Carolina	7.7	6.3	5.7	5.4	4.2	3.8	11.3	10.4	9.3
South Dakota	5.1	3.9	4.1	4.5	3.5	3.8	*	*	*
Tennessee	6.5	5.7	5.5	4.9	4.1	4.1	11.8	12.2	10.9
Texas	4.7	4.1	4.0	4.1	3.7	3.4	8.5	7.8	7.8
Utah	3.7	3.6	3.3	3.6	3.3	3.2	*	*	*
Vermont	4.1	3.5	3.4	3.9	3.5	3.2	*	*	*
Virginia	6.8	5.2	5.1	4.8	3.8	3.8	13.0	9.9	10.0
Washington	4.3	3.6	3.0	3.8	3.2	2.4	9.7	5.9	5.3
West Virginia	5.8	4.9	4.5	5.6	4.6	4.3	*9.7	*	*9.7
Wisconsin	5.1	4.4	4.2	4.6	3.5	3.5	9.1	11.4	10.0
Wyoming	3.9	4.6	4.2	3.8	4.6	4.0	*	*	*

See footnotes at end of table.

Table 19 (page 2 of 2). Neonatal mortality rates, by race and Hispanic origin of mother, and state: United States, average annual 1989–1991, 2002–2004, and 2005–2007

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2011.htm#019>.

[Data are based on linked birth and death certificates for infants]

State	Hispanic or Latina ⁵			American Indian or Alaska Native ⁶			Asian or Pacific Islander ⁶		
	1989–1991 ¹	2002–2004 ²	2005–2007 ²	1989–1991 ¹	2002–2004 ²	2005–2007 ²	1989–1991 ¹	2002–2004 ²	2005–2007 ²
	Neonatal ³ deaths per 1,000 live births								
United States	4.8	3.9	3.8	5.9	4.5	4.3	3.9	3.3	3.3
Alabama	*	*5.0	3.8	*	*	*	*	*	*
Alaska	*	*	*	*5.7	*4.2	*3.7	*	*	*
Arizona	5.0	4.5	4.7	5.4	4.1	4.3	*	*4.0	*3.7
Arkansas	*	*4.1	*3.8	*	*	*	*	*	*
California	4.4	3.5	3.4	6.3	*3.5	*4.0	3.6	2.9	3.1
Colorado	4.4	4.9	5.3	*	*	*	*	*4.6	*3.6
Connecticut	5.3	5.6	5.5	*	*	*	*	*	*3.0
Delaware	*	*	*4.8	*	*	*	*	*	*
District of Columbia	*	*	*	*	*	*	*	*	*
Florida	5.1	3.6	3.7	*	*	*	*4.4	4.2	3.7
Georgia	*5.7	4.3	3.2	*	*	*	*5.3	4.3	4.4
Hawaii	*6.6	*4.8	*3.8	*	*	*	4.2	4.9	4.4
Idaho	*	*4.2	4.8	*	*	*	*	*	*
Illinois	6.4	4.2	4.3	*	*	*	3.9	3.3	4.1
Indiana	*4.7	4.9	3.9	*	*	*	*	*5.1	*
Iowa	*	*4.0	*3.9	*	*	*	*	*	*
Kansas	*5.4	4.0	4.5	*	*	*	*	*	*
Kentucky	*	*3.7	*5.0	*	*	*	*	*	*
Louisiana ⁷	---	*	*3.5	*	*	*	*	*	*
Maine	*	*	*	*	*	*	*	*	*
Maryland	*4.7	3.8	3.7	*	*	*	*4.5	*3.4	4.1
Massachusetts	5.8	5.0	4.3	*	*	*	*3.9	*2.8	*2.5
Michigan	5.2	5.0	5.2	*	*	*	*	3.7	3.7
Minnesota	*	*3.3	3.0	*4.9	*	*	*3.2	*1.9	3.8
Mississippi	*	*	*	*	*	*	*	*	*
Missouri	*	6.0	*3.5	*	*	*	*	*5.2	*
Montana	*	*	*	*7.6	*	*4.7	*	*	*
Nebraska	*	*3.6	*3.4	*	*	*	*	*	*
Nevada	*4.1	2.8	3.6	*	*	*	*	*3.7	*3.7
New Hampshire ⁷	---	*	*	*	*	*	*	*	*
New Jersey	5.1	4.1	3.6	*	*	*	*3.4	3.1	2.5
New Mexico	4.9	3.6	3.5	4.9	*4.1	*3.3	*	*	*
New York	6.4	3.8	3.4	*	*	*	4.1	2.6	2.3
North Carolina	*5.5	4.4	4.7	*7.7	*8.4	*9.5	*	*3.8	*3.7
North Dakota	*	*	*	*	*	*	*	*	*
Ohio	*5.4	5.5	4.5	*	*	*	*	*4.0	*3.8
Oklahoma ⁷	---	3.9	3.2	*3.7	3.8	4.1	*	*	*
Oregon	6.5	3.4	3.9	*	*	*	*5.3	*3.5	*3.4
Pennsylvania	7.3	5.3	5.5	*	*	*	*5.2	3.6	4.1
Rhode Island	*4.9	*5.0	*6.4	*	*	*	*	*	*
South Carolina	*	*4.4	4.9	*	*	*	*	*	*
South Dakota	*	*	*	*8.2	*6.3	*4.9	*	*	*
Tennessee	*	4.2	3.9	*	*	*	*	*	*4.6
Texas	4.2	3.7	3.7	*	*	*	4.0	2.7	2.8
Utah	*3.6	4.6	3.4	*	*	*	*	*5.4	*4.5
Vermont	*	*	*	*	*	*	*	*	*
Virginia	*4.8	4.1	4.0	*	*	*	*4.1	3.8	3.3
Washington	4.9	3.9	3.0	*8.5	*4.8	*5.1	*2.7	3.2	2.7
West Virginia	*	*	*	*	*	*	*	*	*
Wisconsin	*3.9	4.5	4.3	*	*	*	*	*5.0	*3.9
Wyoming	*	*	*	*	*	*	*	*	*

* Estimates are considered unreliable. Rates preceded by an asterisk are based on fewer than 50 deaths in the numerator. Rates not shown are based on fewer than 20 deaths in the numerator.

--- Data not available.

¹Rates based on unweighted birth cohort data.

²Rates based on period file using weighted data. See [Appendix I, National Vital Statistics System \(NVSS\), Linked Birth/Infant Death Data Set](#).

³Infants under 28 days of age.

⁴Rates for white and black are substituted for non-Hispanic white and non-Hispanic black for Louisiana for 1989, Oklahoma for 1989–1990, and New Hampshire for 1989–1991.

⁵Persons of Hispanic origin may be of any race. See [Appendix II, Hispanic origin](#).

⁶Includes persons of Hispanic origin.

⁷Rates for Hispanic origin exclude data from states not reporting Hispanic origin on the birth certificate for 1 or more years in a 3-year period.

NOTES: Starting with 2003 data, some states reported multiple-race data. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards for comparability with other states. See [Appendix II, Race](#). National linked files do not exist for 1992–1994.

SOURCE: CDC/NCHS, National Vital Statistics System, Linked Birth/Infant Death Data Set. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 20. Infant mortality rates and international rankings: Organisation for Economic Co-operation and Development (OECD) countries, selected years 1960–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#020>.

[Data are based on reporting by OECD countries]

Country ²	1960	1970	1980	1990	2000	2006	2007	2008	International rankings ¹	
									1960	2008
Infant ³ deaths per 1,000 live births										
Australia	20.2	17.9	10.7	8.2	5.2	4.7	4.2	4.1	6	21
Austria	37.5	25.9	14.3	7.8	4.8	3.6	3.7	3.7	20	13
Belgium	31.4	21.1	12.1	8.0	4.8	4.0	3.9	3.7	18	13
Canada	27.3	18.8	10.4	6.8	5.3	5.0	5.1	---	13	---
Chile	120.3	79.3	33.0	16.0	8.9	7.6	8.3	7.8	28	28
Czech Republic	20.0	20.2	16.9	10.8	4.1	3.3	3.1	2.8	5	7
Denmark	21.5	14.2	8.4	7.5	5.3	3.5	4.0	4.0	9	19
Finland	21.0	13.2	7.6	5.6	3.8	2.8	2.7	2.6	7	3
France	27.7	18.2	10.0	7.3	4.5	3.8	3.8	3.8	14	15
Germany	35.0	22.5	12.4	7.0	4.4	3.8	3.9	3.5	19	11
Greece	40.1	29.6	17.9	9.7	5.9	3.7	3.5	2.7	21	5
Hungary	47.6	35.9	23.2	14.8	9.2	5.7	5.9	5.6	24	24
Iceland	13.0	13.2	7.7	5.9	3.0	1.4	2.0	2.5	1	1
Ireland	29.3	19.5	11.1	8.2	6.2	3.6	3.1	3.8	16	15
Israel ⁴	---	22.7	15.6	9.9	5.5	4.0	3.9	3.8	---	15
Italy	43.9	29.6	14.6	8.1	4.3	3.6	3.5	3.3	23	8
Japan	30.7	13.1	7.5	4.6	3.2	2.6	2.6	2.6	17	3
Mexico	92.3	80.9	52.6	39.2	19.4	16.2	15.7	15.2	27	30
Netherlands	16.5	12.7	8.6	7.1	5.1	4.4	4.1	3.8	3	15
New Zealand	22.6	16.7	13.0	8.4	6.3	5.1	4.8	5.0	11	23
Norway	16.0	11.3	8.1	6.9	3.8	3.2	3.1	2.7	2	5
Poland	54.8	36.7	25.5	19.3	8.1	6.0	6.0	5.6	25	24
Portugal	77.5	55.5	24.3	10.9	5.5	3.3	3.4	3.3	26	8
Republic of Korea	---	45.0	---	---	---	4.1	3.6	3.5	---	11
Slovak Republic	28.6	25.7	20.9	12.0	8.6	6.6	6.1	5.9	15	26
Spain	43.7	28.1	12.3	7.6	4.4	3.5	3.5	3.3	22	8
Sweden	16.6	11.0	6.9	6.0	3.4	2.8	2.5	2.5	4	1
Switzerland	21.1	15.1	9.1	6.8	4.9	4.4	3.9	4.0	8	19
Turkey	189.5	145.0	117.5	†51.5	31.6	16.9	15.9	14.9	29	29
United Kingdom	22.5	18.5	12.1	7.9	5.6	5.0	4.8	4.7	10	22
United States	26.0	20.0	12.6	9.2	6.9	6.7	6.8	6.6	12	27

--- Data not available.

†Break in series. See OECD website for updated data and additional information. Available at: <http://www.oecd.org/home/>.

††Data are estimated (shown in spreadsheet version). See OECD website for updated data and additional information. Available at: <http://www.oecd.org/home/>.

¹Rankings are from lowest to highest infant mortality rates (IMR). Countries with the same IMR receive the same rank. The country with the next highest IMR is assigned the rank it would have received had the lower-ranked countries not been tied, i.e., skip a rank. The latest year's international rankings are based on 2008 data because that is the most current data year for which most OECD countries have reported their final data.

²Refers to countries, territories, cities, or geographic areas with at least 2.5 million population and with complete counts of live births and infant deaths according to the United Nations Demographic Yearbook.

³Under 1 year of age.

⁴The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem, and Israeli settlements in the West Bank under the terms of international law.

NOTES: Some rates for selected countries and selected years were revised and differ from previous editions of *Health, United States*. Data for additional years are available. See [Appendix III](#).

SOURCE: Organisation for Economic Co-operation and Development (OECD) Health Data 2011, incorporating revisions to the annual update. Available from: <http://www.oecd.org/home/>. See [Appendix I, Organisation for Economic Co-operation and Development \(OECD\) Health Data](#).

Table 21 (page 1 of 2). Life expectancy at birth and at 65 years of age, by sex: Organisation for Economic Co-operation and Development (OECD) countries, selected years 1980–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#021>.

[Data are based on reporting by OECD countries]

Country	Male					Female				
	1980	1990	2000	2008	2009	1980	1990	2000	2008	2009
At birth	Life expectancy in years									
Australia	71.0	73.9	76.6	79.2	79.3	78.1	80.1	82.0	83.7	83.9
Austria	69.0	72.3	75.2	77.8	77.6	76.1	79.0	81.2	83.3	83.2
Belgium	69.9	72.7	74.6	76.9	77.3	76.7	79.5	81.0	82.6	82.8
Canada	71.7	74.4	76.3	---	---	78.9	80.8	81.7	---	---
Chile	---	69.4	73.7	75.1	†75.6	---	76.5	80.0	80.6	†80.9
Czech Republic ¹	66.9	67.6	71.7	74.1	74.2	74.0	75.5	78.5	80.5	80.5
Denmark	71.2	72.0	74.5	76.5	76.9	77.3	77.8	79.2	81.0	81.1
Estonia	64.2	64.5	65.1	68.6	69.8	74.2	74.7	76.0	79.2	80.1
Finland	69.3	71.0	74.2	76.5	76.6	78.0	79.0	81.2	83.3	83.5
France	70.2	72.8	75.2	77.6	†77.7	78.4	80.9	82.8	84.3	†84.4
Germany ²	69.6	72.0	75.1	77.6	77.8	76.2	78.5	81.2	82.7	82.8
Greece	73.0	74.7	75.5	77.7	77.8	77.5	79.5	80.6	82.3	82.7
Hungary	65.5	65.1	67.4	69.8	70.0	72.7	73.7	75.9	77.8	77.9
Iceland	73.7	75.4	78.4	79.6	79.7	79.7	80.5	81.8	83.0	83.3
Ireland	70.1	72.1	74.0	77.8	77.4	75.6	77.7	79.2	82.4	82.5
Israel ³	72.1	74.9	76.7	79.0	79.7	75.7	78.4	80.9	83.0	83.5
Italy	70.6	73.8	76.9	79.1	---	77.4	80.3	82.8	84.5	---
Japan	73.3	75.9	77.7	79.3	79.6	78.8	81.9	84.6	86.0	86.4
Luxembourg	70.0	72.4	74.6	78.1	78.1	75.6	78.7	81.3	83.1	83.3
Mexico	64.1	67.7	71.3	72.7	72.9	70.2	73.5	76.5	77.5	77.6
Netherlands	72.5	73.8	75.5	78.3	78.5	79.2	80.1	80.5	82.3	82.7
New Zealand	70.1	72.5	75.9	78.4	78.8	76.2	78.4	80.8	82.4	82.7
Norway	72.4	73.5	76.0	78.4	78.7	79.3	79.9	81.5	83.2	83.2
Poland	66.0	66.2	69.7	71.3	71.5	74.4	75.2	78.0	80.0	80.0
Portugal	67.9	70.6	73.2	76.2	76.5	74.9	77.5	80.2	82.4	82.6
Republic of Korea	61.8	67.3	72.3	76.5	76.8	70.0	75.5	79.6	83.3	83.8
Slovak Republic ¹	66.8	66.6	69.1	70.9	71.3	74.3	75.4	77.4	78.7	78.7
Slovenia	---	69.4	71.9	75.4	75.8	---	77.2	79.1	82.3	82.3
Spain	72.3	73.4	75.8	78.2	78.6	78.5	80.6	82.9	84.5	84.9
Sweden	72.8	74.8	77.4	79.1	79.4	78.8	80.4	82.0	83.2	83.4
Switzerland	72.3	74.0	77.0	79.8	79.9	79.0	80.9	82.8	84.6	84.6
Turkey	55.8	††65.4	69.0	71.4	71.5	60.3	††69.5	73.1	75.8	76.1
United Kingdom	70.2	72.9	75.5	77.8	78.3	76.2	78.5	80.3	81.9	82.5
United States	70.0	71.8	74.1	75.6	76.0	77.4	78.8	79.3	80.6	80.9

See footnotes at end of table.

Table 21 (page 2 of 2). Life expectancy at birth and at 65 years of age, by sex: Organisation for Economic Co-operation and Development (OECD) countries, selected years 1980–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#021>.

[Data are based on reporting by OECD countries]

Country	Male					Female				
	1980	1990	2000	2008	2009	1980	1990	2000	2008	2009
At 65 years	Life expectancy in years									
Australia	13.7	15.2	16.9	18.6	18.7	17.9	19.0	20.4	21.6	21.8
Austria	12.9	14.4	16.0	17.7	17.7	16.3	18.1	19.6	21.1	21.2
Belgium	12.9	14.3	15.6	17.3	17.5	16.8	18.8	19.7	20.9	21.1
Canada	14.5	15.7	16.5	---	---	18.9	19.9	20.2	---	---
Chile	---	13.7	15.5	17.0	†16.8	---	17.2	19.3	20.4	†19.9
Czech Republic ¹	11.2	11.7	13.8	15.3	15.2	14.4	15.3	17.3	18.8	18.8
Denmark	13.6	14.0	15.2	16.6	16.8	17.6	17.9	18.3	19.5	19.5
Estonia	---	11.9	12.5	13.6	14.4	---	15.5	16.8	18.6	18.3
Finland	12.6	13.8	15.5	17.5	17.3	17.0	17.8	19.5	21.3	21.5
France	13.6	15.5	16.7	18.2	---	18.2	19.8	21.2	22.5	---
Germany ²	12.8	14.0	15.8	17.5	17.6	16.3	17.7	19.6	20.7	20.8
Greece	15.2	15.7	16.1	17.8	18.1	17.0	18.0	18.4	19.8	20.2
Hungary	11.6	12.0	12.7	13.6	13.7	14.6	15.3	16.5	17.5	17.6
Iceland	15.8	16.2	18.1	18.2	18.3	19.1	19.5	19.7	20.5	20.6
Ireland	12.6	13.3	14.6	16.8	17.2	15.7	17.0	18.0	20.3	20.6
Israel ³	---	15.7	17.0	18.5	18.9	---	17.8	19.0	20.7	21.2
Italy	13.3	15.2	16.7	18.2	---	17.1	18.9	20.7	22.0	---
Japan	14.6	16.2	17.5	18.6	18.9	17.7	20.0	22.4	23.6	24.0
Luxembourg	12.6	14.3	15.5	17.4	17.6	16.5	18.5	20.1	21.0	21.4
Mexico	15.4	16.0	16.5	16.8	16.8	17.0	17.8	18.1	18.3	18.3
Netherlands	13.7	14.4	15.3	17.3	17.4	18.0	18.9	19.2	20.5	20.8
New Zealand	13.2	14.6	16.5	18.3	18.6	17.0	18.3	19.8	20.8	21.1
Norway	14.3	14.6	16.1	17.6	18.0	18.2	18.7	19.9	21.0	21.1
Poland	12.0	12.4	13.6	14.7	14.7	15.5	16.1	17.5	19.0	19.1
Portugal	13.1	14.0	15.4	16.9	17.1	16.1	17.1	18.9	20.3	20.5
Republic of Korea	10.5	12.4	14.3	16.6	17.1	15.1	16.3	18.2	21.0	21.5
Slovak Republic ¹	12.3	12.2	12.9	13.8	13.9	15.4	15.7	16.5	17.5	17.6
Slovenia	---	13.2	14.1	16.3	16.3	---	16.7	17.9	20.2	20.1
Spain	14.6	15.5	16.7	18.1	18.3	17.8	19.3	20.8	22.1	22.4
Sweden	14.3	15.3	16.7	17.9	18.2	17.9	19.0	20.0	20.8	21.0
Switzerland	14.3	15.3	17.0	18.9	19.0	18.2	19.7	20.9	22.3	22.2
Turkey	11.7	††12.8	13.4	14.0	14.0	12.8	††14.3	15.1	15.8	15.9
United Kingdom	12.6	14.0	15.8	17.7	18.1	16.6	17.9	19.0	20.3	20.8
United States	14.1	15.1	16.0	17.3	17.6	18.3	18.9	19.0	20.0	20.3

--- Data not available.

†Data are estimated. See OECD website for updated data and additional information. Available at: <http://www.oecd.org/home/>.

††Break in series. See OECD website for updated data and additional information. Available at: <http://www.oecd.org/home/>.

¹In 1993, Czechoslovakia was divided into two nations, the Czech Republic and Slovakia. Data for years prior to 1993 are from the Czech and Slovak regions of Czechoslovakia.

²Until 1990, estimates refer to the Federal Republic of Germany; from 1995 onwards data refer to Germany after reunification.

³The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by OECD is without prejudice to the status of the Golan Heights, East Jerusalem, and Israeli settlements in the West Bank under the terms of international law.

NOTES: Because calculation of life expectancy estimates varies among countries, ranks are not presented; comparisons among countries and their interpretation should be made with caution. See [Appendix II, Life expectancy](#). Some estimates for selected countries and selected years were revised and differ from the previous editions of *Health, United States*. Data for the United States for 2009 are from: http://www.cdc.gov/nchs/data/dvs/deaths_2009_release.pdf. Data for additional years are available. See [Appendix III](#).

SOURCE: Organisation for Economic Co-operation and Development (OECD) Health Data 2011, OECD.StatExtracts, available from: <http://www.oecd.org/home/>; CDC/NCHS. Vital statistics of the United States (selected years). Public Health Service. Washington, DC. See [Appendix I, Organisation for Economic Co-operation and Development \(OECD\) Health Data](#).

Table 22 (page 1 of 2). Life expectancy at birth, at 65 years of age, and at 75 years of age, by sex, race, and Hispanic origin: United States, selected years 1900–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#022>.

[Data are based on death certificates]

Specified age and year	All races			White			Black or African American ¹		
	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female
At birth									
Remaining life expectancy in years									
1900 ^{2,3}	47.3	46.3	48.3	47.6	46.6	48.7	33.0	32.5	33.5
1950 ³	68.2	65.6	71.1	69.1	66.5	72.2	60.8	59.1	62.9
1960 ³	69.7	66.6	73.1	70.6	67.4	74.1	63.6	61.1	66.3
1970	70.8	67.1	74.7	71.7	68.0	75.6	64.1	60.0	68.3
1980	73.7	70.0	77.4	74.4	70.7	78.1	68.1	63.8	72.5
1990	75.4	71.8	78.8	76.1	72.7	79.4	69.1	64.5	73.6
1995	75.8	72.5	78.9	76.5	73.4	79.6	69.6	65.2	73.9
1999	76.7	73.9	79.4	77.3	74.6	79.9	71.4	67.8	74.7
2000	76.8	74.1	79.3	77.3	74.7	79.9	71.8	68.2	75.1
2001	76.9	74.2	79.4	77.4	74.8	79.9	72.0	68.4	75.2
2002	76.9	74.3	79.5	77.4	74.9	79.9	72.1	68.6	75.4
2003	77.1	74.5	79.6	77.6	75.0	80.0	72.3	68.8	75.6
2004	77.5	74.9	79.9	77.9	75.4	80.4	72.8	69.3	76.0
2005	77.4	74.9	79.9	77.9	75.4	80.4	72.8	69.3	76.1
2006	77.7	75.1	80.2	78.2	75.7	80.6	73.2	69.7	76.5
2007	77.9	75.4	80.4	78.4	75.9	80.8	73.6	70.0	76.8
2008	78.1	75.6	80.6	78.5	76.1	80.9	74.0	70.6	77.2
2009	78.5	76.0	80.9	78.8	76.4	81.2	74.5	71.1	77.6
At 65 years									
1950 ³	13.9	12.8	15.0	14.1	12.8	15.1	13.9	12.9	14.9
1960 ³	14.3	12.8	15.8	14.4	12.9	15.9	13.9	12.7	15.1
1970	15.2	13.1	17.0	15.2	13.1	17.1	14.2	12.5	15.7
1980	16.4	14.1	18.3	16.5	14.2	18.4	15.1	13.0	16.8
1990	17.2	15.1	18.9	17.3	15.2	19.1	15.4	13.2	17.2
1995	17.4	15.6	18.9	17.6	15.7	19.1	15.6	13.6	17.1
1999	17.7	16.1	19.1	17.8	16.1	19.2	16.0	14.3	17.3
2000	17.6	16.0	19.0	17.7	16.1	19.1	16.1	14.1	17.5
2001	17.7	16.2	19.0	17.8	16.3	19.1	16.2	14.2	17.6
2002	17.8	16.2	19.1	17.9	16.3	19.2	16.3	14.4	17.7
2003	17.9	16.4	19.2	18.0	16.5	19.3	16.4	14.5	17.9
2004	18.2	16.7	19.5	18.3	16.8	19.5	16.7	14.8	18.2
2005	18.2	16.8	19.5	18.3	16.9	19.5	16.8	14.9	18.2
2006	18.5	17.0	19.7	18.6	17.1	19.8	17.1	15.1	18.6
2007	18.6	17.2	19.9	18.7	17.3	19.9	17.2	15.2	18.7
2008	18.8	17.3	20.0	18.8	17.4	20.0	17.4	15.4	18.9
2009	19.2	17.6	20.3	19.1	17.7	20.4	17.8	15.8	19.3
At 75 years									
1980	10.4	8.8	11.5	10.4	8.8	11.5	9.7	8.3	10.7
1990	10.9	9.4	12.0	11.0	9.4	12.0	10.2	8.6	11.2
1995	11.0	9.7	11.9	11.1	9.7	12.0	10.2	8.8	11.1
1999	11.2	10.0	12.1	11.2	10.0	12.1	10.4	9.2	11.1
2000	11.0	9.8	11.8	11.0	9.8	11.9	10.4	9.0	11.3
2001	11.1	9.9	11.9	11.1	9.9	11.9	10.5	9.1	11.4
2002	11.0	9.9	11.9	11.1	9.9	11.9	10.5	9.2	11.4
2003	11.1	10.0	11.9	11.1	10.0	11.9	10.6	9.3	11.5
2004	11.4	10.3	12.2	11.4	10.3	12.2	10.8	9.5	11.7
2005	11.3	10.2	12.1	11.4	10.3	12.1	10.8	9.5	11.7
2006	11.6	10.5	12.3	11.5	10.5	12.3	11.1	9.8	12.0
2007	11.7	10.6	12.5	11.7	10.6	12.4	11.2	9.9	12.1
2008	11.8	10.7	12.6	11.8	10.7	12.6	11.3	9.9	12.3
2009	12.2	11.0	12.9	12.1	11.0	12.9	11.7	10.3	12.6

See footnotes at end of table.

Table 22 (page 2 of 2). Life expectancy at birth, at 65 years of age, and at 75 years of age, by sex, race, and Hispanic origin: United States, selected years 1900–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#022>.

[Data are based on death certificates]

Specified age and year	White, not Hispanic			Black, not Hispanic			Hispanic ⁴		
	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female
At birth									
Remaining life expectancy in years									
2006	78.1	75.6	80.4	72.9	69.2	76.2	80.6	77.9	83.1
2007	78.2	75.8	80.6	73.2	69.6	76.5	80.9	78.2	83.4
2008	78.4	75.9	80.8	73.7	70.2	76.9	81.0	78.4	83.3
2009	78.7	76.3	81.1	74.2	70.7	77.3	81.2	78.7	83.5
At 65 years									
2006	18.5	17.1	19.7	17.0	15.0	18.4	20.6	19.0	21.7
2007	18.7	17.2	19.8	17.1	15.1	18.5	20.8	19.2	21.9
2008	18.8	17.3	20.0	17.3	15.3	18.8	20.7	19.1	21.8
2009	19.1	17.6	20.3	17.7	15.7	19.1	20.9	19.4	22.0
At 75 years									
2006	11.5	10.4	12.3	11.0	9.7	11.9	13.3	12.1	14.1
2007	11.6	10.6	12.4	11.1	9.8	12.0	13.5	12.3	14.1
2008	11.8	10.7	12.6	11.3	9.8	12.2	13.4	12.2	14.0
2009	12.1	11.0	12.9	11.7	10.2	12.5	13.6	12.4	14.3

--- Data not available.

¹Data shown for 1900–1960 are for the nonwhite population.

²Death registration area only. The death registration area increased from 10 states and the District of Columbia (D.C.) in 1900 to the coterminous United States in 1933. See [Appendix II, Registration area](#).

³Includes deaths of persons who were not residents of the 50 states and D.C.

⁴Hispanic origin was added to the U.S. standard death certificate in 1989 and was adopted by every state in 1997. To estimate life expectancy, age-specific death rates were corrected to address racial and ethnic misclassification, which underestimates deaths in the Hispanic population. To address the effects of age misstatement at the oldest ages, the probability of death for Hispanic persons older than 80 years is estimated as a function of non-Hispanic white mortality with the use of the Brass relational logit model. See [Appendix II, Hispanic origin](#). See [Appendix II, Race](#), for a discussion of sources of bias in death rates by race and Hispanic origin.

NOTES: Populations for computing life expectancy for 1991–1999 are 1990-based postcensal estimates of U.S. resident population. See [Appendix I, Population Census and Population Estimates](#). In 1997, life table methodology was revised to construct complete life tables by single years of age that extend to age 100.

(Anderson RN. Method for constructing complete annual U.S. life tables. NCHS. Vital Health Stat 2(129). 1999.) Previously, abridged life tables were constructed for 5-year age groups ending with 85 years and over. Life table values for 2000 and later years were computed using a slight modification of the new life table method due to a change in the age detail of populations received from the U.S. Census Bureau. Values for data years 2000 and beyond are based on a newly revised methodology that uses vital statistics death rates for ages under 66 years and modeled probabilities of death for ages 66 to 100 years based on blended vital statistics and Medicare probabilities of dying and may differ from figures previously published. The revised methodology is similar to that developed for the 1999–2001 decennial life tables.

See [Appendix II, Life expectancy](#). Starting with 2003 data, some states allowed the reporting of more than one race on the death certificate. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. The race groups, white and black that are shown on the first page of this table, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. See [Appendix II, Race](#). Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Vital Statistics System; Grove RD, Hetzel AM. Vital statistics rates in the United States, 1940–1960. Washington, DC: U.S. Government Printing Office, 1968; Arias E. United States life tables by Hispanic origin. Vital health statistics; vol 2 no 152. Hyattsville, MD: NCHS; 2010. Miniño AM, Xu JQ, Kochanek KD, Murphy SL. Deaths: Final data for 2009. National vital statistics reports; vol 60 no 3. Hyattsville, MD: NCHS; 2012. Available from: http://www.cdc.gov/nchs/data/dvs/deaths_2009_release.pdf. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 23 (page 1 of 2). Age-adjusted death rates, by race, Hispanic origin, and state: United States, average annual 1979–1981, 1989–1991, and 2006–2008

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2011.htm#023>.

[Data are based on death certificates]

State	All persons			White	Black or African American	American Indian or Alaska Native ¹	Asian or Pacific Islander	Hispanic or Latino ²	White, not Hispanic or Latino
	1979–1981	1989–1991	2006–2008	2006–2008	2006–2008	2006–2008	2006–2008	2006–2008	2006–2008
Age-adjusted death rate per 100,000 population ³									
United States	1,022.8	942.2	764.9	754.6	957.9	625.4	418.8	546.7	768.8
Alabama	1,091.2	1,037.9	937.7	904.7	1,076.8	307.6	373.4	299.6	910.0
Alaska	1,087.4	944.6	756.9	730.8	713.0	1,026.2	433.7	498.2	736.4
Arizona	951.5	873.5	685.6	682.3	771.0	789.2	341.2	610.2	689.9
Arkansas	1,017.0	996.3	890.5	868.3	1,089.4	374.0	467.5	305.7	879.0
California	975.5	911.0	678.0	699.3	941.3	410.3	435.1	541.6	732.4
Colorado	941.1	856.1	708.8	714.1	786.3	494.9	373.9	669.0	713.4
Connecticut	961.5	857.5	700.0	696.7	785.2	288.2	304.1	530.5	697.8
Delaware	1,069.7	1,001.9	779.4	763.6	891.9	*	316.8	451.1	763.0
District of Columbia	1,243.1	1,255.3	869.9	554.5	1,096.3	*	392.1	355.1	563.7
Florida	960.8	870.9	691.8	676.4	869.3	257.0	310.0	547.9	701.2
Georgia	1,094.3	1,037.4	843.3	813.0	965.5	248.8	382.1	248.2	829.8
Hawaii	801.2	752.2	608.7	648.7	441.2	*	601.1	896.6	667.7
Idaho	936.7	856.6	734.8	737.2	530.0	707.1	490.4	514.5	741.7
Illinois	1,063.7	973.8	770.6	745.6	1,020.8	255.1	347.7	441.1	760.3
Indiana	1,048.3	962.0	830.9	821.9	1,001.1	151.0	254.2	397.6	825.5
Iowa	919.9	848.2	731.1	729.0	975.5	686.8	328.9	375.0	732.4
Kansas	940.1	867.2	787.5	776.2	1,030.8	1,192.5	416.0	508.2	780.7
Kentucky	1,088.9	1,024.5	904.8	901.6	1,019.5	179.2	416.0	448.7	904.4
Louisiana	1,132.6	1,074.6	926.2	872.9	1,092.0	336.0	413.4	348.9	883.6
Maine	1,002.9	918.7	771.1	771.9	591.0	*	332.9	324.3	770.5
Maryland	1,063.3	985.2	782.4	747.1	932.9	305.0	362.8	320.4	759.6
Massachusetts	982.6	884.8	710.9	717.4	749.0	311.4	359.2	470.6	718.1
Michigan	1,050.2	966.0	810.6	781.3	1,050.6	890.9	345.0	672.4	781.1
Minnesota	892.9	825.2	669.9	661.5	864.6	985.2	502.1	400.8	662.6
Mississippi	1,108.7	1,071.4	951.5	893.6	1,091.5	749.7	403.5	260.9	898.2
Missouri	1,033.7	952.4	840.7	823.9	1,048.1	377.8	351.4	468.5	828.2
Montana	1,013.6	890.2	780.4	761.6	*	1,141.1	*	526.5	756.3
Nebraska	930.6	867.9	740.1	731.7	986.7	978.1	333.0	463.6	735.9
Nevada	1,077.4	1,017.4	818.3	840.2	883.6	630.4	434.0	425.2	892.4
New Hampshire	982.3	891.7	721.3	727.5	495.6	*	254.3	288.3	729.8
New Jersey	1,047.5	956.0	726.0	719.6	904.9	261.2	326.7	458.7	738.8
New Mexico	967.1	891.9	763.0	763.0	669.8	793.6	357.5	729.8	758.8
New York	1,051.8	973.7	687.7	694.3	741.7	253.9	358.5	534.7	696.3
North Carolina	1,050.4	986.0	834.4	801.4	997.4	806.2	343.0	280.1	810.4
North Dakota	922.4	818.4	706.4	685.7	*	1,282.9	*	422.2	673.0
Ohio	1,070.6	967.4	838.6	821.2	1,035.5	238.1	337.7	450.0	823.7
Oklahoma	1,025.6	961.4	923.9	915.8	1,068.8	921.1	455.6	499.0	927.4
Oregon	953.9	893.0	757.5	764.9	780.5	736.9	437.8	402.3	774.0
Pennsylvania	1,076.4	963.4	795.8	778.5	1,025.9	203.6	361.7	489.4	780.5
Rhode Island	990.8	889.6	748.9	752.8	731.0	*	366.0	401.7	758.5
South Carolina	1,104.6	1,030.0	851.1	802.2	1,021.1	415.7	347.5	401.4	805.9
South Dakota	941.9	846.4	713.8	678.4	645.3	1,294.1	*	341.0	680.1
Tennessee	1,045.5	1,011.8	894.0	872.3	1,070.3	272.2	380.2	277.8	878.2
Texas	1,014.9	947.6	779.1	771.5	976.9	207.3	372.4	626.7	812.1
Utah	924.9	823.2	685.8	688.4	688.5	709.2	510.9	513.0	695.6
Vermont	990.2	908.6	724.2	727.8	*	*	*	*	729.2
Virginia	1,054.0	963.1	771.3	748.0	955.4	279.6	387.6	367.4	755.5
Washington	947.7	869.4	722.8	731.0	853.5	885.8	451.7	468.7	738.0
West Virginia	1,100.3	1,031.5	950.6	952.3	1,059.1	*	225.3	232.5	956.6
Wisconsin	956.4	879.1	736.3	721.9	1,034.4	1,000.8	473.4	399.9	725.1
Wyoming	1,016.1	897.4	798.9	793.8	*	1,084.0	*	720.5	793.5

See footnotes at end of table.

Table 23 (page 2 of 2). Age-adjusted death rates, by race, Hispanic origin, and state: United States, average annual 1979–1981, 1989–1991, and 2006–2008

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2011.htm#023>.

[Data are based on death certificates]

* Prior to 2006–2008, data for states with populations under 10,000 in the middle year of a 3-year period, or fewer than 50 deaths for the 3-year period, are considered unreliable and are not shown. In 2006–2008, data for states with an average population for the 3-year period of under 10,000, or fewer than 50 deaths for the 3-year period, are considered unreliable and are not shown.

¹All data for the American Indian or Alaska Native (AIAN) category should be used with caution. Agreement between self-reported race and death certificate proxy reporting was found to be poor for the AIAN population. (Arias E, Schauman WS, Eschbach K, et al. The validity of race and Hispanic origin reporting on death certificates in the United States. National Center for Health Statistics. Vital Health Stat 2(148). 2008.) See [Appendix II, Race](#).

²Caution should also be used when comparing death rates by Hispanic origin and race among states. Estimates of death rates may be affected by several factors, including possible misreporting of race and Hispanic origin on the death certificate, migration patterns between United States and country of origin for persons who were born outside the United States, and possible biases in population estimates. See [Appendix I, National Vital Statistics System \(NVSS\), Mortality File](#), and [Appendix II, Hispanic origin; Race](#).

³Average annual death rates, age-adjusted using the year 2000 standard population. Prior to 2001, age-adjusted rates were calculated using standard million proportions based on rounded population numbers. Starting with 2001 data, unrounded population numbers are used to calculate age-adjusted rates. See [Appendix II, Age adjustment](#). Prior to 2006–2008, denominators for rates are resident population estimates for the middle year of each 3-year period, multiplied by 3. Starting with 2006–2008, denominators for rates are the 3-year average population. See [Appendix I, Population Census and Population Estimates](#).

NOTES: The race groups, white, black, American Indian or Alaska Native, and Asian or Pacific Islander, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native, Asian or Pacific Islander, and Hispanic populations are known to be underestimated. See [Appendix II, Race](#), for a discussion of sources of bias in death rates by race and Hispanic origin. Starting with 2003 data, some states allowed the reporting of more than one race on the death certificate. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See [Appendix II, Race](#).

SOURCE: CDC/NCHS, National Vital Statistics System; numerator data from annual mortality files; denominator data from state population estimates prepared by the U.S. Census Bureau 1980 from April 1, 1980 MARS Census File; 1990 from April 1, 1990 MARS Census File; 2006 from bridged-race Vintage 2006 file. Estimates of the July 1, 2006, resident populations of the United States by state and county, race, age, sex, and Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau; 2007 from bridged-race Vintage 2007 file. Estimates of the July 1, 2007, resident populations of the United States by state and county, race, age, sex, and Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau; 2008 from bridged-race Vintage 2008 file. Estimates of the July 1, 2008, prepared under a collaborative arrangement with the U.S. Census Bureau. Available from: http://www.cdc.gov/nchs/nvss/bridged_race.htm. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 24 (page 1 of 4). Age-adjusted death rates for selected causes of death, by sex, race, and Hispanic origin: United States, selected years 1950–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#024>.

[Data are based on death certificates]

<i>Sex, race, Hispanic origin, and cause of death</i> ¹	1950 ^{2,3}	1960 ^{2,3}	1970 ³	1980 ³	1990	2000 ⁴	2005 ⁴	2007 ⁴	2008 ⁴
All persons									
Age-adjusted death rate per 100,000 population ⁵									
All causes	1,446.0	1,339.2	1,222.6	1,039.1	938.7	869.0	798.8	760.2	758.3
Diseases of heart	588.8	559.0	492.7	412.1	321.8	257.6	211.1	190.9	186.5
Ischemic heart disease	---	---	---	345.2	249.6	186.8	144.4	126.0	122.7
Cerebrovascular diseases	180.7	177.9	147.7	96.2	65.3	60.9	46.6	42.2	40.7
Malignant neoplasms	193.9	193.9	198.6	207.9	216.0	199.6	183.8	178.4	175.3
Trachea, bronchus, and lung	15.0	24.1	37.1	49.9	59.3	56.1	52.6	50.6	49.5
Colon, rectum, and anus	---	30.3	28.9	27.4	24.5	20.8	17.5	16.9	16.4
Chronic lower respiratory diseases	---	---	---	28.3	37.2	44.2	43.2	40.8	44.0
Influenza and pneumonia	48.1	53.7	41.7	31.4	36.8	23.7	20.3	16.2	16.9
Chronic liver disease and cirrhosis	11.3	13.3	17.8	15.1	11.1	9.5	9.0	9.1	9.2
Diabetes mellitus	23.1	22.5	24.3	18.1	20.7	25.0	24.6	22.5	21.8
Alzheimer's disease	---	---	---	†	†	18.1	22.9	22.7	24.4
Human immunodeficiency virus (HIV) disease	---	---	---	---	10.2	5.2	4.2	3.7	3.3
Unintentional injuries	78.0	62.3	60.1	46.4	36.3	34.9	39.1	40.0	38.8
Motor vehicle-related injuries	24.6	23.1	27.6	22.3	18.5	15.4	15.2	14.4	12.9
Poisoning	2.5	1.7	2.8	1.9	2.3	4.5	7.9	9.8	10.2
Suicide ⁶	13.2	12.5	13.1	12.2	12.5	10.4	10.9	11.3	11.6
Homicide ⁶	5.1	5.0	8.8	10.4	9.4	5.9	6.1	6.1	5.9
Male									
All causes	1,674.2	1,609.0	1,542.1	1,348.1	1,202.8	1,053.8	951.1	905.6	900.6
Diseases of heart	699.0	687.6	634.0	538.9	412.4	320.0	260.9	237.7	232.3
Ischemic heart disease	---	---	---	459.7	328.2	241.4	187.4	165.4	161.2
Cerebrovascular diseases	186.4	186.1	157.4	102.2	68.5	62.4	46.9	42.5	40.9
Malignant neoplasms	208.1	225.1	247.6	271.2	280.4	248.9	225.1	217.5	213.6
Trachea, bronchus, and lung	24.6	43.6	67.5	85.2	91.1	76.7	69.0	65.1	63.6
Colon, rectum, and anus	---	31.8	32.3	32.8	30.4	25.1	20.9	20.1	19.5
Prostate	28.6	28.7	28.8	32.8	38.4	30.4	24.5	23.5	22.3
Chronic lower respiratory diseases	---	---	---	49.9	55.4	55.8	51.2	48.0	51.4
Influenza and pneumonia	55.0	65.8	54.0	42.1	47.8	28.9	23.9	19.3	19.9
Chronic liver disease and cirrhosis	15.0	18.5	24.8	21.3	15.9	13.4	12.4	12.7	12.7
Diabetes mellitus	18.8	19.9	23.0	18.1	21.7	27.8	28.4	26.4	25.6
Alzheimer's disease	---	---	---	†	†	15.2	18.5	18.5	20.1
Human immunodeficiency virus (HIV) disease	---	---	---	---	18.5	7.9	6.2	5.4	4.8
Unintentional injuries	101.8	85.5	87.4	69.0	52.9	49.3	54.2	55.2	53.6
Motor vehicle-related injuries	38.5	35.4	41.5	33.6	26.5	21.7	21.7	20.9	18.8
Poisoning	3.3	2.3	3.9	2.7	3.5	6.6	10.7	13.0	13.5
Suicide ⁶	21.2	20.0	19.8	19.9	21.5	17.7	18.0	18.4	18.9
Homicide ⁶	7.9	7.5	14.3	16.6	14.8	9.0	9.6	9.6	9.3
Female									
All causes	1,236.0	1,105.3	971.4	817.9	750.9	731.4	677.6	643.4	643.4
Diseases of heart	486.6	447.0	381.6	320.8	257.0	210.9	172.3	154.0	150.4
Ischemic heart disease	---	---	---	263.1	193.9	146.5	111.7	95.7	93.0
Cerebrovascular diseases	175.8	170.7	140.0	91.7	62.6	59.1	45.6	41.3	39.9
Malignant neoplasms	182.3	168.7	163.2	166.7	175.7	167.6	155.6	151.3	148.5
Trachea, bronchus, and lung	5.8	7.5	13.1	24.4	37.1	41.3	40.5	40.0	39.0
Colon, rectum, and anus	---	29.1	26.5	23.8	20.6	17.7	14.8	14.4	14.0
Breast	31.9	31.7	32.1	31.9	33.3	26.8	24.1	22.9	22.5
Chronic lower respiratory diseases	---	---	---	14.9	26.6	37.4	38.1	36.0	39.1
Influenza and pneumonia	41.9	43.8	32.7	25.1	30.5	20.7	17.9	14.2	15.0
Chronic liver disease and cirrhosis	7.8	8.7	11.9	9.9	7.1	6.2	5.8	5.9	6.0
Diabetes mellitus	27.0	24.7	25.1	18.0	19.9	23.0	21.6	19.5	18.8
Alzheimer's disease	---	---	---	†	†	19.3	25.1	24.9	26.7
Human immunodeficiency virus (HIV) disease	---	---	---	---	2.2	2.5	2.3	2.1	1.9
Unintentional injuries	54.0	40.0	35.1	26.1	21.5	22.0	25.0	25.8	25.1
Motor vehicle-related injuries	11.5	11.7	14.9	11.8	11.0	9.5	8.9	8.2	7.3
Poisoning	1.7	1.1	1.8	1.3	1.2	2.5	5.1	6.6	6.8
Suicide ⁶	5.6	5.6	7.4	5.7	4.8	4.0	4.4	4.7	4.8
Homicide ⁶	2.4	2.6	3.7	4.4	4.0	2.8	2.5	2.5	2.4

See footnotes at end of table.

Table 24 (page 2 of 4). Age-adjusted death rates for selected causes of death, by sex, race, and Hispanic origin: United States, selected years 1950–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#024>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and cause of death ¹	1950 ^{2,3}	1960 ^{2,3}	1970 ³	1980 ³	1990	2000 ⁴	2005 ⁴	2007 ⁴	2008 ⁴
White ⁷									
	Age-adjusted death rate per 100,000 population ⁵								
All causes	1,410.8	1,311.3	1,193.3	1,012.7	909.8	849.8	785.3	749.4	750.3
Diseases of heart	586.0	559.0	492.2	409.4	317.0	253.4	207.8	187.8	183.9
Ischemic heart disease	---	---	---	347.6	249.7	185.6	143.8	125.5	122.5
Cerebrovascular diseases	175.5	172.7	143.5	93.2	62.8	58.8	44.7	40.5	39.1
Malignant neoplasms	194.6	193.1	196.7	204.2	211.6	197.2	182.6	177.5	174.7
Trachea, bronchus, and lung	15.2	24.0	36.7	49.2	58.6	56.2	53.1	51.2	50.2
Colon, rectum, and anus	---	30.9	29.2	27.4	24.1	20.3	16.9	16.4	16.0
Chronic lower respiratory diseases	---	---	---	29.3	38.3	46.0	45.4	43.0	46.4
Influenza and pneumonia	44.8	50.4	39.8	30.9	36.4	23.5	20.2	16.0	16.7
Chronic liver disease and cirrhosis	11.5	13.2	16.6	13.9	10.5	9.6	9.2	9.4	9.6
Diabetes mellitus	22.9	21.7	22.9	16.7	18.8	22.8	22.5	20.5	19.9
Alzheimer's disease	---	---	---	†	†	18.8	23.7	23.5	25.4
Human immunodeficiency virus (HIV) disease . . . . .	...	...	...	...	8.3	2.8	2.2	1.9	1.7
Unintentional injuries	77.0	60.4	57.8	45.3	35.5	35.1	40.1	41.5	40.7
Motor vehicle-related injuries	24.4	22.9	27.1	22.6	18.5	15.6	15.6	14.8	13.3
Poisoning	2.4	1.6	2.4	1.8	2.1	4.5	8.4	10.6	11.1
Suicide ⁶	13.9	13.1	13.8	13.0	13.4	11.3	12.0	12.5	12.9
Homicide ⁶	2.6	2.7	4.7	6.7	5.5	3.6	3.7	3.7	3.7
Black or African American ⁷									
All causes	1,722.1	1,577.5	1,518.1	1,314.8	1,250.3	1,121.4	1,016.5	958.0	934.9
Diseases of heart	588.7	548.3	512.0	455.3	391.5	324.8	271.3	247.3	238.6
Ischemic heart disease	---	---	---	334.5	267.0	218.3	171.3	150.6	143.7
Cerebrovascular diseases	233.6	235.2	197.1	129.1	91.6	81.9	65.2	60.3	57.4
Malignant neoplasms	176.4	199.1	225.3	256.4	279.5	248.5	222.7	215.5	209.1
Trachea, bronchus, and lung	11.1	23.7	41.3	59.7	72.4	64.0	58.4	55.6	53.4
Colon, rectum, and anus	---	22.8	26.1	28.3	30.6	28.2	24.8	23.5	22.8
Chronic lower respiratory diseases	---	---	---	19.2	28.1	31.6	30.6	28.1	30.4
Influenza and pneumonia	76.7	81.1	57.2	34.4	39.4	25.6	21.7	18.4	18.9
Chronic liver disease and cirrhosis	9.0	13.6	28.1	25.0	16.5	9.4	7.7	7.4	7.0
Diabetes mellitus	23.5	30.9	38.8	32.7	40.5	49.5	46.9	42.8	40.5
Alzheimer's disease	---	---	---	†	†	13.0	19.4	19.0	19.7
Human immunodeficiency virus (HIV) disease . . . . .	...	...	...	...	26.7	23.3	19.4	17.3	15.3
Unintentional injuries	79.9	74.0	78.3	57.6	43.8	37.7	38.7	36.6	33.3
Motor vehicle-related injuries	26.0	24.2	31.1	20.2	18.8	15.7	14.5	14.1	12.3
Poisoning	2.8	2.9	5.8	3.1	4.1	6.0	8.2	8.6	7.8
Suicide ⁶	4.5	5.0	6.2	6.5	7.1	5.5	5.2	5.0	5.3
Homicide ⁶	28.3	26.0	44.0	39.0	36.3	20.5	21.1	21.1	19.5
American Indian or Alaska Native ⁷									
All causes	---	---	---	867.0	716.3	709.3	663.4	627.2	610.1
Diseases of heart	---	---	---	240.6	200.6	178.2	141.8	127.3	119.8
Ischemic heart disease	---	---	---	173.6	139.1	129.1	96.2	86.7	79.5
Cerebrovascular diseases	---	---	---	57.8	40.7	45.0	34.8	29.8	24.5
Malignant neoplasms	---	---	---	113.7	121.8	127.8	123.2	117.8	119.6
Trachea, bronchus, and lung	---	---	---	20.7	30.9	32.3	34.1	32.7	33.2
Colon, rectum, and anus	---	---	---	9.5	12.0	13.4	12.0	11.5	13.8
Chronic lower respiratory diseases	---	---	---	14.2	25.4	32.8	29.1	30.9	29.3
Influenza and pneumonia	---	---	---	44.4	36.1	22.3	20.4	13.8	17.2
Chronic liver disease and cirrhosis	---	---	---	45.3	24.1	24.3	22.6	24.8	25.7
Diabetes mellitus	---	---	---	29.6	34.1	41.5	41.5	37.2	34.5
Alzheimer's disease	---	---	---	†	†	9.1	12.0	11.3	11.4
Human immunodeficiency virus (HIV) disease . . . . .	...	...	...	...	1.8	2.2	2.7	2.6	2.1
Unintentional injuries	---	---	---	99.0	62.6	51.3	54.7	55.7	53.5
Motor vehicle-related injuries	---	---	---	54.5	32.5	27.3	24.8	23.7	21.1
Poisoning	---	---	---	2.3	3.2	4.7	9.4	11.6	14.4
Suicide ⁶	---	---	---	11.9	11.7	9.8	11.7	11.5	11.7
Homicide ⁶	---	---	---	15.5	10.4	6.8	7.7	6.5	7.1

See footnotes at end of table.

Table 24 (page 3 of 4). Age-adjusted death rates for selected causes of death, by sex, race, and Hispanic origin: United States, selected years 1950–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#024>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and cause of death ¹	1950 ^{2,3}	1960 ^{2,3}	1970 ³	1980 ³	1990	2000 ⁴	2005 ⁴	2007 ⁴	2008 ⁴
Asian or Pacific Islander ⁷									
Age-adjusted death rate per 100,000 population ⁵									
All causes	---	---	---	589.9	582.0	506.4	440.2	415.0	413.7
Diseases of heart	---	---	---	202.1	181.7	146.0	113.3	101.2	100.5
Ischemic heart disease	---	---	---	168.2	139.6	109.6	81.0	71.0	70.9
Cerebrovascular diseases	---	---	---	66.1	56.9	52.9	38.6	34.3	33.0
Malignant neoplasms	---	---	---	126.1	134.2	121.9	110.5	106.7	106.5
Trachea, bronchus, and lung	---	---	---	28.4	30.2	28.1	25.7	25.3	25.1
Colon, rectum, and anus	---	---	---	16.4	14.4	12.7	11.2	10.9	11.3
Chronic lower respiratory diseases	---	---	---	12.9	19.4	18.6	14.9	13.4	14.1
Influenza and pneumonia	---	---	---	24.0	31.4	19.7	15.5	13.6	14.3
Chronic liver disease and cirrhosis	---	---	---	6.1	5.2	3.5	3.6	3.3	3.4
Diabetes mellitus	---	---	---	12.6	14.6	16.4	16.6	16.2	16.0
Alzheimer's disease	---	---	---	†	†	5.5	7.7	8.1	8.9
Human immunodeficiency virus (HIV) disease	---	---	---	...	2.2	0.6	0.6	0.5	0.6
Unintentional injuries	---	---	---	27.0	23.9	17.9	17.9	17.0	15.4
Motor vehicle-related injuries	---	---	---	13.9	14.0	8.6	7.6	7.2	6.3
Poisoning	---	---	---	0.5	0.7	0.7	1.3	1.5	1.4
Suicide ⁶	---	---	---	7.8	6.7	5.5	5.2	6.1	5.8
Homicide ⁶	---	---	---	5.9	5.0	3.0	2.9	2.3	2.3
Hispanic or Latino ^{7,8}									
All causes	---	---	---	---	692.0	665.7	590.7	546.1	532.2
Diseases of heart	---	---	---	---	217.1	196.0	157.3	136.0	126.3
Ischemic heart disease	---	---	---	---	173.3	153.2	118.0	97.8	90.0
Cerebrovascular diseases	---	---	---	---	45.2	46.4	35.7	32.7	30.9
Malignant neoplasms	---	---	---	---	136.8	134.9	122.8	116.2	114.6
Trachea, bronchus, and lung	---	---	---	---	26.5	24.8	22.4	20.9	20.5
Colon, rectum, and anus	---	---	---	---	14.7	14.1	12.4	12.0	11.9
Chronic lower respiratory diseases	---	---	---	---	19.3	21.1	19.3	17.5	18.3
Influenza and pneumonia	---	---	---	---	29.7	20.6	16.8	13.1	14.0
Chronic liver disease and cirrhosis	---	---	---	---	18.3	16.5	13.9	13.8	13.7
Diabetes mellitus	---	---	---	---	28.2	36.9	33.6	28.9	27.7
Alzheimer's disease	---	---	---	---	†	10.4	13.8	13.5	15.0
Human immunodeficiency virus (HIV) disease	---	---	---	---	16.3	6.7	4.7	4.1	3.6
Unintentional injuries	---	---	---	---	34.6	30.1	31.3	30.1	27.9
Motor vehicle-related injuries	---	---	---	---	19.5	14.7	14.7	13.3	11.4
Poisoning	---	---	---	---	3.2	4.1	5.2	5.8	6.0
Suicide ⁶	---	---	---	---	7.8	5.9	5.6	6.0	5.6
Homicide ⁶	---	---	---	---	16.2	7.5	7.5	6.9	6.6

See footnotes at end of table.

Table 24 (page 4 of 4). Age-adjusted death rates for selected causes of death, by sex, race, and Hispanic origin: United States, selected years 1950–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#024>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and cause of death ¹	1950 ^{2,3}	1960 ^{2,3}	1970 ³	1980 ³	1990	2000 ⁴	2005 ⁴	2007 ⁴	2008 ⁴
White, not Hispanic or Latino ⁸	Age-adjusted death rate per 100,000 population ⁵								
All causes	---	---	---	---	914.5	855.5	796.6	763.3	766.2
Diseases of heart	---	---	---	---	319.7	255.5	210.7	191.4	188.0
Ischemic heart disease	---	---	---	---	251.9	186.6	145.2	127.4	124.8
Cerebrovascular diseases	---	---	---	---	63.5	59.0	45.0	40.7	39.5
Malignant neoplasms	---	---	---	---	215.4	200.6	187.0	182.3	179.4
Trachea, bronchus, and lung	---	---	---	---	60.3	58.2	55.5	53.9	52.8
Colon, rectum, and anus	---	---	---	---	24.6	20.5	17.2	16.7	16.3
Chronic lower respiratory diseases	---	---	---	---	39.2	47.2	47.2	44.9	48.7
Influenza and pneumonia	---	---	---	---	36.5	23.5	20.4	16.2	16.9
Chronic liver disease and cirrhosis	---	---	---	---	9.9	9.0	8.7	8.9	9.1
Diabetes mellitus	---	---	---	---	18.3	21.8	21.5	19.8	19.1
Alzheimer's disease	---	---	---	---	†	19.1	24.2	24.1	26.1
Human immunodeficiency virus (HIV) disease	---	---	---	---	7.4	2.2	1.8	1.5	1.4
Unintentional injuries	---	---	---	---	35.0	35.3	41.0	43.0	42.6
Motor vehicle-related injuries	---	---	---	---	18.2	15.6	15.5	14.9	13.6
Poisoning	---	---	---	---	2.0	4.6	9.0	11.6	12.2
Suicide ⁶	---	---	---	---	13.8	12.0	12.9	13.5	14.1
Homicide ⁶	---	---	---	---	4.0	2.8	2.7	2.8	2.8

--- Data not available.

†Data for Alzheimer's disease are only presented for data years 1999 and beyond due to large differences in death rates caused by changes in the coding of the causes of death between ICD-9 and ICD-10. See [Appendix II, Cause of death; Comparability ratio; Table IV; Table V](#).

. Category not applicable.

¹Underlying cause of death code numbers are based on the applicable revision of the *International Classification of Diseases* (ICD) for data years shown. For the period 1980–1998, causes were coded using ICD-9 codes that are most nearly comparable with the 113 cause list for ICD-10. See [Appendix II, Cause of death; Table III; Table IV](#).

²Includes deaths of persons who were not residents of the 50 states and the District of Columbia (D.C.).

³Underlying cause of death was coded according to the 6th Revision of the ICD in 1950, 7th Revision in 1960, 8th Revision in 1970, and 9th Revision in 1980–1998. See [Appendix II, Cause of death; Table III; Table IV](#).

⁴Starting with 1999 data, cause of death is coded according to ICD-10. See [Appendix II, Cause of death; Comparability ratio; Table IV; Table V](#).

⁵Age-adjusted rates are calculated using the year 2000 standard population. Prior to 2003, age-adjusted rates were calculated using standard million proportions based on rounded population numbers. Starting with 2003 data, unrounded population numbers are used to calculate age-adjusted rates. See [Appendix II, Age adjustment](#).

⁶Figures for 2001 (in Excel spreadsheet on the Web) include September 11-related deaths for which death certificates were filed as of October 24, 2002. See [Appendix II, Cause of death; Table IV](#) for terrorism-related ICD-10 codes.

⁷The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native, Asian or Pacific Islander, and Hispanic populations are known to be underestimated. See [Appendix II, Race](#), for a discussion of sources of bias in death rates by race and Hispanic origin.

⁸Prior to 1997, excludes data from states lacking an Hispanic-origin item on the death certificate. See [Appendix II, Hispanic origin](#).

NOTES: Data for 1950 have been revised and differ from previous editions of *Health, United States*. Starting with *Health, United States, 2003*, rates for 1991–1999 were revised using intercensal population estimates based on the 2000 census. Rates for 2000 were revised based on 2000 census counts. Rates for 2001 and later years were computed using 2000-based postcensal estimates. See [Appendix I, Population Census and Population Estimates](#). Starting with 2003 data, some states allowed the reporting of more than one race on the death certificate. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See [Appendix II, Race](#). Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Vital Statistics System; Grove RD, Hetzel AM. Vital statistics rates in the United States, 1940–1960. Washington, DC: U.S. Government Printing Office. 1968; numerator data from National Vital Statistics System, annual mortality files; denominator data from national population estimates for race groups from [Table 1](#) and unpublished Hispanic population estimates for 1985–1996 prepared by the Housing and Household Economic Statistics Division, U.S. Census Bureau; additional mortality tables are available from: http://www.cdc.gov/nchs/nvss/mortality_tables.htm; Miniño AM, Xu JQ, Kochanek KD, Murphy SL. Deaths: Final data for 2008. National vital statistics reports; vol 59 no 10. Hyattsville, MD: NCHS; 2011. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_10.pdf. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 25 (page 1 of 4). Years of potential life lost before age 75 for selected causes of death, by sex, race, and Hispanic origin: United States, selected years 1980–2008Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#025>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and cause of death ²	Crude	Age-adjusted ¹					
	2008 ³	1980	1990	2000 ³	2005 ³	2007 ³	2008 ³
All persons							
Years lost before age 75 per 100,000 population under 75 years of age							
All causes	7,279.4	10,448.4	9,085.5	7,578.1	7,299.8	7,083.5	6,952.8
Diseases of heart	1,109.4	2,238.7	1,617.7	1,253.0	1,110.4	1,042.4	1,028.5
Ischemic heart disease	688.3	1,729.3	1,153.6	841.8	701.8	642.1	629.0
Cerebrovascular diseases	191.0	357.5	259.6	223.3	193.3	184.5	178.8
Malignant neoplasms	1,566.8	2,108.8	2,003.8	1,674.1	1,525.2	1,461.4	1,437.9
Trachea, bronchus, and lung	395.5	548.5	561.4	443.1	392.9	366.8	354.1
Colorectal	138.6	190.0	164.7	141.9	124.7	126.7	127.6
Prostate ⁴	56.5	84.9	96.8	63.6	55.1	53.5	53.1
Breast ⁵	296.8	463.2	451.6	332.6	296.2	275.4	270.9
Chronic lower respiratory diseases	199.4	169.1	187.4	188.1	181.2	172.1	181.8
Influenza and pneumonia	84.7	160.2	141.5	87.1	83.6	71.6	80.8
Chronic liver disease and cirrhosis	169.6	300.3	196.9	164.1	152.6	157.6	159.1
Diabetes mellitus	178.8	134.4	155.9	178.4	179.9	170.1	165.4
Alzheimer's disease	13.5	†	†	10.9	11.8	12.1	12.5
Human immunodeficiency virus (HIV) disease	98.9	...	383.8	174.6	133.6	115.2	99.9
Unintentional injuries	1,088.4	1,543.5	1,162.1	1,026.5	1,132.7	1,159.5	1,094.9
Motor vehicle-related injuries	470.9	912.9	716.4	574.3	564.4	538.4	474.3
Poisoning	358.5	68.0	81.2	163.6	287.3	354.3	363.0
Suicide ⁶	365.9	392.0	393.1	334.5	347.3	357.5	367.3
Homicide ⁶	264.1	425.5	417.4	266.5	276.8	278.3	267.6
Male							
All causes	9,039.4	13,777.2	11,973.5	9,572.2	9,206.1	8,919.9	8,735.8
Diseases of heart	1,515.3	3,352.1	2,356.0	1,766.0	1,561.6	1,468.2	1,439.3
Ischemic heart disease	991.3	2,715.1	1,766.3	1,255.4	1,044.3	962.1	933.5
Cerebrovascular diseases	207.0	396.7	286.6	244.6	213.7	206.2	198.5
Malignant neoplasms	1,650.7	2,360.8	2,214.6	1,810.8	1,639.7	1,565.1	1,552.1
Trachea, bronchus, and lung	456.0	821.1	764.8	554.9	476.3	434.0	423.5
Colorectal	158.3	214.9	194.3	167.3	146.2	148.5	149.7
Prostate	56.5	84.9	96.8	63.6	55.1	53.5	53.1
Chronic lower respiratory diseases	205.0	235.1	224.8	206.0	195.8	187.5	194.5
Influenza and pneumonia	94.7	202.5	180.0	102.8	97.8	83.5	91.7
Chronic liver disease and cirrhosis	234.4	415.0	283.9	236.9	216.1	222.4	223.3
Diabetes mellitus	212.1	140.4	170.4	203.8	216.5	207.1	201.6
Alzheimer's disease	11.8	†	†	10.6	11.0	11.2	11.7
Human immunodeficiency virus (HIV) disease	138.5	...	686.2	258.9	192.0	161.0	139.8
Unintentional injuries	1,556.3	2,342.7	1,715.1	1,475.6	1,608.5	1,639.2	1,551.9
Motor vehicle-related injuries	684.9	1,359.7	1,018.4	796.4	795.9	766.5	680.9
Poisoning	491.5	96.4	123.6	242.1	395.6	480.7	494.5
Suicide ⁶	576.0	605.6	634.8	539.1	548.0	561.5	574.7
Homicide ⁶	426.0	675.0	658.0	410.5	439.0	439.4	423.8
Female							
All causes	5,517.7	7,350.3	6,333.1	5,644.6	5,425.7	5,274.2	5,194.9
Diseases of heart	703.1	1,246.0	948.5	774.6	682.6	637.9	637.7
Ischemic heart disease	385.0	852.1	600.3	457.6	379.0	339.7	340.9
Cerebrovascular diseases	175.0	324.0	235.9	203.9	174.4	164.3	160.4
Malignant neoplasms	1,482.8	1,896.8	1,826.6	1,555.3	1,424.3	1,370.3	1,336.1
Trachea, bronchus, and lung	335.0	310.4	382.2	342.1	316.9	305.6	290.4
Colorectal	119.0	168.7	138.7	118.7	104.9	106.6	107.0
Breast	296.8	463.2	451.6	332.6	296.2	275.4	270.9
Chronic lower respiratory diseases	193.8	114.0	155.9	172.3	168.2	158.0	170.2
Influenza and pneumonia	74.7	122.0	106.2	72.3	70.0	60.3	70.5
Chronic liver disease and cirrhosis	104.6	194.5	115.1	94.5	91.6	95.3	97.4
Diabetes mellitus	145.5	128.5	142.3	154.4	145.1	135.0	131.0
Alzheimer's disease	15.1	†	†	11.1	12.6	12.9	13.2
Human immunodeficiency virus (HIV) disease	59.3	...	87.8	92.0	76.2	70.1	60.6
Unintentional injuries	620.0	755.3	607.4	573.2	648.0	670.2	628.4
Motor vehicle-related injuries	256.8	470.4	411.6	348.5	327.1	304.5	262.3
Poisoning	225.3	40.2	39.1	85.0	177.2	225.3	228.5
Suicide ⁶	155.6	184.2	153.3	129.1	144.1	150.8	157.1
Homicide ⁶	101.9	181.3	174.3	118.9	108.7	111.2	105.5

See footnotes at end of table.

Table 25 (page 2 of 4). Years of potential life lost before age 75 for selected causes of death, by sex, race, and Hispanic origin: United States, selected years 1980–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#025>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and cause of death ²	Crude	Age-adjusted ¹					
	2008 ³	1980	1990	2000 ³	2005 ³	2007 ³	2008 ³
White ⁷							
Years lost before age 75 per 100,000 population under 75 years of age							
All causes	6,946.7	9,554.1	8,159.5	6,949.5	6,775.6	6,614.2	6,531.4
Diseases of heart	1,051.8	2,100.8	1,490.3	1,149.4	1,011.7	952.2	940.9
Ischemic heart disease	690.1	1,682.7	1,113.4	805.3	672.0	617.1	607.1
Cerebrovascular diseases	164.5	300.7	213.1	187.1	160.4	154.0	149.3
Malignant neoplasms	1,586.5	2,035.9	1,929.3	1,627.8	1,485.9	1,428.3	1,405.1
Trachea, bronchus, and lung	413.0	529.9	544.2	436.3	389.4	364.8	353.5
Colorectal	135.3	186.8	157.8	134.1	117.3	119.6	120.0
Prostate ⁴	51.9	74.8	86.6	54.3	47.0	46.2	46.1
Breast ⁵	286.8	460.2	441.7	315.6	275.1	256.9	253.6
Chronic lower respiratory diseases	212.6	165.4	182.3	185.3	182.2	174.0	184.0
Influenza and pneumonia	79.4	130.8	116.9	77.7	76.3	65.2	74.1
Chronic liver disease and cirrhosis	181.4	257.3	175.8	162.7	156.7	163.6	166.0
Diabetes mellitus	163.2	115.7	133.7	155.6	156.3	147.7	145.5
Alzheimer's disease	15.1	†	†	11.4	12.4	12.8	13.2
Human immunodeficiency virus (HIV) disease	51.0	. . .	309.0	94.7	69.8	58.1	51.2
Unintentional injuries	1,136.4	1,520.4	1,139.7	1,031.8	1,170.9	1,208.5	1,153.5
Motor vehicle-related injuries	483.0	939.9	726.7	586.1	585.7	557.5	492.3
Poisoning	399.1	64.9	74.4	167.2	310.6	391.9	406.8
Suicide ⁶	402.3	414.5	417.7	362.0	381.2	393.8	404.8
Homicide ⁶	153.8	271.7	234.9	156.6	159.7	162.4	158.7
Black or African American ⁷							
All causes	10,635.9	17,873.4	16,593.0	12,897.1	11,890.7	11,259.8	10,807.7
Diseases of heart	1,716.6	3,619.9	2,891.8	2,275.2	2,046.0	1,906.3	1,865.1
Ischemic heart disease	846.0	2,305.1	1,676.1	1,300.1	1,080.2	972.4	934.5
Cerebrovascular diseases	364.3	883.2	656.4	507.0	441.7	416.5	398.0
Malignant neoplasms	1,758.6	2,946.1	2,894.8	2,294.7	2,069.7	1,966.9	1,923.7
Trachea, bronchus, and lung	398.6	776.0	811.3	593.0	511.8	470.9	442.0
Colorectal	180.1	232.3	241.8	222.4	199.6	199.5	198.9
Prostate ⁴	102.6	200.3	223.5	171.0	144.8	138.8	132.6
Breast ⁵	412.0	524.2	592.9	500.0	485.7	445.3	430.2
Chronic lower respiratory diseases	188.1	203.7	240.6	232.7	211.0	192.7	203.8
Influenza and pneumonia	126.5	384.9	330.8	161.2	145.3	123.7	132.4
Chronic liver disease and cirrhosis	117.6	644.0	371.8	185.6	138.4	130.4	125.8
Diabetes mellitus	302.4	305.3	361.5	383.4	379.9	358.6	332.8
Alzheimer's disease	8.6	†	†	8.3	11.2	10.0	11.2
Human immunodeficiency virus (HIV) disease	412.8	. . .	1,014.7	763.3	594.4	522.1	443.2
Unintentional injuries	1,013.3	1,751.5	1,392.7	1,152.8	1,134.6	1,116.5	992.7
Motor vehicle-related injuries	464.0	750.2	699.5	580.8	532.3	521.4	449.5
Poisoning	222.6	99.4	144.3	196.6	253.8	263.5	234.1
Suicide ⁶	202.9	238.0	261.4	208.7	194.0	187.3	197.4
Homicide ⁶	968.7	1,580.8	1,612.9	941.6	967.8	967.7	905.3
American Indian or Alaska Native ⁷							
All causes	7,903.9	13,390.9	9,506.2	7,758.2	8,624.4	8,463.6	8,151.6
Diseases of heart	843.9	1,819.9	1,391.0	1,030.1	1,010.2	985.4	955.5
Ischemic heart disease	483.1	1,208.2	901.8	709.3	625.2	587.1	565.9
Cerebrovascular diseases	131.4	269.3	223.3	198.1	209.4	170.0	152.8
Malignant neoplasms	897.2	1,101.3	1,141.1	995.7	1,084.3	991.1	1,042.5
Trachea, bronchus, and lung	185.6	181.1	268.1	227.8	268.2	226.3	224.8
Colorectal	102.9	78.8	82.4	93.8	109.7	100.5	119.4
Prostate ⁴	31.7	66.7	42.0	44.5	37.6	33.5	43.9
Breast ⁵	141.5	205.5	213.4	174.1	149.2	163.8	159.4
Chronic lower respiratory diseases	144.7	89.3	129.0	151.8	155.3	171.4	170.2
Influenza and pneumonia	154.1	307.9	206.3	124.0	113.6	110.9	162.0
Chronic liver disease and cirrhosis	513.9	1,190.3	535.1	519.4	498.9	576.3	582.4
Diabetes mellitus	252.0	305.5	292.3	305.6	347.3	292.6	293.9
Alzheimer's disease	3.6	†	†	*	*	10.2	5.9
Human immunodeficiency virus (HIV) disease	60.0	. . .	70.1	68.4	89.9	79.7	67.5
Unintentional injuries	1,786.5	3,541.0	2,183.9	1,700.1	1,875.6	1,870.6	1,749.2
Motor vehicle-related injuries	875.8	2,102.4	1,301.5	1,032.2	1,004.9	930.5	829.0
Poisoning	493.3	92.9	119.5	180.1	333.8	416.7	511.5
Suicide ⁶	519.2	515.0	495.9	403.1	498.6	470.6	490.4
Homicide ⁶	334.9	628.9	434.2	278.5	337.5	283.3	312.7

See footnotes at end of table.

Table 25 (page 3 of 4). Years of potential life lost before age 75 for selected causes of death, by sex, race, and Hispanic origin: United States, selected years 1980–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#025>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and cause of death ²	Crude		Age-adjusted ¹				
	2008 ³	1980	1990	2000 ³	2005 ³	2007 ³	2008 ³
Asian or Pacific Islander ⁷							
Years lost before age 75 per 100,000 population under 75 years of age							
All causes	3,362.0	5,378.4	4,705.2	3,811.1	3,533.2	3,404.9	3,334.2
Diseases of heart	447.6	952.8	702.2	567.9	513.8	454.5	450.0
Ischemic heart disease	281.9	697.7	486.6	381.1	326.5	295.4	285.5
Cerebrovascular diseases	157.3	266.9	233.5	199.4	162.8	153.5	158.5
Malignant neoplasms	892.5	1,218.6	1,166.4	1,033.8	945.3	895.8	891.6
Trachea, bronchus, and lung	158.8	238.2	204.7	185.8	169.2	162.5	161.8
Colorectal	88.0	115.9	105.1	91.6	78.7	82.1	87.1
Prostate ⁴	14.5	17.0	32.4	18.8	20.4	16.6	16.5
Breast ⁵	171.6	222.2	216.5	200.8	178.4	156.3	162.8
Chronic lower respiratory diseases	34.0	56.4	72.8	56.5	36.0	35.9	35.3
Influenza and pneumonia	40.9	79.3	74.0	48.6	40.3	37.1	41.9
Chronic liver disease and cirrhosis	42.7	85.6	72.4	44.8	43.6	41.3	42.0
Diabetes mellitus	76.8	83.1	74.0	77.0	78.1	79.5	77.9
Alzheimer's disease	3.0	†	†	3.5	3.1	2.8	3.5
Human immunodeficiency virus (HIV) disease	20.2	...	77.0	19.9	16.6	15.0	18.9
Unintentional injuries	370.2	742.7	636.6	425.7	413.7	417.4	366.1
Motor vehicle-related injuries	206.4	472.6	445.5	263.4	242.1	231.8	205.9
Poisoning	50.3	*	17.6	25.9	42.0	52.8	47.6
Suicide ⁶	194.0	217.1	200.6	168.6	164.6	205.0	187.3
Homicide ⁶	95.2	201.1	205.8	113.1	130.8	97.3	95.2
Hispanic or Latino ^{7,8}							
All causes	4,885.2	---	7,963.3	6,037.6	5,757.9	5,447.4	5,203.9
Diseases of heart	465.5	---	1,082.0	821.3	727.0	666.9	632.7
Ischemic heart disease	272.1	---	756.6	564.6	483.2	418.0	398.6
Cerebrovascular diseases	125.8	---	238.0	207.8	184.9	176.0	163.4
Malignant neoplasms	741.8	---	1,232.2	1,098.2	1,017.5	991.2	979.7
Trachea, bronchus, and lung	80.9	---	193.7	152.1	138.1	126.0	123.5
Colorectal	67.2	---	100.2	101.4	86.4	92.7	93.3
Prostate ⁴	21.7	---	47.7	42.9	41.7	43.5	41.0
Breast ⁵	147.6	---	299.3	230.7	197.3	194.7	189.2
Chronic lower respiratory diseases	42.6	---	78.8	68.5	62.2	56.5	59.5
Influenza and pneumonia	56.8	---	130.1	76.0	69.5	55.1	66.1
Chronic liver disease and cirrhosis	158.5	---	329.1	252.1	210.3	210.3	209.3
Diabetes mellitus	120.1	---	177.8	215.6	202.2	178.6	172.8
Alzheimer's disease	4.5	---	†	6.9	7.8	7.7	8.5
Human immunodeficiency virus (HIV) disease	86.2	...	600.1	209.4	139.3	115.6	99.1
Unintentional injuries	872.1	---	1,190.6	920.1	980.1	929.0	837.1
Motor vehicle-related injuries	462.0	---	740.8	540.2	569.2	509.1	431.9
Poisoning	197.5	---	121.9	145.9	179.5	202.1	204.3
Suicide ⁶	187.2	---	256.2	188.5	193.2	200.3	185.9
Homicide ⁶	333.2	---	720.8	335.1	343.0	322.6	303.6

See footnotes at end of table.

Table 25 (page 4 of 4). Years of potential life lost before age 75 for selected causes of death, by sex, race, and Hispanic origin: United States, selected years 1980–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#025>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and cause of death ²	Crude	Age-adjusted ¹					
	2008 ³	1980	1990	2000 ³	2005 ³	2007 ³	2008 ³
White, not Hispanic or Latino ⁸		Years lost before age 75 per 100,000 population under 75 years of age					
All causes	7,348.0	---	8,022.5	6,960.5	6,853.3	6,736.5	6,690.4
Diseases of heart	1,176.4	---	1,504.0	1,175.1	1,046.4	989.1	982.9
Ischemic heart disease	779.4	---	1,127.2	824.7	694.4	643.5	635.0
Cerebrovascular diseases	171.5	---	210.1	183.0	155.5	149.3	145.0
Malignant neoplasms	1,767.0	---	1,974.1	1,668.4	1,534.3	1,474.4	1,450.1
Trachea, bronchus, and lung	487.0	---	566.8	460.3	416.3	392.3	380.5
Colorectal	149.9	---	162.1	136.2	120.8	122.9	123.4
Prostate ⁴	58.9	---	89.2	54.9	47.3	46.3	46.6
Breast ⁵	314.6	---	451.5	322.3	283.6	263.1	260.1
Chronic lower respiratory diseases	250.1	---	188.1	193.8	194.0	186.5	197.2
Influenza and pneumonia	83.9	---	112.3	76.4	76.8	66.6	75.3
Chronic liver disease and cirrhosis	184.2	---	162.4	150.9	147.8	155.5	158.3
Diabetes mellitus	171.1	---	131.2	150.2	151.5	144.5	142.6
Alzheimer's disease	17.4	---	†	11.7	12.8	13.3	13.6
Human immunodeficiency virus (HIV) disease	41.9	...	271.2	76.0	56.6	45.8	40.9
Unintentional injuries	1,185.0	---	1,114.7	1,041.4	1,199.6	1,263.4	1,219.5
Motor vehicle-related injuries	482.0	---	715.7	588.8	579.9	561.1	500.3
Poisoning	441.4	---	68.3	169.4	338.2	435.8	453.7
Suicide ⁶	448.3	---	433.0	389.2	416.6	433.8	451.6
Homicide ⁶	109.3	---	162.0	113.2	109.1	115.4	116.2

†Data for Alzheimer's disease are only presented for data years 1999 and beyond due to large differences in death rates caused by changes in the coding of the causes of death between ICD-9 and ICD-10. See [Appendix II, Cause of death; Comparability ratio; Table IV; Table V](#).

... Category not applicable.

--- Data not available.

* Rates based on fewer than 20 deaths are considered unreliable and are not shown.

¹Age-adjusted rates are calculated using the year 2000 standard population using eight age groups: under 1 year, 1–14 years, 15–24 years, 25–34 years, 35–44 years, 45–54 years, 55–64 years, and 65–74 years. Prior to 2003, age-adjusted rates were calculated using standard million proportions based on rounded population numbers. Starting with 2003 data, unrounded population numbers are used to calculate age-adjusted rates. See [Appendix II, Age adjustment](#).

²Underlying cause of death was coded according to the 9th Revision of the *International Classification of Diseases* (ICD) in 1980–1998. See [Appendix II, Cause of death; Table III; Table IV](#).

³Starting with 1999 data, cause of death is coded according to ICD-10. See [Appendix II, Cause of death; Comparability ratio; Table IV; Table V](#).

⁴Rate for male population only.

⁵Rate for female population only.

⁶Figures for 2001 (in Excel spreadsheet on the Web) include September 11-related deaths for which death certificates were filed as of October 24, 2002. See [Appendix II, Cause of death; Table IV](#) for terrorism-related ICD-10 codes.

⁷The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native, Asian or Pacific Islander, and Hispanic populations are known to be underestimated. See [Appendix II, Race](#), for a discussion of sources of bias in death rates by race and Hispanic origin.

⁸Prior to 1997, excludes data from states lacking an Hispanic-origin item on the death certificate. See [Appendix II, Hispanic origin](#).

NOTES: Starting with *Health, United States, 2003*, rates for 1991–1999 were revised using intercensal population estimates based on the 2000 census. Rates for 2000 were revised based on 2000 census counts. Rates for 2001 and later years were computed using 2000-based postcensal estimates. See [Appendix I, Population Census and Population Estimates](#). See [Appendix II, Years of potential life lost \(YPLL\)](#) for definition and method of calculation. Starting with 2003 data, some states allowed the reporting of more than one race on the death certificate. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See [Appendix II, Race](#). Data for Alzheimer's disease are only presented for data years 1999 and beyond due to large differences in death rates caused by changes in the coding of this cause of death between ICD-9 and ICD-10. See [Appendix II, Cause of death; Comparability ratio; Table IV; Table V](#). Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National vital statistics system; numerator data from annual mortality files; denominator data from national population estimates for race groups from [Table 1](#) and unpublished Hispanic population estimates for 1990–1996 prepared by the Housing and Household Economic Statistics Division, U.S. Census Bureau. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 26 (page 1 of 4). Leading causes of death and numbers of deaths, by sex, race, and Hispanic origin: United States, 1980 and 2008

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2011.htm#026>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and rank order		1980		2008	
		Cause of death	Deaths	Cause of death	Deaths
All persons					
Rank	All causes		1,989,841	All causes	2,471,984
1	Diseases of heart		761,085	Diseases of heart	616,828
2	Malignant neoplasms		416,509	Malignant neoplasms	565,469
3	Cerebrovascular diseases		170,225	Chronic lower respiratory diseases	141,090
4	Unintentional injuries		105,718	Cerebrovascular diseases	134,148
5	Chronic obstructive pulmonary diseases		56,050	Unintentional injuries	121,902
6	Pneumonia and influenza		54,619	Alzheimer's disease	82,435
7	Diabetes mellitus		34,851	Diabetes mellitus	70,553
8	Chronic liver disease and cirrhosis		30,583	Influenza and pneumonia	56,284
9	Atherosclerosis		29,449	Nephritis, nephrotic syndrome and nephrosis	48,237
10	Suicide		26,869	Suicide	36,035
Male					
Rank	All causes		1,075,078	All causes	1,226,197
1	Diseases of heart		405,661	Diseases of heart	311,201
2	Malignant neoplasms		225,948	Malignant neoplasms	295,259
3	Unintentional injuries		74,180	Unintentional injuries	78,378
4	Cerebrovascular diseases		69,973	Chronic lower respiratory diseases	67,122
5	Chronic obstructive pulmonary diseases		38,625	Cerebrovascular diseases	53,525
6	Pneumonia and influenza		27,574	Diabetes mellitus	35,346
7	Suicide		20,505	Suicide	28,450
8	Chronic liver disease and cirrhosis		19,768	Influenza and pneumonia	25,571
9	Homicide		18,779	Alzheimer's disease	24,516
10	Diabetes mellitus		14,325	Nephritis, nephrotic syndrome and nephrosis	23,533
Female					
Rank	All causes		914,763	All causes	1,245,787
1	Diseases of heart		355,424	Diseases of heart	305,627
2	Malignant neoplasms		190,561	Malignant neoplasms	270,210
3	Cerebrovascular diseases		100,252	Cerebrovascular diseases	80,623
4	Unintentional injuries		31,538	Chronic lower respiratory diseases	73,968
5	Pneumonia and influenza		27,045	Alzheimer's disease	57,919
6	Diabetes mellitus		20,526	Unintentional injuries	43,524
7	Atherosclerosis		17,848	Diabetes mellitus	35,207
8	Chronic obstructive pulmonary diseases		17,425	Influenza and pneumonia	30,713
9	Chronic liver disease and cirrhosis		10,815	Nephritis, nephrotic syndrome and nephrosis	24,704
10	Certain conditions originating in the perinatal period		9,815	Septicemia	19,599
White					
Rank	All causes		1,738,607	All causes	2,120,233
1	Diseases of heart		683,347	Diseases of heart	532,304
2	Malignant neoplasms		368,162	Malignant neoplasms	485,893
3	Cerebrovascular diseases		148,734	Chronic lower respiratory diseases	130,221
4	Unintentional injuries		90,122	Cerebrovascular diseases	113,244
5	Chronic obstructive pulmonary diseases		52,375	Unintentional injuries	105,715
6	Pneumonia and influenza		48,369	Alzheimer's disease	76,263
7	Diabetes mellitus		28,868	Diabetes mellitus	55,893
8	Atherosclerosis		27,069	Influenza and pneumonia	48,941
9	Chronic liver disease and cirrhosis		25,240	Nephritis, nephrotic syndrome and nephrosis	38,352
10	Suicide		24,829	Suicide	32,644
Black or African American					
Rank	All causes		233,135	All causes	289,072
1	Diseases of heart		72,956	Diseases of heart	70,731
2	Malignant neoplasms		45,037	Malignant neoplasms	63,954
3	Cerebrovascular diseases		20,135	Cerebrovascular diseases	16,710
4	Unintentional injuries		13,480	Unintentional injuries	12,447
5	Homicide		10,172	Diabetes mellitus	12,064
6	Certain conditions originating in the perinatal period		6,961	Chronic lower respiratory diseases	8,766
7	Pneumonia and influenza		5,648	Nephritis, nephrotic syndrome and nephrosis	8,619
8	Diabetes mellitus		5,544	Homicide	8,335
9	Chronic liver disease and cirrhosis		4,790	Septicemia	6,426
10	Nephritis, nephrotic syndrome, and nephrosis		3,416	Human immunodeficiency virus (HIV) disease	5,780

See footnotes at end of table.

Table 26 (page 2 of 4). Leading causes of death and numbers of deaths, by sex, race, and Hispanic origin: United States, 1980 and 2008

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2011.htm#026>.

[Data are based on death certificates]

<i>Sex, race, Hispanic origin, and rank order</i>		<i>1980</i>	<i>2008</i>		
		<i>Cause of death</i>	<i>Deaths</i>	<i>Cause of death</i>	<i>Deaths</i>
American Indian or Alaska Native					
Rank	All causes		6,923	All causes	14,776
1	Diseases of heart		1,494	Malignant neoplasms	2,727
2	Unintentional injuries		1,290	Diseases of heart	2,657
3	Malignant neoplasms		770	Unintentional injuries	1,682
4	Chronic liver disease and cirrhosis		410	Diabetes mellitus	779
5	Cerebrovascular diseases		322	Chronic liver disease and cirrhosis	742
6	Pneumonia and influenza		257	Chronic lower respiratory diseases	619
7	Homicide		217	Cerebrovascular diseases	517
8	Diabetes mellitus		210	Suicide	409
9	Certain conditions originating in the perinatal period		199	Influenza and pneumonia	379
10	Suicide		181	Nephritis, nephrotic syndrome and nephrosis	338
Asian or Pacific Islander					
Rank	All causes		11,071	All causes	47,903
1	Diseases of heart		3,265	Malignant neoplasms	12,895
2	Malignant neoplasms		2,522	Diseases of heart	11,136
3	Cerebrovascular diseases		1,028	Cerebrovascular diseases	3,677
4	Unintentional injuries		810	Unintentional injuries	2,058
5	Pneumonia and influenza		342	Diabetes mellitus	1,817
6	Suicide		249	Influenza and pneumonia	1,508
7	Certain conditions originating in the perinatal period		246	Chronic lower respiratory diseases	1,484
8	Diabetes mellitus		227	Nephritis, nephrotic syndrome and nephrosis	928
9	Homicide		211	Alzheimer's disease	893
10	Chronic obstructive pulmonary diseases		207	Suicide	876
Hispanic or Latino					
Rank	---		---	All causes	139,241
1	---		---	Diseases of heart	28,951
2	---		---	Malignant neoplasms	28,851
3	---		---	Unintentional injuries	11,080
4	---		---	Cerebrovascular diseases	7,121
5	---		---	Diabetes mellitus	6,544
6	---		---	Chronic liver disease and cirrhosis	4,091
7	---		---	Chronic lower respiratory diseases	3,949
8	---		---	Homicide	3,331
9	---		---	Influenza and pneumonia	3,176
10	---		---	Alzheimer's disease	3,005
White male					
Rank	All causes		933,878	All causes	1,046,183
1	Diseases of heart		364,679	Diseases of heart	268,317
2	Malignant neoplasms		198,188	Malignant neoplasms	254,124
3	Unintentional injuries		62,963	Unintentional injuries	67,471
4	Cerebrovascular diseases		60,095	Chronic lower respiratory diseases	61,383
5	Chronic obstructive pulmonary diseases		35,977	Cerebrovascular diseases	44,457
6	Pneumonia and influenza		23,810	Diabetes mellitus	28,598
7	Suicide		18,901	Suicide	25,801
8	Chronic liver disease and cirrhosis		16,407	Alzheimer's disease	22,752
9	Diabetes mellitus		12,125	Influenza and pneumonia	22,048
10	Atherosclerosis		10,543	Nephritis, nephrotic syndrome and nephrosis	18,992
Black or African American male					
Rank	All causes		130,138	All causes	147,143
1	Diseases of heart		37,877	Diseases of heart	35,387
2	Malignant neoplasms		25,861	Malignant neoplasms	33,019
3	Unintentional injuries		9,701	Unintentional injuries	8,453
4	Cerebrovascular diseases		9,194	Cerebrovascular diseases	7,222
5	Homicide		8,274	Homicide	7,148
6	Certain conditions originating in the perinatal period		3,869	Diabetes mellitus	5,457
7	Pneumonia and influenza		3,386	Chronic lower respiratory diseases	4,548
8	Chronic liver disease and cirrhosis		3,020	Nephritis, nephrotic syndrome and nephrosis	3,919
9	Chronic obstructive pulmonary diseases		2,429	Human immunodeficiency virus (HIV) disease	3,790
10	Diabetes mellitus		2,010	Septicemia	2,877

See footnotes at end of table.

Table 26 (page 3 of 4). Leading causes of death and numbers of deaths, by sex, race, and Hispanic origin: United States, 1980 and 2008

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2011.htm#026>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and rank order	1980		2008	
	Cause of death	Deaths	Cause of death	Deaths
American Indian or Alaska Native male				
Rank	All causes	4,193	All causes	8,163
1	Unintentional injuries	946	Diseases of heart	1,527
2	Diseases of heart	917	Malignant neoplasms	1,452
3	Malignant neoplasms	408	Unintentional injuries	1,158
4	Chronic liver disease and cirrhosis	239	Chronic liver disease and cirrhosis	406
5	Cerebrovascular diseases	163	Diabetes mellitus	388
6	Homicide	162	Chronic lower respiratory diseases	308
7 ¹	Pneumonia and influenza	148	Suicide ¹	308
8	Suicide	147	Cerebrovascular diseases	234
9	Certain conditions originating in the perinatal period	107	Homicide	192
10	Diabetes mellitus	86	Influenza and pneumonia	186
Asian or Pacific Islander male				
Rank	All causes	6,809	All causes	24,708
1	Diseases of heart	2,174	Malignant neoplasms	6,664
2	Malignant neoplasms	1,485	Diseases of heart	5,970
3	Unintentional injuries	556	Cerebrovascular diseases	1,612
4	Cerebrovascular diseases	521	Unintentional injuries	1,296
5	Pneumonia and influenza	227	Diabetes mellitus	903
6	Suicide	159	Chronic lower respiratory diseases	883
7	Chronic obstructive pulmonary diseases	158	Influenza and pneumonia	765
8	Homicide	151	Suicide	582
9	Certain conditions originating in the perinatal period	128	Nephritis, nephrotic syndrome and nephrosis	467
10	Diabetes mellitus	103	Essential hypertension and hypertensive renal disease	314
Hispanic or Latino male				
Rank	---	---	All causes	76,861
1	---	---	Diseases of heart	15,498
2	---	---	Malignant neoplasms	15,283
3	---	---	Unintentional injuries	8,363
4	---	---	Cerebrovascular diseases	3,370
5	---	---	Diabetes mellitus	3,314
6	---	---	Chronic liver disease and cirrhosis	2,850
7	---	---	Homicide	2,777
8	---	---	Chronic lower respiratory diseases	2,019
9	---	---	Suicide	1,955
10	---	---	Certain conditions originating in the perinatal period	1,645
White female				
Rank	All causes	804,729	All causes	1,074,050
1	Diseases of heart	318,668	Diseases of heart	263,987
2	Malignant neoplasms	169,974	Malignant neoplasms	231,769
3	Cerebrovascular diseases	88,639	Chronic lower respiratory diseases	68,838
4	Unintentional injuries	27,159	Cerebrovascular diseases	68,787
5	Pneumonia and influenza	24,559	Alzheimer's disease	53,511
6	Diabetes mellitus	16,743	Unintentional injuries	38,244
7	Atherosclerosis	16,526	Diabetes mellitus	27,295
8	Chronic obstructive pulmonary diseases	16,398	Influenza and pneumonia	26,893
9	Chronic liver disease and cirrhosis	8,833	Nephritis, nephrotic syndrome and nephrosis	19,360
10	Certain conditions originating in the perinatal period	6,512	Septicemia	15,631
Black or African American female				
Rank	All causes	102,997	All causes	141,929
1	Diseases of heart	35,079	Diseases of heart	35,344
2	Malignant neoplasms	19,176	Malignant neoplasms	30,935
3	Cerebrovascular diseases	10,941	Cerebrovascular diseases	9,488
4	Unintentional injuries	3,779	Diabetes mellitus	6,607
5	Diabetes mellitus	3,534	Nephritis, nephrotic syndrome and nephrosis	4,700
6	Certain conditions originating in the perinatal period	3,092	Chronic lower respiratory diseases	4,218
7	Pneumonia and influenza	2,262	Unintentional injuries	3,994
8	Homicide	1,898	Alzheimer's disease	3,663
9	Chronic liver disease and cirrhosis	1,770	Septicemia	3,549
10	Nephritis, nephrotic syndrome, and nephrosis	1,722	Influenza and pneumonia	2,884

See footnotes at end of table.

Table 26 (page 4 of 4). Leading causes of death and numbers of deaths, by sex, race, and Hispanic origin: United States, 1980 and 2008

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2011.htm#026>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and rank order	1980		2008	
	Cause of death	Deaths	Cause of death	Deaths
American Indian or Alaska Native female				
Rank	All causes	2,730	All causes	6,613
1	Diseases of heart	577	Malignant neoplasms	1,275
2	Malignant neoplasms	362	Diseases of heart	1,130
3	Unintentional injuries	344	Unintentional injuries	524
4	Chronic liver disease and cirrhosis	171	Diabetes mellitus	391
5	Cerebrovascular diseases	159	Chronic liver disease and cirrhosis	336
6	Diabetes mellitus	124	Chronic lower respiratory diseases	311
7	Pneumonia and influenza	109	Cerebrovascular diseases	283
8	Certain conditions originating in the perinatal period	92	Influenza and pneumonia	193
9	Nephritis, nephrotic syndrome, and nephrosis	56	Nephritis, nephrotic syndrome and nephrosis	183
10	Homicide	55	Alzheimer's disease	142
Asian or Pacific Islander female				
Rank	All causes	4,262	All causes	23,195
1	Diseases of heart	1,091	Malignant neoplasms	6,231
2	Malignant neoplasms	1,037	Diseases of heart	5,166
3	Cerebrovascular diseases	507	Cerebrovascular diseases	2,065
4	Unintentional injuries	254	Diabetes mellitus	914
5	Diabetes mellitus	124	Unintentional injuries	762
6	Certain conditions originating in the perinatal period	118	Influenza and pneumonia	743
7	Pneumonia and influenza	115	Alzheimer's disease	603
8	Congenital anomalies	104	Chronic lower respiratory diseases	601
9	Suicide	90	Nephritis, nephrotic syndrome and nephrosis	461
10	Homicide	60	Essential hypertension and hypertensive renal disease	393
Hispanic or Latina female				
Rank	---	---	All causes	62,380
1	---	---	Malignant neoplasms	13,568
2	---	---	Diseases of heart	13,453
3	---	---	Cerebrovascular diseases	3,751
4	---	---	Diabetes mellitus	3,230
5	---	---	Unintentional injuries	2,717
6	---	---	Alzheimer's disease	2,039
7	---	---	Chronic lower respiratory diseases	1,930
8	---	---	Influenza and pneumonia	1,632
9	---	---	Nephritis, nephrotic syndrome and nephrosis	1,447
10	---	---	Chronic liver disease and cirrhosis	1,241

--- Data not available. Complete coverage of all states for the Hispanic origin variable began in 1997.

¹Suicide is tied with Chronic lower respiratory diseases for the 6th rank in 2008.

NOTES: For cause of death codes based on the *International Classification of Diseases, 9th Revision (ICD-9)* in 1980 and ICD-10 in 2008, see [Appendix II, Cause of death; Table III; Table IV](#). Starting with 2003 data, some states allowed the reporting of more than one race on the death certificate. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards for comparability with other states. The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. See [Appendix II, Race; Hispanic origin](#).

SOURCE: CDC/NCHS, National Vital Statistics System; Vital statistics of the United States, Vol II, mortality, part A, 1980. Washington, DC: Public Health Service. 1985; 2008 annual mortality file. Miniño AM, Xu JQ, Kochanek KD, Murphy SL. Deaths: Final data for 2008. National vital statistics reports; vol 59 no 10. Hyattsville, MD: NCHS; 2011. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_10.pdf. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 27 (page 1 of 2). Leading causes of death and numbers of deaths, by age: United States, 1980 and 2008Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2011.htm#027>.

[Data are based on death certificates]

Age and rank order	1980		2008	
	Cause of death	Deaths	Cause of death	Deaths
Under 1 year				
Rank	All causes	45,526	All causes	28,059
1	Congenital anomalies	9,220	Congenital malformations, deformations and chromosomal	5,638
2	Sudden infant death syndrome	5,510	Disorders related to short gestation and low birth weight, not elsewhere classified	4,754
3	Respiratory distress syndrome	4,989	Sudden infant death syndrome	2,353
4	Disorders relating to short gestation and unspecified low birthweight	3,648	Newborn affected by maternal complications of pregnancy	1,765
5	Newborn affected by maternal complications of pregnancy	1,572	Unintentional injuries	1,315
6	Intrauterine hypoxia and birth asphyxia	1,497	Newborn affected by complications of placenta, cord and membranes	1,080
7	Unintentional injuries	1,166	Bacterial sepsis of newborn	700
8	Birth trauma	1,058	Respiratory distress of newborn	630
9	Pneumonia and influenza	1,012	Diseases of circulatory system	594
10	Newborn affected by complications of placenta, cord, and membranes	985	Neonatal hemorrhage	556
1–4 years				
Rank	All causes	8,187	All causes	4,730
1	Unintentional injuries	3,313	Unintentional injuries	1,469
2	Congenital anomalies	1,026	Congenital malformations, deformations and chromosomal abnormalities	521
3	Malignant neoplasms	573	Homicide	421
4	Diseases of heart	338	Malignant neoplasms	394
5	Homicide	319	Diseases of heart	186
6	Pneumonia and influenza	267	Influenza and pneumonia	142
7	Meningitis	223	Septicemia	93
8	Meningococcal infection	110	Cerebrovascular diseases	63
9	Certain conditions originating in the perinatal period	84	Chronic lower respiratory diseases	54
10	Septicemia	71	Certain conditions originating in the perinatal period	51
5–14 years				
Rank	All causes	10,689	All causes	5,651
1	Unintentional injuries	5,224	Unintentional injuries	1,859
2	Malignant neoplasms	1,497	Malignant neoplasms	890
3	Congenital anomalies	561	Congenital malformations, deformations and chromosomal abnormalities	331
4	Homicide	415	Homicide	320
5	Diseases of heart	330	Diseases of heart	229
6	Pneumonia and influenza	194	Suicide	222
7	Suicide	142	Chronic lower respiratory diseases	119
8	Benign neoplasms	104	Cerebrovascular diseases	97
9	Cerebrovascular diseases	95	Influenza and pneumonia	89
10	Chronic obstructive pulmonary diseases	85	In situ neoplasms, benign neoplasms and neoplasms of uncertain or unknown behavior	88
15–24 years				
Rank	All causes	49,027	All causes	32,198
1	Unintentional injuries	26,206	Unintentional injuries	14,089
2	Homicide	6,537	Homicide	5,275
3	Suicide	5,239	Suicide	4,298
4	Malignant neoplasms	2,683	Malignant neoplasms	1,663
5	Diseases of heart	1,223	Diseases of heart	1,065
6	Congenital anomalies	600	Congenital malformations, deformations and chromosomal abnormalities	467
7	Cerebrovascular diseases	418	Influenza and pneumonia	206
8	Pneumonia and influenza	348	Diabetes mellitus	204
9	Chronic obstructive pulmonary diseases	141	Cerebrovascular diseases	189
10	Anemias	133	Pregnancy, childbirth, and the puerperium	169

See footnotes at end of table.

Table 27 (page 2 of 2). Leading causes of death and numbers of deaths, by age: United States, 1980 and 2008

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2011.htm#027>.

[Data are based on death certificates]

Age and rank order	1980		2008	
	Cause of death	Deaths	Cause of death	Deaths
25–44 years				
Rank	All causes	108,658	All causes	118,645
1	Unintentional injuries	26,722	Unintentional injuries	30,653
2	Malignant neoplasms	17,551	Malignant neoplasms	16,220
3	Diseases of heart	14,513	Diseases of heart	14,590
4	Homicide	10,983	Suicide	12,003
5	Suicide	9,855	Homicide	7,516
6	Chronic liver disease and cirrhosis	4,782	Human immunodeficiency virus (HIV) disease	3,813
7	Cerebrovascular diseases	3,154	Chronic liver disease and cirrhosis	2,985
8	Diabetes mellitus	1,472	Cerebrovascular diseases	2,574
9	Pneumonia and influenza	1,467	Diabetes mellitus	2,428
10	Congenital anomalies	817	Septicemia	1,251
10 ¹ . . . . .	. . . . .	. . . . .	Influenza and pneumonia ¹	1,251
45–64 years				
Rank	All causes	425,338	All causes	482,724
1	Diseases of heart	148,322	Malignant neoplasms	154,494
2	Malignant neoplasms	135,675	Diseases of heart	104,603
3	Cerebrovascular diseases	19,909	Unintentional injuries	33,136
4	Unintentional injuries	18,140	Chronic lower respiratory diseases	18,434
5	Chronic liver disease and cirrhosis	16,089	Diabetes mellitus	16,992
6	Chronic obstructive pulmonary diseases	11,514	Chronic liver disease and cirrhosis	16,746
7	Diabetes mellitus	7,977	Cerebrovascular diseases	16,571
8	Suicide	7,079	Suicide	13,752
9	Pneumonia and influenza	5,804	Septicemia	7,066
10	Homicide	4,019	Nephritis, nephrotic syndrome and nephrosis	7,023
65 years and over				
Rank	All causes	1,341,848	All causes	1,799,830
1	Diseases of heart	595,406	Diseases of heart	495,730
2	Malignant neoplasms	258,389	Malignant neoplasms	391,729
3	Cerebrovascular diseases	146,417	Chronic lower respiratory diseases	121,223
4	Pneumonia and influenza	45,512	Cerebrovascular diseases	114,508
5	Chronic obstructive pulmonary diseases	43,587	Alzheimer's disease	81,573
6	Atherosclerosis	28,081	Diabetes mellitus	50,883
7	Diabetes mellitus	25,216	Influenza and pneumonia	48,382
8	Unintentional injuries	24,844	Nephritis, nephrotic syndrome and nephrosis	39,921
9	Nephritis, nephrotic syndrome, and nephrosis	12,968	Unintentional injuries	39,359
10	Chronic liver disease and cirrhosis	9,519	Septicemia	27,028

. . . Category not applicable.

¹This cause is tied with Septicemia for the 10th rank in 2008.

NOTES: For cause of death codes based on the *International Classification of Diseases, 9th Revision (ICD–9)* in 1980 and ICD–10 in 2008, see [Appendix II, Cause of death; Table III; Table IV](#).

SOURCE: CDC/NCHS, National Vital Statistics System; Vital statistics of the United States, Vol II, mortality, part A, 1980. Washington, DC: Public Health Service. 1985; 2008 annual mortality file; Miniño AM, Xu JQ, Kochanek KD, Murphy SL. Deaths: Final data for 2008. National vital statistics reports; vol 59 no 10. Hyattsville, MD: NCHS; 2011. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_10.pdf. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 28 (page 1 of 3). Age-adjusted death rates, by race, sex, region, and urbanization level: United States, average annual, selected years 1996–1998 through 2006–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#028>.

[Data are based on death certificates]

Sex, region, and urbanization level ¹	All races			White			Black or African American		
	1996–1998	1999–2001	2006–2008	1996–1998	1999–2001	2006–2008	1996–1998	1999–2001	2006–2008
Both sexes	Age-adjusted death rate per 100,000 standard population ²								
All regions:									
Metropolitan counties:									
Large:									
Central.	894.5	869.0	734.3	858.8	836.7	714.2	1,164.2	1,133.6	961.0
Fringe	839.3	833.0	730.3	828.0	823.7	728.0	1,059.6	1,040.8	882.3
Medium.	865.6	859.0	766.0	846.5	842.2	755.1	1,152.4	1,137.3	980.2
Small	887.8	887.9	799.6	866.5	868.8	785.7	1,173.1	1,164.3	1,006.2
Nonmetropolitan counties:									
Micropolitan.	913.0	907.1	830.4	892.1	890.0	817.0	1,208.2	1,174.9	1,041.5
Nonmicropolitan.	933.0	923.2	852.3	909.6	902.8	836.2	1,191.6	1,162.8	1,036.5
Northeast:									
Metropolitan counties:									
Large:									
Central.	909.6	861.7	714.8	881.4	838.6	702.7	1,052.4	1,001.1	831.4
Fringe	827.8	814.0	709.5	823.3	810.8	713.8	1,000.0	986.6	819.1
Medium.	851.9	836.2	748.2	842.2	828.6	745.5	1,076.6	1,040.8	871.4
Small	852.0	849.5	756.9	847.8	846.5	755.7	1,106.9	1,072.4	905.8
Nonmetropolitan counties:									
Micropolitan.	878.4	854.4	771.2	877.9	855.7	774.4	*	*	*
Nonmicropolitan.	893.6	877.4	785.8	892.0	876.3	787.7	*	*	*
Midwest:									
Metropolitan counties:									
Large:									
Central.	951.7	939.6	816.6	880.7	868.9	755.4	1,213.7	1,205.9	1,047.1
Fringe	856.4	856.1	766.6	845.9	846.3	760.3	1,121.2	1,123.1	1,011.3
Medium.	876.1	873.5	788.8	857.0	856.1	774.2	1,168.9	1,151.6	1,025.7
Small	860.8	861.5	777.5	847.4	850.8	768.1	1,178.9	1,146.9	1,027.7
Nonmetropolitan counties:									
Micropolitan.	868.8	865.2	793.8	863.9	863.0	793.1	1,222.0	1,103.5	942.6
Nonmicropolitan.	867.6	852.7	785.5	858.2	845.9	779.1	1,388.1	1,058.9	901.9
South:									
Metropolitan counties:									
Large:									
Central.	938.1	926.8	783.9	864.9	859.1	733.9	1,241.9	1,212.8	1,020.9
Fringe	845.3	845.6	731.3	821.9	826.2	721.5	1,071.4	1,048.4	873.0
Medium.	891.8	892.4	789.8	852.1	855.8	761.8	1,172.6	1,164.4	1,002.9
Small	943.6	950.5	860.6	907.5	917.9	838.6	1,183.2	1,180.0	1,017.9
Nonmetropolitan counties:									
Micropolitan.	974.1	973.3	893.9	933.5	939.3	867.0	1,218.9	1,194.3	1,067.3
Nonmicropolitan.	1,005.3	1,003.0	932.8	975.9	978.5	917.0	1,188.4	1,171.2	1,048.6
West:									
Metropolitan counties:									
Large:									
Central.	819.2	792.4	668.5	829.4	804.1	686.6	1,107.9	1,077.7	922.8
Fringe	818.6	803.6	710.1	823.2	810.1	723.2	1,060.8	1,006.2	920.2
Medium.	814.7	800.5	714.2	826.9	815.8	733.9	1,045.4	996.3	849.7
Small	827.6	815.7	728.1	826.6	815.7	730.4	973.5	990.7	777.1
Nonmetropolitan counties:									
Micropolitan.	861.0	851.8	774.5	860.4	854.7	778.7	*	*	*
Nonmicropolitan.	867.1	847.4	766.3	845.9	828.6	748.9	*	*	*

See footnotes at end of table.

Table 28 (page 2 of 3). Age-adjusted death rates, by race, sex, region, and urbanization level: United States, average annual, selected years 1996–1998 through 2006–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#028>.

[Data are based on death certificates]

Sex, region, and urbanization level ¹	All races			White			Black or African American		
	1996–1998	1999–2001	2006–2008	1996–1998	1999–2001	2006–2008	1996–1998	1999–2001	2006–2008
Male	Age-adjusted death rate per 100,000 standard population ²								
All regions:									
Metropolitan counties:									
Large:									
Central	1,108.6	1,057.6	881.3	1,060.6	1,015.2	853.7	1,503.8	1,436.1	1,202.8
Fringe	1,025.2	998.7	855.5	1,010.9	987.3	853.0	1,329.0	1,281.1	1,056.4
Medium	1,069.9	1,038.5	910.4	1,045.4	1,017.7	895.2	1,469.0	1,409.2	1,204.2
Small	1,104.6	1,079.2	951.5	1,077.4	1,056.1	933.5	1,497.6	1,449.1	1,244.7
Nonmetropolitan counties:									
Micropolitan	1,139.9	1,108.6	991.4	1,113.5	1,087.5	974.3	1,547.8	1,475.9	1,288.1
Nonmicropolitan	1,172.3	1,132.9	1,020.6	1,143.3	1,108.3	1,000.4	1,529.0	1,457.3	1,283.8
Northeast:									
Metropolitan counties:									
Large:									
Central	1,142.0	1,065.3	871.6	1,102.8	1,034.5	855.9	1,374.4	1,280.7	1,044.4
Fringe	1,018.1	985.3	842.0	1,012.6	982.3	848.7	1,263.0	1,219.0	983.1
Medium	1,061.6	1,018.1	900.2	1,049.9	1,009.7	898.0	1,351.2	1,262.4	1,050.2
Small	1,062.7	1,034.1	910.3	1,057.9	1,032.3	911.3	1,376.8	1,280.7	1,047.6
Nonmetropolitan counties:									
Micropolitan	1,093.5	1,042.5	927.7	1,093.7	1,045.6	933.8	*	*	*
Nonmicropolitan	1,096.9	1,056.9	938.9	1,096.1	1,056.6	942.4	*	*	*
Midwest:									
Metropolitan counties:									
Large:									
Central	1,192.6	1,155.5	991.1	1,101.0	1,064.6	909.7	1,559.8	1,525.5	1,329.8
Fringe	1,051.7	1,030.0	894.6	1,038.7	1,018.7	888.2	1,399.4	1,372.7	1,194.9
Medium	1,089.0	1,063.2	942.7	1,065.3	1,043.8	925.1	1,470.0	1,394.4	1,257.2
Small	1,076.0	1,057.3	931.5	1,059.7	1,045.0	921.1	1,463.9	1,401.9	1,235.3
Nonmetropolitan counties:									
Micropolitan	1,092.0	1,063.4	958.1	1,086.0	1,062.0	958.0	1,551.8	1,315.8	1,101.7
Nonmicropolitan	1,094.7	1,050.5	945.7	1,083.0	1,043.3	938.9	1,788.2	1,225.3	1,019.0
South:									
Metropolitan counties:									
Large:									
Central	1,172.0	1,130.9	941.5	1,074.6	1,042.9	877.4	1,616.0	1,542.6	1,278.0
Fringe	1,030.8	1,009.7	855.2	1,000.5	984.8	842.8	1,351.1	1,297.8	1,051.5
Medium	1,106.6	1,081.2	938.2	1,053.0	1,033.8	901.6	1,517.1	1,466.2	1,246.9
Small	1,185.9	1,160.8	1,031.0	1,138.6	1,118.6	999.1	1,526.9	1,487.0	1,279.4
Nonmetropolitan counties:									
Micropolitan	1,228.0	1,198.9	1,069.8	1,175.1	1,154.7	1,032.6	1,577.6	1,519.8	1,339.9
Nonmicropolitan	1,275.7	1,240.6	1,121.9	1,239.3	1,210.2	1,099.2	1,530.4	1,478.0	1,309.1
West:									
Metropolitan counties:									
Large:									
Central	996.3	949.8	792.9	1,006.7	962.4	811.3	1,383.8	1,323.2	1,110.7
Fringe	981.1	947.0	822.0	988.0	954.5	836.3	1,228.8	1,171.2	1,061.1
Medium	987.4	952.8	842.5	1,003.1	969.3	860.1	1,230.6	1,165.1	983.1
Small	1,003.7	970.5	847.0	1,001.7	971.6	849.2	1,178.9	1,088.1	878.5
Nonmetropolitan counties:									
Micropolitan	1,037.8	1,012.6	901.3	1,036.0	1,013.6	902.6	*	*	*
Nonmicropolitan	1,048.7	1,010.9	895.1	1,023.0	986.8	871.8	*	*	*

See footnotes at end of table.

Table 28 (page 3 of 3). Age-adjusted death rates, by race, sex, region, and urbanization level: United States, average annual, selected years 1996–1998 through 2006–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#028>.

[Data are based on death certificates]

Sex, region, and urbanization level ¹	All races			White			Black or African American		
	1996–1998	1999–2001	2006–2008	1996–1998	1999–2001	2006–2008	1996–1998	1999–2001	2006–2008
Female									
Age-adjusted death rate per 100,000 standard population ²									
All regions:									
Metropolitan counties:									
Large:									
Central	738.9	730.1	619.3	711.3	703.8	603.5	934.4	929.3	790.0
Fringe	705.7	711.1	630.6	696.3	702.7	627.8	875.9	876.4	755.1
Medium	716.8	724.6	649.3	701.9	710.6	640.9	932.0	945.4	814.6
Small	731.2	745.7	677.2	713.7	729.1	666.1	951.9	966.5	829.8
Nonmetropolitan counties:									
Micropolitan	745.9	754.8	697.2	728.8	740.2	686.3	975.6	968.3	857.6
Nonmicropolitan	750.6	759.5	707.8	731.4	741.9	694.8	951.5	953.0	847.6
Northeast:									
Metropolitan counties:									
Large:									
Central	748.4	719.6	599.7	725.6	699.1	588.0	848.3	823.6	689.7
Fringe	696.3	692.6	609.5	692.4	689.3	611.8	827.2	828.1	700.0
Medium	709.1	707.5	634.6	701.4	700.9	632.1	883.4	877.0	732.4
Small	706.7	717.3	639.2	703.2	713.8	637.0	919.9	930.0	785.7
Nonmetropolitan counties:									
Micropolitan	725.0	717.5	648.8	724.3	718.1	650.3	*	*	*
Nonmicropolitan	741.8	738.5	656.6	740.1	737.4	658.1	*	*	*
Midwest:									
Metropolitan counties:									
Large:									
Central	784.1	786.2	686.6	729.7	730.9	640.7	974.4	984.5	847.8
Fringe	722.9	733.8	668.3	714.5	725.1	662.3	924.6	948.2	873.2
Medium	728.9	739.6	672.2	713.6	724.3	660.1	955.1	972.7	852.2
Small	710.8	721.4	660.2	700.0	712.2	652.0	963.1	952.5	862.0
Nonmetropolitan counties:									
Micropolitan	711.2	721.2	665.0	707.3	718.6	664.0	998.7	948.8	803.6
Nonmicropolitan	696.1	700.0	650.9	688.9	693.9	645.3	1,123.8	955.4	781.6
South:									
Metropolitan counties:									
Large:									
Central	768.6	776.3	660.1	712.1	721.7	619.0	988.2	989.8	839.2
Fringe	705.7	719.6	628.4	686.1	702.4	618.5	882.4	881.0	745.0
Medium	731.2	746.6	665.2	700.1	716.0	641.7	938.9	958.2	828.8
Small	771.0	795.0	723.4	740.9	767.1	706.8	956.5	974.2	831.9
Nonmetropolitan counties:									
Micropolitan	788.4	803.8	747.2	754.8	774.5	726.0	977.3	975.7	871.0
Nonmicropolitan	803.4	821.3	772.9	778.3	799.5	760.6	946.7	955.0	853.6
West:									
Metropolitan counties:									
Large:									
Central	682.6	670.1	566.2	691.8	679.9	582.4	906.0	899.3	773.5
Fringe	696.3	693.8	618.3	699.2	699.1	629.8	920.1	876.5	802.6
Medium	680.5	681.3	607.7	691.6	696.1	628.1	890.3	855.7	723.0
Small	687.3	691.3	624.0	687.2	690.7	626.0	789.8	886.6	669.3
Nonmetropolitan counties:									
Micropolitan	712.6	715.1	658.5	713.8	720.0	664.2	*	*	*
Nonmicropolitan	710.4	704.0	641.7	694.2	690.7	629.8	*	*	*

* Estimates of death rates for the black population in nonmetropolitan counties in the Northeast and West may be unreliable, possibly due to anomalies in population estimates for the black population in nonmetropolitan counties in these regions.

¹Urbanization levels are for county of residence of decedent. The levels were developed by NCHS using information from the Office of Management and Budget, Department of Agriculture, and Census Bureau. More information on this six-level urban-rural classification scheme is available from: http://www.cdc.gov/nchs/data_access/urban_rural.htm. See [Appendix II, Urbanization](#).

²Average annual death rates are age-adjusted using the year 2000 standard population. Prior to 2003, age-adjusted rates were calculated using standard million proportions based on rounded population numbers. Starting with 2003 data, unrounded population numbers are used to calculate age-adjusted rates. See [Appendix II, Age adjustment](#). Prior to 2006–2008, denominators for rates are resident population estimates for the middle year of each 3-year period, multiplied by 3. Starting with 2006–2008, denominators for rates are the 3-year average population. See [Appendix I, Population Census and Population Estimates](#).

NOTES: The race groups, white and black, include persons of Hispanic and non-Hispanic origin. Starting with 2003 data, some states allowed the reporting of more than one race on the death certificate. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See [Appendix II, Hispanic origin; Race](#). Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Vital Statistics System, Compressed Mortality File. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 29 (page 1 of 4). Death rates for all causes, by sex, race, Hispanic origin, and age: United States, selected years 1950–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#029>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ¹	1960 ¹	1970	1980	1990	2000	2007	2008
Deaths per 100,000 resident population								
All persons								
All ages, age-adjusted ²	1,446.0	1,339.2	1,222.6	1,039.1	938.7	869.0	760.2	758.3
All ages, crude	963.8	954.7	945.3	878.3	863.8	854.0	803.6	813.0
Under 1 year	3,299.2	2,696.4	2,142.4	1,288.3	971.9	736.7	684.5	650.5
1–4 years	139.4	109.1	84.5	63.9	46.8	32.4	28.6	28.3
5–14 years	60.1	46.6	41.3	30.6	24.0	18.0	15.3	14.1
15–24 years	128.1	106.3	127.7	115.4	99.2	79.9	79.9	75.6
25–34 years	178.7	146.4	157.4	135.5	139.2	101.4	104.9	103.3
35–44 years	358.7	299.4	314.5	227.9	223.2	198.9	184.4	179.7
45–54 years	853.9	756.0	730.0	584.0	473.4	425.6	420.9	420.4
55–64 years	1,901.0	1,735.1	1,658.8	1,346.3	1,196.9	992.2	877.7	879.2
65–74 years	4,104.3	3,822.1	3,582.7	2,994.9	2,648.6	2,399.1	2,011.3	1,995.6
75–84 years	9,331.1	8,745.2	8,004.4	6,692.6	6,007.2	5,666.5	5,011.6	5,017.7
85 years and over	20,196.9	19,857.5	16,344.9	15,980.3	15,327.4	15,524.4	12,946.5	13,015.1
Male								
All ages, age-adjusted ²	1,674.2	1,609.0	1,542.1	1,348.1	1,202.8	1,053.8	905.6	900.6
All ages, crude	1,106.1	1,104.5	1,090.3	976.9	918.4	853.0	809.9	817.9
Under 1 year	3,728.0	3,059.3	2,410.0	1,428.5	1,082.8	806.5	747.8	709.7
1–4 years	151.7	119.5	93.2	72.6	52.4	35.9	31.3	31.5
5–14 years	70.9	55.7	50.5	36.7	28.5	20.9	17.4	16.0
15–24 years	167.9	152.1	188.5	172.3	147.4	114.9	115.8	109.8
25–34 years	216.5	187.9	215.3	196.1	204.3	138.6	144.0	141.8
35–44 years	428.8	372.8	402.6	299.2	310.4	255.2	231.8	223.7
45–54 years	1,067.1	992.2	958.5	767.3	610.3	542.8	530.0	526.4
55–64 years	2,395.3	2,309.5	2,282.7	1,815.1	1,553.4	1,230.7	1,100.6	1,104.9
65–74 years	4,931.4	4,914.4	4,873.8	4,105.2	3,491.5	2,979.6	2,456.9	2,432.8
75–84 years	10,426.0	10,178.4	10,010.2	8,816.7	7,888.6	6,972.6	6,038.4	6,032.2
85 years and over	21,636.0	21,186.3	17,821.5	18,801.1	18,056.6	17,501.4	14,006.4	14,017.3
Female								
All ages, age-adjusted ²	1,236.0	1,105.3	971.4	817.9	750.9	731.4	643.4	643.4
All ages, crude	823.5	809.2	807.8	785.3	812.0	855.0	797.4	808.2
Under 1 year	2,854.6	2,321.3	1,863.7	1,141.7	855.7	663.4	618.1	588.5
1–4 years	126.7	98.4	75.4	54.7	41.0	28.7	25.7	25.0
5–14 years	48.9	37.3	31.8	24.2	19.3	15.0	13.1	12.1
15–24 years	89.1	61.3	68.1	57.5	49.0	43.1	42.0	39.5
25–34 years	142.7	106.6	101.6	75.9	74.2	63.5	64.2	63.1
35–44 years	290.3	229.4	231.1	159.3	137.9	143.2	136.9	135.4
45–54 years	641.5	526.7	517.2	412.9	342.7	312.5	315.2	317.5
55–64 years	1,404.8	1,196.4	1,098.9	934.3	878.8	772.2	670.1	668.9
65–74 years	3,333.2	2,871.8	2,579.7	2,144.7	1,991.2	1,921.2	1,633.0	1,622.6
75–84 years	8,399.6	7,633.1	6,677.6	5,440.1	4,883.1	4,814.7	4,304.1	4,313.7
85 years and over	19,194.7	19,008.4	15,518.0	14,746.9	14,274.3	14,719.2	12,442.3	12,531.0
White male ³								
All ages, age-adjusted ²	1,642.5	1,586.0	1,513.7	1,317.6	1,165.9	1,029.4	890.5	889.2
All ages, crude	1,089.5	1,098.5	1,086.7	983.3	930.9	887.8	848.1	860.3
Under 1 year	3,400.5	2,694.1	2,113.2	1,230.3	896.1	667.6	627.8	600.2
1–4 years	135.5	104.9	83.6	66.1	45.9	32.6	28.3	29.1
5–14 years	67.2	52.7	48.0	35.0	26.4	19.8	16.2	14.6
15–24 years	152.4	143.7	170.8	167.0	131.3	105.8	108.1	102.6
25–34 years	185.3	163.2	176.6	171.3	176.1	124.1	134.2	133.2
35–44 years	380.9	332.6	343.5	257.4	268.2	233.6	218.2	213.5
45–54 years	984.5	932.2	882.9	698.9	548.7	496.9	498.4	500.5
55–64 years	2,304.4	2,225.2	2,202.6	1,728.5	1,467.2	1,163.3	1,042.7	1,051.8
65–74 years	4,864.9	4,848.4	4,810.1	4,035.7	3,397.7	2,905.7	2,396.7	2,376.5
75–84 years	10,526.3	10,299.6	10,098.8	8,829.8	7,844.9	6,933.1	6,049.2	6,052.0
85 years and over	22,116.3	21,750.0	18,551.7	19,097.3	18,268.3	17,716.4	14,286.4	14,354.0

See footnotes at end of table.

Table 29 (page 2 of 4). Death rates for all causes, by sex, race, Hispanic origin, and age: United States, selected years 1950–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#029>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ¹	1960 ¹	1970	1980	1990	2000	2007	2008
Deaths per 100,000 resident population								
Black or African American male³								
All ages, age-adjusted ²	1,909.1	1,811.1	1,873.9	1,697.8	1,644.5	1,403.5	1,184.4	1,150.4
All ages, crude	1,257.7	1,181.7	1,186.6	1,034.1	1,008.0	834.1	775.6	762.7
Under 1 year	---	5,306.8	4,298.9	2,586.7	2,112.4	1,567.6	1,363.2	1,298.7
1–4 years ⁴	1,412.6	208.5	150.5	110.5	85.8	54.5	45.3	47.3
5–14 years	95.1	75.1	67.1	47.4	41.2	28.2	24.6	23.6
15–24 years	289.7	212.0	320.6	209.1	252.2	181.4	168.1	159.1
25–34 years	503.5	402.5	559.5	407.3	430.8	261.0	240.3	224.9
35–44 years	878.1	762.0	956.6	689.8	699.6	453.0	378.9	347.5
45–54 years	1,905.0	1,624.8	1,777.5	1,479.9	1,261.0	1,017.7	876.7	827.5
55–64 years	3,773.2	3,316.4	3,256.9	2,873.0	2,618.4	2,080.1	1,870.8	1,826.3
65–74 years	5,310.3	5,798.7	5,803.2	5,131.1	4,946.1	4,253.5	3,604.9	3,537.9
75–84 years ⁵	10,101.9	8,605.1	9,454.9	9,231.6	9,129.5	8,486.0	7,169.0	7,102.0
85 years and over	---	14,844.8	12,222.3	16,098.8	16,954.9	16,791.0	12,964.7	12,528.3
American Indian or Alaska Native male³								
All ages, age-adjusted ²	---	---	---	1,111.5	916.2	841.5	736.7	717.3
All ages, crude	---	---	---	597.1	476.4	415.6	488.2	477.6
Under 1 year	---	---	---	1,598.1	1,056.6	700.2	1,009.9	659.7
1–4 years	---	---	---	82.7	77.4	44.9	63.6	38.4
5–14 years	---	---	---	43.7	33.4	20.2	23.2	18.5
15–24 years	---	---	---	311.1	219.8	136.2	143.7	150.7
25–34 years	---	---	---	360.6	256.1	179.1	198.3	198.2
35–44 years	---	---	---	556.8	365.4	295.2	332.5	315.9
45–54 years	---	---	---	871.3	619.9	520.0	573.0	617.8
55–64 years	---	---	---	1,547.5	1,211.3	1,090.4	1,037.0	1,037.8
65–74 years	---	---	---	2,968.4	2,461.7	2,478.3	2,131.7	2,169.8
75–84 years	---	---	---	5,607.0	5,389.2	5,351.2	4,193.4	4,150.2
85 years and over	---	---	---	12,635.2	11,243.9	10,725.8	7,638.6	6,513.8
Asian or Pacific Islander male³								
All ages, age-adjusted ²	---	---	---	786.5	716.4	624.2	499.2	492.8
All ages, crude	---	---	---	375.3	334.3	332.9	331.4	337.7
Under 1 year	---	---	---	816.5	605.3	529.4	483.5	464.2
1–4 years	---	---	---	50.9	45.0	23.3	25.3	17.1
5–14 years	---	---	---	23.4	20.7	12.9	12.2	12.4
15–24 years	---	---	---	80.8	76.0	55.2	61.0	50.0
25–34 years	---	---	---	83.5	79.6	55.0	50.1	55.1
35–44 years	---	---	---	128.3	130.8	104.9	88.9	87.2
45–54 years	---	---	---	342.3	287.1	249.7	229.1	222.9
55–64 years	---	---	---	881.1	789.1	642.4	523.1	529.2
65–74 years	---	---	---	2,236.1	2,041.4	1,661.0	1,304.7	1,312.6
75–84 years	---	---	---	5,389.5	5,008.6	4,328.2	3,538.4	3,497.1
85 years and over	---	---	---	13,753.6	12,446.3	12,125.3	8,918.0	8,724.9
Hispanic or Latino male^{3,6}								
All ages, age-adjusted ²	---	---	---	---	886.4	818.1	654.5	630.7
All ages, crude	---	---	---	---	411.6	331.3	321.8	316.9
Under 1 year	---	---	---	---	921.8	637.1	632.7	578.5
1–4 years	---	---	---	---	53.8	31.5	28.0	27.5
5–14 years	---	---	---	---	26.0	17.9	15.8	12.7
15–24 years	---	---	---	---	159.3	107.7	115.3	103.9
25–34 years	---	---	---	---	234.0	120.2	110.1	107.2
35–44 years	---	---	---	---	341.8	211.0	166.3	158.9
45–54 years	---	---	---	---	533.9	439.0	399.2	372.5
55–64 years	---	---	---	---	1,123.7	965.7	831.4	831.3
65–74 years	---	---	---	---	2,368.2	2,287.9	1,862.7	1,826.9
75–84 years	---	---	---	---	5,369.1	5,395.3	4,364.8	4,264.0
85 years and over	---	---	---	---	12,272.1	13,086.2	8,953.7	8,379.0

See footnotes at end of table.

Table 29 (page 3 of 4). Death rates for all causes, by sex, race, Hispanic origin, and age: United States, selected years 1950–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#029>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ¹	1960 ¹	1970	1980	1990	2000	2007	2008
Deaths per 100,000 resident population								
White, not Hispanic or Latino male ⁶								
All ages, age-adjusted ²	---	---	---	---	1,170.9	1,035.4	906.8	908.5
All ages, crude	---	---	---	---	985.9	978.5	960.4	978.2
Under 1 year	---	---	---	---	865.4	658.7	616.8	594.4
1–4 years	---	---	---	---	43.8	32.4	28.1	29.3
5–14 years	---	---	---	---	25.7	20.0	16.1	15.0
15–24 years	---	---	---	---	123.4	103.5	104.6	100.8
25–34 years	---	---	---	---	165.3	123.0	140.8	140.4
35–44 years	---	---	---	---	257.1	233.9	228.4	225.3
45–54 years	---	---	---	---	544.5	497.7	508.7	515.8
55–64 years	---	---	---	---	1,479.7	1,170.9	1,057.5	1,067.2
65–74 years	---	---	---	---	3,434.5	2,930.5	2,432.7	2,413.0
75–84 years	---	---	---	---	7,920.4	6,977.8	6,152.7	6,166.5
85 years and over	---	---	---	---	18,505.4	17,853.2	14,588.3	14,721.8
White female ³								
All ages, age-adjusted ²	1,198.0	1,074.4	944.0	796.1	728.8	715.3	634.8	636.9
All ages, crude	803.3	800.9	812.6	806.1	846.9	912.3	854.9	868.7
Under 1 year	2,566.8	2,007.7	1,614.6	962.5	690.0	550.5	516.8	496.9
1–4 years	112.2	85.2	66.1	49.3	36.1	25.5	23.1	22.8
5–14 years	45.1	34.7	29.9	22.9	17.9	14.1	12.4	11.3
15–24 years	71.5	54.9	61.6	55.5	45.9	41.1	41.2	37.8
25–34 years	112.8	85.0	84.1	65.4	61.5	55.1	59.6	58.2
35–44 years	235.8	191.1	193.3	138.2	117.4	125.7	126.2	125.8
45–54 years	546.4	458.8	462.9	372.7	309.3	281.4	290.5	295.1
55–64 years	1,293.8	1,078.9	1,014.9	876.2	822.7	730.9	638.0	639.1
65–74 years	3,242.8	2,779.3	2,470.7	2,066.6	1,923.5	1,868.3	1,600.9	1,594.6
75–84 years	8,481.5	7,696.6	6,698.7	5,401.7	4,839.1	4,785.3	4,317.6	4,342.2
85 years and over	19,679.5	19,477.7	15,980.2	14,979.6	14,400.6	14,890.7	12,646.7	12,765.0
Black or African American female ³								
All ages, age-adjusted ²	1,545.5	1,369.7	1,228.7	1,033.3	975.1	927.6	793.8	778.4
All ages, crude	1,002.0	905.0	829.2	733.3	747.9	733.0	675.7	673.5
Under 1 year	---	4,162.2	3,368.8	2,123.7	1,735.5	1,279.8	1,132.2	1,086.3
1–4 years ⁴	1,139.3	173.3	129.4	84.4	67.6	45.3	39.0	35.7
5–14 years	72.8	53.8	43.8	30.5	27.5	20.0	17.0	16.4
15–24 years	213.1	107.5	111.9	70.5	68.7	58.3	48.9	50.5
25–34 years	393.3	273.2	231.0	150.0	159.5	121.8	102.1	97.4
35–44 years	758.1	568.5	533.0	323.9	298.6	271.9	229.1	221.5
45–54 years	1,576.4	1,177.0	1,043.9	768.2	639.4	588.3	537.2	525.0
55–64 years	3,089.4	2,510.9	1,986.2	1,561.0	1,452.6	1,227.2	1,047.4	1,028.8
65–74 years	4,000.2	4,064.2	3,860.9	3,057.4	2,865.7	2,689.6	2,209.5	2,155.1
75–84 years ⁵	8,347.0	6,730.0	6,691.5	6,212.1	5,688.3	5,696.5	4,902.9	4,816.3
85 years and over	---	13,052.6	10,706.6	12,367.2	13,309.5	13,941.3	11,997.4	11,863.8
American Indian or Alaska Native female ³								
All ages, age-adjusted ²	---	---	---	662.4	561.8	604.5	533.2	515.1
All ages, crude	---	---	---	380.1	330.4	346.1	400.0	386.1
Under 1 year	---	---	---	1,352.6	688.7	492.2	830.3	495.3
1–4 years	---	---	---	87.5	37.8	39.8	46.0	39.5
5–14 years	---	---	---	33.5	25.5	17.7	13.0	16.5
15–24 years	---	---	---	90.3	69.0	58.9	61.3	58.4
25–34 years	---	---	---	178.5	102.3	84.8	90.6	99.1
35–44 years	---	---	---	286.0	156.4	171.9	196.0	217.6
45–54 years	---	---	---	491.4	380.9	284.9	346.4	342.3
55–64 years	---	---	---	837.1	805.9	772.1	693.5	667.6
65–74 years	---	---	---	1,765.5	1,679.4	1,899.8	1,611.9	1,561.8
75–84 years	---	---	---	3,612.9	3,073.2	3,850.0	3,436.8	3,261.2
85 years and over	---	---	---	8,567.4	8,201.1	9,118.2	6,248.2	5,997.1

See footnotes at end of table.

Table 29 (page 4 of 4). Death rates for all causes, by sex, race, Hispanic origin, and age: United States, selected years 1950–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#029>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ¹	1960 ¹	1970	1980	1990	2000	2007	2008
Deaths per 100,000 resident population								
Asian or Pacific Islander female ³								
All ages, age-adjusted ²	---	---	---	425.9	469.3	416.8	350.6	353.1
All ages, crude	---	---	---	222.5	234.3	262.3	287.2	300.7
Under 1 year	---	---	---	755.8	518.2	434.3	397.6	377.2
1–4 years	---	---	---	35.4	32.0	20.0	17.9	20.1
5–14 years	---	---	---	21.5	13.0	11.7	9.8	8.6
15–24 years	---	---	---	32.3	28.8	22.4	24.4	23.4
25–34 years	---	---	---	45.4	37.5	27.6	28.1	35.1
35–44 years	---	---	---	89.7	69.9	65.6	54.9	49.4
45–54 years	---	---	---	214.1	182.7	155.5	136.2	136.2
55–64 years	---	---	---	440.8	483.4	390.9	329.2	327.9
65–74 years	---	---	---	1,027.7	1,089.2	996.4	832.7	866.5
75–84 years	---	---	---	2,833.6	3,127.9	2,882.4	2,470.6	2,437.2
85 years and over	---	---	---	7,923.3	10,254.0	9,052.2	7,334.0	7,478.6
Hispanic or Latina female ^{3,6}								
All ages, age-adjusted ²	---	---	---	---	537.1	546.0	452.7	445.7
All ages, crude	---	---	---	---	285.4	274.6	272.1	274.9
Under 1 year	---	---	---	---	746.6	553.6	539.9	482.2
1–4 years	---	---	---	---	42.1	27.5	23.8	21.6
5–14 years	---	---	---	---	17.3	13.4	12.3	11.4
15–24 years	---	---	---	---	40.6	31.7	33.5	31.3
25–34 years	---	---	---	---	62.9	43.4	43.4	42.4
35–44 years	---	---	---	---	109.3	100.5	82.7	82.2
45–54 years	---	---	---	---	253.3	223.8	204.0	200.8
55–64 years	---	---	---	---	607.5	548.4	476.9	477.2
65–74 years	---	---	---	---	1,453.8	1,423.2	1,162.1	1,153.1
75–84 years	---	---	---	---	3,351.3	3,624.5	3,196.2	3,118.7
85 years and over	---	---	---	---	10,098.7	11,202.8	8,318.9	8,254.9
White, not Hispanic or Latina female ⁶								
All ages, age-adjusted ²	---	---	---	---	734.6	721.5	647.7	650.8
All ages, crude	---	---	---	---	903.6	1,007.3	967.6	985.5
Under 1 year	---	---	---	---	655.3	530.9	499.6	488.6
1–4 years	---	---	---	---	34.0	24.4	22.7	22.7
5–14 years	---	---	---	---	17.6	13.9	12.3	11.1
15–24 years	---	---	---	---	46.0	42.6	42.7	39.0
25–34 years	---	---	---	---	60.6	56.8	63.4	62.0
35–44 years	---	---	---	---	116.8	128.1	134.4	134.4
45–54 years	---	---	---	---	312.1	285.0	300.5	306.5
55–64 years	---	---	---	---	834.5	742.1	651.3	652.3
65–74 years	---	---	---	---	1,940.2	1,891.0	1,634.9	1,628.5
75–84 years	---	---	---	---	4,887.3	4,819.3	4,385.4	4,420.2
85 years and over	---	---	---	---	14,533.1	14,971.7	12,856.7	12,996.9

--- Data not available.

¹Includes deaths of persons who were not residents of the 50 states and the District of Columbia (D.C.).

²Age-adjusted rates are calculated using the year 2000 standard population. Prior to 2003, age-adjusted rates were calculated using standard million proportions based on rounded population numbers. Starting with 2003 data, unrounded population numbers are used to calculate age-adjusted rates. See [Appendix II, Age adjustment](#).

³The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native, Asian or Pacific Islander, and Hispanic populations are known to be underestimated. See [Appendix II, Race](#), for a discussion of sources of bias in death rates by race and Hispanic origin.

⁴In 1950, rate is for the age group under 5 years.

⁵In 1950, rate is for the age group 75 years and over.

⁶Prior to 1997, excludes data from states lacking an Hispanic-origin item on the death certificate. See [Appendix II, Hispanic origin](#).

NOTES: Starting with *Health, United States, 2003*, rates for 1991–1999 were revised using intercensal population estimates based on the 2000 census. Rates for 2000 were revised based on 2000 census counts. Rates for 2001 and later years were computed using 2000-based postcensal estimates. See [Appendix I, Population Census and Population Estimates](#). Starting with 2003 data, some states allowed the reporting of more than one race on the death certificate. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See [Appendix II, Race](#). Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Vital Statistics System; Grove RD, Hetzel AM. Vital statistics rates in the United States, 1940–1960. Washington, DC: U.S. Government Printing Office, 1968; numerator data from National Vital Statistics System, annual mortality files; denominator data from national population estimates for race groups from [Table 1](#) and unpublished Hispanic population estimates for 1985–1996 prepared by the Housing and Household Economic Statistics Division, U.S. Census Bureau; additional mortality tables are available from: http://www.cdc.gov/nchs/nvss/mortality_tables.htm; Miniño AM, Xu JQ, Kochanek KD, Murphy SL. Deaths: Final data for 2008. National vital statistics reports; vol 59 no 10. Hyattsville, MD: NCHS; 2011. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_10.pdf. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 30 (page 1 of 3). Death rates for diseases of heart, by sex, race, Hispanic origin, and age: United States, selected years 1950–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#030>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ^{1,2}	1960 ^{1,2}	1970 ²	1980 ²	1990 ²	2000 ³	2007 ³	2008 ³
Deaths per 100,000 resident population								
All persons								
All ages, age-adjusted ⁴	588.8	559.0	492.7	412.1	321.8	257.6	190.9	186.5
All ages, crude	356.8	369.0	362.0	336.0	289.5	252.6	204.3	202.9
Under 1 year	4.1	6.6	13.1	22.8	20.1	13.0	10.0	9.2
1–4 years	1.6	1.3	1.7	2.6	1.9	1.2	1.1	1.1
5–14 years	3.9	1.3	0.8	0.9	0.9	0.7	0.6	0.6
15–24 years	8.2	4.0	3.0	2.9	2.5	2.6	2.6	2.5
25–34 years	20.9	15.6	11.4	8.3	7.6	7.4	7.9	7.9
35–44 years	88.3	74.6	66.7	44.6	31.4	29.2	27.4	26.7
45–54 years	309.2	271.8	238.4	180.2	120.5	94.2	85.3	85.4
55–64 years	804.3	737.9	652.3	494.1	367.3	261.2	200.3	198.0
65–74 years	1,857.2	1,740.5	1,558.2	1,218.6	894.3	665.6	462.9	449.8
75–84 years	4,311.0	4,089.4	3,683.8	2,993.1	2,295.7	1,780.3	1,315.0	1,276.7
85 years and over	9,152.5	9,317.8	7,891.3	7,777.1	6,739.9	5,926.1	4,267.7	4,175.7
Male								
All ages, age-adjusted ⁴	699.0	687.6	634.0	538.9	412.4	320.0	237.7	232.3
All ages, crude	424.7	439.5	422.5	368.6	297.6	249.8	208.4	207.6
Under 1 year	4.7	7.8	15.1	25.5	21.9	13.3	10.9	9.8
1–4 years	1.7	1.4	1.9	2.8	1.9	1.4	1.0	1.1
5–14 years	3.5	1.4	0.9	1.0	0.9	0.8	0.6	0.6
15–24 years	8.3	4.2	3.7	3.7	3.1	3.2	3.2	3.4
25–34 years	24.4	20.1	15.2	11.4	10.3	9.6	10.5	10.4
35–44 years	120.4	112.7	103.2	68.7	48.1	41.4	38.6	36.8
45–54 years	441.2	420.4	376.4	282.6	183.0	140.2	124.6	123.0
55–64 years	1,100.5	1,066.9	987.2	746.8	537.3	371.7	288.8	284.7
65–74 years	2,310.2	2,291.3	2,170.3	1,728.0	1,250.0	898.3	624.9	609.2
75–84 years	4,825.8	4,742.4	4,534.8	3,834.3	2,968.2	2,248.1	1,656.5	1,609.1
85 years and over	9,661.4	9,788.9	8,426.2	8,752.7	7,418.4	6,430.0	4,621.8	4,535.9
Female								
All ages, age-adjusted ⁴	486.6	447.0	381.6	320.8	257.0	210.9	154.0	150.4
All ages, crude	289.7	300.6	304.5	305.1	281.8	255.3	200.2	198.3
Under 1 year	3.4	5.4	10.9	20.0	18.3	12.5	9.0	8.5
1–4 years	1.6	1.1	1.6	2.5	1.9	1.0	1.1	1.1
5–14 years	4.3	1.2	0.8	0.9	0.8	0.5	0.6	0.5
15–24 years	8.2	3.7	2.3	2.1	1.8	2.1	1.9	1.6
25–34 years	17.6	11.3	7.7	5.3	5.0	5.2	5.3	5.4
35–44 years	57.0	38.2	32.2	21.4	15.1	17.2	16.2	16.4
45–54 years	177.8	127.5	109.9	84.5	61.0	49.8	47.2	48.9
55–64 years	507.0	429.4	351.6	272.1	215.7	159.3	117.9	117.2
65–74 years	1,434.9	1,261.3	1,082.7	828.6	616.8	474.0	325.4	313.9
75–84 years	3,873.0	3,582.7	3,120.8	2,497.0	1,893.8	1,475.1	1,079.7	1,046.0
85 years and over	8,798.1	9,016.8	7,591.8	7,350.5	6,478.1	5,720.9	4,099.3	4,001.7
White male ⁵								
All ages, age-adjusted ⁴	701.4	694.5	640.2	539.6	409.2	316.7	234.8	229.9
All ages, crude	434.2	454.6	438.3	384.0	312.7	265.8	221.1	220.6
45–54 years	424.1	413.2	365.7	269.8	170.6	130.7	116.2	116.1
55–64 years	1,082.6	1,056.0	979.3	730.6	516.7	351.8	271.4	268.9
65–74 years	2,309.4	2,297.9	2,177.2	1,729.7	1,230.5	877.8	603.0	586.7
75–84 years	4,908.0	4,839.9	4,617.6	3,883.2	2,983.4	2,247.0	1,659.3	1,611.2
85 years and over	9,952.3	10,135.8	8,818.0	8,958.0	7,558.7	6,560.8	4,756.1	4,680.9
Black or African American male ⁵								
All ages, age-adjusted ⁴	641.5	615.2	607.3	561.4	485.4	392.5	305.9	295.6
All ages, crude	348.4	330.6	330.3	301.0	256.8	211.1	186.5	183.4
45–54 years	624.1	514.0	512.8	433.4	328.9	247.2	216.3	201.4
55–64 years	1,434.0	1,236.8	1,135.4	987.2	824.0	631.2	516.3	493.3
65–74 years	2,140.1	2,281.4	2,237.8	1,847.2	1,632.9	1,268.8	989.4	977.5
75–84 years ⁶	4,107.9	3,533.6	3,783.4	3,578.8	3,107.1	2,597.6	1,999.2	1,963.5
85 years and over	---	6,037.9	5,367.6	6,819.5	6,479.6	5,633.5	3,879.6	3,681.1

See footnotes at end of table.

Table 30 (page 2 of 3). Death rates for diseases of heart, by sex, race, Hispanic origin, and age: United States, selected years 1950–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#030>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ^{1,2}	1960 ^{1,2}	1970 ²	1980 ²	1990 ²	2000 ³	2007 ³	2008 ³
Deaths per 100,000 resident population								
American Indian or Alaska Native male⁵								
All ages, age-adjusted ⁴	---	---	---	320.5	264.1	222.2	159.8	149.1
All ages, crude	---	---	---	130.6	108.0	90.1	94.1	89.3
45–54 years	---	---	---	238.1	173.8	108.5	112.4	122.4
55–64 years	---	---	---	496.3	411.0	285.0	235.8	236.7
65–74 years	---	---	---	1,009.4	839.1	748.2	521.5	530.6
75–84 years	---	---	---	2,062.2	1,788.8	1,655.7	1,129.5	928.8
85 years and over	---	---	---	4,413.7	3,860.3	3,318.3	1,901.1	1,769.8
Asian or Pacific Islander male⁵								
All ages, age-adjusted ⁴	---	---	---	286.9	220.7	185.5	126.0	124.7
All ages, crude	---	---	---	119.8	88.7	90.6	79.6	81.6
45–54 years	---	---	---	112.0	70.4	61.1	51.5	51.6
55–64 years	---	---	---	306.7	226.1	182.6	131.5	134.6
65–74 years	---	---	---	852.4	623.5	482.5	321.3	317.5
75–84 years	---	---	---	2,010.9	1,642.2	1,354.7	906.3	898.9
85 years and over	---	---	---	5,923.0	4,617.8	4,154.2	2,665.8	2,636.6
Hispanic or Latino male^{5,7}								
All ages, age-adjusted ⁴	---	---	---	---	270.0	238.2	165.0	151.9
All ages, crude	---	---	---	---	91.0	74.7	66.6	63.9
45–54 years	---	---	---	---	116.4	84.3	73.3	67.6
55–64 years	---	---	---	---	363.0	264.8	201.9	195.3
65–74 years	---	---	---	---	829.9	684.8	477.0	452.1
75–84 years	---	---	---	---	1,971.3	1,733.2	1,233.4	1,139.8
85 years and over	---	---	---	---	4,711.9	4,897.5	2,960.8	2,611.7
White, not Hispanic or Latino male⁷								
All ages, age-adjusted ⁴	---	---	---	---	413.6	319.9	239.8	235.9
All ages, crude	---	---	---	---	336.5	297.5	254.3	254.9
45–54 years	---	---	---	---	172.8	134.3	121.6	122.4
55–64 years	---	---	---	---	521.3	356.3	276.6	274.4
65–74 years	---	---	---	---	1,243.4	885.1	610.9	595.1
75–84 years	---	---	---	---	3,007.7	2,261.9	1,685.0	1,641.1
85 years and over	---	---	---	---	7,663.4	6,606.6	4,858.5	4,808.9
White female⁵								
All ages, age-adjusted ⁴	479.2	441.7	376.7	315.9	250.9	205.6	150.5	147.2
All ages, crude	290.5	306.5	313.8	319.2	298.4	274.5	215.5	213.5
45–54 years	142.4	103.4	91.4	71.2	50.2	40.9	40.0	41.2
55–64 years	460.7	383.0	317.7	248.1	192.4	141.3	105.3	104.4
65–74 years	1,401.6	1,229.8	1,044.0	796.7	583.6	445.2	304.4	295.8
75–84 years	3,926.2	3,629.7	3,143.5	2,493.6	1,874.3	1,452.4	1,068.9	1,035.9
85 years and over	9,086.9	9,280.8	7,839.9	7,501.6	6,563.4	5,801.4	4,169.6	4,084.5
Black or African American female⁵								
All ages, age-adjusted ⁴	538.9	488.9	435.6	378.6	327.5	277.6	204.5	197.5
All ages, crude	289.9	268.5	261.0	249.7	237.0	212.6	170.0	167.7
45–54 years	526.8	360.7	290.9	202.4	155.3	125.0	107.0	111.8
55–64 years	1,210.7	952.3	710.5	530.1	442.0	332.8	242.5	240.8
65–74 years	1,659.4	1,680.5	1,553.2	1,210.3	1,017.5	815.2	563.5	527.0
75–84 years ⁶	3,499.3	2,926.9	2,964.1	2,707.2	2,250.9	1,913.1	1,384.0	1,334.6
85 years and over	---	5,650.0	5,003.8	5,796.5	5,766.1	5,298.7	3,962.0	3,738.9

See footnotes at end of table.

Table 30 (page 3 of 3). Death rates for diseases of heart, by sex, race, Hispanic origin, and age: United States, selected years 1950–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#030>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ^{1,2}	1960 ^{1,2}	1970 ²	1980 ²	1990 ²	2000 ³	2007 ³	2008 ³
Deaths per 100,000 resident population								
American Indian or Alaska Native female⁵								
All ages, age-adjusted ⁴	---	---	---	175.4	153.1	143.6	99.8	94.3
All ages, crude	---	---	---	80.3	77.5	71.9	69.6	66.0
45–54 years	---	---	---	65.2	62.0	40.2	36.7	40.0
55–64 years	---	---	---	193.5	197.0	149.4	108.7	106.5
65–74 years	---	---	---	577.2	492.8	391.8	288.5	265.7
75–84 years	---	---	---	1,364.3	1,050.3	1,044.1	779.2	717.6
85 years and over	---	---	---	2,893.3	2,868.7	3,146.3	1,697.9	1,640.8
Asian or Pacific Islander female⁵								
All ages, age-adjusted ⁴	---	---	---	132.3	149.2	115.7	82.0	81.7
All ages, crude	---	---	---	57.0	62.0	65.0	63.9	67.0
45–54 years	---	---	---	28.6	17.5	15.9	12.1	13.4
55–64 years	---	---	---	92.9	99.0	68.8	46.8	51.3
65–74 years	---	---	---	313.3	323.9	229.6	168.5	163.8
75–84 years	---	---	---	1,053.2	1,130.9	866.2	611.4	614.2
85 years and over	---	---	---	3,211.0	4,161.2	3,367.2	2,345.6	2,304.8
Hispanic or Latina female^{5,7}								
All ages, age-adjusted ⁴	---	---	---	---	177.2	163.7	111.8	104.6
All ages, crude	---	---	---	---	79.4	71.5	60.8	59.3
45–54 years	---	---	---	---	43.5	28.2	23.4	24.3
55–64 years	---	---	---	---	153.2	111.2	81.4	79.6
65–74 years	---	---	---	---	460.4	366.3	249.7	245.7
75–84 years	---	---	---	---	1,259.7	1,169.4	856.6	768.8
85 years and over	---	---	---	---	4,440.3	4,605.8	2,888.2	2,705.9
White, not Hispanic or Latina female⁷								
All ages, age-adjusted ⁴	---	---	---	---	252.6	206.8	153.0	150.0
All ages, crude	---	---	---	---	320.0	304.9	245.5	244.0
45–54 years	---	---	---	---	50.2	41.9	42.1	43.3
55–64 years	---	---	---	---	193.6	142.9	107.1	106.3
65–74 years	---	---	---	---	584.7	448.5	308.1	299.1
75–84 years	---	---	---	---	1,890.2	1,458.9	1,081.0	1,052.9
85 years and over	---	---	---	---	6,615.2	5,822.7	4,230.8	4,154.9

--- Data not available.

¹Includes deaths of persons who were not residents of the 50 states and the District of Columbia (D.C.).

²Underlying cause of death was coded according to the 6th Revision of the *International Classification of Diseases* (ICD) in 1950, 7th Revision in 1960, 8th Revision in 1970, and 9th Revision in 1980–1998. See [Appendix II, Cause of death; Table III; Table IV](#).

³Starting with 1999 data, cause of death is coded according to ICD–10. See [Appendix II, Cause of death; Comparability ratio; Table IV; Table V](#).

⁴Age-adjusted rates are calculated using the year 2000 standard population. Prior to 2003, age-adjusted rates were calculated using standard million proportions based on rounded population numbers. Starting with 2003 data, unrounded population numbers are used to calculate age-adjusted rates. See [Appendix II, Age adjustment](#).

⁵The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native, Asian or Pacific Islander, and Hispanic populations are known to be underestimated. See [Appendix II, Race](#), for a discussion of sources of bias in death rates by race and Hispanic origin.

⁶In 1950, rate is for the age group 75 years and over.

⁷Prior to 1997, excludes data from states lacking a Hispanic-origin item on the death certificate. See [Appendix II, Hispanic origin](#).

NOTES: Starting with *Health, United States, 2003*, rates for 1991–1999 were revised using intercensal population estimates based on the 2000 census. Rates for 2000 were revised based on 2000 census counts. Rates for 2001 and later years were computed using 2000-based postcensal estimates. See [Appendix I, Population Census and Population Estimates](#). For the period 1980–1998, diseases of heart was coded using ICD–9 codes that are most nearly comparable with diseases of heart codes in the 113 cause list for ICD–10. See [Appendix II, Cause of death; Table IV](#). Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. Starting with 2003 data, some states allowed the reporting of more than one race on the death certificate. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See [Appendix II, Race](#). Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Vital Statistics System; numerator data from National Vital Statistics System, annual mortality files; denominator data from national population estimates for race groups from [Table 1](#) and unpublished Hispanic population estimates for 1985–1996 prepared by the Housing and Household Economic Statistics Division, U.S. Census Bureau; additional mortality tables are available from: http://www.cdc.gov/nchs/nvss/mortality_tables.htm; Miniño AM, Xu JQ, Kochanek KD, Murphy SL. Deaths: Final data for 2008. National vital statistics reports; vol 59 no 10. Hyattsville, MD: NCHS; 2011. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_10.pdf. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 31 (page 1 of 3). Death rates for cerebrovascular diseases, by sex, race, Hispanic origin, and age: United States, selected years 1950–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#031>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ^{1,2}	1960 ^{1,2}	1970 ²	1980 ²	1990 ²	2000 ³	2007 ³	2008 ³
Deaths per 100,000 resident population								
All persons								
All ages, age-adjusted ⁴	180.7	177.9	147.7	96.2	65.3	60.9	42.2	40.7
All ages, crude	104.0	108.0	101.9	75.0	57.8	59.6	45.1	44.1
Under 1 year	5.1	4.1	5.0	4.4	3.8	3.3	3.1	3.3
1–4 years	0.9	0.8	1.0	0.5	0.3	0.3	0.3	0.4
5–14 years	0.5	0.7	0.7	0.3	0.2	0.2	0.2	0.2
15–24 years	1.6	1.8	1.6	1.0	0.6	0.5	0.5	0.4
25–34 years	4.2	4.7	4.5	2.6	2.2	1.5	1.2	1.3
35–44 years	18.7	14.7	15.6	8.5	6.4	5.8	4.9	4.8
45–54 years	70.4	49.2	41.6	25.2	18.7	16.0	14.6	13.8
55–64 years	194.2	147.3	115.8	65.1	47.9	41.0	32.1	31.0
65–74 years	554.7	469.2	384.1	219.0	144.2	128.6	93.0	88.9
75–84 years	1,499.6	1,491.3	1,254.2	786.9	498.0	461.3	322.3	314.5
85 years and over	2,990.1	3,680.5	3,014.3	2,283.7	1,628.9	1,589.2	1,015.5	972.6
Male								
All ages, age-adjusted ⁴	186.4	186.1	157.4	102.2	68.5	62.4	42.5	40.9
All ages, crude	102.5	104.5	94.5	63.4	46.7	46.9	36.4	35.7
Under 1 year	6.4	5.0	5.8	5.0	4.4	3.8	3.5	3.1
1–4 years	1.1	0.9	1.2	0.4	0.3	*	0.2	0.3
5–14 years	0.5	0.7	0.8	0.3	0.2	0.2	0.2	0.2
15–24 years	1.8	1.9	1.8	1.1	0.7	0.5	0.5	0.5
25–34 years	4.2	4.5	4.4	2.6	2.1	1.5	1.2	1.4
35–44 years	17.5	14.6	15.7	8.7	6.8	5.8	5.3	5.1
45–54 years	67.9	52.2	44.4	27.2	20.5	17.5	16.2	15.3
55–64 years	205.2	163.8	138.7	74.6	54.3	47.2	38.0	36.0
65–74 years	589.6	530.7	449.5	258.6	166.6	145.0	105.2	100.1
75–84 years	1,543.6	1,555.9	1,361.6	866.3	551.1	490.8	333.2	325.4
85 years and over	3,048.6	3,643.1	2,895.2	2,193.6	1,528.5	1,484.3	895.7	861.3
Female								
All ages, age-adjusted ⁴	175.8	170.7	140.0	91.7	62.6	59.1	41.3	39.9
All ages, crude	105.6	111.4	109.0	85.9	68.4	71.8	53.5	52.3
Under 1 year	3.7	3.2	4.0	3.8	3.1	2.7	2.6	3.4
1–4 years	0.7	0.7	0.7	0.5	0.3	0.4	0.4	0.4
5–14 years	0.4	0.6	0.6	0.3	0.2	0.2	0.2	0.2
15–24 years	1.5	1.6	1.4	0.8	0.6	0.5	0.4	0.4
25–34 years	4.3	4.9	4.7	2.6	2.2	1.5	1.3	1.2
35–44 years	19.9	14.8	15.6	8.4	6.1	5.7	4.6	4.5
45–54 years	72.9	46.3	39.0	23.3	17.0	14.5	12.9	12.3
55–64 years	183.1	131.8	95.3	56.8	42.2	35.3	26.6	26.4
65–74 years	522.1	415.7	333.3	188.7	126.7	115.1	82.7	79.4
75–84 years	1,462.2	1,441.1	1,183.1	740.1	466.2	442.1	314.9	306.9
85 years and over	2,949.4	3,704.4	3,081.0	2,323.1	1,667.6	1,632.0	1,072.4	1,026.3
White male ⁵								
All ages, age-adjusted ⁴	182.1	181.6	153.7	98.7	65.5	59.8	40.2	39.0
All ages, crude	100.5	102.7	93.5	63.1	46.9	48.4	37.0	36.6
45–54 years	53.7	40.9	35.6	21.7	15.4	13.6	13.0	11.9
55–64 years	182.2	139.0	119.9	64.0	45.7	39.7	31.4	30.1
65–74 years	569.7	501.0	420.0	239.8	152.9	133.8	94.3	90.1
75–84 years	1,556.3	1,564.8	1,361.6	852.7	539.2	480.0	323.1	319.3
85 years and over	3,127.1	3,734.8	3,018.1	2,230.8	1,545.4	1,490.7	905.0	873.4
Black or African American male ⁵								
All ages, age-adjusted ⁴	228.8	238.5	206.4	142.0	102.2	89.6	67.1	62.1
All ages, crude	122.0	122.9	108.8	73.0	53.0	46.1	39.5	37.4
45–54 years	211.9	166.1	136.1	82.1	68.4	49.5	41.0	41.2
55–64 years	522.8	439.9	343.4	189.7	141.7	115.4	99.8	90.2
65–74 years	783.6	899.2	780.1	472.3	326.9	268.5	223.3	206.0
75–84 years ⁶	1,504.9	1,475.2	1,445.7	1,066.3	721.5	659.2	491.9	444.6
85 years and over	---	2,700.0	1,963.1	1,873.2	1,421.5	1,458.8	866.9	816.9

See footnotes at end of table.

Table 31 (page 2 of 3). Death rates for cerebrovascular diseases, by sex, race, Hispanic origin, and age: United States, selected years 1950–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#031>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ^{1,2}	1960 ^{1,2}	1970 ²	1980 ²	1990 ²	2000 ³	2007 ³	2008 ³
Deaths per 100,000 resident population								
American Indian or Alaska Native male⁵								
All ages, age-adjusted ⁴	---	---	---	66.4	44.3	46.1	31.1	24.5
All ages, crude	---	---	---	23.1	16.0	16.8	16.5	13.7
45–54 years	---	---	---	*	*	13.3	13.9	15.0
55–64 years	---	---	---	72.0	39.8	48.6	37.0	30.3
65–74 years	---	---	---	170.5	120.3	144.7	83.3	96.3
75–84 years	---	---	---	523.9	325.9	373.3	266.0	170.1
85 years and over	---	---	---	1,384.7	949.8	834.9	481.0	324.6
Asian or Pacific Islander male⁵								
All ages, age-adjusted ⁴	---	---	---	71.4	59.1	58.0	35.5	34.0
All ages, crude	---	---	---	28.7	23.3	27.2	22.0	22.0
45–54 years	---	---	---	17.0	15.6	15.0	14.7	13.4
55–64 years	---	---	---	59.9	51.8	49.3	31.5	32.1
65–74 years	---	---	---	197.9	167.9	135.6	90.7	90.9
75–84 years	---	---	---	619.5	483.9	438.7	274.2	257.8
85 years and over	---	---	---	1,399.0	1,196.6	1,415.6	748.7	694.5
Hispanic or Latino male^{5,7}								
All ages, age-adjusted ⁴	---	---	---	---	46.5	50.5	34.4	33.1
All ages, crude	---	---	---	---	15.6	15.8	14.1	13.9
45–54 years	---	---	---	---	20.0	18.1	16.5	15.2
55–64 years	---	---	---	---	49.2	48.8	42.9	35.0
65–74 years	---	---	---	---	126.4	136.1	94.6	89.3
75–84 years	---	---	---	---	356.6	392.9	263.6	273.0
85 years and over	---	---	---	---	866.3	1,029.9	594.6	554.8
White, not Hispanic or Latino male⁷								
All ages, age-adjusted ⁴	---	---	---	---	66.3	59.9	40.3	39.2
All ages, crude	---	---	---	---	50.6	53.9	41.9	41.5
45–54 years	---	---	---	---	14.9	13.0	12.3	11.2
55–64 years	---	---	---	---	45.1	38.7	30.0	29.4
65–74 years	---	---	---	---	154.5	133.1	93.8	89.8
75–84 years	---	---	---	---	547.3	482.3	326.3	321.8
85 years and over	---	---	---	---	1,578.7	1,505.9	922.4	892.3
White female⁵								
All ages, age-adjusted ⁴	169.7	165.0	135.5	89.0	60.3	57.3	39.9	38.6
All ages, crude	103.3	110.1	109.8	88.6	71.6	76.9	57.0	55.6
45–54 years	55.0	33.8	30.5	18.6	13.5	11.2	10.0	9.5
55–64 years	156.9	103.0	78.1	48.6	35.8	30.2	22.5	22.1
65–74 years	498.1	383.3	303.2	172.5	116.1	107.3	75.8	73.6
75–84 years	1,471.3	1,444.7	1,176.8	728.8	456.5	434.2	310.5	301.2
85 years and over	3,017.9	3,795.7	3,167.6	2,362.7	1,685.9	1,646.7	1,083.8	1,039.8
Black or African American female⁵								
All ages, age-adjusted ⁴	238.4	232.5	189.3	119.6	84.0	76.2	55.0	53.4
All ages, crude	128.3	127.7	112.2	77.8	60.7	58.3	45.6	45.0
45–54 years	248.9	166.2	119.4	61.8	44.1	38.1	33.0	30.7
55–64 years	567.7	452.0	272.4	138.4	96.9	76.4	58.4	59.2
65–74 years	754.4	830.5	673.5	361.7	236.7	190.9	143.8	130.6
75–84 years ⁶	1,496.7	1,413.1	1,338.3	917.5	595.0	549.2	387.9	397.1
85 years and over	---	2,578.9	2,210.5	1,891.6	1,495.2	1,556.5	1,050.6	996.1

See footnotes at end of table.

Table 31 (page 3 of 3). Death rates for cerebrovascular diseases, by sex, race, Hispanic origin, and age: United States, selected years 1950–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#031>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ^{1,2}	1960 ^{1,2}	1970 ²	1980 ²	1990 ²	2000 ³	2007 ³	2008 ³
Deaths per 100,000 resident population								
American Indian or Alaska Native female ⁵								
All ages, age-adjusted ⁴	---	---	---	51.2	38.4	43.7	28.4	24.0
All ages, crude	---	---	---	22.0	19.3	21.5	19.7	16.5
45–54 years	---	---	---	*	*	14.4	10.0	10.7
55–64 years	---	---	---	*	40.7	37.9	23.7	26.0
65–74 years	---	---	---	128.3	100.5	79.5	83.4	55.7
75–84 years	---	---	---	404.2	282.0	391.1	198.7	207.8
85 years and over	---	---	---	1,095.5	776.2	931.5	599.9	408.9
Asian or Pacific Islander female ⁵								
All ages, age-adjusted ⁴	---	---	---	60.8	54.9	49.1	33.2	32.1
All ages, crude	---	---	---	26.4	24.3	28.7	26.4	26.8
45–54 years	---	---	---	20.3	19.7	13.3	9.9	10.7
55–64 years	---	---	---	43.7	42.1	33.3	25.2	26.0
65–74 years	---	---	---	136.1	124.0	102.8	72.6	77.7
75–84 years	---	---	---	446.6	396.6	386.0	259.7	238.1
85 years and over	---	---	---	1,545.2	1,395.0	1,246.6	802.4	758.2
Hispanic or Latina female ^{5,7}								
All ages, age-adjusted ⁴	---	---	---	---	43.7	43.0	30.8	28.9
All ages, crude	---	---	---	---	20.1	19.4	17.1	16.5
45–54 years	---	---	---	---	15.2	12.4	11.0	10.3
55–64 years	---	---	---	---	38.5	31.9	25.4	21.1
65–74 years	---	---	---	---	102.6	95.2	71.6	66.8
75–84 years	---	---	---	---	308.5	311.3	244.2	239.2
85 years and over	---	---	---	---	1,055.3	1,108.9	684.5	624.0
White, not Hispanic or Latina female ⁷								
All ages, age-adjusted ⁴	---	---	---	---	61.0	57.6	40.3	39.0
All ages, crude	---	---	---	---	77.2	85.5	64.7	63.4
45–54 years	---	---	---	---	13.2	10.9	9.8	9.2
55–64 years	---	---	---	---	35.7	29.9	22.1	22.1
65–74 years	---	---	---	---	116.9	107.6	75.9	73.9
75–84 years	---	---	---	---	461.9	438.3	314.4	304.9
85 years and over	---	---	---	---	1,714.7	1,661.6	1,103.7	1,061.5

* Rates based on fewer than 20 deaths are considered unreliable and are not shown.

--- Data not available.

¹Includes deaths of persons who were not residents of the 50 states and the District of Columbia (D.C.).

²Underlying cause of death was coded according to the 6th Revision of the *International Classification of Diseases* (ICD) in 1950, 7th Revision in 1960, 8th Revision in 1970, and 9th Revision in 1980–1998. See [Appendix II, Cause of death; Table III; Table IV](#).

³Starting with 1999 data, cause of death is coded according to ICD–10. See [Appendix II, Cause of death; Comparability ratio; Table IV; Table V](#).

⁴Age-adjusted rates are calculated using the year 2000 standard population. Prior to 2003, age-adjusted rates were calculated using standard million proportions based on rounded population numbers. Starting with 2003 data, unrounded population numbers are used to calculate age-adjusted rates. See [Appendix II, Age adjustment](#).

⁵The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native, Asian or Pacific Islander, and Hispanic populations are known to be underestimated. See [Appendix II, Race](#), for a discussion of sources of bias in death rates by race and Hispanic origin.

⁶In 1950, rate is for the age group 75 years and over.

⁷Prior to 1997, excludes data from states lacking an Hispanic-origin item on the death certificate. See [Appendix II, Hispanic origin](#).

NOTES: Starting with *Health, United States, 2003*, rates for 1991–1999 were revised using intercensal population estimates based on the 2000 census. Rates for 2000 were revised based on 2000 census counts. Rates for 2001 and later years were computed using 2000-based postcensal estimates. See [Appendix I, Population Census and Population Estimates](#). For the period 1980–1998, cerebrovascular diseases was coded using ICD–9 codes that are most nearly comparable with cerebrovascular diseases codes in the 113 cause list for ICD–10. See [Appendix II, Cause of death; Table IV](#). Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. Starting with 2003 data, some states allowed the reporting of more than one race on the death certificate. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See [Appendix II, Race](#). Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Vital Statistics System; Grove RD, Hetzel AM. Vital statistics rates in the United States, 1940–1960. Washington, DC: U.S. Government Printing Office. 1968; numerator data from National Vital Statistics System, annual mortality files; denominator data from national population estimates for race groups from [Table 1](#) and unpublished Hispanic population estimates for 1985–1996 prepared by the Housing and Household Economic Statistics Division, U.S. Census Bureau; additional mortality tables are available from: http://www.cdc.gov/nchs/nvss/mortality_tables.htm; Miniño AM, Xu JQ, Kochanek KD, Murphy SL. Deaths: Final data for 2008. National vital statistics reports; vol 59 no 10. Hyattsville, MD: NCHS; 2011. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_10.pdf. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 32 (page 1 of 4). Death rates for malignant neoplasms, by sex, race, Hispanic origin, and age: United States, selected years 1950–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#032>.

[Data are based on death certificates]

<i>Sex, race, Hispanic origin, and age</i>	1950 ^{1,2}	1960 ^{1,2}	1970 ²	1980 ²	1990 ²	2000 ³	2007 ³	2008 ³
Deaths per 100,000 resident population								
All persons								
All ages, age-adjusted ⁴	193.9	193.9	198.6	207.9	216.0	199.6	178.4	175.3
All ages, crude	139.8	149.2	162.8	183.9	203.2	196.5	186.6	186.0
Under 1 year	8.7	7.2	4.7	3.2	2.3	2.4	1.7	1.6
1–4 years	11.7	10.9	7.5	4.5	3.5	2.7	2.2	2.4
5–14 years	6.7	6.8	6.0	4.3	3.1	2.5	2.4	2.2
15–24 years	8.6	8.3	8.3	6.3	4.9	4.4	3.9	3.9
25–34 years	20.0	19.5	16.5	13.7	12.6	9.8	8.5	8.6
35–44 years	62.7	59.7	59.5	48.6	43.3	36.6	30.8	29.9
45–54 years	175.1	177.0	182.5	180.0	158.9	127.5	114.3	113.6
55–64 years	390.7	396.8	423.0	436.1	449.6	366.7	315.4	309.0
65–74 years	698.8	713.9	754.2	817.9	872.3	816.3	715.5	701.5
75–84 years	1,153.3	1,127.4	1,169.2	1,232.3	1,348.5	1,335.6	1,256.3	1,235.8
85 years and over	1,451.0	1,450.0	1,320.7	1,594.6	1,752.9	1,819.4	1,590.2	1,566.1
Male								
All ages, age-adjusted ⁴	208.1	225.1	247.6	271.2	280.4	248.9	217.5	213.6
All ages, crude	142.9	162.5	182.1	205.3	221.3	207.2	197.0	196.9
Under 1 year	9.7	7.7	4.4	3.7	2.4	2.6	1.8	2.2
1–4 years	12.5	12.4	8.3	5.2	3.7	3.0	2.3	2.6
5–14 years	7.4	7.6	6.7	4.9	3.5	2.7	2.4	2.2
15–24 years	9.7	10.2	10.4	7.8	5.7	5.1	4.5	4.7
25–34 years	17.7	18.8	16.3	13.4	12.6	9.2	8.2	8.5
35–44 years	45.6	48.9	53.0	44.0	38.5	32.7	26.4	25.8
45–54 years	156.2	170.8	183.5	188.7	162.5	130.9	117.5	117.7
55–64 years	413.1	459.9	511.8	520.8	532.9	415.8	358.5	354.1
65–74 years	791.5	890.5	1,006.8	1,093.2	1,122.2	1,001.9	854.3	837.8
75–84 years	1,332.6	1,389.4	1,588.3	1,790.5	1,914.4	1,760.6	1,617.4	1,587.5
85 years and over	1,668.3	1,741.2	1,720.8	2,369.5	2,739.9	2,710.7	2,249.2	2,181.0
Female								
All ages, age-adjusted ⁴	182.3	168.7	163.2	166.7	175.7	167.6	151.3	148.5
All ages, crude	136.8	136.4	144.4	163.6	186.0	186.2	176.5	175.3
Under 1 year	7.6	6.8	5.0	2.7	2.2	2.3	1.6	1.0
1–4 years	10.8	9.3	6.7	3.7	3.2	2.5	2.2	2.2
5–14 years	6.0	6.0	5.2	3.6	2.8	2.2	2.3	2.2
15–24 years	7.6	6.5	6.2	4.8	4.1	3.6	3.2	3.1
25–34 years	22.2	20.1	16.7	14.0	12.6	10.4	8.9	8.7
35–44 years	79.3	70.0	65.6	53.1	48.1	40.4	35.2	34.0
45–54 years	194.0	183.0	181.5	171.8	155.5	124.2	111.3	109.6
55–64 years	368.2	337.7	343.2	361.7	375.2	321.3	275.2	267.0
65–74 years	612.3	560.2	557.9	607.1	677.4	663.6	597.6	585.1
75–84 years	1,000.7	924.1	891.9	903.1	1,010.3	1,058.5	1,007.4	991.7
85 years and over	1,299.7	1,263.9	1,096.7	1,255.7	1,372.1	1,456.4	1,276.7	1,269.1
White male ⁵								
All ages, age-adjusted ⁴	210.0	224.7	244.8	265.1	272.2	243.9	215.1	211.7
All ages, crude	147.2	166.1	185.1	208.7	227.7	218.1	208.8	209.0
25–34 years	17.7	18.8	16.2	13.6	12.3	9.2	8.1	8.4
35–44 years	44.5	46.3	50.1	41.1	35.8	30.9	25.9	25.1
45–54 years	150.8	164.1	172.0	175.4	149.9	123.5	112.0	112.9
55–64 years	409.4	450.9	498.1	497.4	508.2	401.9	346.7	342.9
65–74 years	798.7	887.3	997.0	1,070.7	1,090.7	984.3	845.4	829.2
75–84 years	1,367.6	1,413.7	1,592.7	1,779.7	1,883.2	1,736.0	1,617.4	1,590.3
85 years and over	1,732.7	1,791.4	1,772.2	2,375.6	2,715.1	2,693.7	2,253.2	2,197.6
Black or African American male ⁵								
All ages, age-adjusted ⁴	178.9	227.6	291.9	353.4	397.9	340.3	282.3	272.4
All ages, crude	106.6	136.7	171.6	205.5	221.9	188.5	172.9	171.1
25–34 years	18.0	18.4	18.8	14.1	15.7	10.1	9.5	9.4
35–44 years	55.7	72.9	81.3	73.8	64.3	48.4	34.0	34.2
45–54 years	211.7	244.7	311.2	333.0	302.6	214.2	178.0	173.1
55–64 years	490.8	579.7	689.2	812.5	859.2	626.4	544.1	531.2
65–74 years	636.5	938.5	1,168.9	1,417.2	1,613.9	1,363.8	1,139.5	1,106.8
75–84 years ⁶	853.5	1,053.3	1,624.8	2,029.6	2,478.3	2,351.8	1,936.9	1,880.4
85 years and over	---	1,155.2	1,387.0	2,393.9	3,238.3	3,264.8	2,637.1	2,408.5

See footnotes at end of table.

Table 32 (page 2 of 4). Death rates for malignant neoplasms, by sex, race, Hispanic origin, and age: United States, selected years 1950–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#032>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ^{1,2}	1960 ^{1,2}	1970 ²	1980 ²	1990 ²	2000 ³	2007 ³	2008 ³
Deaths per 100,000 resident population								
American Indian or Alaska Native male⁵								
All ages, age-adjusted ⁴	---	---	---	140.5	145.8	155.8	139.4	142.0
All ages, crude	---	---	---	58.1	61.4	67.0	83.3	84.9
25–34 years	---	---	---	*	*	*	*	*
35–44 years	---	---	---	*	22.8	21.4	16.0	21.3
45–54 years	---	---	---	86.9	86.9	70.3	78.3	95.2
55–64 years	---	---	---	213.4	246.2	255.6	264.5	243.2
65–74 years	---	---	---	613.0	530.6	648.0	565.5	632.9
75–84 years	---	---	---	936.4	1,038.4	1,152.5	984.5	1,004.0
85 years and over	---	---	---	1,471.2	1,654.4	1,584.2	1,271.2	1,047.2
Asian or Pacific Islander male⁵								
All ages, age-adjusted ⁴	---	---	---	165.2	172.5	150.8	130.2	128.8
All ages, crude	---	---	---	81.9	82.7	85.2	89.0	91.1
25–34 years	---	---	---	6.3	9.2	7.4	6.5	7.4
35–44 years	---	---	---	29.4	27.7	26.1	18.8	18.5
45–54 years	---	---	---	108.2	92.6	78.5	73.4	70.6
55–64 years	---	---	---	298.5	274.6	229.2	190.0	194.1
65–74 years	---	---	---	581.2	687.2	559.4	470.7	478.5
75–84 years	---	---	---	1,147.6	1,229.9	1,086.1	1,014.5	976.5
85 years and over	---	---	---	1,798.7	1,837.0	1,823.2	1,427.4	1,404.5
Hispanic or Latino male^{5,7}								
All ages, age-adjusted ⁴	---	---	---	---	174.7	171.7	141.4	139.6
All ages, crude	---	---	---	---	65.5	61.3	61.6	63.0
25–34 years	---	---	---	---	8.0	6.9	6.3	7.6
35–44 years	---	---	---	---	22.5	20.1	17.4	17.4
45–54 years	---	---	---	---	96.6	79.4	74.2	70.8
55–64 years	---	---	---	---	294.0	253.1	221.9	227.3
65–74 years	---	---	---	---	655.5	651.2	560.3	557.0
75–84 years	---	---	---	---	1,233.4	1,306.4	1,072.6	1,062.9
85 years and over	---	---	---	---	2,019.4	2,049.7	1,417.9	1,331.7
White, not Hispanic or Latino male⁷								
All ages, age-adjusted ⁴	---	---	---	---	276.7	247.7	220.8	217.3
All ages, crude	---	---	---	---	246.2	244.4	240.6	241.1
25–34 years	---	---	---	---	12.8	9.7	8.6	8.6
35–44 years	---	---	---	---	36.8	32.3	27.7	26.8
45–54 years	---	---	---	---	153.9	127.2	116.8	118.7
55–64 years	---	---	---	---	520.6	412.0	357.6	353.0
65–74 years	---	---	---	---	1,109.0	1,002.1	867.3	849.5
75–84 years	---	---	---	---	1,906.6	1,750.2	1,652.8	1,625.1
85 years and over	---	---	---	---	2,744.4	2,714.1	2,300.4	2,251.6
White female⁵								
All ages, age-adjusted ⁴	182.0	167.7	162.5	165.2	174.0	166.9	151.2	148.5
All ages, crude	139.9	139.8	149.4	170.3	196.1	199.4	188.8	187.5
25–34 years	20.9	18.8	16.3	13.5	11.9	10.1	8.6	8.5
35–44 years	74.5	66.6	62.4	50.9	46.2	38.2	33.9	32.6
45–54 years	185.8	175.7	177.3	166.4	150.9	120.1	107.1	105.7
55–64 years	362.5	329.0	338.6	355.5	368.5	319.7	271.8	264.1
65–74 years	616.5	562.1	554.7	605.2	675.1	665.6	602.3	588.2
75–84 years	1,026.6	939.3	903.5	905.4	1,011.8	1,063.4	1,017.7	1,005.8
85 years and over	1,348.3	1,304.9	1,126.6	1,266.8	1,372.3	1,459.1	1,291.6	1,282.4

See footnotes at end of table.

Table 32 (page 3 of 4). Death rates for malignant neoplasms, by sex, race, Hispanic origin, and age: United States, selected years 1950–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#032>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ^{1,2}	1960 ^{1,2}	1970 ²	1980 ²	1990 ²	2000 ³	2007 ³	2008 ³
Deaths per 100,000 resident population								
Black or African American female ⁵								
All ages, age-adjusted ⁴	174.1	174.3	173.4	189.5	205.9	193.8	174.9	170.0
All ages, crude	111.8	113.8	117.3	136.5	156.1	151.8	148.2	146.8
25–34 years	34.3	31.0	20.9	18.3	18.7	13.5	12.0	10.4
35–44 years	119.8	102.4	94.6	73.5	67.4	58.9	48.5	48.4
45–54 years	277.0	254.8	228.6	230.2	209.9	173.9	156.1	151.8
55–64 years	484.6	442.7	404.8	450.4	482.4	391.0	352.5	340.2
65–74 years	477.3	541.6	615.8	662.4	773.2	753.1	681.0	668.7
75–84 years ⁶	605.3	696.3	763.3	923.9	1,059.9	1,124.0	1,071.7	1,015.6
85 years and over	---	728.9	791.5	1,159.9	1,431.3	1,527.7	1,265.2	1,285.4
American Indian or Alaska Native female ⁵								
All ages, age-adjusted ⁴	---	---	---	94.0	106.9	108.3	102.1	102.3
All ages, crude	---	---	---	50.4	62.1	61.3	75.0	74.4
25–34 years	---	---	---	*	*	*	*	*
35–44 years	---	---	---	36.9	31.0	23.7	20.3	27.6
45–54 years	---	---	---	96.9	104.5	59.7	75.6	73.3
55–64 years	---	---	---	198.4	213.3	200.9	190.3	181.0
65–74 years	---	---	---	350.8	438.9	458.3	444.3	453.6
75–84 years	---	---	---	446.4	554.3	714.0	712.1	687.9
85 years and over	---	---	---	786.5	843.7	983.2	639.5	655.3
Asian or Pacific Islander female ⁵								
All ages, age-adjusted ⁴	---	---	---	93.0	103.0	100.7	90.0	90.6
All ages, crude	---	---	---	54.1	60.5	72.1	78.2	80.8
25–34 years	---	---	---	9.5	7.3	8.1	6.0	9.0
35–44 years	---	---	---	38.7	29.8	28.9	24.0	21.1
45–54 years	---	---	---	99.8	93.9	78.2	70.0	70.4
55–64 years	---	---	---	174.7	196.2	176.5	162.2	153.9
65–74 years	---	---	---	301.9	346.2	357.4	308.8	327.8
75–84 years	---	---	---	522.1	641.4	650.1	601.2	609.9
85 years and over	---	---	---	800.0	971.7	988.5	875.2	867.1
Hispanic or Latina female ^{5,7}								
All ages, age-adjusted ⁴	---	---	---	---	111.9	110.8	98.6	96.6
All ages, crude	---	---	---	---	60.7	58.5	59.9	59.8
25–34 years	---	---	---	---	9.7	7.8	8.9	8.2
35–44 years	---	---	---	---	34.8	30.7	26.5	25.9
45–54 years	---	---	---	---	100.5	84.7	75.5	71.7
55–64 years	---	---	---	---	205.4	192.5	175.6	179.0
65–74 years	---	---	---	---	404.8	410.0	364.4	351.1
75–84 years	---	---	---	---	663.0	716.5	665.7	657.9
85 years and over	---	---	---	---	1,022.7	1,056.5	814.2	792.1

See footnotes at end of table.

Table 32 (page 4 of 4). Death rates for malignant neoplasms, by sex, race, Hispanic origin, and age: United States, selected years 1950–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#032>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ^{1,2}	1960 ^{1,2}	1970 ²	1980 ²	1990 ²	2000 ³	2007 ³	2008 ³
White, not Hispanic or Latina female ⁷	Deaths per 100,000 resident population							
All ages, age-adjusted ⁴	---	---	---	---	177.5	170.0	155.3	152.6
All ages, crude	---	---	---	---	210.6	220.6	213.7	212.6
25–34 years	---	---	---	---	11.9	10.5	8.4	8.4
35–44 years	---	---	---	---	47.0	38.9	35.2	33.7
45–54 years	---	---	---	---	154.9	123.0	110.9	109.8
55–64 years	---	---	---	---	379.5	328.9	280.6	271.8
65–74 years	---	---	---	---	688.5	681.0	622.2	607.9
75–84 years	---	---	---	---	1,027.2	1,075.3	1,040.1	1,029.0
85 years and over	---	---	---	---	1,385.7	1,468.7	1,315.2	1,308.1

--- Data not available.

* Rates based on fewer than 20 deaths are considered unreliable and are not shown.

¹Includes deaths of persons who were not residents of the 50 states and the District of Columbia (D.C.).

²Underlying cause of death was coded according to the 6th Revision of the *International Classification of Diseases* (ICD) in 1950, 7th Revision in 1960, 8th Revision in 1970, and 9th Revision in 1980–1998. See [Appendix II, Cause of death; Table III; Table IV](#).

³Starting with 1999 data, cause of death is coded according to ICD–10. See [Appendix II, Cause of death; Comparability ratio; Table IV; Table V](#).

⁴Age-adjusted rates are calculated using the year 2000 standard population. Prior to 2003, age-adjusted rates were calculated using standard million proportions based on rounded population numbers. Starting with 2003 data, unrounded population numbers are used to calculate age-adjusted rates. See [Appendix II, Age adjustment](#).

⁵The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native, Asian or Pacific Islander, and Hispanic populations are known to be underestimated. See [Appendix II, Race](#), for a discussion of sources of bias in death rates by race and Hispanic origin.

⁶In 1950, rate is for the age group 75 years and over.

⁷Prior to 1997, excludes data from states lacking an Hispanic-origin item on the death certificate. See [Appendix II, Hispanic origin](#).

NOTES: Starting with *Health, United States, 2003*, rates for 1991–1999 were revised using intercensal population estimates based on the 2000 census. Rates for 2000 were revised based on 2000 census counts. Rates for 2001 and later years were computed using 2000-based postcensal estimates. See [Appendix I, Population Census and Population Estimates](#). See [Appendix II, Cause of death; Table III; Table IV](#). Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. Starting with 2003 data, some states allowed the reporting of more than one race on the death certificate. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See [Appendix II, Race](#). Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Vital Statistics System; Grove RD, Hetzel AM. Vital statistics rates in the United States, 1940–1960. Washington, DC: U.S. Government Printing Office. 1968; numerator data from National Vital Statistics System, annual mortality files; denominator data from national population estimates for race groups from [Table 1](#) and unpublished Hispanic population estimates for 1985–1996 prepared by the Housing and Household Economic Statistics Division, U.S. Census Bureau; additional mortality tables are available from: http://www.cdc.gov/nchs/nvss/mortality_tables.htm; Miniño AM, Xu JQ, Kochanek KD, Murphy SL. Deaths: Final data for 2008. National vital statistics reports; vol 59 no 10. Hyattsville, MD: NCHS; 2011. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_10.pdf. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 33 (page 1 of 3). Death rates for malignant neoplasms of trachea, bronchus, and lung, by sex, race, Hispanic origin, and age: United States, selected years 1950–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#033>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ^{1,2}	1960 ^{1,2}	1970 ²	1980 ²	1990 ²	2000 ³	2007 ³	2008 ³
Deaths per 100,000 resident population								
All persons								
All ages, age-adjusted ⁴	15.0	24.1	37.1	49.9	59.3	56.1	50.6	49.5
All ages, crude	12.2	20.3	32.1	45.8	56.8	55.3	52.6	52.2
Under 25 years	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0
25–34 years	0.8	1.0	0.9	0.6	0.7	0.5	0.3	0.4
35–44 years	4.5	6.8	11.0	9.2	6.8	6.1	4.3	3.8
45–54 years	20.4	29.6	43.4	54.1	46.8	31.6	28.4	28.2
55–64 years	48.7	75.3	109.1	138.2	160.6	122.4	95.4	91.4
65–74 years	59.7	108.1	164.5	233.3	288.4	284.2	248.8	240.0
75–84 years	55.8	91.5	163.2	240.5	333.3	370.8	371.3	368.1
85 years and over	42.3	65.6	101.7	176.0	242.5	302.1	299.8	302.3
Male								
All ages, age-adjusted ⁴	24.6	43.6	67.5	85.2	91.1	76.7	65.1	63.6
All ages, crude	19.9	35.4	53.4	68.6	75.1	65.5	59.4	59.1
Under 25 years	0.0	0.0	0.1	0.1	0.0	*	0.0	0.1
25–34 years	1.1	1.4	1.3	0.8	0.9	0.5	0.4	0.4
35–44 years	7.1	10.5	16.1	11.9	8.5	6.9	4.2	3.9
45–54 years	35.0	50.6	67.5	76.0	59.7	38.5	32.1	32.3
55–64 years	83.8	139.3	189.7	213.6	222.9	154.0	116.2	112.6
65–74 years	98.7	204.3	320.8	403.9	430.4	377.9	310.2	298.7
75–84 years	82.6	167.1	330.8	488.8	572.9	532.2	498.3	489.5
85 years and over	62.5	107.7	194.0	368.1	513.2	521.2	453.0	456.0
Female								
All ages, age-adjusted ⁴	5.8	7.5	13.1	24.4	37.1	41.3	40.0	39.0
All ages, crude	4.5	6.4	11.9	24.3	39.4	45.4	46.0	45.5
Under 25 years	0.1	0.0	0.0	*	*	*	*	*
25–34 years	0.5	0.5	0.5	0.5	0.5	0.5	0.3	0.3
35–44 years	1.9	3.2	6.1	6.5	5.2	5.3	4.4	3.6
45–54 years	5.8	9.2	21.0	33.7	34.5	25.0	24.9	24.3
55–64 years	13.6	15.4	36.8	72.0	105.0	93.3	76.1	71.7
65–74 years	23.3	24.4	43.1	102.7	177.6	206.9	196.7	189.9
75–84 years	32.9	32.8	52.4	94.1	190.1	265.6	283.8	283.9
85 years and over	28.2	38.8	50.0	91.9	138.1	212.8	227.0	228.1
White male ⁵								
All ages, age-adjusted ⁴	25.1	43.6	67.1	83.8	89.0	75.7	64.8	63.4
All ages, crude	20.8	36.4	54.6	70.2	77.8	69.4	63.4	63.1
45–54 years	35.1	49.2	63.3	70.9	55.2	35.7	30.2	30.7
55–64 years	85.4	139.2	186.8	205.6	213.7	150.8	113.1	109.7
65–74 years	101.5	207.5	325.0	401.0	422.1	374.9	310.4	299.8
75–84 years	85.5	170.4	336.7	493.5	572.2	529.9	502.7	493.3
85 years and over	67.4	109.4	199.6	374.1	516.3	522.4	453.3	459.2
Black or African American male ⁵								
All ages, age-adjusted ⁴	17.8	42.6	75.4	107.6	125.4	101.1	82.2	78.5
All ages, crude	12.1	28.1	47.7	66.6	73.7	58.3	51.5	50.0
45–54 years	34.4	68.4	115.4	133.8	114.9	70.7	54.1	50.9
55–64 years	68.3	146.8	234.3	321.1	358.6	223.5	177.7	168.5
65–74 years	53.8	168.3	300.5	472.3	585.4	488.8	395.6	365.1
75–84 years ⁶	36.2	107.3	271.6	472.9	645.4	642.5	546.2	545.6
85 years and over	---	82.8	137.0	311.3	499.5	562.8	504.8	481.5
American Indian or Alaska Native male ⁵								
All ages, age-adjusted ⁴	---	---	---	31.7	47.5	42.9	40.7	41.7
All ages, crude	---	---	---	14.2	20.0	18.1	23.8	24.3
45–54 years	---	---	---	*	26.6	14.5	14.4	19.2
55–64 years	---	---	---	72.0	97.8	86.0	82.4	71.4
65–74 years	---	---	---	202.8	194.3	184.8	202.6	225.3
75–84 years	---	---	---	*	356.2	367.9	300.5	317.2
85 years and over	---	---	---	*	*	*	286.3	219.9

See footnotes at end of table.

Table 33 (page 2 of 3). Death rates for malignant neoplasms of trachea, bronchus, and lung, by sex, race, Hispanic origin, and age: United States, selected years 1950–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#033>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ^{1,2}	1960 ^{1,2}	1970 ²	1980 ²	1990 ²	2000 ³	2007 ³	2008 ³
Deaths per 100,000 resident population								
Asian or Pacific Islander male⁵								
All ages, age-adjusted ⁴	---	---	---	43.3	44.2	40.9	34.7	35.1
All ages, crude	---	---	---	22.1	20.7	22.7	22.9	24.2
45–54 years	---	---	---	33.3	18.8	17.2	17.1	16.6
55–64 years	---	---	---	94.4	74.4	61.4	44.1	50.7
65–74 years	---	---	---	174.3	215.8	183.2	135.2	140.7
75–84 years	---	---	---	301.3	307.5	323.2	301.5	294.9
85 years and over	---	---	---	*	421.3	378.0	357.3	346.4
Hispanic or Latino male^{5,7}								
All ages, age-adjusted ⁴	---	---	---	---	44.1	39.0	29.6	29.7
All ages, crude	---	---	---	---	16.2	13.3	12.0	12.4
45–54 years	---	---	---	---	21.5	14.8	10.3	9.6
55–64 years	---	---	---	---	80.7	58.6	42.1	43.2
65–74 years	---	---	---	---	195.5	167.3	140.7	135.2
75–84 years	---	---	---	---	313.4	327.5	246.1	259.8
85 years and over	---	---	---	---	420.7	368.8	256.1	247.1
White, not Hispanic or Latino male⁷								
All ages, age-adjusted ⁴	---	---	---	---	91.1	77.9	67.7	66.3
All ages, crude	---	---	---	---	84.7	78.9	74.6	74.4
45–54 years	---	---	---	---	57.8	37.7	33.0	33.8
55–64 years	---	---	---	---	221.0	157.7	119.8	116.1
65–74 years	---	---	---	---	431.4	387.3	324.2	313.1
75–84 years	---	---	---	---	580.4	537.7	520.4	509.7
85 years and over	---	---	---	---	520.9	527.3	464.7	472.4
White female⁵								
All ages, age-adjusted ⁴	5.9	6.8	13.1	24.5	37.6	42.3	41.2	40.2
All ages, crude	4.7	5.9	12.3	25.6	42.4	49.9	50.7	50.1
45–54 years	5.7	9.0	20.9	33.0	34.6	24.8	24.7	24.6
55–64 years	13.7	15.1	37.2	71.9	105.7	96.1	78.3	73.8
65–74 years	23.7	24.8	42.9	104.6	181.3	213.2	204.7	197.8
75–84 years	34.0	32.7	52.6	95.2	194.6	272.7	293.0	293.3
85 years and over	29.3	39.1	50.6	92.4	138.3	215.9	232.3	233.0
Black or African American female⁵								
All ages, age-adjusted ⁴	4.5	6.8	13.7	24.8	36.8	39.8	38.1	36.9
All ages, crude	2.8	4.3	9.4	18.3	28.1	30.8	31.8	31.4
45–54 years	7.5	11.3	23.9	43.4	41.3	32.9	32.5	28.8
55–64 years	12.9	17.9	33.5	79.9	117.9	95.3	78.6	76.3
65–74 years	14.0	18.1	46.1	88.0	164.3	194.1	180.4	172.5
75–84 years ⁶	*	31.3	49.1	79.4	148.1	224.3	249.3	247.6
85 years and over	---	34.2	44.8	85.8	134.9	185.9	190.9	203.7
American Indian or Alaska Native female⁵								
All ages, age-adjusted ⁴	---	---	---	11.7	19.3	24.8	26.8	26.3
All ages, crude	---	---	---	6.0	11.2	14.0	19.2	18.4
45–54 years	---	---	---	*	22.9	12.1	10.9	12.4
55–64 years	---	---	---	*	53.7	52.6	52.3	43.9
65–74 years	---	---	---	*	78.5	151.5	160.0	129.6
75–84 years	---	---	---	*	111.8	136.3	180.6	205.4
85 years and over	---	---	---	*	*	*	*	157.3

See footnotes at end of table.

Table 33 (page 3 of 3). Death rates for malignant neoplasms of trachea, bronchus, and lung, by sex, race, Hispanic origin, and age: United States, selected years 1950–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#033>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ^{1,2}	1960 ^{1,2}	1970 ²	1980 ²	1990 ²	2000 ³	2007 ³	2008 ³
Deaths per 100,000 resident population								
Asian or Pacific Islander female ⁵								
All ages, age-adjusted ⁴	---	---	---	15.4	18.9	18.4	18.5	17.8
All ages, crude	---	---	---	8.4	10.5	12.6	15.7	15.4
45–54 years	---	---	---	13.5	11.3	9.9	10.6	10.0
55–64 years	---	---	---	24.6	38.3	30.4	33.2	27.2
65–74 years	---	---	---	62.4	71.6	77.0	74.7	76.5
75–84 years	---	---	---	117.7	137.9	135.0	139.8	143.1
85 years and over	---	---	---	*	172.9	175.3	166.2	142.1
Hispanic or Latina female ^{5,7}								
All ages, age-adjusted ⁴	---	---	---	---	14.1	14.7	14.4	13.7
All ages, crude	---	---	---	---	7.2	7.2	8.2	7.9
45–54 years	---	---	---	---	8.7	7.1	6.7	7.3
55–64 years	---	---	---	---	25.1	22.2	22.2	21.3
65–74 years	---	---	---	---	66.8	66.0	66.7	62.9
75–84 years	---	---	---	---	94.3	112.3	111.7	106.9
85 years and over	---	---	---	---	118.2	137.5	123.0	106.9
White, not Hispanic or Latina female ⁷								
All ages, age-adjusted ⁴	---	---	---	---	39.0	44.1	43.5	42.6
All ages, crude	---	---	---	---	46.2	56.4	59.0	58.6
45–54 years	---	---	---	---	36.6	26.4	27.1	27.0
55–64 years	---	---	---	---	111.3	102.2	83.8	79.0
65–74 years	---	---	---	---	186.4	222.9	216.7	209.7
75–84 years	---	---	---	---	199.1	279.2	305.2	306.8
85 years and over	---	---	---	---	139.0	218.0	237.7	239.9

0.0 Quantity more than zero but less than 0.05.

* Rates based on fewer than 20 deaths are considered unreliable and are not shown.

--- Data not available.

¹Includes deaths of persons who were not residents of the 50 states and the District of Columbia (D.C.).

²Underlying cause of death was coded according to the 6th Revision of the *International Classification of Diseases* (ICD) in 1950, 7th Revision in 1960, 8th Revision in 1970, and 9th Revision in 1980–1998. See [Appendix II, Cause of death; Table III; Table IV](#).

³Starting with 1999 data, cause of death is coded according to ICD–10. See [Appendix II, Cause of death; Comparability ratio; Table IV; Table V](#).

⁴Age-adjusted rates are calculated using the year 2000 standard population. Prior to 2003, age-adjusted rates were calculated using standard million proportions based on rounded population numbers. Starting with 2003 data, unrounded population numbers are used to calculate age-adjusted rates. See [Appendix II, Age adjustment](#).

⁵The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native, Asian or Pacific Islander, and Hispanic populations are known to be underestimated. See [Appendix II, Race](#), for a discussion of sources of bias in death rates by race and Hispanic origin.

⁶In 1950, rate is for the age group 75 years and over.

⁷Prior to 1997, excludes data from states lacking an Hispanic-origin item on the death certificate. See [Appendix II, Hispanic origin](#).

NOTES: Starting with *Health, United States, 2003*, rates for 1991–1999 were revised using intercensal population estimates based on the 2000 census. Rates for 2000 were revised based on 2000 census counts. Rates for 2001 and later years were computed using 2000-based postcensal estimates. See [Appendix I, Population Census and Population Estimates](#). For the period 1980–1998, lung cancer was coded using ICD–9 codes that are most comparable with lung cancer codes in the 113 cause list for ICD–10. See [Appendix II, Cause of death; Table IV](#). Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. Starting with 2003 data, some states allowed the reporting of more than one race on the death certificate. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See [Appendix II, Race](#). Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Vital Statistics System; Grove RD, Hetzel AM. Vital statistics rates in the United States, 1940–1960. Washington, DC: U.S. Government Printing Office. 1968; numerator data from National Vital Statistics System, annual mortality files; denominator data from national population estimates for race groups from [Table 1](#) and unpublished Hispanic population estimates for 1985–1996 prepared by the Housing and Household Economic Statistics Division, U.S. Census Bureau; additional mortality tables are available from: http://www.cdc.gov/nchs/nvss/mortality_tables.htm; Miniño AM, Xu JQ, Kochanek KD, Murphy SL. Deaths: Final data for 2008. National vital statistics reports; vol 59 no 10. Hyattsville, MD: NCHS; 2011. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_10.pdf. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 34 (page 1 of 2). Death rates for malignant neoplasm of breast among females, by race, Hispanic origin, and age: United States, selected years 1950–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#034>.

[Data are based on death certificates]

Race, Hispanic origin, and age	1950 ^{1,2}	1960 ^{1,2}	1970 ²	1980 ²	1990 ²	2000 ³	2007 ³	2008 ³
Deaths per 100,000 resident population								
All females								
All ages, age-adjusted ⁴	31.9	31.7	32.1	31.9	33.3	26.8	22.9	22.5
All ages, crude	24.7	26.1	28.4	30.6	34.0	29.2	26.5	26.3
Under 25 years	*	*	*	*	*	*	*	*
25–34 years	3.8	3.8	3.9	3.3	2.9	2.3	1.7	1.6
35–44 years	20.8	20.2	20.4	17.9	17.8	12.4	10.1	10.1
45–54 years	46.9	51.4	52.6	48.1	45.4	33.0	26.7	26.3
55–64 years	69.9	70.8	77.6	80.5	78.6	59.3	51.3	49.9
65–74 years	95.0	90.0	93.8	101.1	111.7	88.3	77.3	76.6
75–84 years	139.8	129.9	127.4	126.4	146.3	128.9	116.3	113.3
85 years and over	195.5	191.9	157.1	169.3	196.8	205.7	170.4	167.3
White ⁵								
All ages, age-adjusted ⁴	32.4	32.0	32.5	32.1	33.2	26.3	22.3	21.9
All ages, crude	25.7	27.2	29.9	32.3	35.9	30.7	27.6	27.3
35–44 years	20.8	19.7	20.2	17.3	17.1	11.3	9.1	9.0
45–54 years	47.1	51.2	53.0	48.1	44.3	31.2	24.7	24.4
55–64 years	70.9	71.8	79.3	81.3	78.5	57.9	49.4	48.2
65–74 years	96.3	91.6	95.9	103.7	113.3	89.3	77.3	75.7
75–84 years	143.6	132.8	129.6	128.4	148.2	130.2	117.3	114.1
85 years and over	204.2	199.7	161.9	171.7	198.0	205.5	172.1	168.3
Black or African American ⁵								
All ages, age-adjusted ⁴	25.3	27.9	28.9	31.7	38.1	34.5	31.4	31.1
All ages, crude	16.4	18.7	19.7	22.9	29.0	27.9	27.7	27.8
35–44 years	21.0	24.8	24.4	24.1	25.8	20.9	18.2	18.0
45–54 years	46.5	54.4	52.0	52.7	60.5	51.5	44.3	43.0
55–64 years	64.3	63.2	64.7	79.9	93.1	80.9	75.7	71.2
65–74 years	67.0	72.3	77.3	84.3	112.2	98.6	96.0	100.3
75–84 years ⁶	81.0	87.5	101.8	114.1	140.5	139.8	135.2	132.7
85 years and over	---	92.1	112.1	149.9	201.5	238.7	191.9	201.7
American Indian or Alaska Native ⁵								
All ages, age-adjusted ⁴	---	---	---	10.8	13.7	13.6	12.7	12.6
All ages, crude	---	---	---	6.1	8.6	8.7	10.4	9.9
35–44 years	---	---	---	*	*	*	*	*
45–54 years	---	---	---	*	23.9	14.4	18.1	13.8
55–64 years	---	---	---	*	*	40.0	34.8	35.3
65–74 years	---	---	---	*	*	42.5	38.3	51.8
75–84 years	---	---	---	*	*	71.8	51.6	52.0
85 years and over	---	---	---	*	*	*	*	*
Asian or Pacific Islander ⁵								
All ages, age-adjusted ⁴	---	---	---	11.9	13.7	12.3	11.1	11.7
All ages, crude	---	---	---	8.2	9.3	10.2	10.4	11.2
35–44 years	---	---	---	10.4	8.4	8.1	5.8	6.4
45–54 years	---	---	---	23.4	26.4	22.3	15.4	16.0
55–64 years	---	---	---	35.7	33.8	31.3	28.9	30.8
65–74 years	---	---	---	*	38.5	34.7	35.7	40.9
75–84 years	---	---	---	*	48.0	37.5	48.8	50.4
85 years and over	---	---	---	*	*	68.2	52.4	47.7
Hispanic or Latina ^{5,7}								
All ages, age-adjusted ⁴	---	---	---	---	19.5	16.9	14.5	14.3
All ages, crude	---	---	---	---	11.5	9.7	9.4	9.4
35–44 years	---	---	---	---	11.7	8.7	7.4	7.5
45–54 years	---	---	---	---	32.8	23.9	19.4	17.5
55–64 years	---	---	---	---	45.8	39.1	33.9	35.3
65–74 years	---	---	---	---	64.8	54.9	48.3	46.5
75–84 years	---	---	---	---	67.2	74.9	66.5	67.0
85 years and over	---	---	---	---	102.8	105.8	88.3	86.5

See footnotes at end of table.

Table 34 (page 2 of 2). Death rates for malignant neoplasm of breast among females, by race, Hispanic origin, and age: United States, selected years 1950–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#034>.

[Data are based on death certificates]

Race, Hispanic origin, and age	1950 ^{1,2}	1960 ^{1,2}	1970 ²	1980 ²	1990 ²	2000 ³	2007 ³	2008 ³
White, not Hispanic or Latina ⁷	Deaths per 100,000 resident population							
All ages, age-adjusted ⁴	---	---	---	---	33.9	26.8	23.0	22.5
All ages, crude	---	---	---	---	38.5	33.8	31.1	30.7
35–44 years	---	---	---	---	17.5	11.6	9.3	9.3
45–54 years	---	---	---	---	45.2	31.7	25.3	25.2
55–64 years	---	---	---	---	80.6	59.2	50.8	49.3
65–74 years	---	---	---	---	115.7	91.4	79.8	78.1
75–84 years	---	---	---	---	151.4	132.2	120.7	117.3
85 years and over	---	---	---	---	201.5	208.3	176.3	172.7

* Rates based on fewer than 20 deaths are considered unreliable and are not shown.

--- Data not available.

¹Includes deaths of persons who were not residents of the 50 states and the District of Columbia (D.C.).

²Underlying cause of death was coded according to the 6th Revision of the *International Classification of Diseases* (ICD) in 1950, 7th Revision in 1960, 8th Revision in 1970, and 9th Revision in 1980–1998. See [Appendix II, Cause of death; Table III; Table IV](#).

³Starting with 1999 data, cause of death is coded according to ICD–10. See [Appendix II, Cause of death; Comparability ratio; Table IV; Table V](#).

⁴Age-adjusted rates are calculated using the year 2000 standard population. Prior to 2003, age-adjusted rates were calculated using standard million proportions based on rounded population numbers. Starting with 2003 data, unrounded population numbers are used to calculate age-adjusted rates. See [Appendix II, Age adjustment](#).

⁵The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native, Asian or Pacific Islander, and Hispanic populations are known to be underestimated. See [Appendix II, Race](#), for a discussion of sources of bias in death rates by race and Hispanic origin.

⁶In 1950, rate is for the age group 75 years and over.

⁷Prior to 1997, excludes data from states lacking an Hispanic-origin item on the death certificate. See [Appendix II, Hispanic origin](#).

NOTES: Starting with *Health, United States, 2003*, rates for 1991–1999 were revised using intercensal population estimates based on the 2000 census. Rates for 2000 were revised based on 2000 census counts. Rates for 2001 and beyond were computed using 2000-based postcensal estimates. See [Appendix I, Population Census and Population Estimates](#). Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. Starting with 2003 data, some states allowed the reporting of more than one race on the death certificate. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See [Appendix II, Race](#). Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Vital Statistics System; numerator data from National Vital Statistics System, annual mortality files; denominator data from national population estimates for race groups from [Table 1](#) and unpublished Hispanic population estimates for 1985–1996 prepared by the Housing and Household Economic Statistics Division, U.S. Census Bureau; additional mortality tables are available from: http://www.cdc.gov/nchs/nvss/mortality_tables.htm; Miniño AM, Xu JQ, Kochanek KD, Murphy SL. Deaths: Final data for 2008. National vital statistics reports; vol 59 no 10. Hyattsville, MD: NCHS; 2011. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_10.pdf. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 35 (page 1 of 2). Death rates for human immunodeficiency virus (HIV) disease, by sex, race, Hispanic origin, and age: United States, selected years 1987–2008Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#035>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age ¹	1987 ²	1990 ²	1995 ²	1996	1997	1998	1999 ³	2000 ³	2005 ³	2007 ³	2008 ³
Deaths per 100,000 resident population											
All persons											
All ages, age-adjusted ⁴	5.6	10.2	16.2	11.5	6.0	4.9	5.3	5.2	4.2	3.7	3.3
All ages, crude	5.6	10.1	16.2	11.6	6.1	4.9	5.3	5.1	4.2	3.7	3.4
Under 1 year	2.3	2.7	1.5	1.1	*	*	*	*	*	*	*
1–4 years	0.7	0.8	1.3	0.9	0.3	0.2	0.2	*	*	*	*
5–14 years	0.1	0.2	0.5	0.5	0.3	0.1	0.2	0.1	*	*	*
15–24 years	1.3	1.5	1.7	1.1	0.7	0.5	0.5	0.5	0.4	0.4	0.4
25–34 years	11.7	19.7	28.3	19.2	9.7	7.1	6.8	6.1	3.3	2.7	2.4
35–44 years	14.0	27.4	44.2	31.3	16.0	12.8	13.8	13.1	9.9	8.3	6.7
45–54 years	8.0	15.2	26.0	19.1	10.3	8.9	10.7	11.0	10.6	9.5	8.4
55–64 years	3.5	6.2	10.9	8.3	4.8	4.3	4.8	5.1	5.3	5.3	5.7
65–74 years	1.3	2.0	3.6	2.7	1.8	1.6	2.2	2.2	2.3	2.3	2.6
75–84 years	0.8	0.7	0.7	0.8	0.6	0.5	0.6	0.7	0.8	0.8	0.9
85 years and over	*	*	*	*	*	*	*	*	*	*	0.5
Male											
All ages, age-adjusted ⁴	10.4	18.5	27.3	19.0	9.6	7.6	8.2	7.9	6.2	5.4	4.8
All ages, crude	10.2	18.5	27.6	19.2	9.7	7.6	8.2	7.9	6.3	5.4	4.9
Under 1 year	2.2	2.4	1.7	1.1	*	*	*	*	*	*	*
1–4 years	0.7	0.8	1.2	0.9	0.3	*	*	*	*	*	*
5–14 years	0.2	0.3	0.5	0.5	0.3	0.1	0.2	0.1	*	*	*
15–24 years	2.2	2.2	2.0	1.3	0.8	0.5	0.5	0.5	0.4	0.4	0.4
25–34 years	20.7	34.5	45.5	30.2	14.4	10.0	9.5	8.0	4.0	3.2	2.9
35–44 years	26.3	50.2	75.5	51.7	25.4	20.0	21.0	19.8	14.3	11.6	9.1
45–54 years	15.5	29.1	46.2	33.1	17.1	14.8	17.5	17.8	16.4	14.0	12.6
55–64 years	6.8	12.0	19.7	14.7	8.3	7.2	8.3	8.7	8.8	8.5	9.3
65–74 years	2.4	3.7	6.4	5.0	3.4	2.9	3.8	3.8	4.1	4.2	4.2
75–84 years	1.2	1.1	1.3	1.5	1.0	0.9	1.0	1.3	1.4	1.6	1.6
85 years and over	*	*	*	*	*	*	*	*	*	*	*
Female											
All ages, age-adjusted ⁴	1.1	2.2	5.3	4.2	2.6	2.2	2.5	2.5	2.3	2.1	1.9
All ages, crude	1.1	2.2	5.3	4.3	2.6	2.2	2.5	2.5	2.2	2.1	1.9
Under 1 year	2.5	3.0	1.2	*	*	*	*	*	*	*	*
1–4 years	0.7	0.8	1.5	1.0	0.4	*	*	*	*	*	*
5–14 years	*	0.2	0.5	0.4	0.2	0.2	0.2	0.1	*	*	*
15–24 years	0.3	0.7	1.4	0.9	0.7	0.5	0.5	0.4	0.3	0.3	0.4
25–34 years	2.8	4.9	10.9	8.2	4.9	4.2	4.1	4.2	2.6	2.2	1.8
35–44 years	2.1	5.2	13.3	11.2	6.7	5.7	6.7	6.5	5.6	4.9	4.2
45–54 years	0.8	1.9	6.6	5.6	3.7	3.1	4.1	4.4	5.1	5.1	4.3
55–64 years	0.5	1.1	2.8	2.5	1.6	1.6	1.6	1.8	2.0	2.2	2.3
65–74 years	0.5	0.8	1.4	0.8	0.5	0.6	0.8	0.8	0.9	0.8	1.2
75–84 years	0.5	0.4	0.3	0.3	0.4	0.3	0.3	0.3	0.4	0.3	0.4
85 years and over	*	*	*	*	*	*	*	*	*	*	*
All ages, age-adjusted ⁴											
White male	8.7	15.7	20.4	13.1	5.9	4.5	4.9	4.6	3.6	3.1	2.8
Black or African American male	26.2	46.3	89.0	70.3	40.9	33.2	36.1	35.1	28.2	24.5	21.9
American Indian or Alaska Native male	*	3.3	10.5	6.4	3.3	3.5	4.2	3.5	4.0	3.6	3.3
Asian or Pacific Islander male	2.5	4.3	6.0	4.4	1.6	1.3	1.4	1.2	1.0	0.8	1.0
Hispanic or Latino male ⁵	18.8	28.8	40.8	28.0	14.0	10.2	10.9	10.6	7.5	6.3	5.4
White, not Hispanic or Latino male ⁵	10.7	14.1	17.9	11.2	4.8	3.7	4.0	3.8	3.0	2.5	2.3
White female	0.6	1.1	2.5	1.9	1.0	0.8	1.0	1.0	0.8	0.7	0.7
Black or African American female	4.6	10.1	24.4	20.8	13.7	12.0	13.1	13.2	12.0	11.3	9.8
American Indian or Alaska Native female	*	*	2.5	1.4	1.0	0.6	1.0	1.0	1.5	1.7	*
Asian or Pacific Islander female	*	*	0.6	0.5	0.2	0.3	0.2	0.2	*	*	0.3
Hispanic or Latina female ⁵	2.1	3.8	8.8	6.3	3.3	2.8	3.0	2.9	1.9	1.8	1.7
White, not Hispanic or Latina female ⁵	0.5	0.7	1.7	1.3	0.7	0.5	0.7	0.7	0.6	0.5	0.5

See footnotes at end of table.

Table 35 (page 2 of 2). Death rates for human immunodeficiency virus (HIV) disease, by sex, race, Hispanic origin, and age: United States, selected years 1987–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#035>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age ¹	1987 ²	1990 ²	1995 ²	1996	1997	1998	1999 ³	2000 ³	2005 ³	2007 ³	2008 ³
Deaths per 100,000 resident population											
Age 25–44 years											
All persons	12.7	23.2	36.3	25.4	12.9	10.1	10.5	9.8	6.8	5.6	4.6
White male	19.2	35.0	46.1	29.1	12.9	9.6	9.7	8.8	5.7	4.5	3.6
Black or African American male	60.2	102.0	179.4	136.8	75.2	58.1	59.3	55.4	36.2	29.4	23.5
American Indian or Alaska Native male	*	7.7	28.5	16.6	9.5	7.5	9.1	5.5	6.1	5.1	4.2
Asian or Pacific Islander male	4.1	8.1	12.1	7.7	3.3	2.4	2.4	1.9	1.4	0.9	1.6
Hispanic or Latino male ⁵	36.8	59.3	73.9	48.0	23.3	16.6	16.5	14.3	8.3	6.5	5.3
White, not Hispanic or Latino male ⁵	23.3	31.6	41.2	25.6	10.9	8.1	8.2	7.4	4.9	3.7	3.0
White female	1.2	2.3	5.9	4.3	2.3	1.8	2.2	2.1	1.5	1.2	1.1
Black or African American female	11.6	23.6	53.6	45.7	28.6	25.5	26.6	26.7	20.7	18.6	15.0
American Indian or Alaska Native female	*	*	*	*	*	*	*	*	*	*	*
Asian or Pacific Islander female	*	*	1.2	*	*	*	*	*	*	*	*
Hispanic or Latina female ⁵	4.9	8.9	17.2	12.0	6.2	4.6	5.3	4.6	2.6	2.3	2.1
White, not Hispanic or Latina female ⁵	1.0	1.5	4.2	3.1	1.7	1.3	1.6	1.6	1.2	0.9	0.8
Age 45–64 years											
All persons	5.8	11.1	19.9	14.8	8.1	7.0	8.4	8.7	8.4	7.7	7.2
White male	9.9	18.6	26.0	17.3	7.9	6.6	7.8	8.1	7.3	6.4	6.2
Black or African American male	27.3	53.0	133.2	110.7	69.3	60.9	70.7	71.6	66.2	58.3	54.2
American Indian or Alaska Native male	*	*	*	*	*	*	*	*	8.9	7.6	7.4
Asian or Pacific Islander male	*	6.5	9.1	7.9	2.3	2.4	2.3	2.1	2.0	2.2	1.9
Hispanic or Latino male ⁵	25.8	37.9	67.1	49.7	25.1	18.3	21.2	23.3	18.0	14.9	13.2
White, not Hispanic or Latino male ⁵	12.6	16.9	22.4	14.2	6.3	5.4	6.4	6.5	6.0	5.2	5.3
White female	0.5	0.9	2.4	1.9	1.1	0.9	1.2	1.3	1.4	1.4	1.3
Black or African American female	2.6	7.5	27.0	24.3	17.5	15.4	18.6	19.6	22.0	22.1	19.2
American Indian or Alaska Native female	*	*	*	*	*	*	*	*	*	*	*
Asian or Pacific Islander female	*	*	*	*	*	*	*	*	*	*	*
Hispanic or Latina female ⁵	*	3.1	12.6	9.8	5.4	4.9	5.1	5.8	4.1	4.1	3.8
White, not Hispanic or Latina female ⁵	0.5	0.7	1.5	1.2	0.7	0.5	0.8	0.9	1.1	1.0	1.0

* Rates based on fewer than 20 deaths are considered unreliable and are not shown.

¹The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native, Asian or Pacific Islander, and Hispanic populations are known to be underestimated. See [Appendix II, Race](#), for a discussion of sources of bias in death rates by race and Hispanic origin.

²Categories for the coding and classification of human immunodeficiency virus (HIV) disease were introduced in the United States in 1987. For the period 1987–1998, underlying cause of death was coded according to the 9th Revision of the *International Classification of Diseases (ICD)*. See [Appendix II, Cause of death; Human immunodeficiency virus \(HIV\) disease; Table III; Table IV](#).

³Starting with 1999 data, cause of death is coded according to ICD–10. To estimate change between 1998 and 1999, compare the 1999 rate with the comparability-modified rate for 1998. Additional years of data available in spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>; See [Appendix II, Cause of death; Comparability ratio; Table IV; Table V](#).

⁴Age-adjusted rates are calculated using the year 2000 standard population. Prior to 2003, age-adjusted rates were calculated using standard million proportions based on rounded population numbers. Starting with 2003 data, unrounded population numbers are used to calculate age-adjusted rates. See [Appendix II, Age adjustment](#).

⁵Prior to 1997, excludes data from states lacking a Hispanic-origin item on the death certificate. See [Appendix II, Hispanic origin](#).

NOTES: Starting with *Health, United States, 2003*, rates for 1991–1999 were revised using intercensal population estimates based on the 2000 census. Rates for 2000 were revised based on 2000 census counts. Rates for 2001 and beyond were computed using 2000-based postcensal estimates. See [Appendix I, Population Census and Population Estimates](#). Starting with 2003 data, some states allowed the reporting of more than one race on the death certificate. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See [Appendix II, Race](#). Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Vital Statistics System; numerator data from annual mortality files; denominator data from national population estimates for race groups from [Table 1](#) and unpublished Hispanic population estimates for 1987–1996 prepared by the Housing and Household Economic Statistics Division, U.S. Census Bureau; additional mortality tables are available from: http://www.cdc.gov/nchs/nvss/mortality_tables.htm; Miniño AM, Xu JQ, Kochanek KD, Murphy SL. Deaths: Final data for 2008. National vital statistics reports; vol 59 no 10. Hyattsville, MD: NCHS; 2011. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_10.pdf. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 36 (page 1 of 3). Death rates for drug poisoning and drug poisoning involving opioid analgesics, by sex, age, race, and Hispanic origin: United States, selected years 1999–2008

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2011.htm#036>.

[Data are based on death certificates]

Sex, age, race, and Hispanic origin	1999	2000	2001	2002	2003	2004	2005	2007	2008
Drug poisoning deaths per 100,000 resident population ¹									
All persons									
All ages, age-adjusted ²	6.1	6.2	6.8	8.1	8.9	9.3	10.0	11.8	11.9
All ages, crude	6.0	6.2	6.8	8.2	8.9	9.3	10.1	11.9	12.0
Under 15 years	0.1	0.1	0.2	0.2	0.2	0.2	0.2	0.2	0.2
15–24 years	3.2	3.7	4.3	5.2	6.0	6.6	6.9	8.4	8.2
25–34 years	8.1	7.9	8.6	10.3	11.3	11.7	13.3	16.4	16.5
35–44 years	14.0	14.3	15.5	18.0	18.8	19.1	19.4	21.2	20.9
45–54 years	11.1	11.6	13.1	16.1	18.0	19.3	21.1	25.1	25.3
55–64 years	4.2	4.2	4.7	6.0	7.0	7.9	9.1	12.4	13.0
65–74 years	2.4	2.0	2.4	2.8	2.9	3.0	3.3	4.1	4.7
75–84 years	2.8	2.4	2.5	2.8	2.7	2.9	3.1	3.2	3.3
85 years and over	3.8	4.4	3.6	4.2	3.9	3.8	3.8	4.1	3.7
Male									
All ages, age-adjusted ²	8.2	8.3	9.0	10.5	11.4	11.7	12.7	14.8	14.8
All ages, crude	8.2	8.4	9.1	10.6	11.5	11.8	12.8	15.0	15.0
Under 15 years	0.1	0.2	0.2	0.2	0.2	0.2	0.2	0.3	0.2
15–24 years	4.5	5.3	6.2	7.4	8.8	9.6	10.1	12.2	12.1
25–34 years	11.5	11.3	12.0	14.4	15.4	16.1	18.0	22.5	22.8
35–44 years	19.2	19.5	20.6	23.2	24.1	23.6	24.1	26.3	25.3
45–54 years	15.2	15.7	17.1	20.2	22.6	23.7	25.8	29.2	29.6
55–64 years	4.9	4.4	5.2	6.9	7.9	8.7	10.7	14.2	15.0
65–74 years	2.7	2.1	2.7	2.8	3.0	3.0	3.4	4.5	4.9
75–84 years	2.5	2.5	2.6	3.1	2.9	2.8	3.4	3.2	3.3
85 years and over	4.4	5.9	3.5	5.3	4.4	4.4	4.7	4.4	3.9
Female									
All ages, age-adjusted ²	3.9	4.1	4.7	5.8	6.4	6.9	7.3	8.9	9.0
All ages, crude	3.9	4.1	4.6	5.8	6.4	6.9	7.4	9.0	9.1
Under 15 years	0.1	0.1	0.1	0.2	0.1	0.2	0.2	0.2	0.2
15–24 years	1.8	1.9	2.3	2.8	3.2	3.4	3.6	4.3	4.1
25–34 years	4.6	4.6	5.2	6.1	7.0	7.2	8.4	10.1	9.9
35–44 years	8.7	9.2	10.4	12.7	13.6	14.7	14.7	16.1	16.5
45–54 years	7.2	7.7	9.2	12.2	13.5	15.0	16.5	21.1	21.1
55–64 years	3.5	3.9	4.2	5.2	6.1	7.1	7.6	10.7	11.2
65–74 years	2.1	2.0	2.2	2.8	2.9	3.0	3.2	3.8	4.5
75–84 years	3.0	2.3	2.4	2.7	2.6	2.9	2.9	3.2	3.3
85 years and over	3.5	3.9	3.7	3.7	3.6	3.5	3.4	4.0	3.7
All ages, age-adjusted ^{2,3}									
Male:									
White	8.1	8.4	9.2	11.0	12.0	12.5	13.4	16.0	16.2
Black or African American	11.5	10.8	11.1	11.6	11.4	11.2	13.0	13.3	11.6
American Indian or Alaska Native	5.7	6.1	5.9	8.4	9.8	11.9	11.8	11.9	15.7
Asian or Pacific Islander	1.5	1.4	1.6	1.9	1.7	2.1	2.2	2.2	2.2
Hispanic or Latino	8.6	7.1	6.6	7.8	8.2	7.3	8.2	8.6	8.3
White, not Hispanic or Latino	8.0	8.6	9.6	11.6	12.8	13.6	14.5	17.7	18.0
Female:									
White	4.0	4.3	4.9	6.2	6.8	7.5	8.0	9.8	10.1
Black or African American	3.9	4.1	4.4	5.0	5.2	5.5	6.0	6.4	5.5
American Indian or Alaska Native	4.6	3.7	5.3	5.8	7.7	8.4	9.4	11.1	10.3
Asian or Pacific Islander	1.0	0.8	0.8	1.1	1.2	1.1	1.3	1.6	1.4
Hispanic or Latina	2.2	2.0	2.1	2.6	2.9	3.0	3.1	3.1	3.3
White, not Hispanic or Latina	4.3	4.5	5.3	6.7	7.5	8.3	8.8	10.9	11.3

See footnotes at end of table.

Table 36 (page 2 of 3). Death rates for drug poisoning and drug poisoning involving opioid analgesics, by sex, age, race, and Hispanic origin: United States, selected years 1999–2008

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2011.htm#036>.

[Data are based on death certificates]

Sex, age, race, and Hispanic origin	1999	2000	2001	2002	2003	2004	2005	2007	2008
Drug poisoning deaths involving opioid analgesics per 100,000 resident population ⁴									
All persons									
All ages, age-adjusted ²	1.4	1.5	1.9	2.6	2.9	3.4	3.7	4.7	4.8
All ages, crude	1.4	1.6	1.9	2.6	2.9	3.4	3.7	4.8	4.9
Under 15 years	*	0.0	0.0	0.1	0.1	0.1	0.1	0.1	0.1
15–24 years	0.7	0.8	1.3	1.7	2.2	2.7	2.7	3.9	3.7
25–34 years	1.9	1.9	2.3	3.3	3.7	4.4	5.2	7.1	7.1
35–44 years	3.5	3.7	4.4	5.7	6.2	6.8	6.9	8.3	8.3
45–54 years	2.9	3.2	4.0	5.4	6.2	7.1	7.9	9.8	10.4
55–64 years	1.0	1.1	1.4	1.8	2.2	2.6	3.1	4.7	5.0
65–74 years	0.4	0.4	0.4	0.7	0.7	0.8	1.0	1.2	1.5
75–84 years	0.3	0.2	0.3	0.4	0.4	0.5	0.6	0.6	0.6
85 years and over	*	*	*	0.6	0.6	0.5	0.8	0.8	0.6
Male									
All ages, age-adjusted ²	2.0	2.0	2.5	3.3	3.7	4.1	4.5	5.8	5.9
All ages, crude	2.0	2.1	2.5	3.3	3.7	4.2	4.6	5.9	6.0
Under 15 years	*	*	0.1	0.1	0.1	0.1	0.1	0.1	0.1
15–24 years	1.0	1.2	2.0	2.6	3.3	4.2	4.2	5.9	5.7
25–34 years	2.7	2.7	3.1	4.5	4.9	5.9	6.9	9.8	9.8
35–44 years	5.0	4.9	5.7	7.0	7.7	8.1	8.2	9.9	9.8
45–54 years	3.9	4.3	5.1	6.8	7.5	8.2	9.4	10.8	11.8
55–64 years	1.1	1.0	1.4	1.9	2.4	2.8	3.5	5.2	5.4
65–74 years	0.5	0.3	0.4	0.6	0.7	0.7	0.8	1.1	1.5
75–84 years	*	*	0.4	0.4	*	0.4	0.6	0.5	0.5
85 years and over	*	*	*	*	*	*	*	1.1	*
Female									
All ages, age-adjusted ²	0.9	1.1	1.4	1.9	2.1	2.5	2.8	3.6	3.7
All ages, crude	0.9	1.1	1.4	1.9	2.1	2.5	2.8	3.7	3.7
Under 15 years	*	*	*	*	*	0.1	*	0.1	0.1
15–24 years	0.3	0.4	0.6	0.8	1.0	1.1	1.2	1.9	1.6
25–34 years	1.1	1.2	1.5	2.0	2.4	2.8	3.3	4.3	4.2
35–44 years	2.1	2.5	3.2	4.4	4.7	5.4	5.6	6.6	6.8
45–54 years	1.9	2.2	3.0	4.2	4.9	5.9	6.6	8.9	9.0
55–64 years	0.8	1.1	1.3	1.6	2.0	2.4	2.8	4.3	4.6
65–74 years	0.3	0.4	0.4	0.8	0.7	0.9	1.2	1.3	1.4
75–84 years	0.4	*	0.3	0.4	0.5	0.6	0.6	0.7	0.7
85 years and over	*	*	*	*	0.6	*	0.8	0.6	0.7
All ages, age-adjusted ^{2,3}									
Male:									
White	2.2	2.3	2.8	3.7	4.3	4.7	5.2	6.7	6.9
Black or African American	1.2	1.2	1.4	1.6	1.5	1.8	2.1	2.3	2.3
American Indian or Alaska Native	*	1.9	1.6	2.8	3.2	4.7	4.8	4.6	6.9
Asian or Pacific Islander	*	*	*	0.6	*	0.4	0.5	0.4	0.5
Hispanic or Latino	2.9	1.7	1.8	2.0	2.3	2.1	2.2	2.8	2.8
White, not Hispanic or Latino	2.1	2.3	3.0	4.0	4.6	5.3	5.8	7.7	7.8
Female:									
White	1.0	1.2	1.5	2.1	2.4	2.9	3.1	4.2	4.2
Black or African American	0.6	0.6	0.8	1.0	1.0	1.2	1.4	1.7	1.6
American Indian or Alaska Native	*	*	1.9	2.1	3.0	2.9	4.1	5.1	5.4
Asian or Pacific Islander	*	*	*	*	*	*	0.4	0.4	0.5
Hispanic or Latina	0.5	0.5	0.5	1.0	0.9	1.0	1.0	1.2	1.2
White, not Hispanic or Latina	1.1	1.3	1.7	2.3	2.7	3.2	3.5	4.7	4.8

See footnotes at end of table.

Table 36 (page 3 of 3). Death rates for drug poisoning and drug poisoning involving opioid analgesics, by sex, age, race, and Hispanic origin: United States, selected years 1999–2008

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2011.htm#036>.

[Data are based on death certificates]

* Rates based on fewer than 20 deaths are considered unreliable and are not shown.

0.0 Rate more than zero but less than 0.05.

¹Drug poisoning was coded using underlying cause of death according to the 10th Revision of the *International Classification of Diseases* (ICD–10). See [Appendix II, Cause of death; Table IV](#). Drug poisoning deaths include those resulting from accidental or intentional overdoses of a drug, being given the wrong drug, taking the wrong drug in error, taking a drug inadvertently, or other misuses of drugs. These deaths are from all manners and intents, including unintentional, suicide, homicide, undetermined intent, legal intervention, and operations of war.

²Age-adjusted rates are calculated using the year 2000 standard population with unrounded population numbers. See [Appendix II, Age adjustment](#).

³The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native, Asian or Pacific Islander, and Hispanic populations are known to be underestimated. See [Appendix II, Race](#), for a discussion of sources of bias in death rates by race and Hispanic origin.

⁴Opioid analgesics include pharmaceutical opioids such as hydrocodone, codeine, and methadone, and synthetic narcotics such as fentanyl and propoxyphene. Drug poisoning deaths involving opioid analgesics include those with an underlying cause of drug poisoning and with opioid analgesics mentioned in the (ICD–10) multiple causes of death. See [Appendix I, National Vital Statistics System \(NVSS\), Multiple Cause-of-death File](#), for information about tabulating cause-of-death data in this table. These deaths include all manners and intents. See [Appendix II, Cause of death; Table IV](#).

NOTES: Rates for 1999 were computed using intercensal population estimates based on the 2000 census. Rates for 2000 were computed based on 2000 census counts. Rates for 2001 and later years were computed using 2000-based postcensal estimates. See [Appendix I, Population Census and Population Estimates](#). Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. For additional injury-related statistics, see the Web-based Injury Statistics Query and Reporting System, available from:

<http://www.cdc.gov/injury/wisqars/index.html>. Starting with 2003 data, some states allowed the reporting of more than one race on the death certificate. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See [Appendix II, Race](#). Data for additional years area available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Vital Statistics System; numerator data from National Vital Statistics System, annual mortality files; denominator data from national population estimates for race groups from [Table 1](#); additional mortality tables are available from: http://www.cdc.gov/nchs/nvss/mortality_tables.htm; Miniño AM, Xu JQ, Kochanek KD, Murphy SL. Deaths: Final data for 2008. National vital statistics reports; vol 59 no 10. Hyattsville, MD: NCHS; 2011. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_10.pdf. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 37 (page 1 of 4). Death rates for motor vehicle-related injuries, by sex, race, Hispanic origin, and age: United States, selected years 1950–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#037>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ^{1,2}	1960 ^{1,2}	1970 ²	1980 ²	1990 ²	2000 ³	2007 ³	2008 ³
All persons								
Deaths per 100,000 resident population								
All ages, age-adjusted ⁴	24.6	23.1	27.6	22.3	18.5	15.4	14.4	12.9
All ages, crude	23.1	21.3	26.9	23.5	18.8	15.4	14.6	13.1
Under 1 year	8.4	8.1	9.8	7.0	4.9	4.4	2.9	2.4
1–14 years	9.8	8.6	10.5	8.2	6.0	4.3	3.2	2.6
1–4 years	11.5	10.0	11.5	9.2	6.3	4.2	3.3	2.8
5–14 years	8.8	7.9	10.2	7.9	5.9	4.3	3.2	2.6
15–24 years	34.4	38.0	47.2	44.8	34.1	26.9	24.9	21.0
15–19 years	29.6	33.9	43.6	43.0	33.1	26.0	22.0	17.9
20–24 years	38.8	42.9	51.3	46.6	35.0	28.0	27.8	24.2
25–34 years	24.6	24.3	30.9	29.1	23.6	17.3	17.5	16.1
35–44 years	20.3	19.3	24.9	20.9	16.9	15.3	14.8	13.3
45–64 years	25.2	23.0	26.5	18.0	15.7	14.3	14.2	13.4
45–54 years	22.2	21.4	25.5	18.6	15.6	14.2	14.9	13.7
55–64 years	29.0	25.1	27.9	17.4	15.9	14.4	13.3	12.9
65 years and over	43.1	34.7	36.2	22.5	23.1	21.4	18.6	16.8
65–74 years	39.1	31.4	32.8	19.2	18.6	16.5	15.2	14.0
75–84 years	52.7	41.8	43.5	28.1	29.1	25.7	21.8	19.3
85 years and over	45.1	37.9	34.2	27.6	31.2	30.4	23.2	21.1
Male								
All ages, age-adjusted ⁴	38.5	35.4	41.5	33.6	26.5	21.7	20.9	18.8
All ages, crude	35.4	31.8	39.7	35.3	26.7	21.3	20.9	18.9
Under 1 year	9.1	8.6	9.3	7.3	5.0	4.6	2.6	2.8
1–14 years	12.3	10.7	13.0	10.0	7.0	4.9	3.7	3.1
1–4 years	13.0	11.5	12.9	10.2	6.9	4.7	3.7	3.1
5–14 years	11.9	10.4	13.1	9.9	7.0	5.0	3.7	3.1
15–24 years	56.7	61.2	73.2	68.4	49.5	37.4	35.1	29.8
15–19 years	46.3	51.7	64.1	62.6	45.5	33.9	28.5	23.4
20–24 years	66.7	73.2	84.4	74.3	53.3	41.2	41.7	36.3
25–34 years	40.8	40.1	49.4	46.3	35.7	25.5	26.2	24.3
35–44 years	32.5	29.9	37.7	31.7	24.7	22.0	21.7	19.6
45–64 years	37.7	33.3	38.9	26.5	21.9	20.2	21.0	19.8
45–54 years	33.6	31.6	37.2	27.6	22.0	20.4	22.2	20.2
55–64 years	43.1	35.6	40.9	25.4	21.7	19.8	19.4	19.3
65 years and over	66.6	52.1	54.4	33.9	32.1	29.5	27.1	24.3
65–74 years	59.1	45.8	47.3	27.3	24.2	21.7	21.6	19.9
75–84 years	85.0	66.0	68.2	44.3	41.2	35.6	31.9	27.8
85 years and over	78.1	62.7	63.1	56.1	64.5	57.5	39.8	35.8
Female								
All ages, age-adjusted ⁴	11.5	11.7	14.9	11.8	11.0	9.5	8.2	7.3
All ages, crude	10.9	11.0	14.7	12.3	11.3	9.7	8.4	7.5
Under 1 year	7.6	7.5	10.4	6.7	4.9	4.2	3.2	1.9
1–14 years	7.2	6.3	7.9	6.3	4.9	3.7	2.8	2.2
1–4 years	10.0	8.4	10.0	8.1	5.6	3.8	3.0	2.5
5–14 years	5.7	5.4	7.2	5.7	4.7	3.6	2.7	2.0
15–24 years	12.6	15.1	21.6	20.8	17.9	15.9	14.1	11.8
15–19 years	12.9	16.0	22.7	22.8	20.0	17.5	15.2	12.2
20–24 years	12.2	14.0	20.4	18.9	16.0	14.2	12.9	11.3
25–34 years	9.3	9.2	13.0	12.2	11.5	8.8	8.4	7.4
35–44 years	8.5	9.1	12.9	10.4	9.2	8.8	7.7	7.0
45–64 years	12.6	13.1	15.3	10.3	10.1	8.7	7.7	7.3
45–54 years	10.9	11.6	14.5	10.2	9.6	8.2	7.8	7.4
55–64 years	14.9	15.2	16.2	10.5	10.8	9.5	7.6	7.0
65 years and over	21.9	20.3	23.1	15.0	17.2	15.8	12.5	11.4
65–74 years	20.6	19.0	21.6	13.0	14.1	12.3	9.7	9.0
75–84 years	25.2	23.0	27.2	18.5	21.9	19.2	14.9	13.4
85 years and over	22.1	22.0	18.0	15.2	18.3	19.3	15.2	14.0
White male ⁵								
All ages, age-adjusted ⁴	37.9	34.8	40.4	33.8	26.3	21.8	21.3	19.3
All ages, crude	35.1	31.5	39.1	35.9	26.7	21.6	21.5	19.5
Under 1 year	9.1	8.8	9.1	7.0	4.8	4.2	2.7	2.7
1–14 years	12.4	10.6	12.5	9.8	6.6	4.8	3.7	3.1
15–24 years	58.3	62.7	75.2	73.8	52.5	39.6	37.4	31.8
25–34 years	39.1	38.6	47.0	46.6	35.4	25.1	26.5	25.1
35–44 years	30.9	28.4	35.2	30.7	23.7	21.8	21.8	19.8
45–64 years	36.2	31.7	36.5	25.2	20.6	19.7	21.1	20.0
65 years and over	67.1	52.1	54.2	32.7	31.4	29.4	27.2	24.7

See footnotes at end of table.

Table 37 (page 2 of 4). Death rates for motor vehicle-related injuries, by sex, race, Hispanic origin, and age: United States, selected years 1950–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#037>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ^{1,2}	1960 ^{1,2}	1970 ²	1980 ²	1990 ²	2000 ³	2007 ³	2008 ³
Deaths per 100,000 resident population								
Black or African American male ⁵								
All ages, age-adjusted ⁴	34.8	39.6	51.0	34.2	29.9	24.4	22.5	19.1
All ages, crude	37.2	33.1	44.3	31.1	28.1	22.5	21.2	18.3
Under 1 year	---	*	10.6	7.8	*	6.7	*	*
1–14 years ⁶	10.4	11.2	16.3	11.4	8.9	5.5	4.1	3.2
15–24 years	42.5	46.4	58.1	34.9	36.1	30.2	27.3	22.8
25–34 years	54.4	51.0	70.4	44.9	39.5	32.6	30.6	25.7
35–44 years	46.7	43.6	59.5	41.2	33.5	27.2	27.6	23.4
45–64 years	54.6	47.8	61.7	39.5	33.3	27.1	25.1	22.7
65 years and over	52.6	48.2	53.4	42.4	36.3	32.1	27.8	23.3
American Indian or Alaska Native male ⁵								
All ages, age-adjusted ⁴	---	---	---	78.9	48.3	35.8	32.0	27.6
All ages, crude	---	---	---	74.6	47.6	33.6	32.4	27.5
1–14 years	---	---	---	15.1	11.6	7.8	6.0	5.6
15–24 years	---	---	---	126.1	75.2	56.8	48.2	46.3
25–34 years	---	---	---	107.0	78.2	49.8	48.2	35.3
35–44 years	---	---	---	82.8	57.0	36.3	37.2	35.2
45–64 years	---	---	---	77.4	45.9	32.0	30.8	29.0
65 years and over	---	---	---	97.0	43.0	48.5	36.5	23.2
Asian or Pacific Islander male ⁵								
All ages, age-adjusted ⁴	---	---	---	19.0	17.9	10.6	9.4	8.3
All ages, crude	---	---	---	17.1	15.8	9.8	8.6	7.9
1–14 years	---	---	---	8.2	6.3	2.5	1.9	1.7
15–24 years	---	---	---	27.2	25.7	17.0	18.4	14.0
25–34 years	---	---	---	18.8	17.0	10.4	7.3	9.2
35–44 years	---	---	---	13.1	12.2	6.9	5.9	6.2
45–64 years	---	---	---	13.7	15.1	10.1	7.7	7.6
65 years and over	---	---	---	37.3	33.6	21.1	20.7	16.0
Hispanic or Latino male ^{5,7}								
All ages, age-adjusted ⁴	---	---	---	---	29.5	21.3	19.3	16.7
All ages, crude	---	---	---	---	29.2	20.1	18.7	16.2
1–14 years	---	---	---	---	7.2	4.4	4.1	2.9
15–24 years	---	---	---	---	48.2	34.7	36.3	30.5
25–34 years	---	---	---	---	41.0	24.9	24.3	23.6
35–44 years	---	---	---	---	28.0	21.6	17.8	15.7
45–64 years	---	---	---	---	28.9	21.7	18.6	16.7
65 years and over	---	---	---	---	35.3	28.9	24.4	18.6
White, not Hispanic or Latino male ⁷								
All ages, age-adjusted ⁴	---	---	---	---	25.7	21.7	21.4	19.6
All ages, crude	---	---	---	---	26.0	21.5	21.8	20.0
1–14 years	---	---	---	---	6.4	4.9	3.5	3.0
15–24 years	---	---	---	---	52.3	40.3	37.2	31.7
25–34 years	---	---	---	---	34.0	24.7	26.8	25.2
35–44 years	---	---	---	---	23.1	21.6	22.5	20.7
45–64 years	---	---	---	---	19.8	19.3	21.2	20.3
65 years and over	---	---	---	---	31.1	29.3	27.3	25.1
White female ⁵								
All ages, age-adjusted ⁴	11.4	11.7	14.9	12.2	11.2	9.8	8.5	7.5
All ages, crude	10.9	11.2	14.8	12.8	11.6	10.0	8.8	7.7
Under 1 year	7.8	7.5	10.2	7.1	4.7	3.5	2.8	1.7
1–14 years	7.2	6.2	7.5	6.2	4.8	3.7	2.7	2.1
15–24 years	12.6	15.6	22.7	23.0	19.5	17.1	15.1	12.6
25–34 years	9.0	9.0	12.7	12.2	11.6	8.9	8.8	7.5
35–44 years	8.1	8.9	12.3	10.6	9.2	8.9	8.0	7.3
45–64 years	12.7	13.1	15.1	10.4	9.9	8.7	7.8	7.4
65 years and over	22.2	20.8	23.7	15.3	17.4	16.2	12.9	11.7

See footnotes at end of table.

Table 37 (page 3 of 4). Death rates for motor vehicle-related injuries, by sex, race, Hispanic origin, and age: United States, selected years 1950–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#037>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ^{1,2}	1960 ^{1,2}	1970 ²	1980 ²	1990 ²	2000 ³	2007 ³	2008 ³
Deaths per 100,000 resident population								
Black or African American female ⁵								
All ages, age-adjusted ⁴	9.3	10.4	14.1	8.5	9.6	8.4	7.0	6.5
All ages, crude	10.2	9.7	13.4	8.3	9.4	8.2	7.0	6.4
Under 1 year	---	8.1	11.9	*	7.0	*	*	*
1–14 years ⁶	7.2	6.9	10.2	6.3	5.3	3.9	3.3	2.5
15–24 years	11.6	9.9	13.4	8.0	9.9	11.7	9.8	8.7
25–34 years	10.8	9.8	13.3	10.6	11.1	9.4	7.5	7.1
35–44 years	11.1	11.0	16.1	8.3	9.4	8.2	7.1	6.8
45–64 years	11.8	12.7	16.7	9.2	10.7	9.0	7.6	7.2
65 years and over	14.3	13.2	15.7	9.5	13.5	10.4	8.7	8.3
American Indian or Alaska Native female ⁵								
All ages, age-adjusted ⁴	---	---	---	32.0	17.5	19.5	15.6	14.6
All ages, crude	---	---	---	32.0	17.3	18.6	15.9	14.4
1–14 years	---	---	---	15.0	8.1	6.5	*	*
15–24 years	---	---	---	42.3	31.4	30.3	24.7	20.6
25–34 years	---	---	---	52.5	18.8	22.3	22.5	22.7
35–44 years	---	---	---	38.1	18.2	22.0	22.5	18.7
45–64 years	---	---	---	32.6	17.6	17.8	11.8	11.5
65 years and over	---	---	---	*	*	24.0	*	16.8
Asian or Pacific Islander female ⁵								
All ages, age-adjusted ⁴	---	---	---	9.3	10.4	6.7	5.2	4.4
All ages, crude	---	---	---	8.2	9.0	5.9	4.9	4.3
1–14 years	---	---	---	7.4	3.6	2.3	*	1.5
15–24 years	---	---	---	7.4	11.4	6.0	8.0	5.5
25–34 years	---	---	---	7.3	7.3	4.5	3.2	3.5
35–44 years	---	---	---	8.6	7.5	4.9	2.7	2.2
45–64 years	---	---	---	8.5	11.8	6.4	5.6	4.7
65 years and over	---	---	---	18.6	24.3	18.5	13.2	12.0
Hispanic or Latina female ^{5,7}								
All ages, age-adjusted ⁴	---	---	---	---	9.6	7.9	6.9	5.7
All ages, crude	---	---	---	---	8.9	7.2	6.5	5.2
1–14 years	---	---	---	---	4.8	3.9	2.8	2.1
15–24 years	---	---	---	---	11.6	10.6	10.9	8.6
25–34 years	---	---	---	---	9.4	6.5	6.8	5.7
35–44 years	---	---	---	---	8.0	7.3	6.8	5.0
45–64 years	---	---	---	---	11.4	8.3	6.8	5.2
65 years and over	---	---	---	---	14.9	13.4	10.2	10.3

See footnotes at end of table.

Table 37 (page 4 of 4). Death rates for motor vehicle-related injuries, by sex, race, Hispanic origin, and age: United States, selected years 1950–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#037>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ^{1,2}	1960 ^{1,2}	1970 ²	1980 ²	1990 ²	2000 ³	2007 ³	2008 ³
White, not Hispanic or Latina female ⁷								
Deaths per 100,000 resident population								
All ages, age-adjusted ⁴	---	---	---	---	11.3	10.0	8.7	7.8
All ages, crude	---	---	---	---	11.7	10.3	9.1	8.2
1–14 years	---	---	---	---	4.7	3.5	2.6	2.1
15–24 years	---	---	---	---	20.4	18.4	16.0	13.5
25–34 years	---	---	---	---	11.7	9.3	9.3	7.9
35–44 years	---	---	---	---	9.3	9.0	8.2	7.8
45–64 years	---	---	---	---	9.7	8.7	7.9	7.6
65 years and over	---	---	---	---	17.5	16.3	13.0	11.7

--- Data not available.

* Rates based on fewer than 20 deaths are considered unreliable and are not shown.

¹Includes deaths of persons who were not residents of the 50 states and the District of Columbia (D.C.).

²Underlying cause of death was coded according to the 6th Revision of the *International Classification of Diseases* (ICD) in 1950, 7th Revision in 1960, 8th Revision in 1970, and 9th Revision in 1980–1998. See [Appendix II, Cause of death; Table III; Table IV](#).

³Starting with 1999 data, cause of death is coded according to ICD–10. See [Appendix II, Cause of death; Comparability ratio; Table IV; Table V](#).

⁴Age-adjusted rates are calculated using the year 2000 standard population. Prior to 2003, age-adjusted rates were calculated using standard million proportions based on rounded population numbers. Starting with 2003 data, unrounded population numbers are used to calculate age-adjusted rates. See [Appendix II, Age adjustment](#).

⁵The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native, Asian or Pacific Islander, and Hispanic populations are known to be underestimated. See [Appendix II, Race](#), for a discussion of sources of bias in death rates by race and Hispanic origin.

⁶In 1950, rate is for the age group under 15 years.

⁷Prior to 1997, excludes data from states lacking an Hispanic-origin item on the death certificate. See [Appendix II, Hispanic origin](#).

NOTES: Starting with *Health, United States, 2003*, rates for 1991–1999 were revised using intercensal population estimates based on the 2000 census. Rates for 2000 were revised based on 2000 census counts. Rates for 2001 and later years were computed using 2000-based postcensal estimates. See [Appendix I, Population Census and Population Estimates](#). Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. For additional injury-related statistics, see Web-based Injury Statistics Query and Reporting System, available from: <http://www.cdc.gov/injury/wisqars/index.html>. Starting with 2003 data, some states allowed the reporting of more than one race on the death certificate. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See [Appendix II, Race](#). Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Vital Statistics System; Grove RD, Hetzel AM. Vital statistics rates in the United States, 1940–1960. Washington, DC: U.S. Government Printing Office, 1968; numerator data from National Vital Statistics System, annual mortality files; denominator data from national population estimates for race groups from [Table 1](#) and unpublished Hispanic population estimates for 1985–1996 prepared by the Housing and Household Economic Statistics Division, U.S. Census Bureau; additional mortality tables are available from: http://www.cdc.gov/nchs/nvss/mortality_tables.htm; Miniño AM, Xu JQ, Kochanek KD, Murphy SL. Deaths: Final data for 2008. National vital statistics reports; vol 59 no 10. Hyattsville, MD: NCHS; 2011. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_10.pdf. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 38 (page 1 of 4). Death rates for homicide, by sex, race, Hispanic origin, and age: United States, selected years 1950–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#038>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ^{1,2}	1960 ^{1,2}	1970 ²	1980 ²	1990 ²	2000 ³	2007 ³	2008 ³
All persons		Deaths per 100,000 resident population						
All ages, age-adjusted ⁴	5.1	5.0	8.8	10.4	9.4	5.9	6.1	5.9
All ages, crude	5.0	4.6	8.1	10.6	9.9	6.0	6.1	5.9
Under 1 year	4.4	4.8	4.3	5.9	8.4	9.2	8.3	7.9
1–14 years	0.6	0.6	1.1	1.5	1.8	1.3	1.3	1.3
1–4 years	0.6	0.7	1.9	2.5	2.5	2.3	2.4	2.5
5–14 years	0.5	0.5	0.9	1.2	1.5	0.9	0.9	0.8
15–24 years	5.8	5.6	11.3	15.4	19.7	12.6	13.1	12.4
15–19 years	3.9	3.9	7.7	10.5	16.9	9.5	10.4	9.7
20–24 years	8.5	7.7	15.6	20.2	22.2	16.0	15.8	15.1
25–44 years	8.9	8.5	14.9	17.5	14.7	8.7	9.3	9.0
25–34 years	9.3	9.2	16.2	19.3	17.4	10.4	11.7	11.3
35–44 years	8.4	7.8	13.5	14.9	11.6	7.1	7.1	6.8
45–64 years	5.0	5.3	8.7	9.0	6.3	4.0	4.1	4.0
45–54 years	5.9	6.1	10.0	11.0	7.5	4.7	4.9	4.8
55–64 years	3.9	4.1	7.1	7.0	5.0	3.0	3.0	2.9
65 years and over	3.0	2.7	4.6	5.5	4.0	2.4	2.0	2.1
65–74 years	3.2	2.8	4.9	5.7	3.8	2.4	2.1	2.3
75–84 years	2.5	2.3	4.0	5.2	4.3	2.4	2.1	1.8
85 years and over	2.3	2.4	4.2	5.3	4.6	2.4	1.5	2.1
Male								
All ages, age-adjusted ⁴	7.9	7.5	14.3	16.6	14.8	9.0	9.6	9.3
All ages, crude	7.7	6.8	13.1	17.1	15.9	9.3	9.8	9.4
Under 1 year	4.5	4.7	4.5	6.3	8.8	10.4	9.5	8.9
1–14 years	0.6	0.6	1.2	1.6	2.0	1.5	1.5	1.5
1–4 years	0.5	0.7	1.9	2.7	2.7	2.5	2.5	2.7
5–14 years	0.6	0.5	1.0	1.2	1.7	1.1	1.0	1.0
15–24 years	8.6	8.4	18.2	24.0	32.5	20.9	22.1	20.9
15–19 years	5.5	5.7	12.1	15.9	27.8	15.5	17.6	16.4
20–24 years	13.5	11.8	25.6	32.2	36.9	26.7	26.7	25.5
25–44 years	13.8	12.8	24.4	28.9	23.5	13.3	14.9	14.6
25–34 years	14.4	13.9	26.8	31.9	27.7	16.7	19.4	18.6
35–44 years	13.2	11.7	21.7	24.5	18.6	10.3	10.6	10.5
45–64 years	8.1	8.1	14.8	15.2	10.2	6.0	6.2	6.1
45–54 years	9.5	9.4	16.8	18.4	11.9	6.9	7.3	7.3
55–64 years	6.3	6.4	12.1	11.8	8.0	4.6	4.6	4.4
65 years and over	4.8	4.3	7.7	8.8	5.8	3.3	2.8	2.8
65–74 years	5.2	4.6	8.5	9.2	5.8	3.4	3.1	3.1
75–84 years	3.9	3.7	5.9	8.1	5.7	3.2	2.8	2.5
85 years and over	2.5	3.6	7.4	7.5	6.7	3.3	1.5	2.2
Female								
All ages, age-adjusted ⁴	2.4	2.6	3.7	4.4	4.0	2.8	2.5	2.4
All ages, crude	2.4	2.4	3.4	4.5	4.2	2.8	2.5	2.4
Under 1 year	4.2	4.9	4.1	5.6	8.0	7.9	7.0	6.8
1–14 years	0.6	0.5	1.0	1.4	1.6	1.1	1.2	1.1
1–4 years	0.7	0.7	1.9	2.2	2.3	2.1	2.3	2.3
5–14 years	0.5	0.4	0.7	1.1	1.2	0.7	0.7	0.6
15–24 years	3.0	2.8	4.6	6.6	6.2	3.9	3.5	3.4
15–19 years	2.4	1.9	3.2	4.9	5.4	3.1	2.8	2.7
20–24 years	3.7	3.8	6.2	8.2	7.0	4.7	4.2	4.1
25–44 years	4.2	4.3	5.8	6.4	6.0	4.0	3.6	3.3
25–34 years	4.5	4.6	6.0	6.9	7.1	4.1	3.7	3.6
35–44 years	3.8	4.0	5.7	5.7	4.8	4.0	3.5	3.1
45–64 years	1.9	2.5	3.1	3.4	2.8	2.1	2.1	2.0
45–54 years	2.3	2.9	3.7	4.1	3.2	2.5	2.5	2.4
55–64 years	1.4	2.0	2.5	2.8	2.3	1.6	1.5	1.5
65 years and over	1.4	1.3	2.3	3.3	2.8	1.8	1.4	1.6
65–74 years	1.3	1.3	2.2	3.0	2.2	1.6	1.3	1.6
75–84 years	1.4	1.3	2.7	3.5	3.4	2.0	1.5	1.3
85 years and over	2.1	1.6	2.5	4.3	3.8	2.0	1.4	2.1

See footnotes at end of table.

Table 38 (page 2 of 4). Death rates for homicide, by sex, race, Hispanic origin, and age: United States, selected years 1950–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#038>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ^{1,2}	1960 ^{1,2}	1970 ²	1980 ²	1990 ²	2000 ³	2007 ³	2008 ³
Deaths per 100,000 resident population								
White male ⁵								
All ages, age-adjusted ⁴	3.8	3.9	7.2	10.4	8.3	5.2	5.4	5.4
All ages, crude	3.6	3.6	6.6	10.7	8.8	5.2	5.4	5.4
Under 1 year	4.3	3.8	2.9	4.3	6.4	8.2	7.7	7.3
1–14 years	0.4	0.5	0.7	1.2	1.3	1.2	1.0	1.0
15–24 years	3.2	5.0	7.6	15.1	15.2	9.9	10.5	10.2
25–44 years	5.4	5.5	11.6	17.2	13.0	7.4	8.1	8.1
25–34 years	4.9	5.7	12.5	18.5	14.7	8.4	9.9	9.5
35–44 years	6.1	5.2	10.8	15.2	11.1	6.5	6.4	6.7
45–64 years	4.8	4.6	8.3	9.8	6.9	4.1	4.2	4.4
65 years and over	3.8	3.1	5.4	6.7	4.1	2.5	2.2	2.3
Black or African American male ⁵								
All ages, age-adjusted ⁴	47.0	42.3	78.2	69.4	63.1	35.4	37.1	34.4
All ages, crude	44.7	35.0	66.0	65.7	68.5	37.2	39.7	37.1
Under 1 year	---	10.3	14.3	18.6	21.4	23.3	19.2	17.0
1–14 years ⁶	1.8	1.5	4.4	4.1	5.8	3.1	3.9	3.8
15–24 years	53.8	43.2	98.3	82.6	137.1	85.3	85.3	78.1
25–44 years	92.8	80.5	140.2	130.0	105.4	55.8	62.3	59.2
25–34 years	104.3	86.4	154.5	142.9	123.7	73.9	82.5	78.4
35–44 years	80.0	74.4	124.0	109.3	81.2	38.5	41.2	38.6
45–64 years	46.0	44.6	82.3	70.6	41.4	21.9	22.5	21.0
65 years and over	16.5	17.3	33.3	30.9	25.7	12.8	10.8	8.6
American Indian or Alaska Native male ⁵								
All ages, age-adjusted ⁴	---	---	---	23.3	16.7	10.7	9.2	10.7
All ages, crude	---	---	---	23.1	16.6	10.7	10.1	11.2
15–24 years	---	---	---	35.4	25.1	17.0	14.7	16.3
25–44 years	---	---	---	39.2	25.7	17.0	17.1	18.9
45–64 years	---	---	---	22.1	14.8	*	6.5	8.8
Asian or Pacific Islander male ⁵								
All ages, age-adjusted ⁴	---	---	---	9.1	7.3	4.3	3.3	3.1
All ages, crude	---	---	---	8.3	7.9	4.4	3.5	3.3
15–24 years	---	---	---	9.3	14.9	7.8	7.4	7.1
25–44 years	---	---	---	11.3	9.6	4.6	3.9	3.6
45–64 years	---	---	---	10.4	7.0	6.1	3.3	2.9
Hispanic or Latino male ^{5,7}								
All ages, age-adjusted ⁴	---	---	---	---	27.4	11.8	11.2	10.5
All ages, crude	---	---	---	---	31.0	13.4	12.4	11.4
Under 1 year	---	---	---	---	8.7	6.6	8.3	7.1
1–14 years	---	---	---	---	3.1	1.7	1.3	1.2
15–24 years	---	---	---	---	55.4	28.5	30.0	27.7
25–44 years	---	---	---	---	46.4	17.2	16.0	15.2
25–34 years	---	---	---	---	50.9	19.9	19.9	17.9
35–44 years	---	---	---	---	39.3	13.5	11.2	11.9
45–64 years	---	---	---	---	20.5	9.1	7.7	7.4
65 years and over	---	---	---	---	9.4	4.4	3.7	2.9
White, not Hispanic or Latino male ⁷								
All ages, age-adjusted ⁴	---	---	---	---	5.6	3.6	3.7	3.9
All ages, crude	---	---	---	---	5.8	3.6	3.7	3.9
Under 1 year	---	---	---	---	5.4	8.3	7.2	7.0
1–14 years	---	---	---	---	0.9	1.0	0.9	1.0
15–24 years	---	---	---	---	7.5	4.7	4.9	5.1
25–44 years	---	---	---	---	8.7	5.2	5.6	5.8
25–34 years	---	---	---	---	9.3	5.2	6.2	6.3
35–44 years	---	---	---	---	8.0	5.2	5.1	5.3
45–64 years	---	---	---	---	5.7	3.6	3.7	3.9
65 years and over	---	---	---	---	3.7	2.3	2.0	2.3

See footnotes at end of table.

Table 38 (page 3 of 4). Death rates for homicide, by sex, race, Hispanic origin, and age: United States, selected years 1950–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#038>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ^{1,2}	1960 ^{1,2}	1970 ²	1980 ²	1990 ²	2000 ³	2007 ³	2008 ³
Deaths per 100,000 resident population								
White female ⁵								
All ages, age-adjusted ⁴	1.4	1.5	2.3	3.2	2.7	2.1	2.0	1.9
All ages, crude	1.4	1.4	2.1	3.2	2.8	2.1	1.9	1.9
Under 1 year	3.9	3.5	2.9	4.3	5.1	5.0	6.1	5.3
1–14 years	0.4	0.4	0.7	1.1	1.0	0.8	0.9	0.8
15–24 years	1.3	1.5	2.7	4.7	4.0	2.7	2.5	2.2
25–44 years	2.0	2.1	3.3	4.2	3.8	2.9	2.7	2.7
45–64 years	1.5	1.7	2.1	2.6	2.3	1.8	1.7	1.8
65 years and over	1.2	1.2	1.9	2.9	2.2	1.6	1.3	1.5
Black or African American female ⁵								
All ages, age-adjusted ⁴	11.1	11.4	14.7	13.2	12.5	7.1	6.1	5.5
All ages, crude	11.5	10.4	13.2	13.5	13.4	7.2	6.2	5.6
Under 1 year	---	13.8	10.7	12.8	22.8	22.2	11.4	15.2
1–14 years ⁶	1.8	1.2	3.1	3.3	4.7	2.7	2.7	2.6
15–24 years	16.5	11.9	17.7	18.4	18.9	10.7	8.9	9.7
25–44 years	22.5	22.7	25.3	22.6	21.0	11.0	9.1	7.7
45–64 years	6.8	10.3	13.4	10.8	6.5	4.5	4.9	3.8
65 years and over	3.6	3.0	7.4	8.0	9.4	3.5	2.6	2.3
American Indian or Alaska Native female ⁵								
All ages, age-adjusted ⁴	---	---	---	8.1	4.6	3.0	3.6	3.6
All ages, crude	---	---	---	7.7	4.8	2.9	3.5	3.7
15–24 years	---	---	---	*	*	*	*	*
25–44 years	---	---	---	13.7	6.9	5.9	5.1	4.7
45–64 years	---	---	---	*	*	*	*	*
Asian or Pacific Islander female ⁵								
All ages, age-adjusted ⁴	---	---	---	3.1	2.8	1.7	1.3	1.4
All ages, crude	---	---	---	3.1	2.8	1.7	1.4	1.3
15–24 years	---	---	---	*	*	*	*	*
25–44 years	---	---	---	4.6	3.8	2.2	1.9	1.4
45–64 years	---	---	---	*	*	2.0	1.5	1.2
Hispanic or Latina female ^{5,7}								
All ages, age-adjusted ⁴	---	---	---	---	4.3	2.8	2.3	2.4
All ages, crude	---	---	---	---	4.7	2.8	2.5	2.4
Under 1 year	---	---	---	---	*	7.4	7.3	5.2
1–14 years	---	---	---	---	1.9	1.0	1.3	1.1
15–24 years	---	---	---	---	8.1	3.7	3.5	3.6
25–44 years	---	---	---	---	6.1	3.7	3.3	3.3
45–64 years	---	---	---	---	3.3	2.9	1.7	2.1
65 years and over	---	---	---	---	*	2.4	*	1.5
White, not Hispanic or Latina female ⁷								
All ages, age-adjusted ⁴	---	---	---	---	2.5	1.9	1.8	1.8
All ages, crude	---	---	---	---	2.5	1.9	1.8	1.8
Under 1 year	---	---	---	---	4.4	4.1	5.7	5.4
1–14 years	---	---	---	---	0.8	0.8	0.8	0.7
15–24 years	---	---	---	---	3.3	2.3	2.2	1.8
25–44 years	---	---	---	---	3.5	2.7	2.5	2.5
45–64 years	---	---	---	---	2.2	1.6	1.7	1.7
65 years and over	---	---	---	---	2.2	1.6	1.3	1.5

See footnotes at end of table.

Table 38 (page 4 of 4). Death rates for homicide, by sex, race, Hispanic origin, and age: United States, selected years 1950–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#038>.

[Data are based on death certificates]

-- Data not available.

* Rates based on fewer than 20 deaths are considered unreliable and are not shown.

¹Includes deaths of persons who were not residents of the 50 states and the District of Columbia (D.C.).

²Underlying cause of death was coded according to the 6th Revision of the *International Classification of Diseases* (ICD) in 1950, 7th Revision in 1960, 8th Revision in 1970, and 9th Revision in 1980–1998. See [Appendix II, Cause of death; Table III; Table IV](#).

³Starting with 1999 data, cause of death is coded according to ICD–10. See [Appendix II, Cause of death; Comparability ratio; Table IV; Table V](#).

⁴Age-adjusted rates are calculated using the year 2000 standard population. Prior to 2003, age-adjusted rates were calculated using standard million proportions based on rounded population numbers. Starting with 2003 data, unrounded population numbers are used to calculate age-adjusted rates. See [Appendix II, Age adjustment](#).

⁵The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native, Asian or Pacific Islander, and Hispanic populations are known to be underestimated. See [Appendix II, Race](#), for a discussion of sources of bias in death rates by race and Hispanic origin.

⁶In 1950, rate is for the age group under 15 years.

⁷Prior to 1997, excludes data from states lacking an Hispanic-origin item on the death certificate. See [Appendix II, Hispanic origin](#).

NOTES: Starting with *Health, United States, 2003*, rates for 1991–1999 were revised using intercensal population estimates based on the 2000 census. Rates for 2000 were revised based on 2000 census counts. Rates for 2001 and later years were computed using 2000-based postcensal estimates. See [Appendix I, Population Census and Population Estimates](#). Figures for 2001 include September 11-related deaths for which death certificates were filed as of October 24, 2002. For the period 1980–1998, homicide was coded using ICD–9 codes that are most nearly comparable with homicide codes in the 113 cause list for ICD–10. See [Appendix II, Cause of death; Table IV](#) for terrorism-related ICD–10 codes. Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. For additional injury-related statistics, see Web-based Injury Statistics Query and Reporting System, available from: <http://www.cdc.gov/injury/wisqars/index.html>. Starting with 2003 data, some states allowed the reporting of more than one race on the death certificate. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See [Appendix II, Race](#). Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Vital Statistics System; Grove RD, Hetzel AM. Vital statistics rates in the United States, 1940–1960. Washington, DC: U.S. Government Printing Office, 1968; numerator data from National Vital Statistics System, annual mortality files; denominator data from national population estimates for race groups from [Table 1](#) and unpublished Hispanic population estimates for 1985–1996 prepared by the Housing and Household Economic Statistics Division, U.S. Census Bureau; additional mortality tables are available from: http://www.cdc.gov/nchs/nvss/mortality_tables.htm; Miniño AM, Xu JQ, Kochanek KD, Murphy SL. Deaths: Final data for 2008. National vital statistics reports; vol 59 no 10. Hyattsville, MD: NCHS; 2011. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_10.pdf. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 39 (page 1 of 3). Death rates for suicide, by sex, race, Hispanic origin, and age: United States, selected years 1950–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#039>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ^{1,2}	1960 ^{1,2}	1970 ²	1980 ²	1990 ²	2000 ³	2007 ³	2008 ³
All persons								
Deaths per 100,000 resident population								
All ages, age-adjusted ⁴	13.2	12.5	13.1	12.2	12.5	10.4	11.3	11.6
All ages, crude	11.4	10.6	11.6	11.9	12.4	10.4	11.5	11.9
Under 1 year	...	...	...	...	...	...	...	...
1–4 years	...	...	...	...	...	...	...	...
5–14 years	0.2	0.3	0.3	0.4	0.8	0.7	0.5	0.6
15–24 years	4.5	5.2	8.8	12.3	13.2	10.2	9.7	10.1
15–19 years	2.7	3.6	5.9	8.5	11.1	8.0	6.9	7.5
20–24 years	6.2	7.1	12.2	16.1	15.1	12.5	12.6	12.8
25–44 years	11.6	12.2	15.4	15.6	15.2	13.4	14.3	14.4
25–34 years	9.1	10.0	14.1	16.0	15.2	12.0	13.0	12.9
35–44 years	14.3	14.2	16.9	15.4	15.3	14.5	15.6	15.8
45–64 years	23.5	22.0	20.6	15.9	15.3	13.5	16.8	17.6
45–54 years	20.9	20.7	20.0	15.9	14.8	14.4	17.7	18.7
55–64 years	26.8	23.7	21.4	15.9	16.0	12.1	15.5	16.2
65 years and over	30.0	24.5	20.8	17.6	20.5	15.2	14.3	14.8
65–74 years	29.6	23.0	20.8	16.9	17.9	12.5	12.6	13.9
75–84 years	31.1	27.9	21.2	19.1	24.9	17.6	16.3	16.2
85 years and over	28.8	26.0	19.0	19.2	22.2	19.6	15.6	14.9
Male								
All ages, age-adjusted ⁴	21.2	20.0	19.8	19.9	21.5	17.7	18.4	18.9
All ages, crude	17.8	16.5	16.8	18.6	20.4	17.1	18.3	19.0
Under 1 year	...	...	...	...	...	...	...	...
1–4 years	...	...	...	...	...	...	...	...
5–14 years	0.3	0.4	0.5	0.6	1.1	1.2	0.6	0.8
15–24 years	6.5	8.2	13.5	20.2	22.0	17.1	15.9	16.3
15–19 years	3.5	5.6	8.8	13.8	18.1	13.0	11.1	11.6
20–24 years	9.3	11.5	19.3	26.8	25.7	21.4	20.8	21.0
25–44 years	17.2	17.9	20.9	24.0	24.4	21.3	22.3	22.3
25–34 years	13.4	14.7	19.8	25.0	24.8	19.6	20.7	20.4
35–44 years	21.3	21.0	22.1	22.5	23.9	22.8	23.8	24.0
45–64 years	37.1	34.4	30.0	23.7	24.3	21.3	25.8	27.5
45–54 years	32.0	31.6	27.9	22.9	23.2	22.4	27.0	28.6
55–64 years	43.6	38.1	32.7	24.5	25.7	19.4	24.3	26.1
65 years and over	52.8	44.0	38.4	35.0	41.6	31.1	28.6	29.4
65–74 years	50.5	39.6	36.0	30.4	32.2	22.7	22.5	25.0
75–84 years	58.3	52.5	42.8	42.3	56.1	38.6	34.3	34.0
85 years and over	58.3	57.4	42.4	50.6	65.9	57.5	41.8	38.4
Female								
All ages, age-adjusted ⁴	5.6	5.6	7.4	5.7	4.8	4.0	4.7	4.8
All ages, crude	5.1	4.9	6.6	5.5	4.8	4.0	4.8	4.9
Under 1 year	...	...	...	...	...	...	...	...
1–4 years	...	...	...	...	...	...	...	...
5–14 years	0.1	0.1	0.2	0.2	0.4	0.3	0.3	0.3
15–24 years	2.6	2.2	4.2	4.3	3.9	3.0	3.2	3.6
15–19 years	1.8	1.6	2.9	3.0	3.7	2.7	2.5	3.1
20–24 years	3.3	2.9	5.7	5.5	4.1	3.2	3.9	4.1
25–44 years	6.2	6.6	10.2	7.7	6.2	5.4	6.2	6.3
25–34 years	4.9	5.5	8.6	7.1	5.6	4.3	5.0	5.1
35–44 years	7.5	7.7	11.9	8.5	6.8	6.4	7.3	7.4
45–64 years	9.9	10.2	12.0	8.9	7.1	6.2	8.2	8.2
45–54 years	9.9	10.2	12.6	9.4	6.9	6.7	8.8	9.1
55–64 years	9.9	10.2	11.4	8.4	7.3	5.4	7.3	7.0
65 years and over	9.4	8.4	8.1	6.1	6.4	4.0	3.9	4.1
65–74 years	10.1	8.4	9.0	6.5	6.7	4.0	4.2	4.4
75–84 years	8.1	8.9	7.0	5.5	6.3	4.0	3.8	3.8
85 years and over	8.2	6.0	5.9	5.5	5.4	4.2	3.1	3.5
White male ⁵								
All ages, age-adjusted ⁴	22.3	21.1	20.8	20.9	22.8	19.1	20.2	20.8
All ages, crude	19.0	17.6	18.0	19.9	22.0	18.8	20.5	21.2
15–24 years	6.6	8.6	13.9	21.4	23.2	17.9	16.9	17.2
25–44 years	17.9	18.5	21.5	24.6	25.4	22.9	24.5	24.6
45–64 years	39.3	36.5	31.9	25.0	26.0	23.2	28.8	30.7
65 years and over	55.8	46.7	41.1	37.2	44.2	33.3	31.1	31.8
65–74 years	53.2	42.0	38.7	32.5	34.2	24.3	24.7	26.9
75–84 years	61.9	55.7	45.5	45.5	60.2	41.1	36.9	36.7
85 years and over	61.9	61.3	45.8	52.8	70.3	61.6	45.4	41.3

See footnotes at end of table.

Table 39 (page 2 of 3). Death rates for suicide, by sex, race, Hispanic origin, and age: United States, selected years 1950–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#039>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ^{1,2}	1960 ^{1,2}	1970 ²	1980 ²	1990 ²	2000 ³	2007 ³	2008 ³
Deaths per 100,000 resident population								
Black or African American male ⁵								
All ages, age-adjusted ⁴	7.5	8.4	10.0	11.4	12.8	10.0	8.8	9.5
All ages, crude	6.3	6.4	8.0	10.3	12.0	9.4	8.4	9.1
15–24 years	4.9	4.1	10.5	12.3	15.1	14.2	10.3	12.3
25–44 years	9.8	12.6	16.1	19.2	19.6	14.3	13.7	13.7
45–64 years	12.7	13.0	12.4	11.8	13.1	9.9	9.4	10.3
65 years and over	9.0	9.9	8.7	11.4	14.9	11.5	8.7	11.0
65–74 years	10.0	11.3	8.7	11.1	14.7	11.1	8.3	11.0
75–84 years ⁶	*	*	*	10.5	14.4	12.1	11.2	11.8
85 years and over	---	*	*	*	*	*	*	*
American Indian or Alaska Native male ⁵								
All ages, age-adjusted ⁴	---	---	---	19.3	20.1	16.0	18.1	17.7
All ages, crude	---	---	---	20.9	20.9	15.9	19.2	18.0
15–24 years	---	---	---	45.3	49.1	26.2	32.3	35.9
25–44 years	---	---	---	31.2	27.8	24.5	28.6	26.8
45–64 years	---	---	---	*	*	15.4	15.9	12.5
65 years and over	---	---	---	*	*	*	*	*
Asian or Pacific Islander male ⁵								
All ages, age-adjusted ⁴	---	---	---	10.7	9.6	8.6	9.0	8.2
All ages, crude	---	---	---	8.8	8.7	7.9	8.7	8.0
15–24 years	---	---	---	10.8	13.5	9.1	13.4	8.6
25–44 years	---	---	---	11.0	10.6	9.9	9.8	8.7
45–64 years	---	---	---	13.0	9.7	9.7	10.7	11.2
65 years and over	---	---	---	18.6	16.8	15.4	12.9	14.7
Hispanic or Latino male ^{5,7}								
All ages, age-adjusted ⁴	---	---	---	---	13.7	10.3	10.1	9.3
All ages, crude	---	---	---	---	11.4	8.4	8.8	8.1
15–24 years	---	---	---	---	14.7	10.9	11.5	10.8
25–44 years	---	---	---	---	16.2	11.2	11.9	10.8
45–64 years	---	---	---	---	16.1	12.0	12.9	11.5
65 years and over	---	---	---	---	23.4	19.5	15.9	15.8
White, not Hispanic or Latino male ⁷								
All ages, age-adjusted ⁴	---	---	---	---	23.5	20.2	21.9	22.9
All ages, crude	---	---	---	---	23.1	20.4	22.9	24.1
15–24 years	---	---	---	---	24.4	19.5	18.2	18.8
25–44 years	---	---	---	---	26.4	25.1	28.0	28.5
45–64 years	---	---	---	---	26.8	24.0	30.6	33.1
65 years and over	---	---	---	---	45.4	33.9	32.2	32.9
White female ⁵								
All ages, age-adjusted ⁴	6.0	5.9	7.9	6.1	5.2	4.3	5.2	5.4
All ages, crude	5.5	5.3	7.1	5.9	5.3	4.4	5.4	5.5
15–24 years	2.7	2.3	4.2	4.6	4.2	3.1	3.4	3.6
25–44 years	6.6	7.0	11.0	8.1	6.6	6.0	7.0	7.1
45–64 years	10.6	10.9	13.0	9.6	7.7	6.9	9.3	9.4
65 years and over	9.9	8.8	8.5	6.4	6.8	4.3	4.2	4.3
Black or African American female ⁵								
All ages, age-adjusted ⁴	1.8	2.0	2.9	2.4	2.4	1.8	1.7	1.7
All ages, crude	1.5	1.6	2.6	2.2	2.3	1.7	1.7	1.6
15–24 years	1.8	*	3.8	2.3	2.3	2.2	1.6	2.5
25–44 years	2.3	3.0	4.8	4.3	3.8	2.6	2.7	2.5
45–64 years	2.7	3.1	2.9	2.5	2.9	2.1	2.3	1.6
65 years and over	*	*	2.6	*	1.9	1.3	*	1.2

See footnotes at end of table.

Table 39 (page 3 of 3). Death rates for suicide, by sex, race, Hispanic origin, and age: United States, selected years 1950–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#039>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ^{1,2}	1960 ^{1,2}	1970 ²	1980 ²	1990 ²	2000 ³	2007 ³	2008 ³
Deaths per 100,000 resident population								
American Indian or Alaska Native female ⁵								
All ages, age-adjusted ⁴	---	---	---	4.7	3.6	3.8	4.9	5.8
All ages, crude	---	---	---	4.7	3.7	4.0	5.1	5.9
15–24 years	---	---	---	*	*	*	7.8	10.1
25–44 years	---	---	---	10.7	*	7.2	6.9	7.4
45–64 years	---	---	---	*	*	*	*	7.2
65 years and over	---	---	---	*	*	*	*	*
Asian or Pacific Islander female ⁵								
All ages, age-adjusted ⁴	---	---	---	5.5	4.1	2.8	3.5	3.7
All ages, crude	---	---	---	4.7	3.4	2.7	3.6	3.8
15–24 years	---	---	---	*	3.9	2.7	3.8	4.7
25–44 years	---	---	---	5.4	3.8	3.3	4.6	4.9
45–64 years	---	---	---	7.9	5.0	3.2	4.0	3.9
65 years and over	---	---	---	*	8.5	5.2	5.2	5.7
Hispanic or Latina female ^{5,7}								
All ages, age-adjusted ⁴	---	---	---	---	2.3	1.7	1.9	1.9
All ages, crude	---	---	---	---	2.2	1.5	1.8	1.7
15–24 years	---	---	---	---	3.1	2.0	2.2	2.4
25–44 years	---	---	---	---	3.1	2.1	2.7	2.3
45–64 years	---	---	---	---	2.5	2.5	2.8	2.8
65 years and over	---	---	---	---	*	*	*	1.5
White, not Hispanic or Latina female ⁷								
All ages, age-adjusted ⁴	---	---	---	---	5.4	4.7	5.7	6.0
All ages, crude	---	---	---	---	5.6	4.9	6.1	6.3
15–24 years	---	---	---	---	4.3	3.3	3.7	3.9
25–44 years	---	---	---	---	7.0	6.7	8.0	8.3
45–64 years	---	---	---	---	8.0	7.3	10.0	10.2
65 years and over	---	---	---	---	7.0	4.4	4.4	4.5

... Category not applicable.

* Rates based on fewer than 20 deaths are considered unreliable and are not shown.

--- Data not available.

¹Includes deaths of persons who were not residents of the 50 states and the District of Columbia (D.C.).

²Underlying cause of death was coded according to the 6th Revision of the *International Classification of Diseases* (ICD) in 1950, 7th Revision in 1960, 8th Revision in 1970, and 9th Revision in 1980–1998. See [Appendix II, Cause of death; Table III; Table IV](#).

³Starting with 1999 data, cause of death is coded according to ICD–10. See [Appendix II, Cause of death; Comparability ratio; Table IV; Table V](#).

⁴Age-adjusted rates are calculated using the year 2000 standard population. Prior to 2003, age-adjusted rates were calculated using standard million proportions based on rounded population numbers. Starting with 2003 data, unrounded population numbers are used to calculate age-adjusted rates. See [Appendix II, Age adjustment](#).

⁵The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native, Asian or Pacific Islander, and Hispanic populations are known to be underestimated. See [Appendix II, Race](#), for a discussion of sources of bias in death rates by race and Hispanic origin.

⁶In 1950, rate is for the age group 75 years and over.

⁷Prior to 1997, excludes data from states lacking an Hispanic-origin item on the death certificate. See [Appendix II, Hispanic origin](#).

NOTES: Starting with *Health, United States, 2003*, rates for 1991–1999 were revised using intercensal population estimates based on the 2000 census. Rates for 2000 were revised based on 2000 census counts. Rates for 2001 and later years were computed using 2000-based postcensal estimates. See [Appendix I, Population Census and Population Estimates](#). Figures for 2001 include September 11-related deaths for which death certificates were filed as of October 24, 2002. See [Appendix II, Cause of death; Table IV](#) for terrorism-related ICD–10 codes. Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. For additional injury-related statistics, see Web-based Injury Statistics Query and Reporting System, available from: <http://www.cdc.gov/injury/wisqars/index.html>. Starting with 2003 data, some states allowed the reporting of more than one race on the death certificate. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See [Appendix II, Race](#). Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Vital Statistics System; Grove RD, Hetzel AM. Vital statistics rates in the United States, 1940–1960. Washington, DC: U.S. Government Printing Office, 1968; numerator data from National Vital Statistics System, annual mortality files; denominator data from national population estimates for race groups from [Table 1](#) and unpublished Hispanic population estimates for 1985–1996 prepared by the Housing and Household Economic Statistics Division, U.S. Census Bureau; additional mortality tables are available from: http://www.cdc.gov/nchs/nvss/mortality_tables.htm; Miniño AM, Xu JQ, Kochanek KD, Murphy SL. Deaths: Final data for 2008. National vital statistics reports; vol 59 no 10. Hyattsville, MD: NCHS; 2011. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_10.pdf. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 40 (page 1 of 3). Death rates for firearm-related injuries, by sex, race, Hispanic origin, and age: United States, selected years 1970–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#040>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1970 ¹	1980 ¹	1990 ¹	1995 ¹	2000 ²	2005 ²	2007 ²	2008 ²
All persons								
Deaths per 100,000 resident population								
All ages, age-adjusted ³	14.3	14.8	14.6	13.4	10.2	10.2	10.2	10.3
All ages, crude	13.1	14.9	14.9	13.5	10.2	10.4	10.4	10.4
Under 1 year	*	*	*	*	*	*	*	*
1–14 years	1.6	1.4	1.5	1.6	0.7	0.7	0.7	0.6
1–4 years	1.0	0.7	0.6	0.6	0.3	0.4	0.4	0.5
5–14 years	1.7	1.6	1.9	1.9	0.9	0.8	0.8	0.7
15–24 years	15.5	20.6	25.8	26.7	16.8	16.2	16.2	15.7
15–19 years	11.4	14.7	23.3	24.1	12.9	12.5	12.4	12.0
20–24 years	20.3	26.4	28.1	29.2	20.9	20.0	20.1	19.4
25–44 years	20.9	22.5	19.3	16.9	13.1	13.6	13.6	13.4
25–34 years	22.2	24.3	21.8	19.6	14.5	15.7	15.5	15.2
35–44 years	19.6	20.0	16.3	14.3	11.9	11.6	11.9	11.7
45–64 years	17.6	15.2	13.6	11.7	10.0	10.6	10.7	11.3
45–54 years	18.1	16.4	13.9	12.0	10.5	11.2	11.1	11.6
55–64 years	17.0	13.9	13.3	11.3	9.4	9.8	10.2	10.9
65 years and over	13.8	13.5	16.0	14.1	12.2	11.8	11.3	11.7
65–74 years	14.5	13.8	14.4	12.8	10.6	10.3	10.0	10.9
75–84 years	13.4	13.4	19.4	16.3	13.9	13.7	13.2	13.3
85 years and over	10.2	11.6	14.7	14.4	14.2	12.0	11.6	11.3
Male								
All ages, age-adjusted ³	24.8	25.9	26.1	23.8	18.1	18.3	18.2	18.2
All ages, crude	22.2	25.7	26.2	23.6	17.8	18.3	18.2	18.2
Under 1 year	*	*	*	*	*	*	*	*
1–14 years	2.3	2.0	2.2	2.3	1.1	1.0	1.0	0.9
1–4 years	1.2	0.9	0.7	0.8	0.4	0.5	0.5	0.6
5–14 years	2.7	2.5	2.9	2.9	1.4	1.2	1.2	1.0
15–24 years	26.4	34.8	44.7	46.5	29.4	28.7	28.5	27.5
15–19 years	19.2	24.5	40.1	41.6	22.4	22.0	21.8	21.1
20–24 years	35.1	45.2	49.1	51.5	37.0	35.3	35.3	34.0
25–44 years	34.1	38.1	32.6	28.4	22.0	23.1	23.2	22.7
25–34 years	36.5	41.4	37.0	33.2	24.9	27.2	27.0	26.2
35–44 years	31.6	33.2	27.4	23.6	19.4	19.2	19.5	19.3
45–64 years	31.0	25.9	23.4	20.0	17.1	18.3	18.3	19.3
45–54 years	30.7	27.3	23.2	20.1	17.6	18.9	18.6	19.4
55–64 years	31.3	24.5	23.7	19.8	16.3	17.4	17.9	19.3
65 years and over	29.7	29.7	35.3	30.7	26.4	25.1	24.2	24.9
65–74 years	29.5	27.8	28.2	25.1	20.3	19.7	19.1	20.8
75–84 years	31.0	33.0	46.9	37.8	32.2	30.8	29.5	29.5
85 years and over	26.2	34.9	49.3	47.1	44.7	35.4	33.5	31.7
Female								
All ages, age-adjusted ³	4.8	4.7	4.2	3.8	2.8	2.7	2.7	2.7
All ages, crude	4.4	4.7	4.3	3.8	2.8	2.7	2.7	2.8
Under 1 year	*	*	*	*	*	*	*	*
1–14 years	0.8	0.7	0.8	0.8	0.3	0.4	0.4	0.4
1–4 years	0.9	0.5	0.5	0.5	*	0.3	0.4	0.3
5–14 years	0.8	0.7	1.0	0.9	0.4	0.4	0.4	0.4
15–24 years	4.8	6.1	6.0	5.9	3.5	3.0	3.2	3.2
15–19 years	3.5	4.6	5.7	5.6	2.9	2.4	2.6	2.5
20–24 years	6.4	7.7	6.3	6.1	4.2	3.6	3.9	4.0
25–44 years	8.3	7.4	6.1	5.5	4.2	3.9	3.9	3.8
25–34 years	8.4	7.5	6.7	5.8	4.0	3.8	3.6	3.6
35–44 years	8.2	7.2	5.4	5.2	4.4	4.0	4.2	4.0
45–64 years	5.4	5.4	4.5	3.9	3.4	3.3	3.4	3.6
45–54 years	6.4	6.2	4.9	4.2	3.6	3.7	3.7	4.0
55–64 years	4.2	4.6	4.0	3.5	3.0	2.8	3.0	3.1
65 years and over	2.4	2.5	3.1	2.8	2.2	2.1	2.0	2.1
65–74 years	2.8	3.1	3.6	3.0	2.5	2.5	2.3	2.4
75–84 years	1.7	1.7	2.9	2.8	2.0	2.1	2.0	2.0
85 years and over	*	1.3	1.3	1.8	1.7	1.3	1.1	1.5
White male ⁴								
All ages, age-adjusted ³	19.7	22.1	22.0	20.1	15.9	15.7	15.6	15.9
All ages, crude	17.6	21.8	21.8	19.9	15.6	15.8	15.8	16.2
1–14 years	1.8	1.9	1.9	1.9	1.0	0.8	0.7	0.7
15–24 years	16.9	28.4	29.5	30.8	19.6	18.2	17.5	17.7
25–44 years	24.2	29.5	25.7	23.2	18.0	17.9	18.3	18.0
25–34 years	24.3	31.1	27.8	25.2	18.1	18.6	18.9	18.2
35–44 years	24.1	27.1	23.3	21.2	17.9	17.2	17.6	17.8
45–64 years	27.4	23.3	22.8	19.5	17.4	19.0	19.0	20.4
65 years and over	29.9	30.1	36.8	32.2	28.2	27.1	26.2	26.8

See footnotes at end of table.

Table 40 (page 2 of 3). Death rates for firearm-related injuries, by sex, race, Hispanic origin, and age: United States, selected years 1970–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#040>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1970 ¹	1980 ¹	1990 ¹	1995 ¹	2000 ²	2005 ²	2007 ²	2008 ²
Deaths per 100,000 resident population								
Black or African American male ⁴								
All ages, age-adjusted ³	70.8	60.1	56.3	49.2	34.2	36.4	36.2	34.4
All ages, crude	60.8	57.7	61.9	52.9	36.1	38.7	38.9	36.7
1–14 years	5.3	3.0	4.4	4.4	1.8	2.1	2.2	2.1
15–24 years	97.3	77.9	138.0	138.7	89.3	86.8	89.1	81.3
25–44 years	126.2	114.1	90.3	70.2	54.1	63.6	62.3	59.9
25–34 years	145.6	128.4	108.6	92.3	74.8	88.4	84.8	81.4
35–44 years	104.2	92.3	66.1	46.3	34.3	38.7	38.9	36.8
45–64 years	71.1	55.6	34.5	28.3	18.4	17.8	19.0	17.7
65 years and over	30.6	29.7	23.9	21.8	13.8	13.6	11.1	13.4
American Indian or Alaska Native male ⁴								
All ages, age-adjusted ³	---	24.0	19.4	19.4	13.1	15.7	12.4	13.3
All ages, crude	---	27.5	20.5	20.9	13.2	16.7	13.2	13.6
15–24 years	---	55.3	49.1	40.9	26.9	32.7	25.1	27.4
25–44 years	---	43.9	25.4	31.2	16.6	23.2	16.3	20.3
45–64 years	---	*	*	14.2	12.2	13.0	11.7	8.0
65 years and over	---	*	*	*	*	*	*	*
Asian or Pacific Islander male ⁴								
All ages, age-adjusted ³	---	7.8	8.8	9.2	6.0	5.3	5.2	4.5
All ages, crude	---	8.2	9.4	10.0	6.2	5.5	5.3	4.6
15–24 years	---	10.8	21.0	24.3	9.3	12.1	11.4	9.0
25–44 years	---	12.8	10.9	10.6	8.1	6.4	5.9	5.4
45–64 years	---	10.4	8.1	8.2	7.4	5.7	5.7	4.8
65 years and over	---	*	*	*	*	*	4.4	4.4
Hispanic or Latino male ^{4,5}								
All ages, age-adjusted ³	---	---	27.6	23.8	13.6	13.3	12.9	11.8
All ages, crude	---	---	29.9	26.2	14.2	14.2	13.4	12.0
1–14 years	---	---	2.6	2.8	1.0	0.7	0.8	0.5
15–24 years	---	---	55.5	61.7	30.8	33.0	31.4	28.2
25–44 years	---	---	42.7	31.4	17.3	18.8	17.2	15.9
25–34 years	---	---	47.3	36.4	20.3	22.9	21.1	18.5
35–44 years	---	---	35.4	24.2	13.2	13.4	12.4	12.7
45–64 years	---	---	21.4	17.2	12.0	9.1	9.6	8.9
65 years and over	---	---	19.1	16.5	12.2	9.8	10.7	9.7
White, not Hispanic or Latino male ⁵								
All ages, age-adjusted ³	---	---	20.6	18.6	15.5	15.3	15.4	16.1
All ages, crude	---	---	20.4	18.5	15.7	15.9	16.1	17.0
1–14 years	---	---	1.6	1.6	1.0	0.8	0.7	0.7
15–24 years	---	---	24.1	23.5	16.2	13.9	13.4	14.5
25–44 years	---	---	23.3	21.4	17.9	17.4	18.3	18.5
25–34 years	---	---	24.7	22.5	17.2	16.9	18.0	17.9
35–44 years	---	---	21.6	20.4	18.4	17.8	18.6	19.0
45–64 years	---	---	22.7	19.5	17.8	20.0	20.1	21.8
65 years and over	---	---	37.4	32.5	29.0	28.2	27.4	28.1
White female ⁴								
All ages, age-adjusted ³	4.0	4.2	3.8	3.5	2.7	2.6	2.6	2.7
All ages, crude	3.7	4.1	3.8	3.5	2.7	2.6	2.7	2.7
15–24 years	3.4	5.1	4.8	4.5	2.8	2.3	2.6	2.3
25–44 years	6.9	6.2	5.3	4.9	3.9	3.7	3.7	3.7
45–64 years	5.0	5.1	4.5	4.0	3.5	3.6	3.7	4.0
65 years and over	2.2	2.5	3.1	2.8	2.4	2.3	2.1	2.2

See footnotes at end of table.

Table 40 (page 3 of 3). Death rates for firearm-related injuries, by sex, race, Hispanic origin, and age: United States, selected years 1970–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#040>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1970 ¹	1980 ¹	1990 ¹	1995 ¹	2000 ²	2005 ²	2007 ²	2008 ²
Deaths per 100,000 resident population								
Black or African American female⁴								
All ages, age-adjusted ³	11.1	8.7	7.3	6.2	3.9	3.6	3.8	3.5
All ages, crude	10.0	8.8	7.8	6.5	4.0	3.7	3.9	3.6
15–24 years	15.2	12.3	13.3	13.2	7.6	6.7	7.1	8.2
25–44 years	19.4	16.1	12.4	9.8	6.5	6.0	6.4	5.4
45–64 years	10.2	8.2	4.8	4.1	3.1	2.7	2.8	2.1
65 years and over	4.3	3.1	3.1	2.6	1.3	1.3	1.2	1.3
American Indian or Alaska Native female⁴								
All ages, age-adjusted ³	---	5.8	3.3	3.8	2.9	2.4	2.0	2.7
All ages, crude	---	5.8	3.4	4.1	2.9	2.6	2.0	2.7
15–24 years	---	*	*	*	*	*	*	*
25–44 years	---	10.2	*	7.0	5.5	*	*	4.2
45–64 years	---	*	*	*	*	*	*	*
65 years and over	---	*	*	*	*	*	*	*
Asian or Pacific Islander female⁴								
All ages, age-adjusted ³	---	2.0	1.9	2.0	1.1	0.9	0.7	0.8
All ages, crude	---	2.1	2.1	2.1	1.2	0.9	0.7	0.9
15–24 years	---	*	*	3.9	*	2.3	*	*
25–44 years	---	3.2	2.7	2.7	1.5	1.0	1.0	1.2
45–64 years	---	*	*	*	*	*	*	*
65 years and over	---	*	*	*	*	*	*	*
Hispanic or Latina female^{4,5}								
All ages, age-adjusted ³	---	---	3.3	3.1	1.8	1.6	1.5	1.5
All ages, crude	---	---	3.6	3.3	1.8	1.6	1.5	1.5
15–24 years	---	---	6.9	6.1	2.9	2.6	2.9	2.9
25–44 years	---	---	5.1	4.7	2.5	2.7	2.3	2.0
45–64 years	---	---	2.4	2.4	2.2	1.2	1.5	1.7
65 years and over	---	---	*	*	*	*	*	*
White, not Hispanic or Latina female⁵								
All ages, age-adjusted ³	---	---	3.7	3.4	2.8	2.7	2.8	2.9
All ages, crude	---	---	3.7	3.5	2.9	2.8	2.9	3.0
15–24 years	---	---	4.3	4.1	2.7	2.2	2.5	2.2
25–44 years	---	---	5.1	4.8	4.2	4.0	4.1	4.1
45–64 years	---	---	4.6	4.1	3.6	3.8	3.9	4.2
65 years and over	---	---	3.2	2.8	2.4	2.4	2.2	2.4

* Rates based on fewer than 20 deaths are considered unreliable and are not shown.

--- Data not available.

¹Underlying cause of death was coded according to the 8th Revision of the *International Classification of Diseases* (ICD) in 1970 and 9th Revision in 1980–1998. See [Appendix II, Cause of death; Table III; Table IV](#).

²Starting with 1999 data, cause of death is coded according to ICD–10. See [Appendix II, Cause of death; Comparability ratio; Table IV; Table V](#).

³Age-adjusted rates are calculated using the year 2000 standard population. Prior to 2003, age-adjusted rates were calculated using standard million proportions based on rounded population numbers. Starting with 2003 data, unrounded population numbers are used to calculate age-adjusted rates. See [Appendix II, Age adjustment](#).

⁴The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native, Asian or Pacific Islander, and Hispanic populations are known to be underestimated. See [Appendix II, Race](#), for a discussion of sources of bias in death rates by race and Hispanic origin.

⁵Prior to 1997, excludes data from states lacking an Hispanic-origin item on the death certificate. See [Appendix II, Hispanic origin](#).

NOTES: Starting with *Health, United States, 2003*, rates for 1991–1999 were revised using intercensal population estimates based on the 2000 census. Rates for 2000 were revised based on 2000 census counts. Rates for 2001 and later years were computed using 2000-based postcensal estimates. See [Appendix I, Population Census and Population Estimates](#). Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. For additional injury-related statistics, see Web-based Injury Statistics Query and Reporting System, available from: <http://www.cdc.gov/injury/wisqars/index.html>. Starting with 2003 data, some states allowed the reporting of more than one race on the death certificate. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See [Appendix II, Race](#). Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Vital Statistics System; numerator data from National Vital Statistics System, annual mortality files; denominator data from national population estimates for race groups from [Table 1](#) and unpublished Hispanic population estimates for 1985–1996 prepared by the Housing and Household Economic Statistics Division, U.S. Census Bureau; additional mortality tables are available from: http://www.cdc.gov/nchs/nvss/mortality_tables.htm; Miniño AM, Xu JQ, Kochanek KD, Murphy SL. Deaths: Final data for 2008. National vital statistics reports; vol 59 no 10. Hyattsville, MD: NCHS; 2011. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_10.pdf. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 41. Deaths from selected occupational diseases among persons 15 years of age and over: United States, selected years 1980–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#041>.

[Data are based on death certificates]

Cause of death	1980 ¹	1985 ¹	1990 ¹	1995 ¹	2000 ²	2005 ²	2007 ²	2008 ²
Multiple cause of death		Number of death certificates with cause of death code(s) mentioned						
Angiosarcoma of liver ³	---	---	---	---	16	26	22	17
Malignant mesothelioma ⁴	699	715	874	897	2,531	2,704	2,606	2,709
Pneumoconiosis ⁵	4,151	3,783	3,644	3,151	2,859	2,425	2,189	2,155
Coal workers' pneumoconiosis	2,576	2,615	1,990	1,413	949	652	524	470
Asbestosis	339	534	948	1,169	1,486	1,416	1,393	1,341
Silicosis	448	334	308	242	151	160	122	146
Other (including unspecified)	814	321	413	343	290	222	163	215
Underlying cause of death		Number of deaths						
Angiosarcoma of liver ³	---	---	---	---	15	23	20	16
Malignant mesothelioma ⁴	531	573	725	780	2,384	2,553	2,432	2,538
Pneumoconiosis	1,581	1,355	1,335	1,117	1,142	983	898	891
Coal workers' pneumoconiosis	982	958	734	533	389	270	209	183
Asbestosis	101	139	302	355	558	532	538	520
Silicosis	207	143	150	114	71	74	72	85
Other (including unspecified)	291	115	149	115	124	107	79	103

--- Data not available.

¹For the period 1980–1998, underlying cause of death was coded according to the 9th Revision of the *International Classification of Diseases* (ICD). See [Appendix II, Cause of death; Table III; Table IV](#).

²Starting with 1999 data, ICD–10 was introduced for coding cause of death. Discontinuities exist between 1998 and 1999 due to ICD–10 coding and classification changes. Caution should be exercised in interpreting trends for the causes of death in this table, especially for those with major ICD–10 changes (e.g., malignant mesothelioma). See [Appendix II, International Classification of Diseases \(ICD\); Table IV](#).

³Prior to 1999, there was no discrete code for this condition.

⁴Prior to 1999, the combined ICD–9 categories of malignant neoplasm of peritoneum and malignant neoplasm of pleura served as a crude surrogate for malignant mesothelioma category under ICD–10.

⁵For multiple cause of death, counts for pneumoconiosis subgroups may sum to slightly more than total pneumoconiosis due to the reporting of more than one type of pneumoconiosis on some death certificates.

NOTES: Multiple cause of death includes underlying and nonunderlying causes of death. Cause-of-death titles for selected occupational diseases and corresponding code numbers according to the *International Classification of Diseases*, 9th and 10th Revisions. See [Appendix II, Cause of death; Table IV](#). See [Appendix I, National Vital Statistics System \(NVSS\), Multiple Cause-of-death File](#), for information about tabulating cause-of-death data in this table. Selection of occupational diseases is based on definitions in Mullan RJ, Murthy LI. Occupational sentinel health events: An updated list for physician recognition and public health surveillance. 1991; *Am J Ind Med* 19(6):775–99. For more detailed information about pneumoconiosis deaths, see *Work-Related Lung Disease Surveillance Report 2007*, DHHS (NIOSH) Publication Number 2008–143 available from: <http://www2a.cdc.gov/drds/WorldReportData>. Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Vital Statistics System; annual mortality files for underlying and multiple cause of death. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 42 (page 1 of 2). Occupational fatal injuries and rates, by industry, sex, age, race, and Hispanic origin: United States, selected years 1995–2009

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2011.htm#042>.

[Data are compiled from various federal, state, and local administrative sources]

Characteristic	1995	2000	2001 ¹	2004	2005	2006	2007	2008	2009
	Deaths per 100,000 employed workers ²							Deaths per full-time equivalent workers ³	
Total workforce	4.9	4.3	4.3	4.1	4.0	4.0	3.8	3.7	3.5
Sex									
Male	8.3	7.4	7.4	7.1	6.9	6.9	6.6	6.1	5.7
Female	0.9	0.7	0.7	0.6	0.6	0.7	0.6	0.6	0.6
Age ⁴									
16–17 years	1.6	1.6	1.3	1.1	1.4	0.9	0.9	2.5	*
18–19 years	3.3	2.7	2.8	2.7	2.9	2.8	2.6	2.4	2.5
20–24 years	3.8	3.2	3.2	3.0	2.8	2.7	3.0	2.8	2.4
25–34 years	4.3	3.8	3.8	3.2	3.3	3.3	3.1	2.8	2.4
35–44 years	4.6	4.0	4.0	3.9	3.6	3.7	3.4	3.3	3.0
45–54 years	5.2	4.4	4.5	4.3	4.2	4.2	4.1	3.8	3.6
55–64 years	7.2	6.1	5.5	5.2	5.1	5.0	4.6	4.7	4.3
65 years and over	14.0	12.0	12.7	11.8	11.3	11.2	10.2	12.7	12.1
Race and Hispanic origin ⁵									
Hispanic or Latino	5.5	5.6	6.0	5.0	4.9	5.0	4.6	4.2	4.0
Not Hispanic or Latino	---	---	---	---	---	---	---	---	---
White	---	4.2	4.2	4.1	3.9	4.0	3.8	3.8	3.5
Black or African American	---	3.8	3.8	3.7	3.9	3.7	3.9	3.7	3.1
Industry ⁶									
Private sector	---	---	---	4.4	4.3	4.3	4.1	4.0	3.7
Agriculture, forestry, fishing, and hunting	---	---	---	30.5	32.5	30.0	27.9	30.4	27.2
Mining	---	---	---	28.3	25.6	28.1	25.1	18.1	12.4
Utilities	---	---	---	6.1	3.6	6.3	4.0	3.9	1.7
Construction	---	---	---	12.0	11.1	10.9	10.5	9.7	9.9
Manufacturing	---	---	---	2.8	2.4	2.8	2.5	2.5	2.3
Wholesale trade	---	---	---	4.5	4.6	4.9	4.7	4.4	5.0
Retail trade	---	---	---	2.3	2.4	2.2	2.1	2.0	2.2
Transportation and warehousing	---	---	---	18.0	17.7	16.8	16.9	14.9	13.3
Information	---	---	---	1.7	2.0	2.0	2.3	1.5	1.1
Finance and insurance	---	---	---	0.7	0.6	0.6	0.6	0.3	0.5
Real estate and rental and leasing	---	---	---	2.4	1.9	2.6	2.4	3.1	3.0
Professional, scientific, and technical services	---	---	---	0.9	1.0	0.9	0.9	0.8	1.0
Management of companies and enterprises	---	---	---	*	*	*	*	*	*
Administrative and support and waste management and remediation services	---	---	---	6.7	7.2	6.6	6.3	6.1	6.7
Educational services	---	---	---	1.3	1.3	1.3	0.9	0.9	0.7
Health care and social assistance	---	---	---	0.8	0.7	0.8	0.7	0.7	0.8
Arts, entertainment, and recreation	---	---	---	4.3	3.2	3.5	3.9	4.0	3.6
Accommodation and food services	---	---	---	1.6	1.5	2.0	1.7	1.8	1.9
Other services (except public administration)	---	---	---	3.0	3.0	2.6	2.5	2.6	2.8
Government ⁷	---	---	---	2.5	2.4	2.4	2.5	2.4	1.9
	Number of deaths ⁸								
Total workforce	6,275	5,920	5,915	5,764	5,734	5,840	5,657	5,214	4,551
Sex									
Male	5,736	5,471	5,442	5,349	5,328	5,396	5,228	4,827	4,216
Female	539	449	473	415	406	444	429	387	335
Age ⁴									
Under 16 years	26	29	20	13	23	11	18	11	13
16–17 years	42	44	33	25	31	21	20	23	14
18–19 years	130	127	122	103	111	106	97	66	57
20–24 years	486	446	441	421	403	390	424	353	275
25–34 years	1,409	1,163	1,142	996	1,017	1,041	991	850	704
35–44 years	1,571	1,473	1,478	1,342	1,243	1,288	1,168	1,113	908
45–54 years	1,256	1,313	1,368	1,384	1,389	1,417	1,425	1,292	1,173
55–64 years	827	831	775	907	933	963	934	920	853
65 years and over	515	488	530	569	578	599	574	580	551
Unspecified	13	6	6	4	6	4	6	6	3

See footnotes at end of table.

Table 42 (page 2 of 2). Occupational fatal injuries and rates, by industry, sex, age, race, and Hispanic origin: United States, selected years 1995–2009

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2011.htm#042>.

[Data are compiled from various federal, state, and local administrative sources]

Characteristic	1995	2000	2001 ¹	2004	2005	2006	2007	2008	2009
Race and Hispanic origin ⁵									
Number of deaths ⁸									
White	5,120	---	---	---	---	---	---	---	---
Black or African American	697	---	---	---	---	---	---	---	---
Hispanic or Latino	619	815	895	902	923	990	937	804	713
Not Hispanic or Latino	5,656	5,105	5,020	4,862	4,809	4,850	4,734	4,410	3,838
White	4,599	4,244	4,175	4,066	3,977	4,019	3,867	3,663	3,204
Black or African American	684	575	565	546	584	565	609	533	421
American Indian or Alaska Native	27	33	48	28	50	46	29	32	33
Asian ⁹	188	171	173	168	154	148	166	145	141
Native Hawaiian or Other Pacific Islander	---	14	9	12	9	11	6	7	7
Multiple races	---	---	6	4	---	11	10	6	7
Other races or not reported	158	68	44	38	35	50	33	24	25
Industry ⁶									
Private sector	---	---	---	5,229	5,214	5,320	5,112	4,670	4,090
Agriculture, forestry, fishing, and hunting	---	---	---	669	715	655	585	672	575
Mining	---	---	---	152	159	192	183	176	99
Utilities	---	---	---	51	30	53	34	37	16
Construction	---	---	---	1,234	1,192	1,239	1,204	975	834
Manufacturing	---	---	---	463	393	456	400	411	319
Wholesale trade	---	---	---	205	209	222	207	180	190
Retail trade	---	---	---	377	400	359	348	301	307
Transportation and warehousing	---	---	---	840	885	860	890	796	633
Information	---	---	---	55	65	66	79	47	33
Finance and insurance	---	---	---	46	42	44	46	24	33
Real estate and rental and leasing	---	---	---	70	57	82	73	82	75
Professional, scientific, and technical services	---	---	---	77	83	78	77	69	85
Management of companies and enterprises	---	---	---	*	*	*	4	*	*
Administrative and support and waste management and remediation services	---	---	---	373	398	381	395	332	336
Educational services	---	---	---	44	46	49	34	28	27
Health care and social assistance	---	---	---	113	104	129	115	113	123
Arts, entertainment, and recreation	---	---	---	99	77	80	96	92	80
Accommodation and food services	---	---	---	148	136	185	164	146	151
Other services (except public administration)	---	---	---	207	210	183	175	178	173
Government ⁶	---	---	---	535	520	520	545	544	461

--- Data not available.

* Estimates are unreliable or data do not meet publication criteria.

¹2,886 fatal work injuries due to the September 11 terrorist attacks are not included.

²Numerator excludes deaths to workers under 16 years of age. Employment data in denominators are average annual estimates of employed civilians 16 years of age and over from the CPS, regardless of the number of hours worked. These data are supplemented by data for the resident military, which was supplied by the U.S. Census Bureau (1995–1998) and the Department of Defense (1999–2008). Starting with 2004 data, rates are taken directly from the U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries, revised annual data. Starting with 2008 data, employment data in denominators are based on hours. See [Appendix I, Census of Fatal Occupational Injuries \(CFOI\)](#).

³Numerator excludes deaths to workers under 16 years of age, volunteers, and members of the resident military. Starting with 2008 data, fatal injury rates are based on hours, rather than employment, and consequently are not directly comparable with earlier data. Hours-based rates standardize the amount of exposure and are considered more accurate than employment-based rates. Employment- and hours-based rates will be similar for groups of workers who usually work full-time.

Differences in these rates are more likely for groups which have a high percentage of part-time workers, such as younger workers. Hours worked are converted to full-time equivalent workers. 200,000,000 hours worked equals 100,000 full-time equivalent workers, working 40 hours per week, 50 weeks per year. Hours worked data are provided by the Current Population Survey (CPS). For more information see <http://www.bls.gov/iif/oshnotice10.htm>.

⁴Employment data for Under 16 years and Unspecified were not available for the calculation of rates.

⁵Employment data for American Indian or Alaska Native workers and, prior to 2003, Asian or Pacific Islander workers, were not available for the calculation of rates.

Employment data for non-Hispanic white and non-Hispanic black workers were not available before the year 2000. In 1999 and earlier years, the race groups white and black included persons of Hispanic and non-Hispanic origin.

⁶Starting with 2003 data, establishments were classified by industry according to the North American Industry Classification System (NAICS). Prior to 2003, the Standard Industrial Classification (SIC) system was used. Because of substantial differences between these systems, industry data classified by these two systems are not comparable. Industry data for 1995–2002 classified by SIC are available in *Health, United States, 2004*, Table 49, available from: <http://www.cdc.gov/nchs/hus.htm>. See [Appendix II, Industry of employment](#).

⁷Includes fatal work injuries to workers employed by governmental organizations, regardless of industry.

⁸Includes fatal work injuries to all workers, regardless of age.

⁹In 1999 and earlier years, category also included Native Hawaiian or Other Pacific Islander.

NOTES: Fatal work injuries and rates are based on revised data and may differ from originally published data from the Census of Fatal Occupational Injuries (CFOI). See [Appendix I, Census of Fatal Occupational Injuries \(CFOI\)](#). CFOI began collecting fatal work injury data in 1992. For data for prior years, see CDC. Fatal Occupational Injuries—United States, 1980–1997. *MMWR* 2001;50(16):317–20. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5016a4.htm>, which reports trend data from the National Traumatic Occupational Fatalities (NTOF) surveillance system. NTOF was established at the National Institute of Occupational Safety and Health (NIOSH) to monitor occupational injury deaths through death certificates. Because of methodological differences between CFOI and NTOF, the data are not directly comparable.

SOURCE: Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries. Revised annual data. See [Appendix I, Census of Fatal Occupational Injuries \(CFOI\)](#).

Table 43. Nonfatal occupational injuries and illnesses with days away from work, job transfer, or restriction, by industry: United States, selected years 2003–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#043>.

[Data are based on employer records from a sample of business establishments]

Industry	Injuries and illnesses with days away from work, job transfer, or restriction							
	Cases per 100 full-time equivalent workers ¹				Number of cases in thousands ²			
	2003	2007	2008	2009	2003	2007	2008	2009
Total private sector ³	2.6	2.1	2.0	1.8	2,301.9	2,036.0	1,900.8	1,667.4
Agriculture, forestry, fishing, and hunting ⁴	3.3	2.8	2.9	2.9	29.3	26.6	26.0	24.2
Mining ⁵	2.0	2.0	2.0	1.5	11.2	14.1	16.4	10.7
Utilities	2.2	2.1	1.9	1.8	12.2	11.4	10.6	10.0
Construction	3.6	2.8	2.5	2.3	218.0	197.5	171.6	136.5
Manufacturing	3.8	3.0	2.7	2.3	538.0	427.1	372.9	285.6
Wholesale trade	2.8	2.4	2.2	2.0	147.4	139.3	130.9	112.2
Retail trade	2.7	2.5	2.3	2.2	319.6	309.1	283.4	254.3
Transportation and warehousing ⁶	5.4	4.3	3.9	3.5	204.0	179.4	164.3	141.0
Information	1.1	1.1	1.1	1.0	30.8	29.1	28.0	25.1
Finance and insurance	0.4	0.4	0.3	0.2	21.3	20.7	18.7	12.3
Real estate and rental and leasing	2.1	1.6	1.8	1.9	35.6	29.0	32.1	33.3
Professional, scientific, and technical services	0.6	0.5	0.5	0.5	36.0	31.8	33.5	34.0
Management of companies and enterprises	1.6	0.9	0.7	0.8	25.1	15.1	12.7	14.0
Administrative and support and waste management and remediation services	2.4	1.8	1.8	1.6	96.7	89.2	87.0	74.7
Educational services	1.2	1.0	1.0	0.8	17.9	15.8	16.0	14.5
Health care and social assistance	3.1	2.5	2.5	2.4	337.9	303.7	302.6	304.0
Arts, entertainment, and recreation	2.9	2.5	2.4	2.3	34.1	31.9	31.9	29.5
Accommodation and food services	2.0	1.6	1.5	1.5	135.2	119.6	116.0	108.5
Other services, except public administration	1.7	1.5	1.5	1.4	51.7	45.7	46.2	43.0

¹Incidence rate calculated as $(N/EH) \times 200,000$, where N = total number of injuries and illnesses, EH = total hours worked by all employees during the calendar year, and 200,000 = base for 100 full-time equivalent employees working 40 hours per week, 50 weeks per year.

²Because of rounding, components may not add to total number of cases in private sector.

³Totals include data for industries not shown separately. Excludes self-employed, private households, and employees in federal, state, and local government agencies.

⁴Excludes farms with fewer than 11 employees.

⁵Data for Mining include establishments not governed by the Mine Safety and Health Administration rules and reporting, such as those in Oil and Gas Extraction and related support activities. Data for mining operators in coal, metal, and nonmetal mining are provided to the Bureau of Labor Statistics (BLS) by the Mine Safety and Health Administration, U.S. Department of Labor. Independent mining contractors are excluded from the coal, metal, and nonmetal mining industries. These data do not reflect the changes the Occupational Safety and Health Administration made to its recordkeeping requirements effective January 1, 2002. Therefore, estimates for these industries are not comparable to estimates in other industries. For more information, see <http://www.bls.gov/news.release/pdf/osh.pdf>.

⁶Data for railroad transportation are provided to BLS by the Federal Railroad Administration, U.S. Department of Transportation.

NOTES: Starting with 2003 data, the Survey of Occupational Injuries and Illnesses began using the North American Industry Classification System (NAICS) to classify establishments by industry. Prior to 2003, the survey used the Standard Industrial Classification (SIC) system. Because of substantial differences between these systems, the data measured by these surveys are not directly comparable. See Appendix II, Industry of employment. See Appendix I, Survey of Occupational Injuries and Illnesses (SOII). Data for additional years are available. See Appendix III.

SOURCE: U.S. Department of Labor, Bureau of Labor Statistics, Survey of Occupational Injuries and Illnesses: Workplace injuries and illnesses, 2003–2009 editions. Summary News Release. 2004–2010. Available from: <http://www.bls.gov/iif/home.htm>. See Appendix I, Survey of Occupational Injuries and Illnesses (SOII).

Table 44 (page 1 of 2). Selected notifiable disease rates and number of new cases: United States, selected years 1950–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#044>.

[Data are based on reporting by state health departments]

Disease	1950	1960	1970	1980	1990	2000	2007	2008	2009
New cases per 100,000 population									
Diphtheria	3.83	0.51	0.21	0.00	0.00	0.00	—	—	—
<i>Haemophilus influenzae</i> , invasive	---	---	---	---	---	0.51	0.85	0.96	0.99
Hepatitis A	---	---	27.87	12.84	12.64	4.91	1.00	0.86	0.65
Hepatitis B	---	---	4.08	8.39	8.48	2.95	1.51	1.34	1.12
Lyme disease ¹	---	---	---	---	---	6.53	9.21	11.67	12.71
Meningococcal disease	---	---	1.23	1.25	0.99	0.83	0.36	0.39	0.32
Mumps	---	---	55.55	3.86	2.17	0.13	0.27	0.15	0.65
Pertussis (whooping cough)	79.82	8.23	2.08	0.76	1.84	2.88	3.49	4.40	5.54
Poliomyelitis, paralytic ²	---	1.40	0.02	0.00	0.00	—	—	—	0.00
Rocky Mountain spotted fever ³	---	---	0.19	0.52	0.26	0.18	0.77	0.85	0.60
Rubella (German measles)	---	---	27.75	1.72	0.45	0.06	0.00	0.01	0.00
Rubeola (measles)	211.01	245.42	23.23	5.96	11.17	0.03	0.01	0.05	0.02
Salmonellosis, excluding typhoid fever	---	3.85	10.84	14.88	19.54	14.51	16.03	16.92	16.18
Shigellosis	15.45	6.94	6.79	8.41	10.89	8.41	6.60	7.50	5.24
Tuberculosis ⁴	---	30.83	18.28	12.25	10.33	6.01	4.44	4.28	3.80
Sexually transmitted diseases: ⁵									
Syphilis ⁶	146.02	68.78	44.80	30.30	54.32	11.20	13.57	15.22	14.74
Primary and secondary	16.73	9.06	10.80	12.00	20.26	2.12	3.80	4.44	4.60
Early latent	39.71	10.11	8.00	8.90	22.19	3.35	3.57	4.08	4.30
Late and late latent ⁷	70.22	45.91	24.70	9.20	10.32	5.53	6.05	6.56	5.70
Congenital ⁸	368.30	103.70	52.30	7.70	92.95	14.29	10.20	10.43	10.01
Chlamydia ⁹	---	---	---	---	160.19	251.38	367.47	398.12	409.19
Gonorrhea ¹⁰	192.50	145.40	294.20	442.10	276.43	128.67	118.03	110.75	99.05
Chancroid	3.34	0.94	0.70	0.30	1.69	0.03	0.01	0.01	0.01
Number of new cases									
Diphtheria	5,796	918	435	3	4	1	0	0	0
<i>Haemophilus influenzae</i> , invasive	---	---	---	---	---	1,398	2,541	2,886	3,022
Hepatitis A	---	---	56,797	29,087	31,441	13,397	2,979	2,585	1,987
Hepatitis B	---	---	8,310	19,015	21,102	8,036	4,519	4,033	3,405
Lyme disease ¹	---	---	---	---	---	17,730	27,444	35,198	38,468
Meningococcal disease	---	---	2,505	2,840	2,451	2,256	1,077	1,172	980
Mumps	---	---	104,953	8,576	5,292	338	800	454	1,991
Pertussis (whooping cough)	120,718	14,809	4,249	1,730	4,570	7,867	10,454	13,278	16,858
Poliomyelitis, paralytic ²	---	2,525	31	9	6	0	0	0	1
Rocky Mountain spotted fever ³	---	---	380	1,163	651	495	2,221	2,563	1,815
Rubella (German measles)	---	---	56,552	3,904	1,125	176	12	16	3
Rubeola (measles)	319,124	441,703	47,351	13,506	27,786	86	43	140	71
Salmonellosis, excluding typhoid fever	---	6,929	22,096	33,715	48,603	39,574	47,995	51,040	49,192
Shigellosis	23,367	12,487	13,845	19,041	27,077	22,922	19,758	22,625	15,931
Tuberculosis ⁴	---	55,494	37,137	27,749	25,701	16,377	13,299	12,904	11,545
Sexually transmitted diseases: ⁵									
Syphilis ⁶	217,558	122,538	91,382	68,832	135,590	31,618	40,925	46,291	44,828
Primary and secondary	23,939	16,145	21,982	27,204	50,578	5,979	11,466	13,500	13,997
Early latent	59,256	18,017	16,311	20,297	55,397	9,465	10,768	12,401	13,066
Late and late latent ⁷	113,569	81,798	50,348	20,979	25,750	15,594	18,256	19,945	17,338
Congenital ⁸	13,377	4,416	1,953	277	3,865	580	435	445	427
Chlamydia ⁹	---	---	---	---	323,663	709,452	1,108,374	1,210,523	1,244,180
Gonorrhea ¹⁰	286,746	258,933	600,072	1,004,029	690,042	363,136	355,991	336,742	301,174
Chancroid	4,977	1,680	1,416	788	4,212	78	23	25	28

See footnotes at end of table.

Table 44 (page 2 of 2). Selected notifiable disease rates and number of new cases: United States, selected years 1950–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#044>.

[Data are based on reporting by state health departments]

0.00 Rate more than zero but less than 0.005.

– Quantity zero.

- - - Data not available.

¹National surveillance case definition revised in 2008; probable cases not previously reported.

²Cases of vaccine-associated paralytic poliomyelitis caused by polio vaccine virus.

³Revision of national surveillance case definition distinguishing between confirmed and probable cases; total case count includes two case reports with unknown case status.

⁴Case reporting for tuberculosis began in 1953. Data prior to 1975 are not comparable with subsequent years because of changes in reporting criteria effective in 1975. Data from 1993 to 2009 were updated through the Division of Tuberculosis Elimination, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), as of May 14, 2010.

⁵Starting with 1991, data include both civilian and military cases. Adjustments to the number of cases reported from state health departments were made for hardcopy forms and for electronic data submissions through June 9, 2010. For 1950, data for Alaska and Hawaii were not included. Cases and rates shown do not include outlying areas of Guam, Puerto Rico, and the Virgin Islands.

⁶Includes stage of syphilis not stated.

⁷Includes cases of unknown duration.

⁸Rates include all cases of congenitally acquired syphilis per 100,000 live births. Cases of congenitally acquired syphilis were reported through 1994; starting with 1995 data, only congenital syphilis for cases less than 1 year of age were reported. See STD Surveillance Report for congenital syphilis rates per 100,000 live births.

⁹Prior to 1994, chlamydia was not notifiable. In 1994–1999, cases for New York were exclusively reported by New York City. Starting with 2000 data, includes cases for the entire state.

¹⁰Data for 1994 do not include cases from Georgia.

NOTES: The total resident population was used to calculate all rates except sexually transmitted diseases (STDs), which used the civilian resident population prior to 1991. STD rates for 1990–2002 have been revised and may differ from previous editions of *Health, United States*. Revised rates are due to revision of population estimates to incorporate bridged single-race estimates. 2008 population estimates were used to calculate 2009 rates. See [Appendix I, Sexually Transmitted Disease \(STD\) Surveillance; Population Census and Population Estimates](#). Population data from states where diseases were not notifiable or not available were excluded from the rate calculation; see [Appendix II, Notifiable disease](#). See [Appendix I, National Notifiable Disease Surveillance System \(NNDSS\)](#), for information on underreporting of notifiable diseases. Data for additional years are available. See [Appendix III](#).

SOURCE: CDC, Office of Surveillance, Epidemiology and Laboratory Services (OSELS), Public Health Surveillance Program Office (PHSPO), Division of Notifiable Diseases and Healthcare Information (DNHDI) (Proposed). 2009. *MMWR* 2011;58(53):1–104 and CDC. Available from: http://www.cdc.gov/osels/ph_surveillance/nndss/nndsshis.htm. Sexually transmitted disease surveillance, 2009. Atlanta, GA: U.S. Department of Health and Human Services, 2010. <http://www.cdc.gov/std/stats09/surv2009-Complete.pdf>. See [Appendix I, National Notifiable Disease Surveillance System \(NNDSS\)](#).

Table 45 (page 1 of 3). Acquired immunodeficiency syndrome (AIDS) diagnoses, by year of diagnosis and selected characteristics: United States, 2006–2009

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2011.htm#045>.

[Data are based on reporting by 50 states and the District of Columbia]

Sex, race and Hispanic origin, age at diagnosis, and region of residence	All years ¹	Year of diagnosis			
		2006	2007	2008	2009
Estimated number of AIDS diagnoses ²					
All persons ³	1,108,611	36,151	35,434	34,755	34,247
Male, 13 years and over	878,366	26,473	25,871	25,612	25,587
Female, 13 years and over	220,795	9,639	9,531	9,102	8,647
Children, under 13 years	9,448	39	31	40	13
Male, 13 years and over					
Hispanic origin and race:					
Not Hispanic or Latino:					
White	381,898	8,923	8,511	8,239	8,121
Black or African American	323,872	11,093	10,968	11,042	11,093
Asian ⁴	7,068	348	370	399	349
Native Hawaiian or Other Pacific Islander	695	35	42	35	43
American Indian or Alaska Native	2,879	115	100	137	127
Hispanic or Latino ⁵	152,310	5,483	5,418	5,313	5,359
Multiple race	9,382	477	462	448	495
Age at diagnosis:					
13–14 years	712	27	31	27	25
15–24 years	34,949	1,454	1,728	1,795	2,031
25–34 years	272,485	5,404	5,386	5,452	5,648
35–44 years	346,798	10,043	9,168	8,550	7,864
45–54 years	161,665	6,712	6,870	6,837	7,060
55–64 years	48,138	2,209	2,124	2,343	2,358
65 years and over	13,618	625	564	610	603
Female, 13 years and over					
Hispanic origin and race:					
Not Hispanic or Latina:					
White	42,602	1,558	1,534	1,421	1,344
Black or African American	136,690	6,177	6,179	6,000	5,639
Asian ⁴	1,208	73	84	88	80
Native Hawaiian or Other Pacific Islander	136	15	10	5	7
American Indian or Alaska Native	789	30	41	39	28
Hispanic or Latina ⁵	36,091	1,578	1,490	1,385	1,357
Multiple race	3,234	208	194	164	192
Age at diagnosis:					
13–14 years	609	51	50	31	33
15–24 years	15,185	580	601	554	548
25–34 years	71,302	2,227	2,088	2,124	1,871
35–44 years	81,013	3,371	3,253	3,038	2,718
45–54 years	37,042	2,439	2,460	2,342	2,389
55–64 years	11,518	759	852	823	844
65 years and over	4,125	211	228	190	243
Children, under 13 years					
Hispanic origin and race:					
Not Hispanic or Latino:					
White	1,602	3	4	7	1
Black or African American	5,787	30	22	23	8
Asian ⁴	48	1	0	2	0
Native Hawaiian or Other Pacific Islander	7	0	0	0	0
American Indian or Alaska Native	31	0	0	0	0
Hispanic or Latino ⁵	1,862	4	4	3	3
Multiple race	109	1	0	4	0
Region of residence					
Northeast	340,357	9,369	9,082	8,064	8,171
Midwest	116,029	4,154	4,006	4,218	4,394
South	430,141	16,453	16,383	16,506	15,806
West	222,083	6,174	5,964	5,967	5,875

See footnotes at end of table.

Table 45 (page 2 of 3). Acquired immunodeficiency syndrome (AIDS) diagnoses, by year of diagnosis and selected characteristics: United States, 2006–2009

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2011.htm#045>.

[Data are based on reporting by 50 states and the District of Columbia]

Sex, race and Hispanic origin, age at diagnosis, and region of residence	All years ¹	Year of diagnosis			
		2006	2007	2008	2009
		Percent distribution ⁶			
All persons ³	100.0	100.0	100.0	100.0	100.0
Male, 13 years and over	79.2	73.2	73.0	73.7	74.7
Female, 13 years and over	19.9	26.7	26.9	26.2	25.2
Children, under 13 years	0.9	0.1	0.1	0.1	0.0
Male, 13 years and over					
Hispanic origin and race:					
Not Hispanic or Latino:					
White	43.5	33.7	32.9	32.2	31.7
Black or African American	36.9	41.9	42.4	43.1	43.4
Asian ⁴	0.8	1.3	1.4	1.6	1.4
Native Hawaiian or Other Pacific Islander	0.1	0.1	0.2	0.1	0.2
American Indian or Alaska Native	0.3	0.4	0.4	0.5	0.5
Hispanic or Latino ⁵	17.3	20.7	20.9	20.7	20.9
Multiple race	1.1	1.8	1.8	1.7	1.9
Age at diagnosis:					
13–14 years	0.1	0.1	0.1	0.1	0.1
15–24 years	4.0	5.5	6.7	7.0	7.9
25–34 years	31.0	20.4	20.8	21.3	22.1
35–44 years	39.5	37.9	35.4	33.4	30.7
45–54 years	18.4	25.4	26.6	26.7	27.6
55–64 years	5.5	8.3	8.2	9.1	9.2
65 years and over	1.6	2.4	2.2	2.4	2.4
Female, 13 years and over					
Hispanic origin and race:					
Not Hispanic or Latina:					
White	19.3	16.2	16.1	15.6	15.5
Black or African American	61.9	64.1	64.8	65.9	65.2
Asian ⁴	0.5	0.8	0.9	1.0	0.9
Native Hawaiian or Other Pacific Islander	0.1	0.2	0.1	0.1	0.1
American Indian or Alaska Native	0.4	0.3	0.4	0.4	0.3
Hispanic or Latina ⁵	16.3	16.4	15.6	15.2	15.7
Multiple race	1.5	2.2	2.0	1.8	2.2
Age at diagnosis:					
13–14 years	0.3	0.5	0.5	0.3	0.4
15–24 years	6.9	6.0	6.3	6.1	6.3
25–34 years	32.3	23.1	21.9	23.3	21.6
35–44 years	36.7	35.0	34.1	33.4	31.4
45–54 years	16.8	25.3	25.8	25.7	27.6
55–64 years	5.2	7.9	8.9	9.0	9.8
65 years and over	1.9	2.2	2.4	2.1	2.8
Children, under 13 years					
Hispanic origin and race:					
Not Hispanic or Latino:					
White	17.0	8.0	13.8	18.6	8.5
Black or African American	61.3	75.9	72.5	57.0	64.8
Asian ⁴	0.5	2.6	–	5.5	–
Native Hawaiian or Other Pacific Islander	0.1	–	–	–	–
American Indian or Alaska Native	0.3	–	–	–	–
Hispanic or Latino ⁵	19.7	10.8	13.8	8.2	26.7
Multiple race	1.2	2.6	–	10.8	–
Region of residence					
Northeast	30.7	25.9	25.6	23.2	23.9
Midwest	10.5	11.5	11.3	12.1	12.8
South	38.8	45.5	46.2	47.5	46.2
West	20.0	17.1	16.8	17.2	17.2

See footnotes at end of table.

Table 45 (page 3 of 3). Acquired immunodeficiency syndrome (AIDS) diagnoses, by year of diagnosis and selected characteristics: United States, 2006–2009

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2011.htm#045>.

[Data are based on reporting by 50 states and the District of Columbia]

0.0 Quantity more than zero but less than 0.05.

– Quantity zero.

¹Based on diagnoses reported to CDC from the beginning of the epidemic (1981) through June 30, 2010.

²Numbers are point estimates that result from statistical adjustments for reporting delays and missing risk factor information. The estimates do not include adjustments for incomplete reporting. See [Appendix I, HIV/AIDS Reporting System \(HARS\)](#).

³Total for all years includes 306 persons of unknown races and 2 persons of unknown sex. All persons totals were calculated independent of values for subpopulations. Consequently, sums of subpopulations may not equal totals for all persons.

⁴Includes Asian and Pacific Islander legacy cases.

⁵Persons of Hispanic origin may be of any race. See [Appendix II, Hispanic origin](#).

⁶Percents may not sum to 100% due to rounding and because persons of unknown race and Hispanic origin are included in totals.

NOTES: See [Appendix II, Acquired immunodeficiency syndrome \(AIDS\)](#), for discussion of AIDS diagnoses reporting definitions and other issues affecting interpretation of trends. Data are for the 50 states and the District of Columbia. This table replaces surveillance data by year of report in previous editions of *Health, United States*. Starting with HUS 2010, the title of this table was changed from AIDS cases to AIDS diagnoses to be consistent with language used by CDC.

SOURCE: CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Division of HIV/AIDS Prevention. HIV Surveillance Report. Diagnoses of HIV infection and AIDS in the United States and Dependent Areas, 2009 (vol. 21). Atlanta, GA: US Department of Health and Human Services, CDC, 2011 and unpublished data. Available from: <http://www.cdc.gov/hiv/surveillance/resources/reports/2009report/index.htm>. See [Appendix I, HIV/AIDS Reporting System \(HARS\)](#).

Table 46 (page 1 of 5). Health conditions among children under 18 years of age, by selected characteristics: United States, average annual, selected years 1997–1999 through 2008–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#046>.

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

Characteristic	Current asthma ¹				Asthma attack in the past 12 months ²			
	1997–1999	2000–2002	2003–2005	2008–2010	1997–1999	2000–2002	2003–2005	2008–2010
Percent of children								
Under 18 years ³	---	---	8.7	9.5	5.4	5.7	5.4	5.6
Age								
0–4 years	---	---	6.1	6.2	4.3	4.7	4.2	4.4
5–17 years	---	---	9.6	10.8	5.7	6.1	5.8	6.1
5–9 years	---	---	9.1	10.7	5.6	6.3	6.1	6.5
10–17 years	---	---	9.9	10.9	5.8	5.9	5.7	5.8
Sex								
Male	---	---	9.9	11.1	6.2	6.6	6.3	6.5
Female	---	---	7.3	7.8	4.5	4.7	4.4	4.6
Race ⁴								
White only	---	---	7.7	8.2	5.0	5.2	4.9	4.9
Black or African American only	---	---	13.0	16.0	7.0	8.0	7.6	8.7
American Indian or Alaska Native only	---	---	12.2	*10.3	6.4	*8.7	*6.1	*
Asian only	---	---	4.8	6.7	4.3	4.7	3.3	4.8
Native Hawaiian or Other Pacific Islander only	---	---	*	*	---	*	*	*
2 or more races	---	---	13.5	12.8	---	7.3	8.8	9.0
Hispanic origin and race ⁴								
Hispanic or Latino	---	---	7.6	7.5	4.8	4.2	4.6	4.4
Not Hispanic or Latino	---	---	8.9	10.0	5.5	6.0	5.6	5.9
White only	---	---	7.9	8.5	5.1	5.5	5.0	5.1
Black or African American only	---	---	13.0	16.2	7.0	7.9	7.5	8.8
Percent of poverty level ⁵								
Below 100%	---	---	10.4	12.4	6.1	7.1	6.5	7.4
100%–199%	---	---	8.6	9.9	5.3	5.4	5.2	6.0
200%–399%	---	---	8.3	8.2	5.0	5.3	5.2	4.6
400% or more	---	---	7.9	8.2	5.2	5.5	4.9	5.0
Health insurance status at the time of interview ⁶								
Insured	---	---	9.0	9.8	5.6	5.9	5.6	5.8
Private	---	---	8.0	8.4	5.0	5.3	5.0	5.1
Medicaid	---	---	11.4	12.0	7.7	7.7	7.1	7.0
Uninsured	---	---	5.6	6.6	3.9	4.3	3.3	3.6

See footnotes at end of table.

Table 46 (page 2 of 5). Health conditions among children under 18 years of age, by selected characteristics: United States, average annual, selected years 1997–1999 through 2008–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#046>.

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

Characteristic	Attention deficit hyperactivity disorder ⁷				Serious emotional or behavioral difficulties ⁸			
	1997–1999	2000–2002	2003–2005	2008–2010	1997–1999	2000–2002	2003–2005	2008–2010
Percent of children								
Age								
5–17 years	6.5	7.5	7.6	9.4	---	---	5.1	5.8
5–9 years	4.8	5.2	5.6	6.3	---	---	4.3	5.1
10–17 years	7.6	9.0	8.9	11.4	---	---	5.6	6.2
Sex								
Male	9.6	10.8	10.7	12.7	---	---	6.1	7.2
Female	3.2	4.2	4.4	6.0	---	---	4.1	4.3
Race ⁴								
White only	7.1	8.1	7.8	9.6	---	---	5.1	5.5
Black or African American only	5.0	7.0	7.7	10.5	---	---	5.3	6.7
American Indian or Alaska Native only	*8.5	*	*9.4	*6.4	---	---	*	*7.3
Asian only	*1.7	*	*1.6	*1.4	---	---	*1.7	*2.5
Native Hawaiian or Other Pacific Islander only	---	*	*	*	---	---	*	*
2 or more races	---	7.4	9.7	11.6	---	---	8.2	10.2
Hispanic origin and race ⁴								
Hispanic or Latino	3.6	4.2	4.6	4.9	---	---	3.8	3.9
Not Hispanic or Latino	7.0	8.2	8.3	10.6	---	---	5.4	6.3
White only	7.7	9.0	8.8	11.2	---	---	5.6	6.2
Black or African American only	5.0	6.8	7.5	10.8	---	---	5.2	6.6
Percent of poverty level ⁵								
Below 100%	7.2	8.2	8.4	12.1	---	---	7.4	9.6
100%–199%	6.7	7.5	7.8	10.3	---	---	5.4	6.3
200%–399%	6.2	7.7	7.8	8.2	---	---	4.9	4.9
400% or more	6.1	7.1	6.9	8.2	---	---	3.7	3.6
Health insurance status at the time of interview ⁶								
Insured	6.7	7.8	7.8	9.8	---	---	5.2	6.0
Private	5.9	7.0	7.0	7.7	---	---	4.1	4.1
Medicaid	10.5	10.7	10.3	13.8	---	---	8.5	9.6
Uninsured	4.8	5.4	6.1	6.0	---	---	4.6	3.7

See footnotes at end of table.

Table 46 (page 3 of 5). Health conditions among children under 18 years of age, by selected characteristics: United States, average annual, selected years 1997–1999 through 2008–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#046>.

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

Characteristic	Food allergy ⁹				Skin allergy ¹⁰			
	1997–1999	2000–2002	2003–2005	2008–2010	1997–1999	2000–2002	2003–2005	2008–2010
	Percent of children							
Under 18 years ³	3.4	3.6	3.8	4.8	7.4	8.1	9.6	12.0
Age								
0–4 years	3.8	4.0	4.3	5.2	8.1	8.7	11.0	13.4
5–17 years	3.3	3.4	3.6	4.6	7.2	7.9	9.1	11.4
5–9 years	3.1	3.6	3.5	4.7	7.5	8.6	10.0	13.0
10–17 years	3.4	3.3	3.6	4.6	7.1	7.5	8.6	10.4
Sex								
Male	3.4	3.7	3.8	4.9	7.3	7.9	9.5	11.8
Female	3.5	3.4	3.8	4.7	7.6	8.4	9.8	12.1
Race ⁴								
White only	3.5	3.6	3.8	4.6	7.1	7.6	9.0	10.9
Black or African American only	3.1	3.0	3.7	5.2	9.0	10.4	12.4	16.5
American Indian or Alaska Native only	*	*4.8	*	*6.2	*4.1	*9.1	11.3	*9.4
Asian only	3.9	4.4	4.3	5.2	8.0	8.4	7.5	11.6
Native Hawaiian or Other Pacific Islander only	---	*	*	*	---	*	*	*
2 or more races	---	5.2	4.6	5.9	---	10.9	14.0	16.6
Hispanic origin and race ⁴								
Hispanic or Latino	2.1	2.5	2.8	3.6	5.5	5.6	7.2	9.4
Not Hispanic or Latino	3.7	3.8	4.0	5.1	7.8	8.7	10.2	12.7
White only	3.8	3.9	4.1	4.9	7.5	8.2	9.7	11.4
Black or African American only	3.1	3.1	3.7	5.3	9.0	10.4	12.4	16.6
Percent of poverty level ⁵								
Below 100%	3.3	3.2	3.3	3.8	7.3	7.1	9.0	12.5
100%–199%	3.0	3.4	3.8	4.6	7.2	7.6	8.7	11.3
200%–399%	3.2	3.4	3.8	5.1	7.3	8.5	10.0	12.0
400% or more	4.2	4.0	4.1	5.4	7.9	8.8	10.5	12.1
Health insurance status at the time of interview ⁶								
Insured	3.5	3.7	3.9	4.9	7.7	8.5	10.0	12.2
Private	3.5	3.7	4.0	5.1	7.4	8.5	10.1	12.1
Medicaid	3.6	3.7	3.6	4.2	8.4	8.4	9.5	12.0
Uninsured	2.6	2.4	3.0	4.2	5.9	5.3	6.8	9.0

See footnotes at end of table.

Table 46 (page 4 of 5). Health conditions among children under 18 years of age, by selected characteristics: United States, average annual, selected years 1997–1999 through 2008–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#046>.

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

Characteristic	Hay fever or respiratory allergy ¹¹				Three or more ear infections ¹²			
	1997–1999	2000–2002	2003–2005	2008–2010	1997–1999	2000–2002	2003–2005	2008–2010
	Percent of children							
Under 18 years	17.5	17.7	17.3	17.0	7.1	6.7	5.8	5.7
Age								
0–4 years	10.7	10.4	10.1	10.6	13.7	12.8	11.0	11.0
5–17 years	19.9	20.3	20.0	19.6	4.8	4.5	3.8	3.5
5–9 years	17.3	18.1	17.9	17.8	7.1	6.9	5.7	5.8
10–17 years	21.6	21.7	21.2	20.7	3.2	2.9	2.7	2.1
Sex								
Male	18.6	18.8	18.9	18.7	7.3	6.9	5.9	5.7
Female	16.3	16.5	15.6	15.3	6.9	6.5	5.6	5.6
Race ⁴								
White only	17.9	18.5	17.8	17.5	7.4	7.2	6.3	5.9
Black or African American only	16.2	15.6	15.2	15.2	5.9	5.0	4.1	4.2
American Indian or Alaska Native only	15.2	16.4	16.5	15.4	*10.8	*6.3	*5.1	*
Asian only	15.3	12.6	11.3	13.1	3.7	2.6	3.3	3.1
Native Hawaiian or Other Pacific Islander only	---	*	*	*	---	*	*	*
2 or more races	---	20.9	20.8	20.4	---	7.4	5.0	6.6
Hispanic origin and race ⁴								
Hispanic or Latino	12.4	12.4	12.8	12.1	6.1	6.7	6.2	6.6
Not Hispanic or Latino	18.4	18.8	18.3	18.4	7.3	6.7	5.7	5.4
White only	19.1	19.9	19.4	19.5	7.7	7.3	6.3	5.8
Black or African American only	16.3	15.5	15.1	15.3	5.9	4.9	4.0	4.0
Percent of poverty level ⁵								
Below 100%	14.3	14.0	14.2	13.9	8.3	7.9	6.7	7.1
100%–199%	15.4	15.6	16.0	15.3	7.1	6.8	5.7	6.0
200%–399%	18.5	18.1	17.7	17.5	6.8	6.5	5.6	5.2
400% or more	20.3	21.1	19.7	20.3	6.6	6.1	5.5	4.8
Health insurance status at the time of interview ⁶								
Insured	18.0	18.3	17.7	17.3	7.3	6.9	5.8	5.8
Private	18.8	19.2	18.5	19.0	6.6	6.4	5.2	4.7
Medicaid	15.0	16.0	16.1	14.5	10.2	8.7	7.4	7.5
Uninsured	14.3	12.6	13.5	14.1	5.9	4.9	5.4	4.5

See footnotes at end of table.

Table 46 (page 5 of 5). Health conditions among children under 18 years of age, by selected characteristics: United States, average annual, selected years 1997–1999 through 2008–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#046>.

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

-- Data not available.

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

¹Based on parent or knowledgeable adult responding to both questions, “Has a doctor or other health professional ever told you that your child had asthma?” and “Does your child still have asthma?”

²Based on parent or knowledgeable adult responding to both questions, “Has a doctor or other health professional ever told you that your child had asthma?” and “During the past 12 months, did your child have an episode of asthma or an asthma attack?”

³Includes all other races not shown separately, unknown poverty level, and unknown health insurance status.

⁴The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Prior to 1999, data were tabulated according to the 1977 Standards with four racial groups and the Asian only category included Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁵Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed for 1997 and beyond. See [Appendix II, Family income; Poverty; Table VI](#).

⁶Health insurance categories are mutually exclusive. Persons who reported both Medicaid and private coverage are classified as having private coverage. Starting with 1997 data, state-sponsored health plan coverage is included as Medicaid coverage. Starting with 1999 data, coverage by the Children’s Health Insurance Program (CHIP) is included as Medicaid coverage. In addition to private and Medicaid, the insured category also includes military, other government, and Medicare coverage. Persons not covered by private insurance, Medicaid, CHIP, state-sponsored or other government-sponsored health plans, Medicare, or military plans are considered to have no health insurance coverage. Persons with only Indian Health Service coverage are considered to have no health insurance coverage. See [Appendix II, Health insurance coverage](#).

⁷Based on parent or knowledgeable adult responding to the question, “Has a doctor or health professional ever told you that your child had attention deficit hyperactivity disorder (ADHD) or attention deficit disorder (ADD)?”

⁸Based on parent or knowledgeable adult responding to the question, “Overall, do you think that [child] has difficulties in any of the following areas: emotions, concentration, behavior, or being able to get along with other people?”

⁹Based on parent or knowledgeable adult responding to the question, “During the past 12 months, has your child had any kind of food or digestive allergy?”

¹⁰Based on parent or knowledgeable adult responding to the question, “During the past 12 months, has your child had any eczema or any kind of skin allergy?”

¹¹Based on parent or knowledgeable adult responding to the question, “During the past 12 months, has your child had hay fever?” or to the question, “During the past 12 months, has your child had any kind of respiratory allergy?”

¹²Based on parent or knowledgeable adult responding to the question, “During the past 12 months, has your child had three or more ear infections?”

NOTES: Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Health Interview Survey, sample child and family core questionnaire. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 47 (page 2 of 3). Age-adjusted cancer incidence rates for selected cancer sites, by sex, race, and Hispanic origin: United States, selected geographic areas, selected years 1990–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#047>.

[Data are based on the Surveillance, Epidemiology, and End Results (SEER) Program's 13 population-based cancer registries]

Site, sex, race, and Hispanic origin	1990	1995	2000	2002	2003	2005	2006	2007	2008	1990–2008 APC ¹
Cervix uteri										
Number of new cases per 100,000 population ²										
Female	11.9	9.9	8.9	8.4	8.2	7.9	7.6	7.4	7.5	†–2.6
White	11.3	9.2	8.9	8.3	7.9	7.7	7.5	7.3	7.4	†–2.3
Black or African American	16.4	14.7	10.6	10.0	10.6	9.0	8.1	8.2	8.9	†–3.8
Asian or Pacific Islander	12.0	11.0	7.9	8.2	8.1	8.0	7.1	7.0	6.4	†–3.9
Hispanic or Latina ⁴	21.4	17.4	17.1	14.7	14.2	13.8	11.8	10.9	11.9	†–3.4
White, not Hispanic or Latina ⁴	9.7	7.8	7.1	6.9	6.4	6.3	6.6	6.4	6.2	†–2.3
Corpus uteri ⁵										
Female	24.2	24.4	23.4	23.5	23.0	23.7	23.5	23.9	24.7	–0.1
White	26.0	26.0	25.2	24.4	24.4	24.9	24.9	24.8	25.6	†–0.2
Black or African American	16.2	17.0	16.3	21.3	18.8	20.2	17.8	21.5	22.3	†1.6
Asian or Pacific Islander	13.0	17.1	16.2	18.7	16.6	18.8	18.1	19.3	20.1	†1.7
Hispanic or Latina ⁴	17.8	16.2	15.5	17.4	17.7	19.0	17.5	18.7	18.8	†0.7
White, not Hispanic or Latina ⁴	26.6	27.1	26.4	25.3	25.3	25.7	26.0	25.7	26.6	–0.2
Ovary										
Female	15.5	14.5	14.2	13.8	13.5	13.1	12.7	12.9	12.6	†–1.0
White	16.4	15.4	15.1	14.6	14.2	13.7	13.5	13.6	13.3	†–1.1
Black or African American	11.3	10.8	10.7	9.8	11.4	10.4	8.8	11.2	9.7	–0.5
Asian or Pacific Islander	11.2	10.4	10.1	12.1	10.2	10.9	10.5	10.5	10.1	–0.1
Hispanic or Latina ⁴	12.3	11.7	10.8	14.0	11.9	11.7	10.9	11.1	11.9	–0.2
White, not Hispanic or Latina ⁴	16.7	15.9	15.6	14.6	14.6	14.0	14.0	13.9	13.5	†–1.1
Oral cavity and pharynx										
Male	18.5	16.5	15.8	15.7	15.1	14.9	14.6	15.0	15.5	†–1.2
White	18.0	16.4	15.6	15.8	15.2	15.2	14.7	15.4	15.8	†–0.9
Black or African American	25.4	22.3	19.3	18.0	17.3	15.6	15.5	15.4	14.2	†–2.9
Asian or Pacific Islander	14.8	11.7	13.3	12.8	11.7	11.4	11.5	11.0	12.8	†–1.1
Hispanic or Latino ⁴	10.8	12.3	8.9	9.3	8.8	9.4	7.5	8.7	9.4	†–1.7
White, not Hispanic or Latino ⁴	18.8	16.9	16.7	16.8	16.3	16.2	16.0	16.7	17.1	†–0.7
Female	7.3	7.0	6.2	6.5	5.9	6.1	6.2	6.0	6.2	†–1.1
White	7.4	7.1	6.2	6.6	5.8	5.9	6.2	6.0	6.2	†–1.1
Black or African American	6.4	6.7	5.3	6.3	6.7	6.8	5.4	5.5	5.0	†–1.3
Asian or Pacific Islander	6.1	5.2	6.1	5.9	5.2	5.9	5.3	5.2	5.8	–0.6
Hispanic or Latina ⁴	4.1	3.7	3.7	3.8	3.9	3.4	4.0	4.0	4.3	–0.7
White, not Hispanic or Latina ⁴	7.8	7.5	6.6	7.1	6.2	6.4	6.6	6.5	6.6	†–1.0
Stomach										
Male	14.6	13.5	12.6	12.0	11.7	11.3	11.2	11.3	10.4	†–1.8
White	12.8	11.9	10.7	10.4	10.1	9.5	9.6	9.6	9.1	†–1.9
Black or African American	21.4	18.6	18.4	15.8	18.5	17.2	16.0	17.4	16.3	†–2.0
Asian or Pacific Islander	26.8	24.3	22.5	20.4	19.1	20.0	18.0	18.0	15.5	†–2.7
Hispanic or Latino ⁴	20.2	19.4	16.0	16.1	15.8	14.7	14.6	16.5	14.8	†–1.9
White, not Hispanic or Latino ⁴	12.1	11.1	10.0	9.6	9.2	8.7	8.7	8.5	8.1	†–2.1
Female	6.7	6.2	6.1	6.2	6.0	5.7	5.9	5.5	5.5	†–1.0
White	5.7	5.1	5.0	5.1	4.9	4.7	4.9	4.5	4.4	†–1.1
Black or African American	9.9	9.8	8.6	9.9	9.5	8.0	9.4	7.7	7.9	†–1.3
Asian or Pacific Islander	15.4	13.0	13.0	11.3	11.2	10.5	9.2	10.4	9.9	†–2.6
Hispanic or Latina ⁴	10.8	11.3	10.8	10.7	10.2	10.3	9.8	9.4	8.2	†–0.9
White, not Hispanic or Latina ⁴	5.1	4.4	4.2	4.2	4.1	3.7	4.0	3.5	3.6	†–1.9
Pancreas										
Male	13.0	12.7	12.8	12.8	12.5	13.5	13.6	13.8	13.6	†0.4
White	12.7	12.4	12.6	13.0	12.3	13.3	13.7	13.7	13.4	†0.5
Black or African American	19.3	19.1	18.1	13.7	17.2	18.0	17.1	16.5	18.5	–0.6
Asian or Pacific Islander	11.0	10.3	10.7	9.8	10.2	11.7	10.3	11.8	11.5	0.0
Hispanic or Latino ⁴	10.7	12.0	12.2	10.7	9.7	11.7	12.2	11.2	10.9	0.4
White, not Hispanic or Latino ⁴	12.8	12.4	12.7	13.3	12.7	13.5	13.9	14.1	13.8	†0.6
Female	10.0	9.9	9.9	10.4	10.3	10.8	10.8	10.6	10.6	†0.4
White	9.8	9.6	9.6	10.1	10.1	10.5	10.5	10.3	10.3	†0.4
Black or African American	12.9	15.5	12.6	15.8	14.3	16.1	15.1	14.4	14.9	–0.1
Asian or Pacific Islander	9.9	8.1	9.2	8.9	8.2	8.0	9.7	8.8	8.9	0.6
Hispanic or Latina ⁴	9.9	8.9	9.2	10.8	8.8	11.3	9.5	10.6	9.2	0.1
White, not Hispanic or Latina ⁴	9.7	9.7	9.6	10.0	10.4	10.4	10.6	10.3	10.5	†0.5

See footnotes at end of table.

Table 47 (page 3 of 3). Age-adjusted cancer incidence rates for selected cancer sites, by sex, race, and Hispanic origin: United States, selected geographic areas, selected years 1990–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#047>.

[Data are based on the Surveillance, Epidemiology, and End Results (SEER) Program's 13 population-based cancer registries]

Site, sex, race, and Hispanic origin	1990	1995	2000	2002	2003	2005	2006	2007	2008	1990–2008 APC ¹
Urinary bladder										
Number of new cases per 100,000 population ²										
Male	37.2	35.4	36.8	35.7	36.8	36.6	35.6	36.6	34.6	–0.1
White	40.7	38.9	40.8	39.2	40.6	40.4	39.1	40.4	37.8	–0.1
Black or African American	19.5	19.3	20.1	20.6	22.6	22.5	19.2	21.4	21.9	0.4
Asian or Pacific Islander	15.4	16.4	16.5	19.3	17.5	17.0	18.5	17.5	18.0	†1.1
Hispanic or Latino ⁴	22.1	17.6	20.4	20.5	19.6	18.9	19.5	19.4	15.7	–0.6
White, not Hispanic or Latino ⁴	42.4	41.0	43.2	41.6	43.3	43.3	41.9	43.6	41.1	0.1
Female	9.5	9.3	9.1	9.1	9.2	8.9	8.8	8.5	8.6	†–0.4
White	10.0	10.1	9.9	10.1	9.9	9.6	9.4	9.3	9.4	†–0.3
Black or African American	8.6	7.2	7.7	8.4	7.7	7.7	8.6	7.5	6.2	–0.2
Asian or Pacific Islander	5.3	4.4	4.2	3.2	4.9	5.1	3.7	3.7	4.9	–0.2
Hispanic or Latina ⁴	5.8	5.3	5.7	6.4	4.4	6.2	5.3	5.3	5.3	–0.3
White, not Hispanic or Latina ⁴	10.3	10.6	10.5	10.6	10.8	10.1	10.1	9.9	10.1	–0.1
Non-Hodgkin's lymphoma										
Male	22.6	25.0	23.4	23.7	24.0	24.3	23.6	24.5	24.0	0.2
White	23.6	26.2	24.8	25.0	25.4	25.4	24.9	26.1	25.1	0.2
Black or African American	17.4	21.4	17.5	18.0	18.9	19.1	19.3	17.0	17.7	–0.1
Asian or Pacific Islander	16.7	16.5	15.9	16.2	16.3	17.9	15.1	16.6	17.7	0.1
Hispanic or Latino ⁴	17.3	21.0	20.2	20.1	19.0	18.6	18.2	20.0	19.6	0.1
White, not Hispanic or Latino ⁴	24.3	26.7	25.4	25.6	26.3	26.6	26.0	27.2	26.0	†0.3
Female	14.5	15.2	15.9	16.4	17.1	16.3	16.7	16.5	16.2	†0.9
White	15.4	15.9	16.9	17.4	17.9	17.5	17.8	17.4	16.9	†0.9
Black or African American	10.3	10.1	11.8	11.8	13.2	12.9	12.2	12.9	12.6	†1.7
Asian or Pacific Islander	9.1	11.9	11.4	12.3	12.7	9.6	10.9	11.5	12.1	0.8
Hispanic or Latina ⁴	13.8	13.1	13.6	13.8	15.2	15.0	15.2	14.5	14.5	†0.8
White, not Hispanic or Latina ⁴	15.6	16.2	17.3	17.9	18.3	17.8	18.3	18.0	17.2	†0.9
Leukemia										
Male	17.1	17.5	16.8	16.8	16.9	16.6	15.5	16.3	15.9	†–0.3
White	18.0	18.9	17.9	18.2	18.0	17.9	16.6	17.6	16.8	†–0.3
Black or African American	16.1	13.1	13.7	12.5	14.1	12.2	13.5	12.8	12.8	–0.3
Asian or Pacific Islander	8.5	10.0	10.4	9.3	10.2	9.0	8.6	9.1	9.3	–0.5
Hispanic or Latino ⁴	12.1	14.6	12.8	12.1	11.8	12.7	12.3	11.1	11.3	–0.2
White, not Hispanic or Latino ⁴	18.2	19.2	18.4	18.8	18.6	18.3	16.8	18.4	17.3	–0.2
Female	9.9	10.2	10.2	9.8	9.8	9.6	10.3	9.5	10.0	–0.1
White	10.3	10.8	10.8	10.6	10.4	10.0	11.0	10.1	10.4	0.0
Black or African American	8.4	8.2	9.5	7.4	8.8	8.9	8.1	7.3	7.2	–0.5
Asian or Pacific Islander	5.8	6.3	6.3	6.3	6.4	6.4	6.5	6.0	6.9	0.0
Hispanic or Latina ⁴	8.6	8.1	7.6	8.5	7.0	8.2	8.8	7.6	9.1	0.2
White, not Hispanic or Latina ⁴	10.2	11.0	10.9	10.6	10.8	10.1	11.3	10.4	10.4	0.1

† Annual percent change (APC) is significantly different from 0 ($p < 0.05$).

0.0 APC is greater than –0.05 but less than 0.05.

¹APC has been calculated by fitting a linear regression model to the natural logarithm of the yearly rates from 1990–2008.

²Age-adjusted by 5-year age groups to the year 2000 U.S. standard population. Age-adjusted rates are based on at least 25 cases. See [Appendix II, Age adjustment](#).

³Starting with *Health, United States, 2007*, estimates for American Indian or Alaska Native population are based on the Contract Health Service Delivery Area (CHSDA) counties within SEER areas. Estimates for American Indian or Alaska Native are not shown for some sites because of the small number of annual cases.

⁴Starting with *Health, United States, 2007*, Hispanic data exclude cases from Alaska. The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. The North American Association of Central Cancer Registries (NAACCR) Hispanic Identification Algorithm was used on a combination of variables to classify cases as Hispanic for analytic purposes. See the report, NAACCR Guideline for Enhancing Hispanic-Latino Identification, for more information; available from: http://seer.cancer.gov/seerstat/variables/seer/yr1973_2006/race_ethnicity/. See [Appendix II, Hispanic origin](#).

⁵Includes corpus uteri only cases and not uterus, not elsewhere specified cases.

NOTES: See [Appendix II, Incidence](#). Estimates are based on 13 SEER areas, November 2010 submission and differ from published estimates based on 9 SEER areas or other submission dates. See [Appendix I, Surveillance, Epidemiology, and End Results Program \(SEER\)](#). The site variable distinguishes Kaposi Sarcoma and Mesothelioma as individual cancer sites. As a result, Kaposi Sarcoma and Mesothelioma cases do not contribute to other cancer sites. Data have been revised and differ from previous editions of *Health, United States*. Data for additional years are available. See [Appendix III](#).

SOURCE: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. Available from: <http://www.seer.cancer.gov>. See [Appendix I, Surveillance, Epidemiology, and End Results Program \(SEER\)](#).

Table 48. Five-year relative cancer survival rates for selected cancer sites, by race and sex: United States, selected geographic areas, selected years 1975–1977 through 2001–2007

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#048>.

[Data are based on the Surveillance, Epidemiology, and End Results (SEER) Program's nine population-based cancer registries]

Sex and site	White					Black or African American				
	1975–1977	1981–1983	1987–1989	1996–2000	2001–2007	1975–1977	1981–1983	1987–1989	1996–2000	2001–2007
Both sexes										
Percent of patients										
All sites	50.0	51.5	56.8	65.4	68.6	39.2	39.0	43.1	56.0	59.4
Oral cavity and pharynx	54.4	54.2	56.3	60.9	65.1	36.1	31.4	33.9	39.8	44.7
Esophagus	5.5	7.3	10.7	16.3	19.6	3.2	4.3	6.6	11.1	12.8
Stomach	14.2	16.2	18.5	21.0	26.1	16.1	16.6	18.8	22.1	27.2
Colon	51.1	55.7	60.9	64.4	66.5	45.3	48.7	52.5	53.5	54.8
Rectum	48.4	52.4	58.8	65.0	68.7	44.6	39.8	52.3	54.8	60.9
Pancreas	2.5	2.6	3.2	4.3	5.9	2.3	3.6	5.5	4.6	3.8
Lung and bronchus	12.3	13.4	13.4	15.2	16.7	11.4	11.4	11.0	12.6	13.3
Urinary bladder	73.5	77.7	80.0	80.3	81.1	50.3	59.7	62.5	62.6	64.1
Non-Hodgkin's lymphoma	47.0	51.1	51.6	61.4	70.7	48.4	49.9	46.4	53.6	62.1
Leukemia	34.8	38.4	44.0	49.0	57.1	33.1	33.9	35.5	38.3	50.3
Male										
All sites	42.9	46.8	53.0	65.4	69.3	32.8	34.3	39.0	58.7	63.2
Oral cavity and pharynx	54.0	53.1	54.2	60.4	65.2	29.8	26.0	29.8	34.5	40.5
Esophagus	4.8	6.5	11.1	15.9	19.7	1.6	3.7	5.3	9.6	10.6
Stomach	13.2	15.4	15.6	19.5	24.2	16.1	16.5	16.6	21.2	23.2
Colon	50.7	56.4	61.7	64.9	67.2	43.9	44.9	50.8	54.8	53.0
Rectum	47.5	51.3	59.1	64.3	69.5	41.8	37.3	47.7	54.2	59.0
Pancreas	2.6	2.2	3.1	4.8	5.8	2.6	3.7	5.1	3.6	3.3
Lung and bronchus	11.1	11.8	12.1	13.2	14.5	10.7	10.2	10.8	11.1	12.1
Prostate gland	69.0	73.5	84.8	98.9	99.9	61.0	63.2	71.5	95.6	97.9
Urinary bladder	74.6	78.9	82.2	81.3	82.4	56.5	64.9	67.6	66.0	67.9
Non-Hodgkin's lymphoma	46.4	50.7	48.4	59.5	69.6	42.6	49.4	41.7	50.1	57.9
Leukemia	33.8	38.2	45.7	49.4	57.2	30.0	33.4	33.7	38.9	52.0
Female										
All sites	56.7	56.1	60.8	65.5	67.8	46.3	44.6	47.8	52.9	55.1
Colon	51.4	55.0	60.1	63.9	65.8	46.1	51.7	53.8	52.4	56.1
Rectum	49.5	53.6	58.5	65.7	67.8	46.9	42.4	57.1	55.3	62.7
Pancreas	2.3	3.0	3.3	3.8	6.1	1.9	3.2	5.8	5.4	4.3
Lung and bronchus	15.6	16.7	15.4	17.5	19.2	13.8	14.9	11.2	14.8	15.0
Melanoma of skin	86.2	87.2	91.3	93.4	95.3	*	*	90.3	76.0	73.7
Breast	75.9	77.3	85.3	90.2	91.4	62.2	63.8	71.3	77.5	77.4
Cervix uteri	69.8	67.9	72.5	73.8	70.3	64.5	59.6	57.3	66.6	60.9
Corpus uteri ¹	88.7	83.0	84.9	86.6	86.3	61.3	52.7	57.9	63.4	62.0
Ovary	35.3	38.8	38.2	42.9	43.3	41.9	37.6	33.8	37.6	36.0
Non-Hodgkin's lymphoma	47.6	51.4	55.5	63.7	72.0	54.9	50.4	52.1	58.4	67.0

* Data for population groups with fewer than 25 cases are not shown because estimates are considered unreliable.

¹Includes corpus uteri only cases and not uterus, not elsewhere specified cases.

NOTES: Rates are based on followup of patients through 2008. The rate is the ratio of the observed survival rate for the patient group to the expected survival rate for persons in the general population similar to the patient group with respect to age, sex, race, and calendar year of observation. It estimates the chance of surviving the effects of cancer. The site variable distinguishes Kaposi Sarcoma and Mesothelioma as individual cancer sites. As a result, Kaposi Sarcoma and Mesothelioma cases are excluded from each of the sites shown except all sites combined. The race groups, white and black, include persons of Hispanic and non-Hispanic origin. Due to death certificate race-ethnicity classification and other methodological issues related to developing life tables, survival rates for race-ethnicity groups other than white and black are not calculated. Data have been revised and differ from previous editions of *Health, United States*. Data for additional years are available. See [Appendix III](#).

SOURCE: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. Available from: <http://www.seer.cancer.gov>. See [Appendix I, Surveillance, Epidemiology, and End Results Program \(SEER\)](#).

Table 49 (page 1 of 3). Respondent-reported prevalence of heart disease, cancer, and stroke among adults 18 years of age and over, by selected characteristics: United States, average annual, selected years 1997–1998 through 2009–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#049>.

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

Characteristic	Heart disease ¹				Cancer ²				Stroke ³			
	1997–1998	1999–2000	2007–2008	2009–2010	1997–1998	1999–2000	2007–2008	2009–2010	1997–1998	1999–2000	2007–2008	2009–2010
	Percent of persons											
18 years and over, age-adjusted ^{4,5}	12.0	11.1	11.3	11.4	4.9	5.1	5.6	6.0	2.3	2.2	2.6	2.6
18 years and over, crude ⁵	11.6	10.9	11.6	11.8	4.8	4.9	5.8	6.3	2.2	2.1	2.7	2.7
Age												
18–44 years	4.6	4.3	4.4	4.4	1.7	1.7	1.7	1.6	0.4	0.4	0.5	0.6
18–24 years	3.2	3.3	3.1	3.4	0.8	1.0	0.8	0.7	*	*	*	*
25–44 years	5.0	4.6	4.8	4.8	2.0	1.9	2.0	2.0	0.4	0.5	0.6	0.7
45–64 years	13.5	12.6	12.2	13.1	5.4	5.2	6.3	7.1	2.3	2.0	2.9	2.8
45–54 years	10.9	10.0	8.8	10.1	4.0	4.0	4.6	5.3	1.4	1.3	2.0	1.9
55–64 years	17.4	16.6	16.8	17.0	7.4	7.2	8.6	9.3	3.8	3.1	4.0	3.8
65 years and over	31.8	29.6	31.8	30.4	14.1	15.2	17.0	18.1	8.1	8.1	8.8	8.6
65–74 years	27.8	25.8	26.9	25.1	12.4	13.1	14.6	16.1	6.7	6.2	6.3	6.3
75 years and over	37.0	34.3	37.5	37.0	16.2	17.7	19.8	20.5	9.8	10.3	11.8	11.4
Sex ⁴												
Male	12.3	11.9	12.5	12.8	4.1	4.4	4.8	5.5	2.6	2.4	2.5	2.7
Female	11.8	10.5	10.5	10.3	5.8	5.8	6.5	6.6	2.1	2.1	2.6	2.6
Sex and age												
Male:												
18–44 years	3.7	3.6	3.8	4.3	0.8	0.8	0.8	0.8	0.3	0.3	*0.3	0.5
45–54 years	11.0	10.0	9.2	10.4	2.0	2.0	2.6	3.3	1.2	1.3	2.0	1.6
55–64 years	18.7	19.7	18.3	19.0	5.8	5.9	7.2	7.8	4.6	3.7	4.2	4.1
65–74 years	32.0	30.4	32.0	30.8	12.8	13.9	14.3	17.6	8.1	6.7	7.0	6.9
75 years and over	40.8	39.2	46.5	45.3	18.3	20.3	21.9	24.8	11.2	11.3	11.1	12.1
Female:												
18–44 years	5.5	4.9	4.9	4.5	2.6	2.5	2.5	2.4	0.4	0.4	0.6	0.6
45–54 years	10.8	9.9	8.4	9.8	6.0	5.9	6.4	7.3	1.5	1.4	2.1	2.3
55–64 years	16.2	13.8	15.4	15.1	8.8	8.4	10.0	10.7	3.2	2.6	3.8	3.5
65–74 years	24.5	22.0	22.5	20.2	12.1	12.5	14.8	14.9	5.5	5.8	5.7	5.7
75 years and over	34.6	31.2	31.7	31.3	14.9	16.1	18.5	17.6	9.0	9.6	12.2	10.9
Race ^{4,6}												
White only	12.2	11.3	11.7	11.6	5.2	5.4	6.0	6.3	2.2	2.1	2.5	2.5
Black or African American only	11.4	10.6	10.2	11.0	3.5	3.5	4.4	4.7	3.3	3.5	3.6	3.9
American Indian or Alaska Native only	18.6	14.7	11.1	10.3	*6.5	*5.7	*4.3	7.0	*5.0	*5.4	*	*
Asian only	6.9	6.3	6.0	6.7	2.4	*2.3	3.1	2.9	*1.2	*1.2	2.1	1.6
Native Hawaiian or Other Pacific Islander only	---	*	*	*	---	*	*	*	---	*	*	*
2 or more races	---	17.0	16.9	15.5	---	*4.7	5.8	9.8	---	*4.0	*4.1	*3.3
Hispanic origin and race ^{4,6}												
Hispanic or Latino	8.7	8.0	8.5	8.3	2.9	3.0	3.7	3.4	2.1	1.9	2.6	2.3
Mexican	7.5	7.4	8.3	8.4	3.0	2.8	3.6	3.2	2.5	2.0	2.5	2.4
Not Hispanic or Latino	12.2	11.4	11.7	11.8	5.1	5.2	5.9	6.3	2.3	2.2	2.6	2.6
White only	12.5	11.6	12.1	12.1	5.4	5.5	6.3	6.7	2.2	2.1	2.4	2.5
Black or African American only	11.4	10.5	10.2	11.1	3.6	3.6	4.3	4.7	3.3	3.5	3.6	3.9
Education ^{7,8}												
No high school diploma or GED	15.1	13.8	14.9	14.5	5.3	5.5	5.8	5.9	3.9	3.8	4.4	4.2
High school diploma or GED	12.8	11.9	11.9	12.7	5.5	5.8	6.1	6.7	2.5	2.5	3.2	3.2
Some college or more	12.7	12.0	12.4	12.2	6.0	5.9	6.9	7.4	2.1	1.9	2.3	2.5

See footnotes at end of table.

Table 49 (page 2 of 3). Respondent-reported prevalence of heart disease, cancer, and stroke among adults 18 years of age and over, by selected characteristics: United States, average annual, selected years 1997–1998 through 2009–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#049>.

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

Characteristic	Heart disease ¹				Cancer ²				Stroke ³			
	1997–1998	1999–2000	2007–2008	2009–2010	1997–1998	1999–2000	2007–2008	2009–2010	1997–1998	1999–2000	2007–2008	2009–2010
Percent of poverty level ^{4,9}	Percent of persons											
Below 100%	15.3	13.6	14.0	14.5	4.9	4.9	6.2	5.4	4.3	3.7	4.4	4.4
100%–199%	13.2	12.0	13.0	12.8	4.8	5.3	5.8	6.1	3.1	3.2	3.9	3.5
200%–399%	11.5	11.0	11.7	11.3	4.9	5.1	5.4	5.9	2.1	2.1	2.5	2.6
400% or more	11.0	10.2	10.0	10.0	5.2	5.1	5.8	6.3	1.6	1.5	1.6	1.7
Hispanic origin and race and percent of poverty level ^{4,6,9}												
Hispanic or Latino:												
Below 100%	9.7	9.7	11.0	10.3	2.2	2.3	5.0	2.8	3.0	2.0	3.8	2.9
100%–199%	8.7	8.4	9.6	7.9	2.8	3.2	3.2	2.5	2.2	2.2	2.6	2.3
200%–399%	8.4	8.2	7.1	8.4	2.7	2.7	3.2	4.3	*1.8	*2.3	*2.2	2.0
400% or more	8.4	5.6	8.0	7.2	*5.5	*4.5	3.6	4.2	*	*	*2.7	*2.6
Not Hispanic or Latino:												
White only:												
Below 100%	17.8	15.2	16.0	16.3	6.3	6.2	8.0	6.9	4.4	3.8	4.3	4.4
100%–199%	14.1	12.8	14.7	15.1	5.6	6.2	7.4	7.3	3.2	3.0	4.1	3.9
200%–399%	12.2	11.6	12.9	12.1	5.2	5.5	6.0	6.5	2.1	2.1	2.6	2.5
400% or more	11.3	10.6	10.5	10.5	5.4	5.3	6.0	6.6	1.6	1.5	1.5	1.7
Black or African American only:												
Below 100%	14.6	13.0	13.2	15.7	4.4	4.0	4.6	4.9	5.0	4.5	5.5	6.2
100%–199%	12.9	11.2	11.3	10.5	3.3	3.2	3.5	4.9	4.2	5.1	4.7	3.9
200%–399%	9.2	10.2	9.3	10.2	3.2	3.7	4.4	4.3	2.5	2.7	2.7	3.7
400% or more	9.5	8.9	7.7	8.7	4.0	4.3	5.4	5.2	*	*	*2.6	*2.6
Geographic region ⁴												
Northeast	11.6	10.6	10.9	10.8	4.5	5.0	6.1	5.9	1.8	1.8	2.4	2.1
Midwest	12.1	11.4	12.4	12.1	5.1	5.2	5.5	6.4	2.3	2.2	2.5	2.6
South	12.5	11.5	11.7	12.3	5.0	5.0	5.8	6.1	2.6	2.5	3.0	3.0
West	11.1	10.4	9.9	9.8	5.1	5.0	5.3	5.6	2.1	2.0	2.2	2.3
Location of residence ⁴												
Within MSA ¹⁰	11.7	10.7	10.8	11.2	4.9	5.0	5.6	5.9	2.2	2.1	2.5	2.4
Outside MSA ¹⁰	12.8	12.5	14.1	12.5	5.1	5.5	6.2	6.8	2.7	2.5	2.9	3.3

See footnotes at end of table.

Table 49 (page 3 of 3). Respondent-reported prevalence of heart disease, cancer, and stroke among adults 18 years of age and over, by selected characteristics: United States, average annual, selected years 1997–1998 through 2009–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#049>.

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

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

- - - Data not available.

¹Heart disease is based on self-reported responses to questions about whether respondents had ever been told by a doctor or other health professional that they had coronary heart disease, angina (angina pectoris), a heart attack (myocardial infarction), or any other kind of heart disease or heart condition.

²Cancer is based on self-reported responses to a question about whether respondents had ever been told by a doctor or other health professional that they had cancer or a malignancy of any kind. Excludes squamous cell and basal cell carcinomas.

³Stroke is based on self-reported responses to a question about whether respondents had ever been told by a doctor or other health professional that they had a stroke.

⁴Estimates are age-adjusted to the year 2000 standard population using five age groups: 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. Age-adjusted estimates in this table may differ from other age-adjusted estimates based on the same data and presented elsewhere if different age groups are used in the adjustment procedure. See [Appendix II, Age adjustment](#).

⁵Includes all other races not shown separately and unknown education level.

⁶The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Prior to 1999, data were tabulated according to the 1977 Standards with four racial groups, and the Asian only category included Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁷Estimates are for persons 25 years of age and over and are age-adjusted to the year 2000 standard population using five age groups: 25–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See [Appendix II, Age adjustment](#).

⁸GED is General Educational Development high school equivalency diploma. See [Appendix II, Education](#).

⁹Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed for 1997–1998 and beyond. See [Appendix II, Family income; Poverty; Table VI](#).

¹⁰MSA is metropolitan statistical area. Starting with 2006 data, MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2006, see [Appendix II, Metropolitan statistical area \(MSA\)](#) for the applicable standards.

NOTES: Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data have been revised and differ from previous editions of *Health, United States*. Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Health Interview Survey, family core and sample adult questionnaires. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 50 (page 1 of 2). Diabetes prevalence and glycemic control among adults 20 years of age and over, by sex, age, and race and Hispanic origin: United States, selected years 1988–1994 through 2003–2006

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#050>.

[Data are based on interviews and physical examinations of a sample of the civilian noninstitutionalized population]

Sex, age, and race and Hispanic origin ³	Physician-diagnosed and undiagnosed diabetes ^{1,2}			Physician-diagnosed diabetes ¹			Undiagnosed diabetes ²		
	1988–1994	1999–2002	2003–2006	1988–1994	1999–2002	2003–2006	1988–1994	1999–2002	2003–2006
Percent of population									
20 years and over, age-adjusted ⁴									
All persons ⁵	9.1	9.8	10.6	5.5	6.6	7.6	3.6	3.2	2.9
Male	9.6	10.8	11.5	5.5	7.0	7.5	4.1	3.8	4.0
Female	8.7	8.8	9.8	5.6	6.2	7.8	3.1	2.6	2.0
Not Hispanic or Latino:									
White only	8.0	8.3	9.0	5.1	5.3	6.3	2.9	3.0	2.7
Black or African American only	16.0	16.3	16.4	8.8	11.9	12.6	7.2	4.4	3.8
Mexican	14.9	13.2	16.3	9.8	10.1	12.1	5.0	*3.1	4.2
Percent of poverty level: ⁶									
Below 100%	14.2	14.5	15.1	8.8	9.1	12.8	5.4	5.4	*
100% or more	8.4	8.9	9.9	5.1	6.0	6.9	3.3	2.9	3.0
100%–199%	10.9	12.6	13.3	6.6	9.0	8.9	4.3	*3.6	4.4
200% or more	7.7	7.7	8.8	4.6	5.1	6.2	3.1	2.7	2.6
200%–399%	8.4	10.0	10.1	4.8	6.8	7.1	3.6	3.2	*3.0
400% or more	6.8	5.9	7.4	4.3	3.6	5.6	2.6	2.3	*
20 years and over, crude									
All persons ⁵	8.4	9.7	10.7	5.1	6.5	7.7	3.3	3.2	3.0
Male	8.6	10.4	11.4	4.8	6.7	7.4	3.7	3.7	4.0
Female	8.3	9.0	10.1	5.4	6.3	8.1	3.0	2.7	2.0
Not Hispanic or Latino:									
White only	7.8	8.7	9.8	5.0	5.5	6.9	2.8	3.2	2.9
Black or African American only	12.9	14.1	15.2	6.9	10.1	11.8	6.0	4.0	3.4
Mexican	9.7	8.5	11.6	5.6	6.5	7.9	4.1	1.9	*3.6
Percent of poverty level: ⁶									
Below 100%	11.3	13.0	12.8	7.0	8.1	10.7	4.3	4.9	*
100% or more	7.8	8.8	10.2	4.7	5.9	7.1	3.0	2.8	3.1
100%–199%	10.1	12.6	14.3	6.4	9.1	9.7	3.8	*3.5	4.6
200% or more	7.0	7.5	9.0	4.2	4.9	6.3	2.8	2.6	2.6
200%–399%	7.3	9.6	10.5	4.3	6.5	7.3	3.1	*3.1	*3.2
400% or more	6.5	6.0	7.6	4.1	3.7	5.5	*2.4	2.2	*2.1
Age									
20–44 years	2.6	3.4	3.6	1.6	2.3	2.6	*1.0	*	*1.1
45–64 years	13.9	13.0	13.5	7.9	8.5	9.9	6.0	4.5	3.5
65 years and over	19.6	22.4	25.7	12.9	15.8	18.3	6.7	6.6	7.3

See footnotes at end of table.

Table 50 (page 2 of 2). Diabetes prevalence and glycemic control among adults 20 years of age and over, by sex, age, and race and Hispanic origin: United States, selected years 1988–1994 through 2003–2006

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#050>.

[Data are based on interviews and physical examinations of a sample of the civilian noninstitutionalized population]

Sex, age, and race and Hispanic origin ³	Poor glycemic control (A1c greater than 9%) among persons with diagnosed diabetes		
	1988–1994	1999–2002	2003–2006
20 years and over, crude ⁷	Percent of population with diagnosed diabetes		
All persons ⁵	23.3	18.4	13.0
Male	20.2	20.2	14.8
Female	25.8	16.6	11.4
Not Hispanic or Latino:			
White only	20.6	13.6	8.6
Black or African American only	34.2	25.4	21.0
Mexican	29.2	26.5	24.0
Percent of poverty level: ⁶			
Below 100%	30.2	25.6	17.6
100% or more	21.4	15.9	12.2
100%–199%	24.2	*14.9	*11.5
200% or more	20.0	16.4	12.5
200%–399%	*21.2	*17.3	*10.6
400% or more	*18.3	*	14.8
Age			
20–44 years	29.5	*32.1	24.7
45–64 years	26.0	19.9	16.6
65 years and over	18.0	*10.2	*4.1

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

¹Physician-diagnosed diabetes was obtained by self-report and excludes women who reported having diabetes only during pregnancy.

²Undiagnosed diabetes is defined as a fasting plasma glucose (FPG) of at least 126 mg/dL or a hemoglobin A1c of at least 6.5% and no reported physician diagnosis. Respondents had fasted for at least 8 hours and less than 24 hours. Estimates in some prior editions of *Health, United States* included data from respondents who had fasted for at least 9 hours and less than 24 hours. Starting in 2005–2006, testing was performed at a different laboratory and using different instruments than testing in earlier years. The National Health and Nutrition Examination Survey (NHANES) conducted crossover studies to evaluate the impact of these changes on FPG and A1c measurements. The adjustments to 2005–2006 FPG data recommended by NHANES were incorporated. The adjustments recommended by NHANES after the initial release of the A1c data were made and adjusted estimates were presented in prior editions of *Health, United States*. After additional evaluation of the A1c data, in November 2011 NHANES changed its guidance and recommended no adjustments to the 2005–2006 and subsequent A1c data. Estimates for 2003–2006 shown in this table are produced without any correction factor applied to A1c data. Implementation of this new guidance caused no change in the percentage of adults with diabetes (total, physician-diagnosed, and undiagnosed). Estimates of poor glycemic control changed between 0.0 and 1.0 percentage point. For more information, see http://www.cdc.gov/nchs/data/nhanes/A1c_webnotice.pdf. Laboratory precision of the A1c assay is only good to one significant digit. For more information, see http://www.cdc.gov/nchs/nhanes/nhanes2005–2006/GLU_D.htm. Prior to *Health, United States, 2010*, the definition of undiagnosed diabetes did not consider hemoglobin A1c. The revised definition of undiagnosed diabetes was based on recommendations from the American Diabetes Association. For more information, see Standards of medical care in diabetes—2010. *Diabetes Care* 2010;33(suppl 1):S11–S61. Also see [Appendix II, Diabetes](#).

³Persons of Mexican origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The two non-Hispanic race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group. Prior to data year 1999, estimates were tabulated according to the 1977 Standards. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. See [Appendix II, Hispanic origin; Race](#).

⁴Estimates are age-adjusted to the year 2000 standard population using three age groups: 20–44 years, 45–64 years, and 65 years and over. Age-adjusted estimates in this table may differ from other age-adjusted estimates based on the same data and presented elsewhere if different age groups are used in the adjustment procedure. See [Appendix II, Age adjustment](#).

⁵Includes all other races and Hispanic origins not shown separately.

⁶Percent of poverty level is based on family income and family size. Persons with unknown percent of poverty level are excluded (5% in 2003–2006). See [Appendix II, Family income; Poverty](#).

⁷Age-adjusted estimates are not provided because the 2000 standard population used for age adjustment in *Health, United States* is not sufficiently similar to the age distribution of the population with diabetes.

NOTES: Estimates for 2003–2006 were revised based on new guidance from NHANES and differ from those shown in previous editions of *Health, United States*. Estimates for 2007 and subsequent years are currently under study and when finalized will be available on the *Health, United States* website. Available from: <http://www.cdc.gov/nchs/hus.htm>. Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Health and Nutrition Examination Survey. See [Appendix I, National Health and Nutrition Examination Survey \(NHANES\)](#).

Table 51 (page 1 of 2). End-stage renal disease patients, by selected characteristics: United States, selected years 1980–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#051>.

[Data are based on the Centers for Medicare & Medicaid Services' Renal Beneficiary and Utilization System]

Characteristic	Incidence					Prevalence				
	1980	1990	2000	2007	2008	1980	1990	2000	2007	2008
	Number of new patients					Number of patients alive on December 31				
Total	17,337	49,759	92,050	109,098	110,175	58,258	182,609	383,824	515,290	535,166
Age										
Under 20 years	738	1,050	1,172	1,251	1,277	2,368	4,485	6,287	7,205	7,216
20–44 years	4,701	10,346	12,800	13,532	13,410	20,212	57,142	87,827	95,003	95,870
45–64 years	6,949	17,156	32,126	41,340	42,081	23,683	67,095	156,691	228,592	239,158
65–74 years	3,644	13,338	23,341	25,033	25,369	9,205	35,577	76,241	102,788	108,212
75 years and over	1,305	7,869	22,611	27,942	28,038	2,790	18,310	56,778	81,702	84,710
Sex										
Male	9,661	26,671	49,150	61,126	62,117	32,181	98,438	209,491	289,274	301,436
Female	7,676	23,088	42,900	47,972	48,058	26,077	84,171	174,333	226,016	233,730
Race ¹										
White	12,295	33,133	61,043	71,544	72,391	41,051	118,535	237,068	316,938	328,250
Black or African American	4,814	14,831	26,659	31,429	31,620	16,432	57,368	126,137	166,249	172,719
American Indian or Alaska Native	124	599	1,201	1,250	1,261	374	2,175	5,393	7,045	7,220
Asian or Pacific Islander	104	1,196	3,147	4,875	4,903	401	4,531	15,226	25,058	26,977
Hispanic origin ^{1,2}										
Hispanic	---	---	10,723	13,706	14,158	---	---	42,417	69,698	74,583
Not Hispanic ³	---	---	81,327	95,392	96,017	---	---	341,407	445,592	460,583
Primary diagnosis										
Diabetes	2,590	17,708	41,108	47,904	48,303	5,580	46,943	135,995	192,645	201,003
Hypertension	3,092	15,195	24,686	30,485	31,085	9,425	47,246	94,728	126,299	131,585
Glomerulonephritis	2,725	6,913	8,433	7,462	7,350	13,359	39,704	67,650	79,745	81,253
Cystic kidney	756	1,550	2,137	2,612	2,648	3,625	9,969	17,856	24,456	25,713
Other urologic	460	1,261	2,669	1,516	1,533	1,586	6,087	11,652	12,830	12,776
Other cause	1,787	4,800	8,911	14,008	14,128	6,576	21,429	39,375	55,763	58,411
Unknown cause	1,512	1,857	3,662	4,608	4,355	5,852	8,212	13,868	19,933	20,556
Missing disease	4,415	475	444	503	773	12,255	3,019	2,700	3,619	3,869

See footnotes at end of table.

Table 51 (page 2 of 2). End-stage renal disease patients, by selected characteristics: United States, selected years 1980–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#051>.

[Data are based on the Centers for Medicare & Medicaid Services' Renal Beneficiary and Utilization System]

Characteristic	Incidence					Prevalence				
	1980	1990	2000	2007	2008	1980	1990	2000	2007	2008
	New patients per million population					Patients alive on December 31 per million population				
Total	76.3	199.3	326.2	362.1	362.4	255.0	726.7	1,353.4	1,702.5	1,752.1
Age										
Under 20 years	10.2	14.6	14.6	15.2	15.5	32.7	62.1	78.0	87.4	87.1
20–44 years	55.6	103.3	122.9	129.6	128.3	236.6	565.9	841.7	909.4	917.3
45–64 years	156.2	370.5	514.8	539.7	539.1	530.9	1,440.2	2,471.1	2,956.1	3,035.4
65–74 years	232.8	736.7	1,270.7	1,292.4	1,260.7	583.3	1,954.9	4,155.7	5,205.4	5,278.8
75 years and over	129.8	598.7	1,353.3	1,504.5	1,495.6	273.4	1,373.5	3,367.9	4,378.5	4,497.8
Sex										
Male	87.5	219.1	355.0	411.7	414.3	289.9	803.2	1,504.8	1,938.9	2,000.9
Female	65.7	180.5	298.5	313.9	311.8	222.1	653.8	1,207.4	1,472.6	1,510.0
Race ¹										
White	63.0	158.3	264.7	293.9	295.2	209.5	563.2	1,023.8	1,297.2	1,333.5
Black or African American	179.8	483.9	726.0	788.2	783.3	609.0	1,852.4	3,413.6	4,143.8	4,252.9
American Indian or Alaska Native	86.7	291.0	404.3	372.0	368.5	255.7	1,039.3	1,799.3	2,077.5	2,091.1
Asian or Pacific Islander	27.1	158.4	265.1	332.7	326.2	99.9	584.4	1,259.5	1,688.3	1,772.4
Hispanic origin ^{1,2}										
Hispanic	---	---	300.8	301.4	301.6	---	---	1,167.0	1,508.4	1,564.3
Not Hispanic ³	---	---	329.9	372.9	373.4	---	---	1,380.8	1,737.4	1,786.8
Primary diagnosis										
Diabetes	11.4	70.9	145.7	159.0	158.9	24.4	186.8	479.5	636.5	658.1
Hypertension	13.6	60.9	87.5	101.2	102.2	41.3	188.0	334.0	417.3	430.8
Glomerulonephritis	12.0	27.7	29.9	24.8	24.2	58.5	158.0	238.5	263.5	266.0
Cystic kidney	3.3	6.2	7.6	8.7	8.7	15.9	39.7	63.0	80.8	84.2
Other urologic	2.0	5.1	9.5	5.0	5.0	6.9	24.2	41.1	42.4	41.8
Other cause	7.9	19.2	31.6	46.5	46.5	28.8	85.3	138.8	184.2	191.2
Unknown cause	6.7	7.4	13.0	15.3	14.3	25.6	32.7	48.9	65.9	67.3
Missing disease	19.4	1.9	1.6	1.7	2.5	53.7	12.0	9.5	12.0	12.7

--- Data not available.

¹The race groups, white, black or African American, American Indian or Alaska Native, and Asian or Pacific Islander, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. See [Appendix II, Hispanic origin; Race](#).

²Centers for Medicare & Medicaid Services began collecting Hispanic ethnicity data in April 1995.

³Not Hispanic includes unknown ethnicity.

NOTES: Persons with unknown age, gender, or race are excluded. For incidence estimates, age is determined as of the date of end-stage renal disease initiation. For prevalence estimates, age is calculated as of December 31 of each year. Prevalence estimates are for patients alive on end-stage renal disease therapy and not lost to followup at any time during each year. Prevalence estimates include patients with a functioning transplant. See [Appendix I, United States Renal Data System \(USRDS\)](#). See [Appendix II, End-stage renal disease \(ESRD\); Incidence; Prevalence](#). Data for additional years are available. See [Appendix III](#).

SOURCE: United States Renal Data System, USRDS 2010 Annual data report: Atlas of chronic kidney disease and end-stage renal disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2010. Available from: <http://www.usrds.org/reference.htm>. See [Appendix I, United States Renal Data System \(USRDS\)](#).

Table 52 (page 1 of 3). Severe headache or migraine, low back pain, and neck pain among adults 18 years of age and over, by selected characteristics: United States, selected years 1997–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#052>.

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

Characteristic	Severe headache or migraine ¹			Low back pain ¹			Neck pain ¹		
	1997	2009	2010	1997	2009	2010	1997	2009	2010
Percent of adults with pain during past 3 months									
18 years and over, age-adjusted ^{2,3}	15.8	16.1	16.6	28.2	28.1	28.4	14.7	15.1	15.4
18 years and over, crude ³	16.0	15.8	16.4	28.1	28.5	28.8	14.6	15.4	15.8
Age									
18–44 years	18.7	19.7	20.4	26.1	24.5	25.2	13.3	13.0	13.1
18–24 years	18.7	17.0	19.6	21.9	18.1	19.4	9.8	8.4	8.3
25–44 years	18.7	20.6	20.7	27.3	26.7	27.2	14.3	14.6	14.8
45–64 years	15.8	15.0	15.6	31.3	32.6	32.4	17.0	19.1	20.0
45–54 years	17.8	17.2	16.7	31.3	31.9	31.3	17.3	19.6	19.1
55–64 years	12.7	12.2	14.1	31.2	33.4	33.8	16.6	18.6	21.0
65 years and over	7.0	6.3	6.4	29.5	31.8	31.8	15.0	14.6	14.8
65–74 years	8.2	6.9	7.4	30.2	30.1	32.5	15.0	15.2	15.5
75 years and over	5.4	5.6	5.1	28.6	33.9	30.9	15.0	13.7	14.0
Sex ²									
Male	9.9	10.1	11.0	26.5	26.0	26.3	12.6	12.6	13.1
Female	21.4	21.9	22.1	29.6	30.1	30.3	16.6	17.5	17.6
Sex and age									
Male:									
18–44 years	11.9	11.8	13.5	24.8	22.2	23.2	11.6	10.5	11.0
45–54 years	10.3	11.5	10.4	29.4	31.8	29.6	13.9	17.1	16.3
55–64 years	8.8	8.4	9.6	30.7	30.9	32.8	14.6	15.5	17.6
65–74 years	5.0	4.8	5.5	29.0	26.3	28.4	13.6	11.8	12.8
75 years and over	*2.4	3.4	4.0	22.5	30.6	27.4	12.6	13.6	13.0
Female:									
18–44 years	25.4	27.5	27.3	27.3	26.7	27.1	14.9	15.5	15.2
45–54 years	24.9	22.8	22.9	33.1	32.1	33.0	20.6	22.0	21.8
55–64 years	16.3	15.7	18.2	31.7	35.8	34.7	18.4	21.4	24.1
65–74 years	10.7	8.6	9.1	31.1	33.3	36.1	16.1	18.2	17.8
75 years and over	7.4	7.0	5.8	32.4	36.2	33.2	16.5	13.9	14.6
Race ^{2,4}									
White only	15.9	16.3	16.7	28.7	28.8	29.1	15.1	15.7	16.0
Black or African American only	16.7	17.0	18.2	26.9	26.6	27.2	13.3	12.9	13.3
American Indian or Alaska Native only	18.9	21.8	18.8	33.3	30.5	33.6	16.2	19.0	16.9
Asian only	11.7	8.4	10.1	21.0	17.8	19.1	9.2	8.5	9.6
Native Hawaiian or Other Pacific Islander only	---	*	*	---	*	*	---	*	*
2 or more races	---	21.0	21.5	---	36.2	35.6	---	19.7	22.0
Hispanic origin and race ^{2,4}									
Hispanic or Latino	15.5	16.4	16.2	26.4	26.3	27.4	13.9	15.1	15.1
Mexican	14.6	15.9	15.7	25.2	22.9	26.5	12.9	14.1	14.7
Not Hispanic or Latino	15.9	16.2	16.8	28.4	28.5	28.7	14.9	15.3	15.5
White only	16.1	16.6	17.0	29.1	29.4	29.7	15.4	16.1	16.3
Black or African American only	16.8	16.9	18.4	26.9	26.6	27.1	13.3	12.9	13.3
Education ^{5,6}									
25 years and over:									
No high school diploma or GED	19.2	19.9	18.2	33.6	35.0	34.5	16.5	18.4	18.9
High school diploma or GED	16.0	16.2	17.4	30.2	32.2	31.9	15.5	16.9	16.8
Some college or more	13.8	14.9	15.1	26.9	27.4	28.0	14.6	15.3	15.8

See footnotes at end of table.

Table 52 (page 2 of 3). Severe headache or migraine, low back pain, and neck pain among adults 18 years of age and over, by selected characteristics: United States, selected years 1997–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#052>.

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

Characteristic	Severe headache or migraine ¹			Low back pain ¹			Neck pain ¹		
	1997	2009	2010	1997	2009	2010	1997	2009	2010
Percent of poverty level ^{2,7}									
Below 100%	23.3	22.0	22.7	35.4	35.4	34.9	18.6	20.8	20.2
100%–199%	18.9	19.5	19.5	30.8	32.7	32.5	16.1	17.0	17.7
200%–399%	15.5	16.3	16.6	27.9	28.4	28.5	14.8	14.7	15.2
400% or more	12.4	12.5	13.3	24.8	23.9	24.7	12.8	13.1	13.1
Hispanic origin and race and percent of poverty level ^{2,4,7}									
Hispanic or Latino:									
Below 100%	18.9	19.4	19.6	29.5	31.3	29.0	16.4	19.4	17.4
100%–199%	15.7	17.6	15.1	26.8	25.3	27.2	12.9	15.0	15.7
200%–399%	14.0	16.1	16.5	25.0	26.1	27.5	13.8	14.3	12.9
400% or more	13.0	11.0	14.0	21.6	23.9	25.6	12.1	11.2	15.3
Not Hispanic or Latino:									
White only:									
Below 100%	26.1	23.2	24.8	38.9	39.1	40.5	20.5	23.4	23.7
100%–199%	20.4	21.9	22.0	33.3	36.3	35.9	18.0	19.0	19.9
200%–399%	16.3	17.4	16.9	29.1	30.4	30.5	15.9	16.4	16.8
400% or more	12.5	13.0	13.8	25.4	24.9	25.2	13.1	13.7	13.6
Black or African American only:									
Below 100%	22.7	23.0	24.0	34.5	33.3	32.5	17.9	17.7	18.6
100%–199%	17.6	18.8	19.6	27.7	32.4	31.2	14.0	14.7	14.4
200%–399%	14.0	13.9	17.6	24.3	22.6	23.7	10.2	9.8	11.7
400% or more	12.9	13.1	12.2	21.5	19.9	21.0	11.9	10.7	8.5
Disability measure ^{2,8}									
Any basic actions difficulty or complex activity limitation									
Any basic actions difficulty	29.3	30.0	30.1	48.0	50.1	49.5	27.2	29.4	28.1
Any complex activity limitation	30.0	31.0	30.9	49.3	51.6	51.1	27.9	30.2	29.0
Any complex activity limitation	34.6	33.5	36.0	55.1	55.0	54.5	33.1	34.4	34.3
No disability	11.0	11.3	11.7	19.4	18.6	19.0	9.1	9.2	9.7
Geographic region ²									
Northeast	14.5	14.7	15.4	27.1	27.7	28.0	14.0	14.6	14.9
Midwest	15.6	16.3	16.8	28.7	29.2	28.1	15.3	15.5	16.0
South	17.1	17.0	18.2	27.5	28.1	28.3	13.9	14.2	14.6
West	15.3	15.4	15.1	30.0	27.4	29.3	16.1	16.5	16.5
Location of residence ²									
Within MSA ⁹	15.2	15.5	16.3	27.0	27.1	27.5	14.2	14.6	14.9
Outside MSA ⁹	18.1	19.3	18.6	32.5	33.3	33.8	16.4	17.7	18.1

See footnotes at end of table.

Table 52 (page 3 of 3). Severe headache or migraine, low back pain, and neck pain among adults 18 years of age and over, by selected characteristics: United States, selected years 1997–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#052>.

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

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

-- Data not available.

¹In three separate questions, respondents were asked, “During the past 3 months, did you have a severe headache or migraine? ...low back pain? ...neck pain?” Respondents were instructed to report pain that had lasted a whole day or more, and not to report fleeting or minor aches or pains. Persons may be represented in more than one column.

²Estimates are age-adjusted to the year 2000 standard population using five age groups: 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. Age-adjusted estimates in this table may differ from other age-adjusted estimates based on the same data and presented elsewhere if different age groups are used in the adjustment procedure. See [Appendix II, Age adjustment](#).

³Includes all other races not shown separately, unknown education level, and unknown disability status.

⁴The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Prior to 1999, data were tabulated according to the 1977 Standards with four racial groups, and the Asian only category included Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁵Estimates are for persons 25 years of age and over and are age-adjusted to the year 2000 standard population using five age groups: 25–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See [Appendix II, Age adjustment](#).

⁶GED is General Educational Development high school equivalency diploma. See [Appendix II, Education](#).

⁷Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed for 1997 and beyond. See [Appendix II, Family income; Poverty; Table VI](#).

⁸Any basic actions difficulty or complex activity limitation is defined as having one or more of the following limitations or difficulties: movement difficulty, emotional difficulty, sensory (seeing or hearing) difficulty, cognitive difficulty, self-care (Activities of daily living or Instrumental activities of daily living) limitation, social limitation, or work limitation. For more information, see [Appendix II, Basic actions difficulty; Complex activity limitation](#). Starting with 2007 data, the hearing question, a component of the basic actions difficulty measure, was revised. Consequently, data prior to 2007 are not comparable with data for 2007 and beyond. For more information on the impact of the revised hearing question, see [Appendix II, Hearing trouble](#).

⁹MSA is metropolitan statistical area. Starting with 2006 data, MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2006, see [Appendix II, Metropolitan statistical area \(MSA\)](#) for the applicable standards.

NOTES: Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Health Interview Survey, sample adult questionnaire. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 53 (page 1 of 5). Joint pain among adults 18 years of age and over, by selected characteristics: United States, selected years 2002–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#053>.

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

Characteristic	Any joint pain ¹			Knee pain ¹			Shoulder pain ¹		
	2002	2009	2010	2002	2009	2010	2002	2009	2010
Percent of adults reporting joint pain in past 30 days									
18 years and over, age-adjusted ^{2,3}	29.5	32.0	32.1	16.5	19.5	19.6	8.6	9.0	9.0
18 years and over, crude ³	29.5	33.0	33.3	16.5	20.2	20.3	8.7	9.3	9.4
Age									
18–44 years	19.3	20.7	20.6	10.5	12.4	12.6	4.9	5.3	5.2
18–24 years	14.2	14.8	15.2	8.3	8.8	9.8	3.4	3.0	3.5
25–44 years	21.0	22.8	22.6	11.2	13.7	13.6	5.4	6.1	5.8
45–64 years	37.5	41.8	42.9	20.4	26.2	26.1	12.3	12.4	13.2
45–54 years	34.3	37.5	39.3	18.4	23.8	23.5	10.5	11.0	12.0
55–64 years	42.3	47.3	47.3	23.4	29.4	29.3	15.1	14.2	14.8
65 years and over	47.2	50.6	49.6	28.6	30.3	30.5	14.1	14.9	13.6
65–74 years	46.0	47.9	49.5	27.6	28.9	30.2	14.0	14.2	13.5
75 years and over	48.7	53.8	49.8	29.7	31.9	30.9	14.1	15.7	13.7
Sex ²									
Male	28.0	30.8	30.8	15.2	18.3	18.7	8.4	9.2	9.3
Female	30.7	32.9	33.2	17.6	20.5	20.3	8.8	8.7	8.6
Sex and age									
Male:									
18–44 years	20.1	21.8	21.6	10.7	12.9	12.9	5.5	6.0	6.1
45–54 years	31.1	37.1	37.3	16.2	23.0	22.3	9.5	10.9	12.2
55–64 years	37.3	41.7	42.5	20.1	24.4	27.4	13.7	14.5	15.3
65–74 years	41.7	42.0	42.9	24.1	23.6	25.3	13.3	14.6	11.8
75 years and over	43.9	47.5	46.6	25.7	28.3	28.7	11.4	13.5	13.1
Female:									
18–44 years	18.4	19.7	19.7	10.2	11.9	12.2	4.2	4.6	4.3
45–54 years	37.3	38.0	41.3	20.5	24.5	24.8	11.4	11.1	11.8
55–64 years	46.8	52.4	51.8	26.4	33.9	31.0	16.3	13.9	14.3
65–74 years	49.6	52.9	55.2	30.5	33.5	34.4	14.7	13.9	15.0
75 years and over	51.6	58.1	51.9	32.1	34.3	32.4	15.7	17.1	14.1
Race ^{2,4}									
White only	29.8	32.8	32.6	16.3	19.7	19.7	8.8	9.1	9.1
Black or African American only	30.8	30.8	32.0	20.2	20.7	21.0	8.3	9.0	8.9
American Indian or Alaska Native only	36.7	35.8	38.1	24.5	22.5	26.9	*11.3	*8.3	10.1
Asian only	18.1	18.3	20.4	8.5	11.0	12.8	3.9	5.4	6.9
Native Hawaiian or Other Pacific Islander only	*	*	*	*	*	*	*	*	*
2 or more races	42.7	46.4	43.5	28.1	29.7	27.1	15.4	15.0	13.9
Hispanic origin and race ^{2,4}									
Hispanic or Latino	23.4	25.0	25.4	13.6	15.7	15.5	7.6	8.0	7.4
Mexican	24.6	25.6	25.0	14.1	16.6	15.4	8.3	8.2	7.3
Not Hispanic or Latino	30.4	33.1	33.3	17.0	20.2	20.3	8.9	9.2	9.3
White only	30.8	34.4	34.3	16.9	20.6	20.7	9.1	9.4	9.5
Black or African American only	30.8	31.0	32.1	20.1	21.0	21.0	8.3	9.1	8.9
Education ^{5,6}									
25 years of age and over:									
No high school diploma or GED	33.0	36.1	33.8	19.5	23.4	22.0	10.8	11.4	10.9
High school diploma or GED	32.9	35.6	36.8	18.6	21.7	22.7	10.2	10.6	10.9
Some college or more	31.1	33.8	34.0	16.9	20.3	20.1	8.8	9.2	9.1

See footnotes at end of table.

Table 53 (page 2 of 5). Joint pain among adults 18 years of age and over, by selected characteristics: United States, selected years 2002–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#053>.

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

Characteristic	Any joint pain ¹			Knee pain ¹			Shoulder pain ¹		
	2002	2009	2010	2002	2009	2010	2002	2009	2010
Percent of poverty level ^{2,7}									
Percent of adults reporting joint pain in past 30 days									
Below 100%	31.7	35.5	35.6	19.9	23.2	22.9	11.2	12.3	11.1
100%–199%	31.7	35.4	34.0	19.0	22.0	21.9	10.4	10.2	10.9
200%–399%	30.1	32.0	32.2	16.4	20.4	19.3	8.8	9.2	9.0
400% or more	27.6	29.5	30.5	14.9	16.8	18.1	7.3	7.5	7.7
Hispanic origin and race and percent of poverty level ^{2,4,7}									
Hispanic or Latino:									
Below 100%	26.8	26.8	25.3	16.1	18.3	15.9	11.5	11.3	7.6
100%–199%	24.5	24.9	25.4	14.4	15.8	16.1	8.2	6.7	8.0
200%–399%	21.6	25.6	24.8	11.7	15.6	14.5	5.7	8.3	6.8
400% or more	21.9	22.6	27.4	12.3	13.4	16.3	4.9	6.2	7.4
Not Hispanic or Latino:									
White only:									
Below 100%	34.2	38.5	40.1	21.3	24.9	25.2	12.4	12.8	12.6
100%–199%	34.9	41.6	38.7	20.3	24.9	24.8	11.6	11.8	12.2
200%–399%	32.0	34.8	34.8	17.0	22.5	20.9	9.6	9.8	10.0
400% or more	28.2	30.9	31.8	15.1	17.2	18.8	7.6	7.8	8.0
Black or African American only:									
Below 100%	31.6	39.1	37.6	20.8	25.1	25.1	9.1	13.2	11.9
100%–199%	34.0	31.1	33.0	23.2	22.7	22.6	10.9	8.5	10.0
200%–399%	29.1	27.3	30.8	19.1	17.1	19.8	7.4	8.3	7.8
400% or more	29.8	28.7	26.8	18.2	20.7	15.7	*8.0	6.6	6.5
Disability measure ^{2,8}									
Any basic actions difficulty or complex activity limitation									
Any basic actions difficulty	52.5	54.5	54.6	32.1	35.8	35.9	17.8	17.0	16.8
Any complex activity limitation	54.0	56.2	56.2	33.4	37.3	37.3	18.3	17.7	17.2
No disability	56.4	57.4	56.5	35.2	38.6	37.5	22.0	21.4	20.6
No disability	19.6	21.6	21.5	9.4	11.7	11.6	4.6	4.9	4.9
Geographic region ²									
Northeast	27.5	28.6	28.9	15.8	17.6	17.9	7.9	7.5	8.3
Midwest	32.1	35.6	35.7	18.4	22.5	22.3	8.6	10.2	10.0
South	29.3	32.2	32.4	16.7	19.6	19.8	9.1	9.1	9.0
West	28.4	30.5	30.6	14.6	17.7	17.9	8.6	8.7	8.5
Location of residence ²									
Within MSA ⁹	28.3	31.1	31.1	16.0	18.8	19.0	8.1	8.6	8.3
Outside MSA ⁹	33.9	36.1	37.4	18.7	23.0	23.0	10.8	10.7	12.3

See footnotes at end of table.

Table 53 (page 3 of 5). Joint pain among adults 18 years of age and over, by selected characteristics: United States, selected years 2002–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#053>.

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

Characteristic	Finger pain ¹			Hip pain ¹		
	2002	2009	2010	2002	2009	2010
Percent of adults reporting joint pain in past 30 days						
18 years and over, age-adjusted ^{2,3}	7.5	7.6	7.1	6.6	7.1	7.0
18 years and over, crude ³	7.5	8.0	7.5	6.6	7.4	7.3
Age						
18–44 years	3.4	3.4	3.1	3.2	3.7	3.2
18–24 years	2.0	2.4	1.7	1.6	2.0	*1.5
25–44 years	3.9	3.7	3.6	3.8	4.2	3.8
45–64 years	11.0	10.8	10.5	9.1	9.9	10.0
45–54 years	9.1	8.6	8.4	7.8	7.8	9.0
55–64 years	13.9	13.5	13.2	11.0	12.5	11.3
65 years and over	13.9	15.8	14.2	12.9	13.0	13.5
65–74 years	14.4	15.3	15.3	12.6	11.3	13.3
75 years and over	13.3	16.3	12.8	13.3	14.9	13.7
Sex ²						
Male	5.8	5.9	5.8	5.1	5.3	5.3
Female	8.9	9.2	8.2	8.0	8.7	8.6
Sex and age						
Male:						
18–44 years	3.0	3.1	3.0	2.5	2.5	2.0
45–54 years	6.6	6.6	7.3	5.6	5.3	6.8
55–64 years	10.5	10.2	9.9	8.0	9.7	8.7
65–74 years	11.2	10.2	10.9	10.5	8.0	10.3
75 years and over	10.0	11.1	9.5	10.1	14.2	12.9
Female:						
18–44 years	3.8	3.7	3.1	3.9	4.8	4.5
45–54 years	11.5	10.6	9.4	9.9	10.2	11.1
55–64 years	17.0	16.5	16.2	13.7	15.1	13.7
65–74 years	17.1	19.7	19.0	14.2	14.1	15.8
75 years and over	15.3	19.8	15.1	15.2	15.4	14.3
Race ^{2,4}						
White only	7.6	8.0	7.4	6.9	7.3	7.2
Black or African American only	6.5	6.0	5.6	5.6	7.0	6.0
American Indian or Alaska Native only	*12.9	*7.7	*7.2	*10.4	*6.0	*9.9
Asian only	*3.2	4.0	3.3	*2.3	*1.8	*2.4
Native Hawaiian or Other Pacific Islander only	*	*	*	*	*	*
2 or more races	12.8	16.3	12.2	10.0	11.8	11.7
Hispanic origin and race ^{2,4}						
Hispanic or Latino	6.8	6.9	6.0	3.8	4.1	4.3
Mexican	7.8	7.0	6.3	4.0	3.8	3.9
Not Hispanic or Latino	7.6	7.7	7.3	6.9	7.5	7.3
White only	7.8	8.1	7.7	7.3	7.8	7.7
Black or African American only	6.5	5.9	5.6	5.7	7.0	6.1
Education ^{5,6}						
25 years of age and over:						
No high school diploma or GED	9.5	10.2	8.5	7.3	9.0	7.9
High school diploma or GED	8.3	9.2	9.1	7.3	8.6	9.0
Some college or more	8.2	7.7	7.4	7.5	7.3	7.3

See footnotes at end of table.

Table 53 (page 4 of 5). Joint pain among adults 18 years of age and over, by selected characteristics: United States, selected years 2002–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#053>.

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

Characteristic	Finger pain ¹			Hip pain ¹		
	2002	2009	2010	2002	2009	2010
Percent of poverty level ^{2,7}						
Percent of adults reporting joint pain in past 30 days						
Below 100%	9.8	9.5	9.1	8.5	9.5	9.7
100%–199%	8.9	9.4	8.3	7.5	7.8	8.5
200%–399%	7.9	7.9	7.2	6.8	7.2	6.8
400% or more	6.2	6.4	6.0	5.8	5.9	5.7
Hispanic origin and race and percent of poverty level ^{2,4,7}						
Hispanic or Latino:						
Below 100%	8.6	8.3	6.4	5.9	6.5	5.6
100%–199%	8.2	5.6	5.2	3.9	*2.6	4.5
200%–399%	6.2	7.8	6.8	3.2	4.8	3.1
400% or more	*5.3	6.2	5.8	*1.8	*3.0	*5.2
Not Hispanic or Latino:						
White only:						
Below 100%	10.9	10.5	11.1	9.9	10.7	12.0
100%–199%	9.9	11.9	9.8	9.1	9.7	10.6
200%–399%	8.5	8.5	7.8	7.5	8.3	7.8
400% or more	6.5	6.4	6.3	6.2	6.3	6.0
Black or African American only:						
Below 100%	7.9	7.8	7.8	8.1	10.3	9.0
100%–199%	7.4	4.9	6.2	6.4	6.9	5.9
200%–399%	6.0	4.9	4.3	4.7	5.5	5.2
400% or more	*4.8	*6.6	*4.2	*4.5	*6.3	4.7
Disability measure ^{2,8}						
Any basic actions difficulty or complex activity limitation	14.5	13.7	12.8	13.8	14.6	14.2
Any basic actions difficulty	14.9	14.3	13.3	14.4	15.0	14.6
Any complex activity limitation	17.8	16.3	15.0	17.8	18.4	18.7
No disability	4.0	4.5	4.2	3.1	3.3	3.1
Geographic region ²						
Northeast	6.6	6.2	5.5	5.7	5.8	5.5
Midwest	7.5	8.2	7.9	6.9	7.9	8.5
South	7.6	7.9	7.4	7.0	7.6	7.2
West	8.0	7.7	7.1	6.4	6.3	6.3
Location of residence ²						
Within MSA ⁹	7.2	7.4	7.0	6.2	6.6	6.5
Outside MSA ⁹	8.4	8.9	7.9	8.0	9.1	9.4

See footnotes at end of table.

Table 53 (page 5 of 5). Joint pain among adults 18 years of age and over, by selected characteristics: United States, selected years 2002–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#053>.

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

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

¹Starting with 2002 data, respondents were asked, “During the past 30 days, have you had any symptoms of pain, aching, or stiffness in or around a joint?” Respondents were instructed not to include the back or neck. To facilitate their response, respondents were shown a card illustrating the body joints. Respondents reporting more than one type of joint pain were included in each response category. This table shows the most commonly reported joints.

²Estimates are age-adjusted to the year 2000 standard population using five age groups: 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See [Appendix II, Age adjustment](#).

³Includes all other races not shown separately, unknown education level, and unknown disability status.

⁴The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity*. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁵Estimates are for persons 25 years of age and over and are age-adjusted to the year 2000 standard population using five age groups: 25–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See [Appendix II, Age adjustment](#).

⁶GED is General Educational Development high school equivalency diploma. See [Appendix II, Education](#).

⁷Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed for 2002 and beyond. See [Appendix II, Family income; Poverty; Table VI](#).

⁸Any basic actions difficulty or complex activity limitation is defined as having one or more of the following limitations or difficulties: movement difficulty, emotional difficulty, sensory (seeing or hearing) difficulty, cognitive difficulty, self-care (Activities of daily living or Instrumental activities of daily living) limitation, social limitation, or work limitation. For more information, see [Appendix II, Basic actions difficulty; Complex activity limitation](#). Starting with 2007 data, the hearing question, a component of the basic actions difficulty measure, was revised. Consequently, data prior to 2007 are not comparable with data for 2007 and beyond. For more information on the impact of the revised hearing question, see [Appendix II, Hearing trouble](#).

⁹MSA is metropolitan statistical area. Starting with 2006 data, MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2006, see [Appendix II, Metropolitan statistical area \(MSA\)](#) for the applicable standards.

NOTES: Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Health Interview Survey, sample adult questionnaire. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 54 (page 1 of 2). Basic actions difficulty and complex activity limitation among adults 18 years of age and over, by selected characteristics: United States, selected years 1997–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#054>.

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

Characteristic	18 years and over				18–64 years				65 years and over			
	1997	2000	2009 ¹	2010 ¹	1997	2000	2009 ¹	2010 ¹	1997	2000	2009 ¹	2010 ¹
Number in millions												
At least one basic actions difficulty or complex activity limitation ^{2,3}	60.9	59.0	71.4	73.7	41.3	39.3	49.2	50.7	19.6	19.7	22.1	23.0
At least one basic actions difficulty ²	56.7	55.2	66.7	69.2	38.1	36.4	45.6	47.2	18.6	18.7	21.1	22.0
At least one complex activity limitation ³	29.0	27.2	34.3	35.0	18.1	16.7	22.7	22.9	11.0	10.5	11.7	12.1
At least one basic actions difficulty or complex activity limitation ^{2,3}												
Percent												
Total, age-adjusted ^{4,5}	32.5	29.9	31.3	31.9	25.8	23.5	26.4	27.1	62.2	60.8	60.8	61.7
Total, crude ⁴	31.8	29.5	32.0	32.8	25.8	23.5	26.4	27.1	62.2	60.8	60.8	61.7
At least one basic actions difficulty ²												
Percent												
Total, age-adjusted ^{4,5}	30.1	27.9	29.3	29.9	23.6	21.7	24.4	25.1	58.8	58.1	58.2	59.3
Total, crude ⁴	29.4	27.5	29.9	30.8	23.6	21.7	24.4	25.1	58.8	58.1	58.2	59.3
Sex												
Male	25.6	23.8	26.0	26.3	20.7	18.9	21.3	21.4	54.5	53.4	53.2	53.8
Female	32.9	31.0	33.7	35.1	26.4	24.3	27.5	28.8	61.9	61.5	62.1	63.6
Race ⁶												
White only	29.6	28.1	30.4	31.2	23.5	21.8	24.4	25.1	58.5	58.0	58.9	59.2
Black or African American only	31.4	27.2	31.0	32.3	26.9	22.7	27.5	28.4	64.4	60.6	57.7	62.9
American Indian or Alaska Native only	43.8	36.8	33.5	41.6	41.9	34.1	31.1	38.5	66.0	70.2	*61.7	74.0
Asian only	15.5	15.5	16.3	17.5	13.0	12.6	12.5	12.8	46.4	44.7	43.2	50.1
Native Hawaiian or Other Pacific Islander only	---	*	*	*	---	*	*	*	---	*	*	*
2 or more races	---	38.0	39.3	36.3	---	34.4	37.2	33.9	---	70.7	56.2	65.4
Hispanic origin and race ⁶												
Hispanic or Latino	23.8	19.6	22.7	24.7	21.0	16.6	19.8	21.2	54.6	57.5	56.2	61.5
Not Hispanic or Latino	30.0	28.5	31.1	31.8	23.9	22.4	25.3	25.9	59.0	58.2	58.4	59.1
White only	30.3	29.1	31.8	32.4	23.8	22.5	25.4	26.0	58.7	58.2	59.0	59.0
Black or African American only	31.5	27.3	31.5	32.6	27.0	22.9	28.0	28.6	64.4	60.4	58.5	63.2
Percent of poverty level ⁷												
Below 100%	41.9	38.4	39.0	40.6	36.2	31.9	34.5	36.3	74.1	71.6	72.3	72.7
100%–199%	38.2	37.1	38.5	38.7	29.2	26.5	31.2	30.5	66.6	69.4	66.4	69.5
200%–399%	28.4	28.2	31.5	31.1	22.0	22.1	24.3	24.1	56.1	53.9	61.5	58.9
400% or more	21.0	19.4	21.7	23.0	18.2	16.8	18.3	19.3	45.5	44.7	44.1	47.0
Location of residence												
Within MSA ⁸	27.7	25.9	28.5	29.2	22.3	20.3	23.3	23.6	56.6	56.7	57.1	59.2
Outside MSA ⁸	35.6	33.6	37.0	39.3	28.6	26.8	30.4	33.8	65.8	62.6	62.6	59.9

See footnotes at end of table.

Table 54 (page 2 of 2). Basic actions difficulty and complex activity limitation among adults 18 years of age and over, by selected characteristics: United States, selected years 1997–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#054>.

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

Characteristic	18 years and over				18–64 years				65 years and over			
	1997	2000	2009 ¹	2010 ¹	1997	2000	2009 ¹	2010 ¹	1997	2000	2009 ¹	2010 ¹
At least one complex activity limitation ³												
Percent												
Total, age-adjusted ^{4,5}	15.6	13.7	14.8	14.9	...	...	...	...	...	...	...	...
Total, crude ⁴	15.1	13.4	15.2	15.5	11.2	9.8	12.0	12.1	35.1	32.0	31.5	32.3
Sex												
Male	13.7	12.0	14.0	14.0	10.6	9.4	11.4	11.3	31.9	28.1	29.1	30.1
Female	16.5	14.7	16.4	16.8	11.9	10.3	12.7	12.9	37.4	34.9	33.4	34.0
Race ⁶												
White only	15.0	13.6	15.0	15.2	10.9	9.8	11.6	11.7	34.3	31.5	30.9	31.7
Black or African American only	19.0	15.0	18.9	19.7	15.2	11.7	16.1	17.0	47.1	40.4	39.3	39.9
American Indian or Alaska Native only	23.7	20.6	15.3	15.4	22.1	17.8	14.9	14.5	*42.6	*54.9	*	*
Asian only	5.7	4.7	7.4	7.7	4.9	3.6	5.1	5.0	*14.8	*15.5	23.3	26.7
Native Hawaiian or Other Pacific Islander only	---	*	*	*	---	*	*	*	---	*	*	*
2 or more races	---	22.5	27.6	19.6	---	20.3	25.0	17.0	---	*42.2	*49.9	53.6
Hispanic origin and race ⁶												
Hispanic or Latino	11.9	9.1	10.7	10.4	9.8	7.3	9.1	7.9	33.9	32.4	28.2	37.6
Not Hispanic or Latino	15.5	14.0	16.0	16.3	11.4	10.2	12.6	12.9	35.1	32.0	31.8	31.9
White only	15.4	14.1	15.8	16.1	11.1	10.1	12.2	12.5	34.4	31.5	31.1	31.1
Black or African American only	18.8	15.1	19.1	20.0	15.0	11.7	16.2	17.3	46.8	40.3	39.9	40.0
Percent of poverty level ⁷												
Below 100%	30.0	26.0	29.3	27.5	25.2	22.0	26.0	24.0	56.9	46.7	53.4	54.5
100%–199%	23.3	22.0	22.6	23.7	16.7	15.1	17.7	18.4	43.9	42.8	40.8	43.7
200%–399%	13.3	12.8	15.0	14.5	9.3	9.2	10.9	10.8	30.6	27.5	32.0	29.3
400% or more	7.3	6.4	7.3	7.7	5.8	5.0	5.8	5.8	20.2	19.6	17.6	19.8
Location of residence												
Within MSA ⁸	14.1	12.1	14.2	14.2	10.6	8.9	11.2	10.9	32.7	29.8	30.4	31.6
Outside MSA ⁸	19.0	18.2	20.5	22.2	13.6	13.4	16.5	18.8	42.8	38.8	36.0	35.2

... Category not applicable.

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

--- Data not available.

¹Starting with 2007 data, the hearing question, a component of the basic actions difficulty measure, was revised. Consequently, data for basic actions difficulty prior to 2007 are not comparable with 2007 data and beyond. For more information on the impact of the revised hearing question, see [Appendix II, Hearing trouble](#).

²A basic actions difficulty is defined as having one or more of the following difficulties: movement, emotional, sensory (seeing or hearing), or cognitive. For more information, see [Appendix II, Basic actions difficulty](#). Starting with 2007 data, the hearing question, a component of basic actions difficulty, was revised. Consequently, data prior to 2007 are not comparable with data for 2007 and beyond. For more information on the impact of the revised hearing question, see [Appendix II, Hearing trouble](#).

³A complex activity limitation is defined as having one or more of the following limitations: self-care (activities of daily living or instrumental activities of daily living), social, or work. For more information, see [Appendix II, Complex activity limitation](#).

⁴Includes all other races not shown separately.

⁵Estimates are age-adjusted to the year 2000 standard population using five age groups: 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See [Appendix II, Age adjustment](#).

⁶The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Prior to 1999, data were tabulated according to the 1977 Standards with four racial groups, and the Asian only category included Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁷Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed for 1997 and beyond. See [Appendix II, Family income; Poverty; Table VI](#).

⁸MSA is metropolitan statistical area. Starting with 2006 data, MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2006, see [Appendix II, Metropolitan statistical area \(MSA\)](#) for the applicable standards.

NOTES: Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Health Interview Survey, sample adult questionnaire. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 55 (page 1 of 3). Vision and hearing limitations among adults 18 years of age and over, by selected characteristics: United States, selected years 1997–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#055>.

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

Characteristic	Any trouble seeing, even with glasses or contacts ¹				A lot of trouble hearing or deaf ²			
	1997	2000	2009	2010	1997	2000	2009	2010
Percent of adults								
18 years and over, age-adjusted ^{3,4}	10.0	9.0	8.3	9.1	3.2	3.2	2.0	2.1
18 years and over, crude ⁴	9.8	8.9	8.6	9.4	3.1	3.1	2.1	2.2
Age								
18–44 years	6.2	5.3	5.3	6.2	1.0	0.9	0.4	0.5
18–24 years	5.4	4.2	4.8	5.8	*0.5	*0.7	*	*
25–44 years	6.5	5.7	5.6	6.3	1.2	1.0	*0.4	0.5
45–64 years	12.0	10.7	10.8	11.6	3.1	3.0	1.9	1.9
45–54 years	12.2	10.9	10.5	10.7	2.6	2.3	*1.4	1.2
55–64 years	11.6	10.5	11.2	12.7	3.9	4.0	2.5	2.7
65 years and over	18.1	17.4	13.1	13.9	9.8	10.5	7.4	7.6
65–74 years	14.2	13.6	10.3	12.2	6.6	7.4	4.1	4.6
75 years and over	23.1	21.9	16.5	16.1	14.1	14.3	11.4	11.1
Sex ³								
Male	8.8	7.9	7.2	7.9	4.2	4.3	2.5	2.8
Female	11.1	10.1	9.3	10.3	2.4	2.3	1.6	1.6
Sex and age								
Male:								
18–44 years	5.3	4.4	4.5	5.2	1.2	1.1	*0.2	*0.7
45–54 years	10.1	8.8	9.1	9.1	3.6	2.9	*1.4	*1.1
55–64 years	10.5	9.5	9.7	10.7	5.4	6.2	3.9	3.9
65–74 years	13.2	12.8	9.3	10.5	9.4	10.8	5.2	6.7
75 years and over	21.4	20.7	15.1	15.7	17.7	18.0	15.3	14.5
Female:								
18–44 years	7.1	6.2	6.2	7.1	0.9	0.8	*0.5	*0.3
45–54 years	14.2	12.8	11.9	12.3	1.7	1.8	*	*1.3
55–64 years	12.6	11.5	12.6	14.6	2.6	1.9	*1.2	1.6
65–74 years	15.0	14.4	11.2	13.6	4.4	4.5	*3.2	2.9
75 years and over	24.2	22.7	17.4	16.4	11.7	12.1	8.8	8.9
Race ^{3,5}								
White only	9.7	8.8	8.1	8.8	3.4	3.4	2.1	2.3
Black or African American only	12.8	10.6	10.4	12.1	2.0	1.6	*	1.1
American Indian or Alaska Native only	19.2	16.6	*12.3	15.0	14.1	*	*	*
Asian only	6.2	6.3	5.5	5.3	*	*2.4	*2.0	*1.0
Native Hawaiian or Other Pacific Islander only	---	*	*	*	---	*	*	*
2 or more races	---	16.2	14.8	13.1	---	*5.7	*	*
Hispanic origin and race ^{3,5}								
Hispanic or Latino	10.0	9.7	8.7	9.2	1.5	2.3	1.1	1.4
Mexican	10.2	8.3	8.7	9.0	1.8	3.0	*1.2	*1.5
Not Hispanic or Latino	10.0	9.1	8.3	9.2	3.3	3.3	2.1	2.2
White only	9.8	8.9	8.1	8.9	3.5	3.5	2.2	2.4
Black or African American only	12.8	10.6	10.5	12.2	2.0	1.6	*	1.1
Education ^{6,7}								
25 years of age and over:								
No high school diploma or GED	15.0	12.2	12.6	14.1	4.8	4.6	3.1	3.2
High school diploma or GED	10.6	9.5	9.2	10.5	3.7	3.9	2.4	2.5
Some college or more	8.9	8.9	7.6	8.0	2.9	2.8	2.0	2.0

See footnotes at end of table.

Table 55 (page 2 of 3). Vision and hearing limitations among adults 18 years of age and over, by selected characteristics: United States, selected years 1997–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#055>.

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

Characteristic	Any trouble seeing, even with glasses or contacts ¹				A lot of trouble hearing or deaf ²			
	1997	2000	2009	2010	1997	2000	2009	2010
Percent of poverty level ^{3,8}					Percent of adults			
Below 100%	17.0	12.9	14.3	14.8	4.5	3.7	2.8	2.7
100%–199%	12.9	11.6	11.1	12.2	3.6	4.2	2.4	2.5
200%–399%	9.1	8.8	8.0	9.0	3.3	3.3	2.0	2.1
400% or more	7.3	7.1	5.7	6.4	2.7	2.5	1.7	1.8
Hispanic origin and race and percent of poverty level ^{3,5,8}								
Hispanic or Latino:								
Below 100%	12.8	11.0	12.2	10.8	*1.9	3.3	*	*
100%–199%	11.2	9.4	8.1	10.8	*1.5	*2.3	*	*2.3
200%–399%	8.1	9.2	9.0	8.9	*	*	*	*
400% or more	*8.1	10.5	*4.6	5.3	*	*	*	*
Not Hispanic or Latino:								
White only:								
Below 100%	17.9	13.1	13.4	16.8	5.8	4.5	2.7	3.7
100%–199%	13.1	12.0	12.1	12.6	4.3	5.0	2.9	3.0
200%–399%	9.2	9.2	8.3	8.8	3.7	3.7	2.3	2.3
400% or more	7.3	7.0	5.8	6.7	2.7	2.6	1.8	2.0
Black or African American only:								
Below 100%	17.9	13.6	17.8	15.8	3.3	*1.6	*	*1.5
100%–199%	16.0	12.9	11.7	14.9	*2.0	*2.0	*	*0.7
200%–399%	9.3	7.7	8.1	12.0	*	*	*	*
400% or more	7.7	8.3	5.6	6.6	*	*	*	*
Geographic region ³								
Northeast	8.6	7.4	7.3	7.8	2.2	2.4	1.7	1.4
Midwest	9.5	9.6	8.2	9.1	3.5	3.5	2.3	2.3
South	11.4	9.2	8.7	10.6	3.5	3.3	2.1	2.6
West	9.7	9.9	8.6	8.0	3.4	3.5	1.8	1.9
Location of residence ³								
Within MSA ⁹	9.5	8.5	8.2	8.6	2.9	3.0	1.9	1.9
Outside MSA ⁹	12.0	11.1	9.0	11.6	4.5	3.9	2.5	3.0

See footnotes at end of table.

Table 55 (page 3 of 3). Vision and hearing limitations among adults 18 years of age and over, by selected characteristics: United States, selected years 1997–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#055>.

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

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

- - - Data not available.

¹ Respondents were asked, “Do you have any trouble seeing, even when wearing glasses or contact lenses?” Respondents were also asked, “Are you blind or unable to see at all?” In this analysis, any trouble seeing and blind are combined into one category. In 2010, 0.4% of adults 18 years of age and over identified themselves as blind.

² Prior to 2007, respondents were asked, “Which statement best describes your hearing without a hearing aid: good, a little trouble, a lot of trouble, or deaf?” In this analysis, a lot of trouble and deaf are combined into one category. Starting with 2007, the question was revised to expand the response categories. Respondents were asked, “Which statement best describes your hearing without a hearing aid: excellent, good, a little trouble, moderate trouble, a lot of trouble, or deaf?” For 2007 and beyond, a lot of trouble and deaf are combined into one category. The decline from 2006 to 2007 in the estimate of those with hearing trouble is likely due to the addition of the “moderate trouble” response category. Data prior to 2007 are not comparable with 2007 and later data due to the revised question. For more information on the impact of this revised question, see [Appendix II, Hearing trouble](#). In 2006, 0.3% of adults 18 years of age and over identified themselves as deaf; in 2007–2009, this estimate was 0.2% and it was 0.3% in 2010.

³ Estimates are age-adjusted to the year 2000 standard population using five age groups: 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. Age-adjusted estimates in this table may differ from other age-adjusted estimates based on the same data and presented elsewhere if different age groups are used in the adjustment procedure. See [Appendix II, Age adjustment](#).

⁴ Includes all other races not shown separately and unknown education level.

⁵ The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Prior to 1999, data were tabulated according to the 1977 Standards with four racial groups, and the Asian only category included Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁶ Estimates are for persons 25 years of age and over and are age-adjusted to the year 2000 standard population using five age groups: 25–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See [Appendix II, Age adjustment](#).

⁷ GED is General Educational Development high school equivalency diploma. See [Appendix II, Education](#).

⁸ Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed for 1997 and beyond. See [Appendix II, Family income; Poverty; Table VI](#).

⁹ MSA is metropolitan statistical area. Starting with 2006 data, MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2006, see [Appendix II, Metropolitan statistical area \(MSA\)](#) for the applicable standards.

NOTES: Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Health Interview Survey, sample adult questionnaire. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 56 (page 1 of 2). Respondent-assessed health status, by selected characteristics: United States, selected years 1991–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#056>.

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

Characteristic	1991 ¹	1995 ¹	1997	2000	2005	2008	2009	2010
Percent of persons with fair or poor health ²								
All ages, age-adjusted ^{3,4}	10.4	10.6	9.2	9.0	9.2	9.5	9.4	9.6
All ages, crude ⁴	10.0	10.1	8.9	8.9	9.3	9.9	9.9	10.1
Age								
Under 18 years	2.6	2.6	2.1	1.7	1.8	1.8	1.8	2.0
Under 6 years	2.7	2.7	1.9	1.5	1.6	1.2	1.3	1.8
6–17 years	2.6	2.5	2.1	1.8	1.9	2.1	2.0	2.2
18–44 years	6.1	6.6	5.3	5.1	5.5	6.3	6.3	6.3
18–24 years	4.8	4.5	3.4	3.3	3.3	4.0	3.6	3.9
25–44 years	6.4	7.2	5.9	5.7	6.3	7.2	7.2	7.2
45–54 years	13.4	13.4	11.7	11.9	11.6	12.9	13.1	13.3
55–64 years	20.7	21.4	18.2	17.9	18.3	18.8	19.1	19.4
65 years and over	29.0	28.3	26.7	26.9	26.6	24.9	24.0	24.4
65–74 years	26.0	25.6	23.1	22.5	23.4	21.8	19.9	21.2
75 years and over	33.6	32.2	31.5	32.1	30.2	28.4	28.9	28.3
Sex ³								
Male	10.0	10.1	8.8	8.8	8.8	9.1	9.1	9.2
Female	10.8	11.1	9.7	9.3	9.5	9.8	9.7	10.0
Race ^{3,5}								
White only	9.6	9.7	8.3	8.2	8.6	8.9	8.7	8.8
Black or African American only	16.8	17.2	15.8	14.6	14.3	14.6	14.2	14.9
American Indian or Alaska Native only	18.3	18.7	17.3	17.2	13.2	14.5	16.3	17.8
Asian only	7.8	9.3	7.8	7.4	6.8	6.7	8.4	8.1
Native Hawaiian or Other Pacific Islander only	---	---	---	*	*	*	*	*
2 or more races	---	---	---	16.2	14.5	12.9	15.3	15.6
Black or African American; White	---	---	---	*14.5	8.3	20.2	18.0	*16.7
American Indian or Alaska Native; White	---	---	---	18.7	17.2	14.6	15.2	19.0
Hispanic origin and race ^{3,5}								
Hispanic or Latino	15.6	15.1	13.0	12.8	13.3	12.8	13.3	13.1
Mexican	17.0	16.7	13.1	12.8	14.3	13.4	13.7	13.7
Not Hispanic or Latino	10.0	10.1	8.9	8.7	8.7	9.1	8.9	9.2
White only	9.1	9.1	8.0	7.9	8.0	8.4	8.0	8.2
Black or African American only	16.8	17.3	15.8	14.6	14.4	14.6	14.2	14.9
Percent of poverty level ^{3,6}								
Below 100%	22.8	23.7	20.8	19.6	20.4	21.8	21.8	20.9
100%–199%	14.7	15.5	13.9	14.1	14.4	15.4	14.9	15.2
200%–399%	7.9	7.9	8.2	8.4	8.3	8.7	8.6	8.3
400% or more	4.9	4.7	4.1	4.5	4.7	4.4	4.3	4.3
Hispanic origin and race and percent of poverty level ^{3,5,6}								
Hispanic or Latino:								
Below 100%	23.6	22.7	19.9	18.7	20.2	21.0	22.1	19.2
100%–199%	18.0	16.9	13.5	15.3	15.3	14.6	16.2	15.6
200%–399%	10.3	10.1	10.0	10.3	10.3	10.7	9.7	10.3
400% or more	6.6	4.0	5.7	5.5	7.6	5.6	5.6	6.4
Not Hispanic or Latino:								
White only:								
Below 100%	21.9	22.8	19.7	18.8	20.1	22.1	20.5	20.9
100%–199%	14.0	14.8	13.3	13.4	13.8	15.7	14.6	14.8
200%–399%	7.5	7.3	7.7	7.9	7.9	8.3	8.1	7.7
400% or more	4.7	4.6	3.9	4.2	4.3	4.1	4.0	4.0
Black or African American only:								
Below 100%	25.8	27.7	25.3	23.8	23.3	25.1	25.2	23.9
100%–199%	17.0	19.3	19.2	18.2	17.6	18.1	16.6	18.3
200%–399%	12.0	11.4	12.2	11.7	11.2	11.2	11.0	11.2
400% or more	5.9	6.5	6.1	7.3	7.1	6.9	5.9	6.8

See footnotes at end of table.

Table 56 (page 2 of 2). Respondent-assessed health status, by selected characteristics: United States, selected years 1991–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#056>.

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

Characteristic	1991 ¹	1995 ¹	1997	2000	2005	2008	2009	2010
Disability measure among adults 18 years and over ^{3,7}								
Percent of persons with fair or poor health ²								
Any basic actions difficulty or complex activity limitation	---	---	27.0	27.6	28.5	28.5	30.3	28.7
Any basic actions difficulty	---	---	27.3	27.7	29.1	28.7	30.9	28.9
Any complex activity limitation	---	---	42.9	45.6	46.3	47.9	48.8	46.0
No disability	---	---	3.4	3.8	3.6	4.2	3.6	3.5
Geographic region ³								
Northeast	8.3	9.1	8.0	7.6	7.5	8.0	8.4	7.9
Midwest	9.1	9.7	8.1	8.0	8.3	8.8	8.6	9.0
South	13.1	12.3	10.8	10.7	11.0	11.0	10.9	11.1
West	9.7	10.1	8.8	8.8	8.6	9.0	8.8	9.2
Location of residence ³								
Within MSA ⁸	9.9	10.1	8.7	8.5	8.7	9.1	9.1	9.2
Outside MSA ⁸	11.9	12.6	11.1	11.1	11.2	11.7	11.2	11.9

--- Data not available.

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

¹Data prior to 1997 are not strictly comparable with data for later years due to the 1997 questionnaire redesign. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

²See [Appendix II, Health status, respondent-assessed](#).

³Estimates are age-adjusted to the year 2000 standard population using six age groups: under 18 years, 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. The disability measure is age-adjusted using the five adult age groups. See [Appendix II, Age adjustment](#).

⁴Includes all other races not shown separately and unknown disability status.

⁵The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Prior to 1999, data were tabulated according to the 1977 Standards with four racial groups and the Asian only category included Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁶Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed for 1991 and beyond. See [Appendix II, Family income; Poverty; Table VI](#).

⁷Any basic actions difficulty or complex activity limitation is defined as having one or more of the following limitations or difficulties: movement difficulty, emotional difficulty, sensory (seeing or hearing) difficulty, cognitive difficulty, self-care (Activities of daily living or Instrumental activities of daily living) limitation, social limitation, or work limitation. For more information, see [Appendix II, Basic actions difficulty; Complex activity limitation](#). Starting with 2007 data, the hearing question, a component of the basic actions difficulty measure, was revised. Consequently, data prior to 2007 are not comparable with data for 2007 and beyond. For more information on the impact of the revised hearing question, see [Appendix II, Hearing trouble](#).

⁸MSA is metropolitan statistical area. Starting with 2006 data, MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2006, see [Appendix II, Metropolitan statistical area \(MSA\)](#) for the applicable standards.

NOTES: Standard errors for selected years are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Health Interview Survey, family core and sample adult questionnaire. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 57 (page 1 of 5). Selected measures of disability and health status among adults 18–64 years of age, by urbanization level and selected characteristics: United States, average annual, 2002–2004 through 2008–2010

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#057>.

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

Urbanization level ¹ and selected characteristic	Any basic actions difficulty or complex activity limitation ²			Fair or poor respondent-assessed health status ³		
	2002–2004	2005–2007	2008–2010	2002–2004	2005–2007	2008–2010
Geographic region ⁴						
Percent of population, crude						
All regions:						
Metropolitan counties:						
Large central	21.5	21.8	22.8	8.7	9.0	9.5
Large fringe	22.4	23.1	24.6	6.9	7.1	7.9
Medium and small	27.4	27.3	28.3	9.6	9.8	10.9
Nonmetropolitan counties:						
Micropolitan	30.4	31.2	33.0	11.4	12.4	13.3
Nonmicropolitan	30.9	33.7	36.0	14.0	14.6	15.7
Northeast:						
Metropolitan counties:						
Large central	20.1	21.0	21.5	9.0	10.1	9.5
Large fringe	22.3	22.8	23.5	6.9	6.1	6.8
Medium and small	25.9	24.6	29.7	7.6	7.5	9.3
Nonmetropolitan counties:						
Micropolitan	31.0	31.0	37.4	9.7	9.8	11.4
Nonmicropolitan	27.4	34.1	33.5	8.9	10.6	11.5
Midwest:						
Metropolitan counties:						
Large central	26.1	25.7	26.6	8.9	8.8	10.7
Large fringe	24.4	26.2	26.4	6.3	8.0	8.3
Medium and small	28.1	27.1	26.6	8.1	8.1	9.5
Nonmetropolitan counties:						
Micropolitan	27.0	28.3	29.6	8.0	9.8	11.2
Nonmicropolitan	28.6	29.1	30.4	9.1	10.9	10.1
South:						
Metropolitan counties:						
Large central	21.5	21.9	24.3	8.9	9.9	10.0
Large fringe	20.9	21.4	23.0	7.1	7.2	8.3
Medium and small	27.8	28.0	29.6	11.9	11.9	12.6
Nonmetropolitan counties:						
Micropolitan	32.3	31.4	32.5	14.3	14.6	14.7
Nonmicropolitan	34.7	36.5	42.4	20.2	18.2	21.8
West:						
Metropolitan counties:						
Large central	20.0	19.9	20.4	8.3	7.9	8.5
Large fringe	23.1	23.0	27.3	7.3	7.7	8.3
Medium and small	26.8	28.3	27.1	8.7	9.4	10.3
Nonmetropolitan counties:						
Micropolitan	30.8	37.1	38.5	10.9	13.1	14.8
Nonmicropolitan	*24.2	36.1	33.7	*7.6	14.1	13.6
Age						
18–44 years:						
Metropolitan counties:						
Large central	15.4	15.1	16.2	5.3	5.6	6.0
Large fringe	16.1	16.2	17.3	4.3	4.3	5.1
Medium and small	20.0	19.0	20.2	6.0	6.0	6.6
Nonmetropolitan counties:						
Micropolitan	22.5	21.6	23.0	6.6	7.3	7.8
Nonmicropolitan	21.5	23.4	23.8	9.3	8.5	9.1
45–64 years:						
Metropolitan counties:						
Large central	33.2	33.7	33.8	15.1	15.1	15.2
Large fringe	32.2	33.0	34.0	10.9	11.2	11.4
Medium and small	39.0	39.8	40.1	15.3	15.3	16.9
Nonmetropolitan counties:						
Micropolitan	42.0	42.8	45.1	18.4	19.0	19.9
Nonmicropolitan	42.6	45.2	48.5	20.0	21.3	22.6
Sex						
Men:						
Metropolitan counties:						
Large central	18.2	18.9	19.2	7.6	8.3	8.5
Large fringe	19.7	20.3	22.1	6.3	6.6	7.2
Medium and small	23.8	24.9	25.1	8.9	8.9	10.4
Nonmetropolitan counties:						
Micropolitan	28.3	28.2	29.9	11.2	11.8	12.6
Nonmicropolitan	28.5	31.0	35.0	13.5	14.7	14.7

See footnotes at end of table.

Table 57 (page 2 of 5). Selected measures of disability and health status among adults 18–64 years of age, by urbanization level and selected characteristics: United States, average annual, 2002–2004 through 2008–2010

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#057>.

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

Urbanization level ¹ and selected characteristic	Any basic actions difficulty or complex activity limitation ²			Fair or poor respondent-assessed health status ³		
	2002–2004	2005–2007	2008–2010	2002–2004	2005–2007	2008–2010
Sex						
Percent of population, crude						
Women:						
Metropolitan counties:						
Large central	24.8	24.6	26.4	9.8	9.7	10.5
Large fringe	25.0	25.8	27.0	7.5	7.7	8.5
Medium and small	30.8	29.7	31.5	10.3	10.5	11.4
Nonmetropolitan counties:						
Micropolitan	32.3	34.1	35.9	11.6	13.0	13.9
Nonmicropolitan	33.2	36.4	36.8	14.5	14.5	16.6
Hispanic origin and race ⁵						
Hispanic or Latino:						
Metropolitan counties:						
Large central	17.7	17.9	20.5	10.4	11.3	11.5
Large fringe	18.3	17.5	21.8	9.0	8.1	10.2
Medium and small	21.5	23.6	23.6	11.6	11.2	11.6
Nonmetropolitan counties:						
Micropolitan	23.1	22.8	22.7	13.1	10.6	9.9
Nonmicropolitan	21.8	29.4	30.0	10.3	13.8	13.8
Not Hispanic or Latino:						
White only:						
Metropolitan counties:						
Large central	22.4	23.1	23.2	6.4	6.5	7.3
Large fringe	23.5	24.3	25.9	6.5	6.8	7.2
Medium and small	27.8	27.8	28.5	8.7	8.9	9.7
Nonmetropolitan counties:						
Micropolitan	30.6	31.8	33.3	10.5	11.8	13.0
Nonmicropolitan	30.9	33.4	35.9	13.1	13.7	15.3
Black or African American only:						
Metropolitan counties:						
Large central	26.9	27.5	29.1	13.6	14.3	14.5
Large fringe	21.0	23.1	24.5	8.8	9.1	10.6
Medium and small	30.5	29.1	33.5	14.5	15.5	17.2
Nonmetropolitan counties:						
Micropolitan	33.8	31.4	36.1	18.7	17.4	16.3
Nonmicropolitan	31.6	37.6	43.7	23.3	26.4	24.8
Percent of poverty level ⁶						
Below 100%:						
Metropolitan counties:						
Large central	31.8	31.4	32.6	19.7	18.6	19.4
Large fringe	33.2	38.9	39.4	17.4	19.1	21.8
Medium and small	38.8	37.8	41.4	21.1	20.1	22.6
Nonmetropolitan counties:						
Micropolitan	42.0	46.8	46.5	23.1	23.8	26.4
Nonmicropolitan	47.6	51.8	56.5	27.8	31.3	32.8
100%–199%:						
Metropolitan counties:						
Large central	24.7	25.2	28.3	12.7	13.3	14.3
Large fringe	30.8	31.1	34.5	13.6	14.1	15.3
Medium and small	32.9	33.8	34.1	15.1	15.5	16.8
Nonmetropolitan counties:						
Micropolitan	38.2	39.0	39.6	17.2	19.3	19.7
Nonmicropolitan	39.5	40.8	45.4	19.8	19.6	22.3
200%–399%:						
Metropolitan counties:						
Large central	20.3	20.4	20.9	7.9	8.3	8.6
Large fringe	23.8	23.2	25.7	7.5	7.3	8.3
Medium and small	27.3	26.3	27.7	8.5	8.7	9.8
Nonmetropolitan counties:						
Micropolitan	27.1	28.0	31.2	8.7	10.1	10.2
Nonmicropolitan	26.6	29.0	30.5	10.9	10.8	11.1

See footnotes at end of table.

Table 57 (page 3 of 5). Selected measures of disability and health status among adults 18–64 years of age, by urbanization level and selected characteristics: United States, average annual, 2002–2004 through 2008–2010

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#057>.

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

Urbanization level ¹ and selected characteristic	Any basic actions difficulty or complex activity limitation ²			Fair or poor respondent-assessed health status ³		
	2002–2004	2005–2007	2008–2010	2002–2004	2005–2007	2008–2010
Percent of poverty level ⁶	Percent of population, crude					
400% or more:	Percent of population, age-adjusted ⁷					
Metropolitan counties:						
Large central	17.6	17.7	18.0	4.0	4.4	4.4
Large fringe	18.4	19.0	19.1	3.7	3.9	3.7
Medium and small	21.2	21.1	21.3	4.5	4.5	4.9
Nonmetropolitan counties:						
Micropolitan	22.8	22.4	22.7	4.8	5.3	5.0
Nonmicropolitan	20.0	23.4	22.2	5.2	5.9	6.0
Geographic region ⁴	Percent of population, age-adjusted ⁷					
All regions:						
Metropolitan counties:						
Large central	22.0	22.1	22.8	8.9	9.1	9.5
Large fringe	21.9	22.2	23.4	6.7	6.8	7.4
Medium and small	27.0	26.7	27.7	9.4	9.5	10.5
Nonmetropolitan counties:						
Micropolitan	29.8	29.4	31.2	10.9	11.6	12.3
Nonmicropolitan	29.1	31.2	32.8	13.2	13.1	14.0
Northeast:						
Metropolitan counties:						
Large central	20.0	20.9	20.9	8.9	10.1	9.4
Large fringe	21.3	21.7	21.9	6.6	5.8	6.3
Medium and small	24.6	23.1	27.9	7.1	7.2	8.6
Nonmetropolitan counties:						
Micropolitan	31.0	29.4	34.9	9.4	9.1	10.4
Nonmicropolitan	24.8	32.9	28.3	8.2	9.6	10.7
Midwest:						
Metropolitan counties:						
Large central	26.3	26.4	26.9	9.1	9.0	10.7
Large fringe	24.0	25.4	25.1	6.2	7.6	7.8
Medium and small	28.2	26.9	26.1	8.1	8.0	9.4
Nonmetropolitan counties:						
Micropolitan	26.5	26.8	28.3	7.7	9.1	10.5
Nonmicropolitan	26.9	26.8	27.7	8.5	9.5	8.8
South:						
Metropolitan counties:						
Large central	22.0	22.4	24.5	9.1	10.3	10.2
Large fringe	20.7	20.9	21.9	7.0	6.8	7.8
Medium and small	27.4	27.4	29.1	11.6	11.6	12.2
Nonmetropolitan counties:						
Micropolitan	31.4	29.8	31.0	13.7	13.8	13.6
Nonmicropolitan	33.1	34.2	39.3	19.4	16.6	19.7
West:						
Metropolitan counties:						
Large central	20.8	19.9	20.3	8.7	7.9	8.5
Large fringe	22.6	21.7	26.5	7.1	7.3	7.9
Medium and small	26.6	27.8	26.7	8.6	9.2	10.1
Nonmetropolitan counties:						
Micropolitan	30.1	34.5	35.7	10.3	12.1	13.6
Nonmicropolitan	*22.7	32.4	29.8	*7.3	13.0	12.3
Sex						
Men:						
Metropolitan counties:						
Large central	18.7	19.3	19.3	7.9	8.5	8.6
Large fringe	19.4	19.7	21.2	6.1	6.2	6.9
Medium and small	23.5	24.4	24.6	8.7	8.7	10.0
Nonmetropolitan counties:						
Micropolitan	27.6	26.6	28.2	10.7	10.9	11.6
Nonmicropolitan	27.1	28.5	31.3	12.8	13.1	13.0
Women:						
Metropolitan counties:						
Large central	25.1	24.8	26.2	9.9	9.8	10.4
Large fringe	24.2	24.6	25.4	7.2	7.3	8.0
Medium and small	30.3	28.9	30.6	10.1	10.2	11.0
Nonmetropolitan counties:						
Micropolitan	31.7	32.1	34.0	11.2	12.2	13.0
Nonmicropolitan	31.1	33.8	34.0	13.6	13.1	15.1

See footnotes at end of table.

Table 57 (page 4 of 5). Selected measures of disability and health status among adults 18–64 years of age, by urbanization level and selected characteristics: United States, average annual, 2002–2004 through 2008–2010

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#057>.

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

Urbanization level ¹ and selected characteristic	Any basic actions difficulty or complex activity limitation ²			Fair or poor respondent-assessed health status ³		
	2002–2004	2005–2007	2008–2010	2002–2004	2005–2007	2008–2010
Hispanic origin and race ⁵	Percent of population, age-adjusted ⁷					
Hispanic or Latino:						
Metropolitan counties:						
Large central	19.9	19.9	22.0	12.4	12.8	12.6
Large fringe	20.9	19.2	22.9	10.7	9.3	11.3
Medium and small	24.3	26.1	26.0	13.7	13.0	13.1
Nonmetropolitan counties:						
Micropolitan	26.0	24.7	26.7	15.5	12.7	11.5
Nonmicropolitan	27.5	30.0	32.1	12.3	14.5	14.9
Not Hispanic or Latino:						
White only:						
Metropolitan counties:						
Large central	21.8	22.3	22.5	6.1	6.2	7.0
Large fringe	22.3	22.7	24.0	6.0	6.2	6.6
Medium and small	26.9	26.6	27.4	8.3	8.3	9.1
Nonmetropolitan counties:						
Micropolitan	29.6	29.4	31.0	9.9	10.8	11.8
Nonmicropolitan	28.7	30.7	32.3	12.1	12.1	13.4
Black or African American only:						
Metropolitan counties:						
Large central	27.4	27.8	28.9	13.8	14.5	14.6
Large fringe	22.0	23.3	25.0	9.4	9.2	10.6
Medium and small	30.9	29.7	33.2	15.0	16.0	17.2
Nonmetropolitan counties:						
Micropolitan	34.0	31.6	35.5	18.6	17.3	16.1
Nonmicropolitan	33.3	32.5	42.3	24.1	24.6	23.0
Percent of poverty level ⁶						
Below 100%:						
Metropolitan counties:						
Large central	36.3	37.2	38.0	23.5	22.6	22.8
Large fringe	39.4	43.5	43.1	20.9	22.0	24.1
Medium and small	45.3	45.1	47.6	25.6	25.0	27.6
Nonmetropolitan counties:						
Micropolitan	48.7	51.1	50.6	27.3	26.3	29.2
Nonmicropolitan	49.9	51.3	56.7	29.5	31.5	33.1
100%–199%:						
Metropolitan counties:						
Large central	27.9	28.2	30.1	14.6	15.0	15.8
Large fringe	33.0	31.8	35.8	14.8	14.7	16.0
Medium and small	36.0	36.6	36.8	16.9	17.2	18.4
Nonmetropolitan counties:						
Micropolitan	39.4	39.3	40.3	18.0	19.9	19.5
Nonmicropolitan	39.4	39.9	41.6	19.8	18.6	21.0
200%–399%:						
Metropolitan counties:						
Large central	21.4	20.9	21.4	8.4	8.6	8.7
Large fringe	24.0	23.5	25.3	7.6	7.3	8.1
Medium and small	27.6	26.2	27.6	8.6	8.6	9.6
Nonmetropolitan counties:						
Micropolitan	26.9	26.6	29.5	8.5	9.5	9.5
Nonmicropolitan	25.0	26.3	26.8	10.2	9.5	9.6
400% or more:						
Metropolitan counties:						
Large central	16.7	16.7	16.7	3.8	4.0	3.9
Large fringe	17.0	17.5	16.8	3.4	3.5	3.2
Medium and small	19.3	18.3	18.7	3.9	3.7	4.1
Nonmetropolitan counties:						
Micropolitan	19.9	17.8	18.8	3.9	4.2	4.0
Nonmicropolitan	16.1	19.1	18.7	4.3	4.8	4.5

See footnotes at end of table.

Table 57 (page 5 of 5). Selected measures of disability and health status among adults 18–64 years of age, by urbanization level and selected characteristics: United States, average annual, 2002–2004 through 2008–2010

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#057>.

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

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

¹Urbanization levels were developed by NCHS using information from the Office of Management and Budget, Department of Agriculture, and Census Bureau. More information on this urban-rural classification scheme is available from: http://www.cdc.gov/nchs/data_access/urban_rural.htm.

The classification codes were applied to county-level data and then aggregated into the five categories presented here. See [Appendix II, Urbanization](#).

²Any basic actions difficulty or complex activity limitation is defined as having one or more of the following limitations or difficulties: movement difficulty, emotional difficulty, sensory (seeing or hearing) difficulty, cognitive difficulty, self-care (Activities of daily living or Instrumental activities of daily living) limitation, social limitation, or work limitation. For more information, see [Appendix II, Basic actions difficulty; Complex activity limitation](#). Starting with 2007 data, the hearing question, a component of the basic actions difficulty measure, was revised. Consequently, data prior to 2007 are not comparable with data for 2007 and beyond. For more information on the impact of the revised hearing question, see [Appendix II, Hearing trouble](#). See related [Table 54](#).

³Based on responses to the question, "Would you say person's health in general is excellent, very good, good, fair, or poor?" See [Appendix II, Health status, respondent-assessed](#). See related [Table 56](#).

⁴See [Appendix II, Geographic region](#).

⁵Persons of Hispanic origin may be of any race. In this table, data are presented for non-Hispanic white only and non-Hispanic black only race groups. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity*. The single-race categories shown in the table conform to the 1997 Standards. Race-specific estimates are for persons who reported only one racial group. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁶Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed. See [Appendix II, Family income; Poverty; Table VI](#).

⁷Estimates are age-adjusted to the year 2000 standard population using four age groups: 18–24 years, 25–34 years, 35–44 years, and 45–64 years. See [Appendix II, Age adjustment](#).

NOTES: Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Health Interview Survey, family core and sample adult questionnaires and the 2006 NCHS urban-rural classification scheme for counties. See [Appendix I, National Health Interview Survey \(NHIS\)](#) and http://www.cdc.gov/nchs/data_access/urban_rural.htm.

Table 58 (page 1 of 5). Selected measures of disability and health status among adults 65 years of age and over, by urbanization level and selected characteristics: United States, average annual, 2002–2004 through 2008–2010

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#058>.

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

Urbanization level ¹ and selected characteristic	Any basic actions difficulty or complex activity limitation ²			Fair or poor respondent-assessed health status ³		
	2002–2004	2005–2007	2008–2010	2002–2004	2005–2007	2008–2010
Geographic region ⁴						
Percent of population, crude						
All regions:						
Metropolitan counties:						
Large central	59.6	61.2	60.2	27.6	27.8	26.8
Large fringe	60.1	59.1	59.1	23.0	22.1	21.0
Medium and small	63.1	64.3	62.5	25.4	25.5	23.9
Nonmetropolitan counties:						
Micropolitan	67.6	64.1	62.9	28.9	27.3	25.8
Nonmicropolitan	66.1	67.4	66.2	30.2	31.0	26.5
Northeast:						
Metropolitan counties:						
Large central	59.7	64.1	56.9	26.7	28.8	28.7
Large fringe	60.1	57.3	57.5	22.8	21.7	19.6
Medium and small	59.4	62.7	61.4	20.4	20.1	21.1
Nonmetropolitan counties:						
Micropolitan	61.4	64.9	55.0	21.2	19.8	16.3
Nonmicropolitan	68.1	51.3	51.6	18.6	*15.7	*
Midwest:						
Metropolitan counties:						
Large central	63.8	67.8	64.7	28.7	29.9	24.6
Large fringe	64.5	63.3	62.4	23.4	21.3	20.7
Medium and small	64.5	64.3	63.6	23.9	23.1	21.0
Nonmetropolitan counties:						
Micropolitan	65.4	66.1	64.3	24.4	23.5	21.9
Nonmicropolitan	62.9	63.7	67.6	21.9	27.0	18.0
South:						
Metropolitan counties:						
Large central	58.1	58.3	61.2	28.1	29.0	27.8
Large fringe	57.4	58.5	59.5	23.6	22.7	22.8
Medium and small	63.5	64.8	62.9	30.5	30.5	28.0
Nonmetropolitan counties:						
Micropolitan	71.2	61.3	61.2	36.3	33.8	32.2
Nonmicropolitan	68.3	71.8	67.9	40.9	37.3	37.1
West:						
Metropolitan counties:						
Large central	58.4	57.8	58.8	27.2	25.2	26.1
Large fringe	59.8	56.7	55.0	21.2	23.6	19.2
Medium and small	64.0	64.8	61.5	20.4	21.9	21.1
Nonmetropolitan counties:						
Micropolitan	66.7	68.2	72.0	23.0	21.2	21.5
Nonmicropolitan	69.5	72.4	65.3	25.4	30.5	24.1
Age						
65–74 years:						
Metropolitan counties:						
Large central	51.7	51.2	50.0	24.1	24.2	22.2
Large fringe	49.0	50.2	49.4	19.2	19.0	17.4
Medium and small	53.5	54.1	54.2	20.8	22.5	20.6
Nonmetropolitan counties:						
Micropolitan	61.1	55.2	56.9	25.9	24.1	22.7
Nonmicropolitan	56.0	58.7	59.0	25.6	28.0	25.4
75 years and over:						
Metropolitan counties:						
Large central	68.4	72.5	71.8	31.6	32.0	31.9
Large fringe	73.0	69.7	70.5	27.4	25.7	25.2
Medium and small	73.8	75.3	72.5	30.5	28.6	27.8
Nonmetropolitan counties:						
Micropolitan	75.4	74.8	71.3	32.3	31.0	29.9
Nonmicropolitan	78.8	78.3	75.0	35.9	34.9	27.9
Sex						
Men:						
Metropolitan counties:						
Large central	53.5	55.7	53.1	26.8	26.1	25.9
Large fringe	55.9	52.5	51.8	24.0	21.7	21.2
Medium and small	60.2	61.6	57.6	24.6	25.0	23.8
Nonmetropolitan counties:						
Micropolitan	63.7	61.8	59.8	30.5	28.6	26.9
Nonmicropolitan	62.8	65.4	66.5	31.8	31.4	27.5

See footnotes at end of table.

Table 58 (page 2 of 5). Selected measures of disability and health status among adults 65 years of age and over, by urbanization level and selected characteristics: United States, average annual, 2002–2004 through 2008–2010

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#058>.

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

Urbanization level ¹ and selected characteristic	Any basic actions difficulty or complex activity limitation ²			Fair or poor respondent-assessed health status ³		
	2002–2004	2005–2007	2008–2010	2002–2004	2005–2007	2008–2010
Sex						
Percent of population, crude						
Women:						
Metropolitan counties:						
Large central	64.2	65.2	65.0	28.2	29.1	27.4
Large fringe	63.5	64.3	64.7	22.3	22.5	20.8
Medium and small	65.2	66.3	66.5	26.0	25.8	23.9
Nonmetropolitan counties:						
Micropolitan	70.3	66.0	65.2	27.7	26.3	24.9
Nonmicropolitan	68.6	68.9	66.0	29.0	30.7	25.7
Hispanic origin and race ⁵						
Hispanic or Latino:						
Metropolitan counties:						
Large central	58.2	58.8	60.6	39.1	36.5	36.8
Large fringe	49.3	55.0	56.5	33.1	38.2	31.3
Medium and small	65.4	63.9	66.6	38.4	42.7	40.4
Nonmetropolitan counties:						
Micropolitan	71.6	61.5	66.0	43.9	30.9	34.6
Nonmicropolitan	77.3	63.4	60.0	*47.9	28.4	47.3
Not Hispanic or Latino:						
White only:						
Metropolitan counties:						
Large central	58.6	60.8	59.9	22.9	24.1	21.9
Large fringe	60.6	59.3	59.4	21.9	20.4	19.2
Medium and small	62.6	64.3	62.6	23.5	23.5	21.5
Nonmetropolitan counties:						
Micropolitan	67.1	63.4	62.1	27.3	25.3	24.0
Nonmicropolitan	64.9	67.7	65.5	28.4	30.6	24.5
Black or African American only:						
Metropolitan counties:						
Large central	66.0	68.9	65.1	37.3	36.1	35.4
Large fringe	63.9	62.1	61.7	33.3	34.8	34.0
Medium and small	67.7	66.5	64.4	43.7	40.0	39.4
Nonmetropolitan counties:						
Micropolitan	71.8	74.0	71.1	45.5	53.9	46.6
Nonmicropolitan	82.5	59.4	83.9	57.4	37.8	46.8
Percent of poverty level ⁶						
Below 100%:						
Metropolitan counties:						
Large central	70.9	75.9	76.6	43.3	43.9	47.2
Large fringe	71.4	76.6	72.3	34.1	40.4	33.8
Medium and small	75.9	78.8	73.1	41.9	40.5	42.1
Nonmetropolitan counties:						
Micropolitan	80.6	78.1	82.4	45.4	46.3	41.7
Nonmicropolitan	77.5	81.9	80.5	44.2	45.7	43.2
100%–199%:						
Metropolitan counties:						
Large central	66.8	68.6	68.0	33.9	35.7	34.6
Large fringe	70.5	67.8	70.7	31.3	30.1	30.2
Medium and small	73.1	71.9	73.0	33.5	32.6	32.3
Nonmetropolitan counties:						
Micropolitan	72.8	75.3	72.2	34.3	36.0	37.3
Nonmicropolitan	71.1	73.5	77.6	35.4	36.2	32.9
200%–399%:						
Metropolitan counties:						
Large central	58.8	61.0	61.0	25.5	24.4	24.6
Large fringe	59.7	59.6	63.3	22.3	22.0	21.7
Medium and small	61.3	64.5	65.7	22.7	24.2	23.0
Nonmetropolitan counties:						
Micropolitan	63.4	62.0	58.7	23.3	22.8	20.7
Nonmicropolitan	61.7	63.0	64.7	24.6	26.8	21.5

See footnotes at end of table.

Table 58 (page 3 of 5). Selected measures of disability and health status among adults 65 years of age and over, by urbanization level and selected characteristics: United States, average annual, 2002–2004 through 2008–2010

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#058>.

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

Urbanization level ¹ and selected characteristic	Any basic actions difficulty or complex activity limitation ²			Fair or poor respondent-assessed health status ³		
	2002–2004	2005–2007	2008–2010	2002–2004	2005–2007	2008–2010
Percent of poverty level ⁶	Percent of population, crude			Percent of population, age-adjusted ⁷		
400% or more:						
Metropolitan counties:						
Large central	47.3	47.0	46.0	16.4	17.4	14.3
Large fringe	50.2	51.0	46.7	15.2	14.8	12.8
Medium and small	50.3	52.4	47.5	14.5	15.1	13.4
Nonmetropolitan counties:						
Micropolitan	57.0	45.6	51.9	17.6	13.3	13.6
Nonmicropolitan	52.5	49.7	40.6	17.7	17.1	15.2
Geographic region ⁴						
All regions:						
Metropolitan counties:						
Large central	60.1	61.4	60.4	27.8	27.9	26.8
Large fringe	60.8	59.7	59.4	23.3	22.4	21.1
Medium and small	63.5	64.3	62.8	25.5	25.5	24.0
Nonmetropolitan counties:						
Micropolitan	68.1	64.7	63.7	29.0	27.5	26.1
Nonmicropolitan	67.0	68.0	66.9	30.5	31.3	26.6
Northeast:						
Metropolitan counties:						
Large central	59.9	63.8	57.5	26.8	28.8	28.8
Large fringe	59.0	57.2	56.8	22.6	21.7	19.6
Medium and small	58.9	61.3	61.0	19.9	20.0	20.9
Nonmetropolitan counties:						
Micropolitan	61.3	63.6	56.1	21.1	19.1	*16.6
Nonmicropolitan	71.4	57.8	54.4	18.5	*16.1	*
Midwest:						
Metropolitan counties:						
Large central	64.2	68.7	64.7	28.8	29.9	24.6
Large fringe	65.4	63.5	63.3	23.7	21.5	21.0
Medium and small	65.0	64.1	63.9	24.1	23.0	21.1
Nonmetropolitan counties:						
Micropolitan	65.6	65.7	63.5	24.4	23.3	21.7
Nonmicropolitan	63.0	63.2	66.9	21.9	26.8	17.9
South:						
Metropolitan counties:						
Large central	58.5	59.0	61.2	28.3	29.3	27.9
Large fringe	59.5	60.0	60.2	24.1	23.2	23.3
Medium and small	64.3	65.4	64.0	30.8	30.6	28.4
Nonmetropolitan counties:						
Micropolitan	72.2	63.1	63.1	36.3	34.4	32.9
Nonmicropolitan	69.4	72.6	69.7	40.9	37.4	37.5
West:						
Metropolitan counties:						
Large central	59.0	57.6	59.0	27.4	25.3	26.1
Large fringe	60.2	58.3	56.3	21.8	23.8	19.3
Medium and small	64.5	64.7	61.2	20.4	21.9	21.3
Nonmetropolitan counties:						
Micropolitan	67.6	68.7	71.6	23.3	21.4	21.9
Nonmicropolitan	71.9	73.2	66.7	26.3	31.5	24.0
Sex						
Men:						
Metropolitan counties:						
Large central	54.4	57.5	54.2	27.1	26.7	26.3
Large fringe	57.9	54.1	53.9	24.9	22.2	21.8
Medium and small	61.8	62.7	58.6	25.4	25.5	24.3
Nonmetropolitan counties:						
Micropolitan	64.7	63.0	61.3	31.0	29.0	27.6
Nonmicropolitan	65.6	66.6	67.7	32.8	32.1	27.7
Women:						
Metropolitan counties:						
Large central	64.4	64.7	64.7	28.1	28.9	27.1
Large fringe	63.2	64.1	63.7	22.2	22.4	20.5
Medium and small	64.8	65.5	66.3	25.6	25.6	23.8
Nonmetropolitan counties:						
Micropolitan	70.2	66.0	65.6	27.7	26.2	25.0
Nonmicropolitan	68.3	69.0	66.3	28.9	30.8	25.7

See footnotes at end of table.

Table 58 (page 4 of 5). Selected measures of disability and health status among adults 65 years of age and over, by urbanization level and selected characteristics: United States, average annual, 2002–2004 through 2008–2010

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#058>.

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

Urbanization level ¹ and selected characteristic	Any basic actions difficulty or complex activity limitation ²			Fair or poor respondent-assessed health status ³		
	2002–2004	2005–2007	2008–2010	2002–2004	2005–2007	2008–2010
Hispanic origin and race ⁵	Percent of population, age-adjusted ⁷					
Hispanic or Latino:						
Metropolitan counties:						
Large central	60.9	60.7	61.9	40.3	37.6	37.3
Large fringe	54.7	57.2	57.7	34.8	40.2	33.0
Medium and small	67.3	67.1	68.8	39.4	44.8	41.6
Nonmetropolitan counties:						
Micropolitan	74.4	66.7	63.5	44.0	33.1	36.1
Nonmicropolitan	85.6	64.2	64.3	59.7	*27.6	47.6
Not Hispanic or Latino:						
White only:						
Metropolitan counties:						
Large central	58.4	60.0	59.3	22.7	23.9	21.4
Large fringe	60.8	59.4	59.3	22.0	20.5	19.1
Medium and small	62.9	64.0	62.7	23.5	23.4	21.6
Nonmetropolitan counties:						
Micropolitan	67.4	63.8	63.0	27.3	25.4	24.3
Nonmicropolitan	65.8	68.2	66.0	28.7	30.8	24.5
Black or African American only:						
Metropolitan counties:						
Large central	67.7	70.4	65.6	37.7	36.5	36.2
Large fringe	67.6	64.6	63.7	34.4	36.1	34.2
Medium and small	68.4	68.1	65.8	44.0	40.7	39.8
Nonmetropolitan counties:						
Micropolitan	75.0	76.0	72.5	46.3	54.9	47.3
Nonmicropolitan	82.6	61.2	84.5	57.2	37.3	47.6
Percent of poverty level ⁶						
Below 100%:						
Metropolitan counties:						
Large central	71.8	75.9	76.3	43.5	43.9	47.1
Large fringe	69.6	76.2	71.5	33.8	40.4	34.1
Medium and small	75.6	78.2	72.8	41.9	40.9	42.0
Nonmetropolitan counties:						
Micropolitan	80.1	76.7	81.9	45.6	45.8	42.0
Nonmicropolitan	77.2	81.8	80.3	44.3	45.6	43.4
100%–199%:						
Metropolitan counties:						
Large central	66.3	67.6	66.5	33.8	35.7	34.3
Large fringe	68.8	66.5	68.4	31.2	30.3	30.0
Medium and small	72.0	70.9	72.3	33.1	32.7	32.2
Nonmetropolitan counties:						
Micropolitan	72.0	75.3	72.0	34.3	36.1	37.4
Nonmicropolitan	70.7	73.5	77.5	35.2	36.3	33.0
200%–399%:						
Metropolitan counties:						
Large central	58.7	61.1	60.1	25.4	24.4	24.3
Large fringe	60.6	60.0	63.2	22.6	22.1	21.6
Medium and small	61.8	64.3	65.5	22.9	24.1	23.0
Nonmetropolitan counties:						
Micropolitan	64.6	63.0	59.8	23.7	23.1	21.1
Nonmicropolitan	63.7	64.0	65.8	25.5	27.0	21.7
400% or more:						
Metropolitan counties:						
Large central	49.4	49.0	49.4	17.6	18.9	15.4
Large fringe	54.1	53.6	50.0	17.0	16.2	14.0
Medium and small	53.9	55.0	50.2	16.4	16.3	14.9
Nonmetropolitan counties:						
Micropolitan	58.9	50.2	55.0	19.1	14.6	15.5
Nonmicropolitan	58.6	53.3	44.6	19.4	19.4	16.7

See footnotes at end of table.

Table 58 (page 5 of 5). Selected measures of disability and health status among adults 65 years of age and over, by urbanization level and selected characteristics: United States, average annual, 2002–2004 through 2008–2010

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#058>.

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

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

¹Urbanization levels were developed by NCHS using information from the Office of Management and Budget, Department of Agriculture, and Census Bureau. More information on this urban-rural classification scheme is available from: http://www.cdc.gov/nchs/data_access/urban_rural.htm.

The classification codes were applied to county-level data and then aggregated into the five categories presented here. See [Appendix II, Urbanization](#).

²Any basic actions difficulty or complex activity limitation is defined as having one or more of the following limitations or difficulties: movement difficulty, emotional difficulty, sensory (seeing or hearing) difficulty, cognitive difficulty, self-care (Activities of daily living or Instrumental activities of daily living) limitation, social limitation, or work limitation. For more information, see [Appendix II, Basic actions difficulty; Complex activity limitation](#). Starting with 2007 data, the hearing question, a component of the basic actions difficulty measure, was revised. Consequently, data prior to 2007 are not comparable with data for 2007 and beyond. For more information on the impact of the revised hearing question, see [Appendix II, Hearing trouble](#). See related [Table 54](#).

³Based on responses to the question, "Would you say person's health in general is excellent, very good, good, fair, or poor?" See [Appendix II, Health status, respondent-assessed](#). See related [Table 56](#).

⁴See [Appendix II, Geographic region](#).

⁵Persons of Hispanic origin may be of any race. In this table, data are presented for non-Hispanic white only and non-Hispanic black only race groups. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity*. The single-race categories shown in the table conform to the 1997 Standards. Race-specific estimates are for persons who reported only one racial group. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁶Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed. See [Appendix II, Family income; Poverty; Table VI](#).

⁷Estimates are age-adjusted to the year 2000 standard population using three age groups: 65–74 years, 75–84 years, and 85 years and over. See [Appendix II, Age adjustment](#).

NOTES: Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Health Interview Survey, family core and sample adult questionnaires and the 2006 NCHS urban-rural classification scheme for counties. See [Appendix I, National Health Interview Survey \(NHIS\)](#) and http://www.cdc.gov/nchs/data_access/urban_rural.htm.

Table 59 (page 1 of 2). Serious psychological distress in the past 30 days among adults 18 years of age and over, by selected characteristics: United States, average annual, selected years 1997–1998 through 2009–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#059>.

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

Characteristic	1997–1998	1999–2000	2001–2002	2004–2005	2007–2008	2009–2010
Percent of persons with serious psychological distress ¹						
18 years and over, age-adjusted ^{2,3}	3.2	2.6	3.1	3.0	2.9	3.2
18 years and over, crude ³	3.2	2.6	3.1	3.0	2.9	3.3
Age						
18–44 years	2.9	2.3	2.9	2.8	2.7	3.1
18–24 years	2.7	2.2	2.8	2.5	2.3	2.4
25–44 years	3.0	2.4	3.0	2.9	2.8	3.4
45–64 years	3.7	3.2	3.9	3.7	3.6	4.1
45–54 years	3.9	3.5	4.2	3.9	3.6	4.1
55–64 years	3.4	2.6	3.4	3.4	3.6	4.0
65 years and over	3.1	2.4	2.4	2.5	2.4	2.1
65–74 years	2.5	2.3	2.4	2.2	2.4	2.0
75 years and over	3.8	2.5	2.4	2.9	2.4	2.3
Sex ²						
Male	2.5	2.0	2.4	2.3	2.2	2.8
Female	3.8	3.1	3.8	3.7	3.5	3.7
Race ^{2,4}						
White only	3.1	2.5	3.0	2.9	2.9	3.2
Black or African American only	4.0	2.9	3.5	3.6	3.2	3.8
American Indian or Alaska Native only	7.8	*7.2	8.1	*3.5	*	*5.2
Asian only	2.0	*1.4	*1.8	1.7	*1.0	1.6
Native Hawaiian or Other Pacific Islander only	---	*	*	*	*	*
2 or more races	---	4.8	5.0	7.9	5.9	5.2
Hispanic origin and race ^{2,4}						
Hispanic or Latino	5.0	3.5	4.0	3.7	3.6	3.6
Mexican	5.2	2.9	3.8	3.6	3.3	2.8
Not Hispanic or Latino	3.0	2.5	3.1	3.0	2.8	3.2
White only	2.9	2.4	3.0	2.9	2.9	3.1
Black or African American only	3.9	2.9	3.5	3.6	3.1	3.8
Percent of poverty level ^{2,5}						
Below 100%	9.1	6.8	8.4	8.6	8.3	8.4
100%–199%	5.0	4.4	5.2	5.0	4.7	4.8
200%–399%	2.5	2.3	2.8	2.5	2.4	2.8
400% or more	1.3	1.2	1.3	1.1	1.1	1.2
Hispanic origin and race and percent of poverty level ^{2,4,5}						
Hispanic or Latino:						
Below 100%	8.6	6.1	7.5	6.6	7.0	6.4
100%–199%	5.4	3.8	4.1	3.9	4.5	4.1
200%–399%	3.4	2.1	3.5	2.6	2.2	2.6
400% or more	*	2.3	*	*1.9	*1.6	*1.5
Not Hispanic or Latino:						
White only:						
Below 100%	9.6	7.8	9.2	10.2	10.7	10.1
100%–199%	5.2	4.9	5.9	5.6	5.4	5.5
200%–399%	2.5	2.3	2.9	2.6	2.6	3.2
400% or more	1.3	1.1	1.3	1.1	1.0	1.1
Black or African American only:						
Below 100%	8.7	6.0	7.2	7.6	6.2	8.3
100%–199%	4.3	3.6	4.9	4.8	3.6	3.5
200%–399%	2.2	*1.7	2.3	2.1	2.4	2.5
400% or more	*	*1.0	*	*	*	*1.6

See footnotes at end of table.

Table 59 (page 2 of 2). Serious psychological distress in the past 30 days among adults 18 years of age and over, by selected characteristics: United States, average annual, selected years 1997–1998 through 2009–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#059>.

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

Characteristic	1997–1998	1999–2000	2001–2002	2004–2005	2007–2008	2009–2010
Geographic region ²						
Percent of persons with serious psychological distress ¹						
Northeast	2.7	1.9	2.8	2.5	2.6	3.1
Midwest	2.6	2.5	2.9	2.7	2.7	3.3
South	3.8	2.9	3.5	3.7	3.3	3.5
West	3.3	2.8	3.0	2.8	2.7	2.9
Location of residence ²						
Within MSA ⁶	3.0	2.3	3.0	2.8	2.7	3.1
Outside MSA ⁶	3.9	3.5	3.8	4.0	3.7	4.1

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

--- Data not available.

¹Serious psychological distress is measured by a six-question scale that asks respondents how often they experienced each of six symptoms of psychological distress in the past 30 days. See [Appendix II, Serious psychological distress](#).

²Estimates are age-adjusted to the year 2000 standard population using five age groups: 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See [Appendix II, Age adjustment](#).

³Includes all other races not shown separately.

⁴The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Prior to 1999, data were tabulated according to the 1977 Standards with four racial groups, and the Asian only category included Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁵Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed for 1997 and beyond. See [Appendix II, Family income; Poverty; Table VI](#).

⁶MSA is metropolitan statistical area. Starting with 2006–2007 data (shown in spreadsheet), MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2006, see [Appendix II, Metropolitan statistical area \(MSA\)](#) for the applicable standards.

NOTES: Standard errors for selected years are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Health Interview Survey, sample adult questionnaire. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 60 (page 2 of 2). Current cigarette smoking among adults 18 years of age and over, by sex, race, and age: United States, selected years 1965–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#060>.

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

Sex, race, and age	1965 ¹	1974 ¹	1979 ¹	1985 ¹	1990 ¹	1995 ¹	2000	2005	2008	2009	2010
Black or African American female ⁴	Percent of persons who were current cigarette smokers ³										
18–44 years	42.9	41.1	34.7	33.5	22.8	24.0	20.8	16.9	18.0	18.3	17.1
18–24 years	37.1	35.6	31.8	23.7	10.0	*8.8	14.2	14.2	16.6	13.3	14.2
25–34 years	47.8	42.2	35.2	36.2	29.1	26.7	15.5	16.9	17.6	20.1	19.3
35–44 years	42.8	46.4	37.7	40.2	25.5	31.9	30.2	19.0	19.6	20.0	17.2
45–64 years	25.7	38.9	34.2	33.4	22.6	27.5	25.6	21.0	21.3	22.7	19.8
45–54 years	32.3	46.2	36.2	36.4	26.5	28.3	26.5	22.2	24.9	23.5	20.4
55–64 years	16.5	29.3	31.9	29.8	17.6	26.3	24.2	19.1	15.9	21.4	18.9
65 years and over	7.1	*8.9	*8.5	14.5	11.1	13.3	10.2	10.0	8.1	11.5	9.4

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

¹Data prior to 1997 are not strictly comparable with data for later years due to the 1997 questionnaire redesign. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

²Estimates are age-adjusted to the year 2000 standard population using five age groups: 18–24 years, 25–34 years, 35–44 years, 45–64 years, 65 years and over. Age-adjusted estimates in this table may differ from other age-adjusted estimates based on the same data and presented elsewhere if different age groups are used in the adjustment procedure. See [Appendix II, Age adjustment](#).

³Starting with 1993 data (shown in spreadsheet version), current cigarette smokers were defined as ever smoking 100 cigarettes in their lifetime and smoking now every day or some days. For previous definition, see [Appendix II, Cigarette smoking](#).

⁴The race groups, white and black, include persons of Hispanic and non-Hispanic origin. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The single-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group. Prior to 1999, data were tabulated according to the 1977 Standards. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#). For additional data on cigarette smoking by racial groups, see [Table 62](#).

NOTES: Standard errors for selected years are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Health Interview Survey. Data are from the core questionnaire (1965) and the following questionnaire supplements: hypertension (1974), smoking (1979), alcohol and health practices (1983), health promotion and disease prevention (1985, 1990–1991), cancer control and cancer epidemiology (1992), and year 2000 objectives (1993–1995). Starting with 1997, data are from the family core and sample adult questionnaires. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 61. Age-adjusted prevalence of current cigarette smoking among adults 25 years of age and over, by sex, race, and education level: United States, selected years 1974–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#061>.

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

Sex, race, and education level	1974 ¹	1979 ¹	1985 ¹	1990 ¹	1995 ¹	2000	2005	2008	2009	2010
25 years and over, age-adjusted ²	Percent of persons who were current cigarette smokers ³									
All persons ⁴	36.9	33.1	30.0	25.4	24.5	22.6	20.3	20.5	20.4	19.2
No high school diploma or GED	43.7	40.7	40.8	36.7	35.6	31.6	28.2	29.8	28.9	26.9
High school diploma or GED	36.2	33.6	32.0	29.1	29.1	29.2	27.0	28.1	28.7	27.0
Some college, no bachelor's degree	35.9	33.2	29.5	23.4	22.6	21.7	21.8	22.1	21.4	21.3
Bachelor's degree or higher	27.2	22.6	18.5	13.9	13.6	10.9	9.1	8.5	9.0	8.3
All males ⁴	42.9	37.3	32.8	28.2	26.4	24.7	22.7	22.6	22.4	21.0
No high school diploma or GED	52.3	47.6	45.7	42.0	39.7	36.0	31.7	32.5	32.3	29.7
High school diploma or GED	42.4	38.9	35.5	33.1	32.7	32.1	29.9	31.4	31.4	29.3
Some college, no bachelor's degree	41.8	36.5	32.9	25.9	23.7	23.3	24.9	24.3	23.0	23.2
Bachelor's degree or higher	28.3	22.7	19.6	14.5	13.8	11.6	9.7	9.1	9.6	8.7
White males ^{4,5}	41.9	36.7	31.7	27.6	25.9	24.7	22.4	22.6	22.7	21.0
No high school diploma or GED	51.5	47.6	45.0	41.8	38.7	38.2	31.6	33.1	32.2	29.4
High school diploma or GED	42.0	38.5	34.8	32.9	32.9	32.4	30.0	31.9	32.4	29.6
Some college, no bachelor's degree	41.6	36.4	32.2	25.4	23.3	23.5	24.5	23.7	22.4	23.4
Bachelor's degree or higher	27.8	22.5	19.1	14.4	13.4	11.3	9.3	9.1	9.6	8.8
Black or African American males ^{4,5}	53.4	44.4	42.1	34.5	31.6	26.4	26.5	25.9	23.7	23.9
No high school diploma or GED	58.1	49.7	50.5	41.6	41.9	38.2	35.9	35.0	39.1	34.4
High school diploma or GED	*50.7	48.6	41.8	37.4	36.6	29.0	30.1	28.3	26.0	28.8
Some college, no bachelor's degree	*45.3	39.2	41.8	28.1	26.4	19.9	27.4	29.5	26.5	24.2
Bachelor's degree or higher	*41.4	*36.8	*32.0	*20.8	*17.3	14.6	10.0	*10.0	9.9	8.1
All females ⁴	32.0	29.5	27.5	22.9	22.9	20.5	18.0	18.4	18.5	17.5
No high school diploma or GED	36.6	34.8	36.5	31.8	31.7	27.1	24.6	27.0	24.8	23.7
High school diploma or GED	32.2	29.8	29.5	26.1	26.4	26.6	24.1	25.0	26.1	24.9
Some college, no bachelor's degree	30.1	30.0	26.3	21.0	21.6	20.4	19.1	20.1	20.0	19.6
Bachelor's degree or higher	25.9	22.5	17.1	13.3	13.3	10.1	8.5	8.1	8.4	7.9
White females ^{4,5}	31.7	29.7	27.3	23.3	23.1	21.0	18.6	19.4	19.0	18.3
No high school diploma or GED	36.8	35.8	36.7	33.4	32.4	28.4	24.6	28.4	24.4	24.0
High school diploma or GED	31.9	29.9	29.4	26.5	26.8	27.8	25.9	27.1	26.5	25.8
Some college, no bachelor's degree	30.4	30.7	26.7	21.2	22.2	21.1	19.5	21.6	21.2	21.0
Bachelor's degree or higher	25.5	21.9	16.5	13.4	13.5	10.2	9.1	8.5	9.1	8.7
Black or African American females ^{4,5}	35.6	30.3	32.0	22.4	25.7	21.6	17.5	17.5	19.3	17.0
No high school diploma or GED	36.1	31.6	39.4	26.3	32.3	31.1	27.8	28.9	31.0	25.8
High school diploma or GED	40.9	32.6	32.1	24.1	27.8	25.4	18.2	20.0	27.3	22.9
Some college, no bachelor's degree	32.3	*28.9	23.9	22.7	20.8	20.4	17.5	15.9	16.2	15.0
Bachelor's degree or higher	*36.3	*43.3	26.6	17.0	17.3	10.8	*6.6	*9.3	*7.3	*6.6

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

¹Data prior to 1997 are not strictly comparable with data for later years due to the 1997 questionnaire redesign. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

²Estimates are age-adjusted to the year 2000 standard population using four age groups: 25–34 years, 35–44 years, 45–64 years, and 65 years and over. See [Appendix II, Age adjustment](#). For age groups where smoking was 0% or 100%, the age-adjustment procedure was modified to substitute the percentage smoking from the next lower education group.

³Starting with 1993 data (shown in spreadsheet version), current cigarette smokers were defined as ever smoking 100 cigarettes in their lifetime and smoking now every day or some days. For previous definition, see [Appendix II, Cigarette smoking](#).

⁴Includes unknown education level. Education categories shown are for 1997 and subsequent years. GED is General Educational Development high school equivalency diploma. In 1974–1995 the following categories based on number of years of school completed were used: less than 12 years, 12 years, 13–15 years, 16 years or more. See [Appendix II, Education](#).

⁵The race groups, white and black, include persons of Hispanic and non-Hispanic origin. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The single-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group. Prior to 1999, data were tabulated according to the 1977 Standards. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#). For additional data on cigarette smoking by racial groups, see [Table 62](#).

NOTES: Standard errors for selected years are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Health Interview Survey. Data are from the following questionnaire supplements: hypertension (1974), smoking (1979), alcohol and health practices (1983), health promotion and disease prevention (1985, 1990–1991), cancer control and cancer epidemiology (1992), and year 2000 objectives (1993–1995). Starting with 1997, data are from the family core and sample adult questionnaires. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 62 (page 1 of 3). Current cigarette smoking among adults, by sex, race, Hispanic origin, age, and education level: United States, average annual, selected years 1990–1992 through 2008–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#062>.

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

Characteristic	Male			Female		
	1990–1992 ¹	1999–2001	2008–2010	1990–1992 ¹	1999–2001	2008–2010
18 years and over, age-adjusted ²	Percent of persons who were current cigarette smokers ³					
All persons ⁴	27.9	25.0	22.4	23.7	21.1	18.0
Race ⁵						
White only	27.4	25.1	22.6	24.3	22.2	18.8
Black or African American only	33.9	27.2	23.7	23.1	19.7	17.5
American Indian or Alaska Native only	34.2	30.3	25.1	36.7	34.7	21.0
Asian only	24.8	20.3	15.3	6.3	6.7	5.5
Native Hawaiian or Other Pacific Islander only	---	*	*	---	*	*
2 or more races	---	34.4	27.7	---	30.7	20.9
American Indian or Alaska Native; White	---	38.7	34.6	---	38.9	26.5
Hispanic origin and race ⁵						
Hispanic or Latino	25.7	22.2	17.3	15.8	12.1	9.6
Mexican	26.2	21.9	17.5	14.8	10.6	8.4
Not Hispanic or Latino	28.1	25.5	23.4	24.4	22.3	19.5
White only	27.7	25.5	23.9	25.2	23.5	20.9
Black or African American only	33.9	27.2	24.0	23.2	19.7	17.7
18 years and over, crude						
All persons ⁴	28.4	25.5	22.7	23.6	21.0	17.8
Race ⁵						
White only	27.8	25.4	22.7	24.1	21.7	18.4
Black or African American only	33.2	27.5	24.4	23.3	19.8	17.9
American Indian or Alaska Native only	35.5	31.8	25.6	37.3	36.9	21.6
Asian only	24.9	21.4	15.7	6.3	6.9	5.6
Native Hawaiian or Other Pacific Islander only	---	*	*	---	*	*
2 or more races	---	35.9	29.2	---	31.5	21.9
American Indian or Alaska Native; White	---	41.1	33.9	---	40.1	27.5
Hispanic origin and race ⁵						
Hispanic or Latino	26.5	23.2	18.4	16.6	12.6	9.8
Mexican	27.1	22.8	18.6	15.0	11.0	8.5
Not Hispanic or Latino	28.5	25.8	23.4	24.2	21.9	19.0
White only	28.0	25.5	23.6	24.8	22.7	20.0
Black or African American only	33.3	27.5	24.7	23.3	19.8	18.0
Age and Hispanic origin and race ⁵						
18–24 years:						
Hispanic or Latino	19.3	22.6	19.3	12.8	12.9	8.0
Not Hispanic or Latino:						
White only	28.9	32.7	28.2	28.7	30.8	21.2
Black or African American only	17.7	21.9	18.4	10.8	13.0	14.9
25–34 years:						
Hispanic or Latino	29.9	23.2	20.1	19.2	12.5	9.6
Not Hispanic or Latino:						
White only	32.7	30.8	30.8	30.9	27.4	26.5
Black or African American only	34.6	23.3	25.7	29.2	16.9	19.1
35–44 years:						
Hispanic or Latino	32.1	25.3	18.2	19.9	14.1	10.4
Not Hispanic or Latino:						
White only	32.3	29.6	26.5	27.3	28.3	24.7
Black or African American only	44.1	32.0	23.2	31.3	27.5	19.0
45–64 years:						
Hispanic or Latino	26.6	24.7	19.2	17.1	13.5	12.2
Not Hispanic or Latino:						
White only	28.4	25.1	24.1	26.1	22.1	21.0
Black or African American only	38.0	34.0	31.7	26.1	23.6	21.6
65 years and over:						
Hispanic or Latino	16.1	12.6	8.2	6.6	5.9	5.5
Not Hispanic or Latino:						
White only	14.2	10.0	9.8	12.3	9.8	9.5
Black or African American only	25.2	17.6	13.7	10.7	11.0	9.8

See footnotes at end of table.

Table 62 (page 2 of 3). Current cigarette smoking among adults, by sex, race, Hispanic origin, age, and education level: United States, average annual, selected years 1990–1992 through 2008–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hsus/contents2011.htm#062>.

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

Characteristic	Male			Female		
	1990–1992 ¹	1999–2001	2008–2010	1990–1992 ¹	1999–2001	2008–2010
Percent of poverty level ^{2,6}						
Percent of persons who were current cigarette smokers ³						
Below 100%	40.5	36.5	32.5	30.7	29.1	28.6
100%–199%	35.0	32.8	29.3	26.9	25.6	22.8
200%–399%	26.5	27.3	24.3	22.6	22.3	18.5
400% or more	22.5	18.8	16.0	19.0	15.9	11.8
Hispanic origin and race and percent of poverty level ^{2,4,6}						
Hispanic or Latino:						
Below 100%	29.2	25.3	20.2	16.3	14.4	11.4
100%–199%	29.5	22.0	17.8	16.0	11.8	8.7
200%–399%	23.7	23.6	16.6	15.9	12.0	10.2
400% or more	19.7	18.1	15.1	13.6	9.4	7.9
Not Hispanic or Latino:						
White only:						
Below 100%	44.2	40.7	40.6	37.8	38.3	39.4
100%–199%	36.3	37.5	35.3	31.1	32.0	30.7
200%–399%	26.4	28.5	27.4	23.7	24.8	21.9
400% or more	22.5	19.1	16.3	19.5	17.1	13.1
Black or African American only:						
Below 100%	43.5	40.6	36.5	28.9	27.7	29.1
100%–199%	36.0	33.9	30.4	20.3	21.3	19.6
200%–399%	31.4	24.9	20.7	21.4	17.3	13.2
400% or more	24.3	17.9	15.6	19.2	12.6	8.2
Disability measure ⁷						
Any basic actions difficulty or complex activity limitation	---	33.1	30.3	---	28.1	26.8
Any basic actions difficulty	---	33.2	30.5	---	28.2	27.0
Any complex activity limitation	---	37.6	33.2	---	30.6	31.5
No disability	---	22.8	19.8	---	18.8	14.6
Education, Hispanic origin, and race ^{5,8}						
25 years and over, age-adjusted ⁹						
No high school diploma or GED:						
Hispanic or Latino	30.2	24.3	18.5	15.8	12.1	8.6
Not Hispanic or Latino:						
White only	46.1	43.5	45.1	40.4	39.3	44.0
Black or African American only	45.4	40.0	37.2	31.3	29.4	29.9
High school diploma or GED:						
Hispanic or Latino	29.6	24.1	20.3	18.4	12.5	11.4
Not Hispanic or Latino:						
White only	32.9	31.8	34.4	28.4	29.2	30.3
Black or African American only	38.2	31.4	27.8	25.4	23.0	23.7
Some college or more:						
Hispanic or Latino	20.4	17.1	12.9	14.3	11.1	9.9
Not Hispanic or Latino:						
White only	19.3	17.6	15.9	18.1	16.7	15.5
Black or African American only	25.6	19.2	19.8	22.8	16.9	12.7

See footnotes at end of table.

Table 62 (page 3 of 3). Current cigarette smoking among adults, by sex, race, Hispanic origin, age, and education level: United States, average annual, selected years 1990–1992 through 2008–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#062>.

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

-- Data not available.

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

¹Data prior to 1997 are not strictly comparable with data for later years due to the 1997 questionnaire redesign. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

²Estimates are age-adjusted to the year 2000 standard population using five age groups: 18–24 years, 25–34 years, 35–44 years, 45–64 years, and 65 years and over. See [Appendix II, Age adjustment](#). For age groups where smoking is 0% or 100%, the age-adjustment procedure was modified to substitute the percentage smoking from the previous 3-year period.

³Starting with 1993 data, current cigarette smokers were defined as ever smoking 100 cigarettes in their lifetime and smoking now every day or some days. For previous definition, see [Appendix II, Cigarette smoking](#).

⁴Includes all other races not shown separately, unknown education level, and unknown disability measure.

⁵The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Starting with 1999–2001 data, race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Prior to 1999, data were tabulated according to the 1977 Standards with four racial groups, and the Asian only category included Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁶Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed for 1990 and beyond. See [Appendix II, Family income; Poverty; Table VI](#).

⁷Any basic actions difficulty or complex activity limitation is defined as having one or more of the following limitations or difficulties: movement difficulty, emotional difficulty, sensory (seeing or hearing) difficulty, cognitive difficulty, self-care (Activities of daily living or Instrumental activities of daily living) limitation, social limitation, or work limitation. For more information, see [Appendix II, Basic actions difficulty; Complex activity limitation](#). Starting with 2007 data, the hearing question, a component of the basic actions difficulty measure, was revised. Consequently, data prior to 2007 are not comparable with data for 2007 and beyond. For more information on the impact of the revised hearing question, see [Appendix II, Hearing trouble](#).

⁸Education categories shown are for 1997 and subsequent years. GED is General Educational Development high school equivalency diploma. In years prior to 1997, the following categories based on number of years of school completed were used: less than 12 years, 12 years, 13 years or more. See [Appendix II, Education](#).

⁹Estimates are age-adjusted to the year 2000 standard using four age groups: 25–34 years, 35–44 years, 45–64 years, and 65 years and over. See [Appendix II, Age adjustment](#).

NOTES: Standard errors for selected years are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Health Interview Survey. Data are from the following questionnaire supplements: health promotion and disease prevention (1990–1991), cancer control and cancer epidemiology (1992), and year 2000 objectives (1993–1995). Starting with 1997, data are from the family core and sample adult questionnaires. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 63 (page 1 of 5). Current cigarette smoking among adults 18–64 years of age, by urbanization level and selected characteristics: United States, average annual, 2002–2004 through 2008–2010

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#063>.

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

Urbanization level ¹ and selected characteristic	Current cigarette smoking ²		
	2002–2004	2005–2007	2008–2010
Geographic region ³	Percent of population, crude		
All regions:			
Metropolitan counties:			
Large central	21.1	20.4	18.5
Large fringe	21.5	19.5	20.7
Medium and small	25.4	24.6	23.7
Nonmetropolitan counties:			
Micropolitan	30.1	28.1	30.2
Nonmicropolitan	30.2	26.6	27.7
Northeast:			
Metropolitan counties:			
Large central	21.4	20.4	17.3
Large fringe	20.6	18.0	20.8
Medium and small	23.7	24.0	21.6
Nonmetropolitan counties:			
Micropolitan	30.2	29.0	29.8
Nonmicropolitan	31.0	20.9	22.9
Midwest:			
Metropolitan counties:			
Large central	26.5	25.8	23.2
Large fringe	23.9	24.3	23.5
Medium and small	27.5	27.0	25.5
Nonmetropolitan counties:			
Micropolitan	30.8	27.7	30.4
Nonmicropolitan	29.1	25.5	26.7
South:			
Metropolitan counties:			
Large central	22.6	21.0	19.7
Large fringe	21.6	18.8	20.1
Medium and small	27.5	25.9	25.4
Nonmetropolitan counties:			
Micropolitan	30.7	29.1	31.2
Nonmicropolitan	32.5	28.6	30.5
West:			
Metropolitan counties:			
Large central	17.1	16.9	15.9
Large fringe	18.4	15.0	16.6
Medium and small	19.9	20.0	20.3
Nonmetropolitan counties:			
Micropolitan	26.4	24.7	26.0
Nonmicropolitan	*22.2	25.8	*25.6
Age			
18–44 years:			
Metropolitan counties:			
Large central	21.4	20.3	18.2
Large fringe	22.2	19.8	21.7
Medium and small	27.0	26.2	24.0
Nonmetropolitan counties:			
Micropolitan	32.5	30.0	31.6
Nonmicropolitan	33.0	28.7	29.8
45–64 years:			
Metropolitan counties:			
Large central	20.6	20.6	19.0
Large fringe	20.5	19.0	19.3
Medium and small	23.0	22.2	23.3
Nonmetropolitan counties:			
Micropolitan	26.4	25.9	28.5
Nonmicropolitan	26.6	24.2	25.6
Sex			
Men:			
Metropolitan counties:			
Large central	24.7	23.8	21.8
Large fringe	23.6	22.0	23.1
Medium and small	27.4	27.7	26.2
Nonmetropolitan counties:			
Micropolitan	32.3	30.3	32.5
Nonmicropolitan	33.1	28.2	29.2

See footnotes at end of table.

Table 63 (page 2 of 5). Current cigarette smoking among adults 18–64 years of age, by urbanization level and selected characteristics: United States, average annual, 2002–2004 through 2008–2010

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#063>.

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

Urbanization level ¹ and selected characteristic	Current cigarette smoking ²		
	2002–2004	2005–2007	2008–2010
Sex	Percent of population, crude		
Women:			
Metropolitan counties:			
Large central	17.7	17.1	15.3
Large fringe	19.5	17.1	18.3
Medium and small	23.5	21.6	21.3
Nonmetropolitan counties:			
Micropolitan	28.1	26.1	27.9
Nonmicropolitan	27.2	25.0	26.4
Hispanic origin and race ⁴			
Hispanic or Latino:			
Metropolitan counties:			
Large central	16.1	14.2	14.5
Large fringe	15.5	14.5	13.2
Medium and small	17.6	17.0	15.4
Nonmetropolitan counties:			
Micropolitan	23.2	20.9	21.9
Nonmicropolitan	22.9	23.4	16.8
Not Hispanic or Latino:			
White only:			
Metropolitan counties:			
Large central	23.6	23.5	20.2
Large fringe	23.3	21.0	23.2
Medium and small	26.7	26.0	25.3
Nonmetropolitan counties:			
Micropolitan	31.1	28.9	31.6
Nonmicropolitan	30.2	27.1	28.7
Black or African American only:			
Metropolitan counties:			
Large central	23.7	24.5	22.3
Large fringe	17.4	16.8	17.3
Medium and small	24.6	24.8	24.7
Nonmetropolitan counties:			
Micropolitan	22.7	25.0	28.4
Nonmicropolitan	27.3	18.5	24.6
Percent of poverty level ⁵			
Below 100%:			
Metropolitan counties:			
Large central	26.2	24.6	23.5
Large fringe	27.9	30.5	33.2
Medium and small	34.9	32.0	33.7
Nonmetropolitan counties:			
Micropolitan	37.9	41.1	44.0
Nonmicropolitan	42.1	37.5	40.7
100%–199%:			
Metropolitan counties:			
Large central	23.1	21.8	21.9
Large fringe	29.0	26.8	26.9
Medium and small	32.7	31.1	31.0
Nonmetropolitan counties:			
Micropolitan	36.2	35.5	37.4
Nonmicropolitan	36.8	33.5	34.9
200%–399%:			
Metropolitan counties:			
Large central	23.2	22.7	20.3
Large fringe	24.8	22.1	24.9
Medium and small	26.4	26.0	24.7
Nonmetropolitan counties:			
Micropolitan	30.7	27.6	27.0
Nonmicropolitan	27.5	23.4	25.3
400% or more:			
Metropolitan counties:			
Large central	17.2	16.6	13.9
Large fringe	17.4	14.9	14.9
Medium and small	18.4	17.7	15.6
Nonmetropolitan counties:			
Micropolitan	21.2	18.0	20.9
Nonmicropolitan	21.7	18.5	16.9

See footnotes at end of table.

Table 63 (page 3 of 5). Current cigarette smoking among adults 18–64 years of age, by urbanization level and selected characteristics: United States, average annual, 2002–2004 through 2008–2010

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#063>.

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

Urbanization level ¹ and selected characteristic	Current cigarette smoking ²		
	2002–2004	2005–2007	2008–2010
Geographic region ³	Percent of population, age-adjusted ⁶		
All regions:			
Metropolitan counties:			
Large central	21.2	20.4	18.5
Large fringe	21.6	19.5	20.8
Medium and small	25.5	24.7	23.8
Nonmetropolitan counties:			
Micropolitan	30.4	28.5	30.6
Nonmicropolitan	30.7	27.2	28.2
Northeast:			
Metropolitan counties:			
Large central	21.4	20.4	17.3
Large fringe	20.7	18.2	21.1
Medium and small	23.9	24.2	21.9
Nonmetropolitan counties:			
Micropolitan	30.4	29.6	31.3
Nonmicropolitan	31.2	21.9	22.8
Midwest:			
Metropolitan counties:			
Large central	26.5	25.9	23.1
Large fringe	23.9	24.4	23.8
Medium and small	27.5	27.1	25.6
Nonmetropolitan counties:			
Micropolitan	31.2	27.8	30.9
Nonmicropolitan	30.1	26.3	26.8
South:			
Metropolitan counties:			
Large central	22.7	21.0	19.8
Large fringe	21.6	18.8	20.2
Medium and small	27.5	25.9	25.4
Nonmetropolitan counties:			
Micropolitan	30.9	29.5	31.4
Nonmicropolitan	32.8	29.0	31.7
West:			
Metropolitan counties:			
Large central	17.1	16.9	15.8
Large fringe	18.3	15.0	16.6
Medium and small	19.9	20.1	20.5
Nonmetropolitan counties:			
Micropolitan	26.8	25.2	26.1
Nonmicropolitan	*23.5	26.7	*25.3
Sex			
Men:			
Metropolitan counties:			
Large central	24.7	23.8	21.8
Large fringe	23.7	22.0	23.3
Medium and small	27.5	27.7	26.2
Nonmetropolitan counties:			
Micropolitan	32.5	30.7	32.8
Nonmicropolitan	33.5	28.8	29.8

See footnotes at end of table.

Table 63 (page 4 of 5). Current cigarette smoking among adults 18–64 years of age, by urbanization level and selected characteristics: United States, average annual, 2002–2004 through 2008–2010

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#063>.

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

Urbanization level ¹ and selected characteristic	Current cigarette smoking ²		
	2002–2004	2005–2007	2008–2010
Sex	Percent of population, age-adjusted ⁶		
Women:			
Metropolitan counties:			
Large central	17.8	17.2	15.3
Large fringe	19.6	17.1	18.4
Medium and small	23.6	21.8	21.5
Nonmetropolitan counties:			
Micropolitan	28.4	26.4	28.5
Nonmicropolitan	27.8	25.7	26.7
Hispanic origin and race ⁴			
Hispanic or Latino:			
Metropolitan counties:			
Large central	16.3	14.5	14.6
Large fringe	15.8	14.6	13.2
Medium and small	17.8	17.4	15.5
Nonmetropolitan counties:			
Micropolitan	23.7	20.5	22.5
Nonmicropolitan	23.9	23.9	17.0
Not Hispanic or Latino:			
White only:			
Metropolitan counties:			
Large central	23.8	23.8	20.3
Large fringe	23.6	21.4	23.8
Medium and small	27.0	26.5	25.7
Nonmetropolitan counties:			
Micropolitan	31.6	29.6	32.3
Nonmicropolitan	31.1	28.1	29.6
Black or African American only:			
Metropolitan counties:			
Large central	23.9	24.6	22.4
Large fringe	17.7	16.8	17.3
Medium and small	24.8	24.9	24.5
Nonmetropolitan counties:			
Micropolitan	23.2	25.4	28.5
Nonmicropolitan	28.7	18.6	24.3
Percent of poverty level ⁵			
Below 100%:			
Metropolitan counties:			
Large central	26.9	26.7	25.5
Large fringe	30.3	32.0	33.8
Medium and small	36.6	34.0	35.8
Nonmetropolitan counties:			
Micropolitan	40.7	42.6	46.2
Nonmicropolitan	42.2	37.5	41.2
100%–199%:			
Metropolitan counties:			
Large central	23.8	22.4	22.1
Large fringe	29.5	27.0	27.0
Medium and small	32.9	31.3	31.6
Nonmetropolitan counties:			
Micropolitan	36.4	35.9	37.4
Nonmicropolitan	37.0	33.6	35.2
200%–399%:			
Metropolitan counties:			
Large central	23.3	22.6	20.3
Large fringe	24.8	22.2	24.8
Medium and small	26.3	25.9	24.8
Nonmetropolitan counties:			
Micropolitan	30.7	27.4	27.1
Nonmicropolitan	27.8	23.6	25.3

See footnotes at end of table.

Table 63 (page 5 of 5). Current cigarette smoking among adults 18–64 years of age, by urbanization level and selected characteristics: United States, average annual, 2002–2004 through 2008–2010

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#063>.

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

Urbanization level ¹ and selected characteristic	Current cigarette smoking ²		
	2002–2004	2005–2007	2008–2010
Percent of poverty level ⁵		Percent of population, age-adjusted ⁶	
400% or more:			
Metropolitan counties:			
Large central	17.4	16.7	14.0
Large fringe	17.8	15.1	15.4
Medium and small	18.9	18.7	15.6
Nonmetropolitan counties:			
Micropolitan	22.4	19.2	21.4
Nonmicropolitan	21.7	19.2	18.4

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

¹Urbanization levels were developed by NCHS using information from the Office of Management and Budget, Department of Agriculture, and Census Bureau. More information on this urban-rural classification scheme is available from: http://www.cdc.gov/nchs/data_access/urban_rural.htm. The classification codes were applied to county-level data and then aggregated into the five categories presented here. See [Appendix II, Urbanization](#).

²Current cigarette smokers were defined as ever smoking 100 cigarettes in their lifetime and smoking now every day or some days. See [Appendix II, Cigarette smoking](#). See related [Table 62](#).

³See [Appendix II, Geographic region](#).

⁴Persons of Hispanic origin may be of any race. In this table, data are presented for non-Hispanic white only and non-Hispanic black only race groups. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity*. The single-race categories shown in the table conform to the 1997 Standards. Race-specific estimates are for persons who reported only one racial group. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁵Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed. See [Appendix II, Family income; Poverty; Table VI](#).

⁶Estimates are age-adjusted to the year 2000 standard population using four age groups: 18–24 years, 25–34 years, 35–44 years, and 45–64 years. See [Appendix II, Age adjustment](#).

NOTES: Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Health Interview Survey, family core and sample adult questionnaires and the 2006 NCHS urban-rural classification scheme for counties. See [Appendix I, National Health Interview Survey \(NHIS\)](#) and http://www.cdc.gov/nchs/data_access/urban_rural.htm.

Table 64 (page 1 of 2). Use of selected substances in the past month among persons 12 years of age and over, by age, sex, race, and Hispanic origin: United States, selected years 2002–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#064>.

[Data are based on household interviews of a sample of the civilian noninstitutionalized population 12 years of age and over]

Age, sex, race, and Hispanic origin	Any illicit drug ¹			Marijuana			Nonmedical use of any psychotherapeutic drug ²		
	2002	2008	2009	2002	2008	2009	2002	2008	2009
Percent of population									
12 years and over	8.3	8.0	8.7	6.2	6.1	6.6	2.7	2.5	2.8
Age									
12–13 years	4.2	3.3	3.6	1.4	1.0	0.8	1.7	1.5	1.6
14–15 years	11.2	8.6	9.0	7.6	5.7	6.3	4.0	3.0	3.3
16–17 years	19.8	15.2	16.7	15.7	12.7	14.0	6.3	4.0	4.3
18–25 years	20.2	19.6	21.2	17.3	16.5	18.1	5.5	5.9	6.3
26–34 years	10.5	11.2	12.3	7.7	8.8	9.6	3.7	3.2	3.8
35 years and over	4.6	4.7	4.9	3.1	3.2	3.4	1.6	1.6	1.7
Sex									
Male	10.3	9.9	10.8	8.1	7.9	8.6	2.8	2.6	3.1
Female	6.4	6.3	6.6	4.4	4.4	4.8	2.6	2.4	2.4
Age and sex									
12–17 years	11.6	9.3	10.0	8.2	6.7	7.3	4.0	2.9	3.1
Male	12.3	9.5	10.6	9.1	7.3	8.3	3.6	2.5	2.8
Female	10.9	9.1	9.4	7.2	6.0	6.3	4.4	3.3	3.5
Hispanic origin and race ³									
Not Hispanic or Latino:									
White only	8.5	8.2	8.8	6.5	6.2	6.8	2.8	2.8	3.0
Black or African American only	9.7	10.1	9.6	7.4	8.3	7.8	2.0	1.8	2.0
American Indian or Alaska Native only	10.1	9.5	18.3	6.7	8.2	10.6	3.2	3.0	6.2
Native Hawaiian or Other Pacific Islander only	7.9	7.3	*	4.4	5.5	4.3	3.8	1.7	*
Asian only	3.5	3.6	3.7	1.8	2.0	2.4	0.7	1.0	1.4
2 or more races	11.4	14.7	14.3	9.0	13.1	12.2	3.5	2.7	3.4
Hispanic or Latino	7.2	6.2	7.9	4.3	4.2	5.8	2.9	1.8	2.4

Age, sex, race, and Hispanic origin	Alcohol use			Binge alcohol use ⁴			Heavy alcohol use ⁵		
	2002	2008	2009	2002	2008	2009	2002	2008	2009
Percent of population									
12 years and over	51.0	51.6	51.9	22.9	23.3	23.7	6.7	6.9	6.8
Age									
12–13 years	4.3	3.4	3.5	1.8	1.5	1.6	0.3	0.2	0.2
14–15 years	16.6	13.1	13.0	9.2	6.9	7.0	1.9	1.1	1.4
16–17 years	32.6	26.2	26.3	21.4	17.2	17.0	5.6	4.4	4.5
18–25 years	60.5	61.2	61.8	40.9	41.0	41.7	14.9	14.5	13.7
26–34 years	61.4	63.5	64.3	33.1	36.4	36.3	9.0	10.6	10.1
35 years and over	52.1	52.8	52.7	18.6	18.8	19.2	5.2	5.3	5.3
Sex									
Male	57.4	57.7	57.6	31.2	31.6	31.6	10.8	10.6	10.3
Female	44.9	45.9	46.5	15.1	15.4	16.1	3.0	3.4	3.5
Age and sex									
12–17 years	17.6	14.6	14.7	10.7	8.8	8.8	2.5	2.0	2.1
Male	17.4	14.2	15.1	11.4	8.9	9.6	3.1	2.3	2.3
Female	17.9	15.0	14.3	9.9	8.7	8.0	1.9	1.6	1.9
Hispanic origin and race ³									
Not Hispanic or Latino:									
White only	55.0	56.2	56.7	23.4	24.0	24.8	7.5	7.7	7.9
Black or African American only	39.9	41.9	42.8	21.0	20.4	19.8	4.4	5.6	4.5
American Indian or Alaska Native only	44.7	43.3	37.1	27.9	24.4	22.2	8.7	5.7	8.3
Native Hawaiian or Other Pacific Islander only	*	*	*	25.2	*	*	8.3	3.5	3.6
Asian only	37.1	37.0	37.6	12.4	11.9	11.1	2.6	2.4	1.5
2 or more races	49.9	47.5	47.6	19.8	22.0	24.1	7.5	7.4	6.4
Hispanic or Latino	42.8	43.2	41.7	24.8	25.6	25.0	5.9	5.7	5.2

See footnotes at end of table.

Table 64 (page 2 of 2). Use of selected substances in the past month among persons 12 years of age and over, by age, sex, race, and Hispanic origin: United States, selected years 2002–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#064>.

[Data are based on household interviews of a sample of the civilian noninstitutionalized population 12 years of age and over]

Age, sex, race, and Hispanic origin	Any tobacco ⁶			Cigarettes			Cigars		
	2002	2008	2009	2002	2008	2009	2002	2008	2009
Percent of population									
12 years and over	30.4	28.4	27.7	26.0	23.9	23.3	5.4	5.3	5.3
Age									
12–13 years	3.8	2.5	2.3	3.2	2.1	1.4	0.7	0.6	0.7
14–15 years	13.4	9.7	9.8	11.2	7.6	7.5	3.8	3.1	3.1
16–17 years	29.0	21.1	21.6	24.9	16.8	16.9	9.3	7.3	7.7
18–25 years	45.3	41.4	41.6	40.8	35.7	35.8	11.0	11.3	11.4
26–34 years	38.2	38.3	39.6	32.7	33.6	34.0	6.6	7.2	7.4
35 years and over	27.9	26.1	24.5	23.4	21.6	20.4	4.1	3.8	3.7
Sex									
Male	37.0	34.5	33.5	28.7	26.3	25.3	9.4	9.0	8.7
Female	24.3	22.5	22.2	23.4	21.7	21.4	1.7	1.7	2.0
Age and sex									
12–17 years	15.2	11.4	11.6	13.0	9.1	8.9	4.5	3.8	4.0
Male	16.0	12.6	13.6	12.3	9.0	9.2	6.2	5.3	5.2
Female	14.4	10.2	9.5	13.6	9.2	8.6	2.7	2.2	2.7
Hispanic origin and race ³									
Not Hispanic or Latino:									
White only	32.0	30.4	29.6	26.9	25.2	24.5	5.5	5.3	5.2
Black or African American only	28.8	28.6	26.5	25.3	24.8	22.8	6.8	7.0	7.2
American Indian or Alaska Native only	44.3	48.7	41.8	37.1	44.1	33.0	5.2	5.6	6.9
Native Hawaiian or Other Pacific Islander only	28.8	*	*	*	*	15.4	4.1	2.2	*
Asian only	18.6	13.9	11.9	17.7	11.9	10.9	1.1	1.2	1.5
2 or more races	38.1	37.3	36.6	35.0	32.2	30.7	5.5	7.2	7.7
Hispanic or Latino	25.2	21.3	23.2	23.0	19.4	21.2	5.0	4.5	4.7

* Estimates are considered unreliable. Data not shown if the relative standard error is greater than 17.5% of the log transformation of the proportion, the minimum effective sample size is less than 68, the minimum nominal sample size is less than 100, or the prevalence is close to 0% or 100%.

¹Any illicit drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic drug used nonmedically. See [Appendix II, Illicit drug use](#).

²Nonmedical use of prescription-type psychotherapeutic drugs includes the nonmedical use of pain relievers, tranquilizers, stimulants, or sedatives and does not include over-the-counter drugs. Special questions on methamphetamine were added in 2005 and 2006. Data for years prior to 2007 have been adjusted for comparability.

³Persons of Hispanic origin may be of any race. Race and Hispanic origin were collected using the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity*. Single-race categories shown include persons who reported only one racial group. The category 2 or more races includes persons who reported more than one racial group. See [Appendix II, Hispanic origin; Race](#).

⁴Binge alcohol use is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days. Occasion is defined as at the same time or within a couple of hours of each other. See [Appendix II, Alcohol consumption; Binge drinking](#).

⁵Heavy alcohol use is defined as drinking five or more drinks on the same occasion on each of 5 or more days in the past 30 days. By definition, all heavy alcohol users are also binge alcohol users.

⁶Any tobacco product includes cigarettes, smokeless tobacco (i.e., chewing tobacco or snuff), cigars, or pipe tobacco. See [Appendix II, Cigarette smoking](#).

NOTES: The National Survey on Drug Use & Health (NSDUH), formerly called the National Household Survey on Drug Abuse (NHSDA), began a new baseline in 2002 and cannot be compared with previous years. Because of methodological differences among the National Survey on Drug Use & Health, the Monitoring the Future Study (MTF), and the Youth Risk Behavior Survey (YRBS), rates of substance use measured by these surveys are not directly comparable. See [Appendix I, Monitoring the Future \(MTF\) Study; National Survey on Drug Use & Health \(NSDUH\); Youth Risk Behavior Survey \(YRBS\)](#). See [Appendix II, Substance use](#). Data for additional years are available. See [Appendix III](#).

SOURCE: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use & Health. Available from: <http://oas.samhsa.gov/nsduh.htm>. See [Appendix I, National Survey on Drug Use & Health \(NSDUH\)](#).

Table 65 (page 1 of 3). Use of selected substances among high school seniors, 10th graders, and 8th graders, by sex and race: United States, selected years 1980–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#065>.

[Data are based on a survey of high school seniors, 10th graders, and 8th graders in the coterminous United States]

<i>Substance, grade in school, sex, and race</i>	1980	1985	1990	1991	1995	2000	2007	2008	2009	2010
Cigarettes										
Percent using substance in the past month										
All high school seniors	30.5	30.1	29.4	28.3	33.5	31.4	21.6	20.4	20.1	19.2
Male	26.8	28.2	29.1	29.0	34.5	32.8	23.1	21.5	22.1	21.9
Female	33.4	31.4	29.2	27.5	32.0	29.7	19.6	19.1	17.6	15.7
White	31.0	31.7	32.5	31.8	37.3	36.6	25.2	24.1	23.7	22.2
Black or African American	25.2	18.7	12.0	9.4	15.0	13.6	10.6	10.1	9.3	10.7
All 10th graders	---	---	---	20.8	27.9	23.9	14.0	12.3	13.1	13.6
Male	---	---	---	20.8	27.7	23.8	14.6	12.7	13.7	15.0
Female	---	---	---	20.7	27.9	23.6	13.3	11.9	12.5	12.1
White	---	---	---	23.9	31.2	27.3	16.1	14.1	14.6	14.8
Black or African American	---	---	---	6.4	12.2	11.3	5.8	7.1	6.4	7.0
All 8th graders	---	---	---	14.3	19.1	14.6	7.1	6.8	6.5	7.1
Male	---	---	---	15.5	18.8	14.3	7.5	6.7	6.7	7.4
Female	---	---	---	13.1	19.0	14.7	6.4	6.7	6.0	6.8
White	---	---	---	15.0	21.7	16.4	7.1	7.3	7.3	7.9
Black or African American	---	---	---	5.3	8.2	8.4	4.8	4.4	4.5	4.0
Marijuana										
All high school seniors	33.7	25.7	14.0	13.8	21.2	21.6	18.8	19.4	20.6	21.4
Male	37.8	28.7	16.1	16.1	24.6	24.7	22.3	22.2	24.3	25.2
Female	29.1	22.4	11.5	11.2	17.2	18.3	15.0	16.2	16.8	16.9
White	34.2	26.4	15.6	15.0	21.5	22.0	19.9	20.4	21.2	21.6
Black or African American	26.5	21.7	5.2	6.5	17.8	17.5	15.4	17.1	20.6	19.7
All 10th graders	---	---	---	8.7	17.2	19.7	14.2	13.8	15.9	16.7
Male	---	---	---	10.1	19.2	23.3	15.8	15.2	18.7	20.1
Female	---	---	---	7.3	15.0	16.2	12.5	12.3	13.2	13.3
White	---	---	---	9.4	17.7	20.1	14.8	13.5	15.6	15.9
Black or African American	---	---	---	3.8	15.1	17.0	11.0	12.3	15.1	15.9
All 8th graders	---	---	---	3.2	9.1	9.1	5.7	5.8	6.5	8.0
Male	---	---	---	3.8	9.8	10.2	6.2	6.6	7.5	9.2
Female	---	---	---	2.6	8.2	7.8	4.9	4.8	5.3	6.8
White	---	---	---	3.0	9.0	8.3	5.1	4.9	5.9	7.1
Black or African American	---	---	---	2.1	7.0	8.5	6.0	6.2	7.2	8.2
Cocaine										
All high school seniors	5.2	6.7	1.9	1.4	1.8	2.1	2.0	1.9	1.3	1.3
Male	6.0	7.7	2.3	1.7	2.2	2.7	2.4	2.3	1.5	1.9
Female	4.3	5.6	1.3	0.9	1.3	1.6	1.5	1.3	0.9	0.7
White	5.4	7.0	1.8	1.3	1.7	2.2	2.3	2.0	1.2	1.2
Black or African American	2.0	2.7	0.5	0.8	0.4	1.0	0.5	0.5	0.2	0.9
All 10th graders	---	---	---	0.7	1.7	1.8	1.3	1.2	0.9	0.9
Male	---	---	---	0.7	1.8	2.1	1.4	1.4	1.0	1.1
Female	---	---	---	0.6	1.5	1.4	1.1	1.0	0.8	0.5
White	---	---	---	0.6	1.7	1.7	1.2	1.0	0.7	0.7
Black or African American	---	---	---	0.2	0.4	0.4	0.4	0.7	0.5	0.6
All 8th graders	---	---	---	0.5	1.2	1.2	0.9	0.8	0.8	0.6
Male	---	---	---	0.7	1.1	1.3	0.7	0.9	0.8	0.6
Female	---	---	---	0.4	1.2	1.1	1.0	0.7	0.7	0.6
White	---	---	---	0.4	1.0	1.1	0.6	0.6	0.6	0.5
Black or African American	---	---	---	0.4	0.4	0.5	0.6	0.4	0.7	0.3

See footnotes at end of table.

Table 65 (page 2 of 3). Use of selected substances among high school seniors, 10th graders, and 8th graders, by sex and race: United States, selected years 1980–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#065>.

[Data are based on a survey of high school seniors, 10th graders, and 8th graders in the coterminous United States]

Substance, grade in school, sex, and race	1980	1985	1990	1991	1995	2000	2007	2008	2009	2010
Inhalants										
Percent using substance in the past month										
All high school seniors	1.4	2.2	2.7	2.4	3.2	2.2	1.2	1.4	1.2	1.4
Male	1.8	2.8	3.5	3.3	3.9	2.9	1.5	1.6	1.2	2.1
Female	1.0	1.7	2.0	1.6	2.5	1.7	0.9	1.2	1.0	0.7
White	1.4	2.4	3.0	2.4	3.7	2.1	1.2	1.5	1.1	1.1
Black or African American	1.0	0.8	1.5	1.5	1.1	2.1	0.9	1.0	1.1	1.5
All 10th graders	---	---	---	2.7	3.5	2.6	2.5	2.1	2.2	2.0
Male	---	---	---	2.9	3.8	3.0	2.7	1.9	1.8	1.6
Female	---	---	---	2.6	3.2	2.2	2.4	2.3	2.6	2.4
White	---	---	---	2.9	3.9	2.8	2.6	1.6	1.9	1.7
Black or African American	---	---	---	2.0	1.2	1.5	1.5	1.9	1.3	1.8
All 8th graders	---	---	---	4.4	6.1	4.5	3.9	4.1	3.8	3.6
Male	---	---	---	4.1	5.6	4.1	3.4	2.9	3.3	2.8
Female	---	---	---	4.7	6.6	4.8	4.3	5.3	4.3	4.4
White	---	---	---	4.5	7.0	4.8	3.6	3.8	3.7	3.2
Black or African American	---	---	---	2.3	2.3	2.3	2.8	2.8	3.4	2.2
MDMA (Ecstasy)										
All high school seniors	---	---	---	---	---	3.6	1.6	1.8	1.8	1.4
Male	---	---	---	---	---	4.1	1.5	2.3	2.4	1.5
Female	---	---	---	---	---	3.1	1.6	1.2	1.2	1.2
White	---	---	---	---	---	3.9	1.7	1.7	1.7	0.9
Black or African American	---	---	---	---	---	1.9	0.8	1.1	1.8	1.1
All 10th graders	---	---	---	---	---	2.6	1.2	1.1	1.3	1.9
Male	---	---	---	---	---	2.5	1.3	1.6	1.6	2.3
Female	---	---	---	---	---	2.5	1.1	0.7	1.0	1.5
White	---	---	---	---	---	2.5	1.4	1.0	1.0	1.5
Black or African American	---	---	---	---	---	1.8	0.4	0.1	0.6	1.1
All 8th graders	---	---	---	---	---	1.4	0.6	0.8	0.6	1.1
Male	---	---	---	---	---	1.6	0.7	0.7	0.5	1.2
Female	---	---	---	---	---	1.2	0.6	0.9	0.6	1.1
White	---	---	---	---	---	1.4	0.5	0.7	0.6	1.0
Black or African American	---	---	---	---	---	0.8	0.8	0.3	0.1	0.5
Alcohol ¹										
All high school seniors	72.0	65.9	57.1	54.0	51.3	50.0	44.4	43.1	43.5	41.2
Male	77.4	69.8	61.3	58.4	55.7	54.0	47.1	45.8	47.8	44.2
Female	66.8	62.1	52.3	49.0	47.0	46.1	41.4	40.9	38.9	37.9
White	75.8	70.2	62.2	57.7	54.8	55.3	49.4	47.8	46.6	44.1
Black or African American	47.7	43.6	32.9	34.4	37.4	29.3	27.9	29.3	32.2	30.8
All 10th graders	---	---	---	42.8	38.8	41.0	33.4	28.8	30.4	28.9
Male	---	---	---	45.5	39.7	43.3	33.4	28.6	31.0	30.1
Female	---	---	---	40.3	37.8	38.6	33.3	29.0	29.8	27.7
White	---	---	---	45.7	41.3	44.3	35.7	30.5	32.4	29.2
Black or African American	---	---	---	30.2	24.9	24.7	21.0	20.4	20.1	21.3
All 8th graders	---	---	---	25.1	24.6	22.4	15.9	15.9	14.9	13.8
Male	---	---	---	26.3	25.0	22.5	15.6	15.4	14.7	13.2
Female	---	---	---	23.8	24.0	22.0	16.0	16.4	14.9	14.3
White	---	---	---	26.0	25.4	23.9	14.7	15.8	15.1	12.8
Black or African American	---	---	---	17.8	17.3	15.1	12.3	13.5	11.1	12.7

See footnotes at end of table.

Table 65 (page 3 of 3). Use of selected substances among high school seniors, 10th graders, and 8th graders, by sex and race: United States, selected years 1980–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#065>.

[Data are based on a survey of high school seniors, 10th graders, and 8th graders in the coterminous United States]

Substance, grade in school, sex, and race	1980	1985	1990	1991	1995	2000	2007	2008	2009	2010
Binge drinking ²				Percent in the last 2 weeks						
All high school seniors	41.2	36.7	32.2	29.8	29.8	30.0	25.9	24.6	25.2	23.2
Male	52.1	45.3	39.1	37.8	36.9	36.7	30.7	28.4	30.5	28.0
Female	30.5	28.2	24.4	21.2	23.0	23.5	21.5	21.3	20.2	18.4
White	44.6	40.1	36.2	32.9	32.9	34.4	30.5	29.3	28.7	26.5
Black or African American	17.0	16.7	11.6	11.8	15.5	11.0	11.0	10.8	13.7	12.6
All 10th graders	---	---	---	21.0	22.0	24.1	19.6	16.0	17.5	16.3
Male	---	---	---	24.1	24.1	27.6	20.9	16.6	18.8	17.9
Female	---	---	---	18.1	19.7	20.6	18.3	15.4	16.1	14.6
White	---	---	---	22.8	24.1	26.6	21.7	17.4	18.4	16.0
Black or African American	---	---	---	11.8	9.6	10.6	10.0	9.6	10.0	11.5
All 8th graders	---	---	---	10.9	12.3	11.7	8.3	8.1	7.8	7.2
Male	---	---	---	12.1	12.5	11.7	8.2	8.1	7.8	6.5
Female	---	---	---	9.6	12.1	11.3	8.2	8.0	7.7	7.8
White	---	---	---	11.0	12.6	12.5	7.7	8.0	7.4	6.7
Black or African American	---	---	---	6.7	7.8	6.2	5.7	5.7	4.8	5.9

--- Data not available.

¹In 1993, the alcohol question was changed to indicate that a drink meant more than a few sips. Data for 1993, available in the spreadsheet version of this table, are based on a half sample. See [Appendix II, Alcohol consumption](#).

²Five or more alcoholic drinks in a row at least once in the prior 2-week period. See [Appendix II, Binge drinking](#).

NOTES: Estimates for Hispanic students are not shown due to small sample size. For 2-year estimates for Hispanic students, see Johnston LD, O'Malley PM, Bachman JG, Schulenberg JE. Monitoring the Future National Survey results on drug use: 1975–2010. Volume I: Secondary school students. Ann Arbor: Institute for Social Research, The University of Michigan. 2010. Available from: http://www.monitoringthefuture.org/pubs/monographs/mtf-vol1_2010.pdf. Because of methodological differences among the National Survey on Drug Use & Health (NSDUH), the Monitoring the Future (MTF) Study, and the Youth Risk Behavior Survey (YRBS), rates of substance use measured by these surveys are not directly comparable. See [Appendix I, National Survey on Drug Use & Health \(NSDUH\)](#); [Monitoring the Future \(MTF\) Study](#); [Youth Risk Behavior Survey \(YRBS\)](#). See [Appendix II, Cigarette smoking; Illicit drug use; Substance use](#). Data for additional years are available. See [Appendix III](#).

SOURCE: National Institutes of Health, National Institute on Drug Abuse, Monitoring the Future Study, annual surveys. See [Appendix I, Monitoring the Future \(MTF\) Study](#).

Table 66 (page 1 of 2). Health-related behaviors of children 6–11 years of age, by selected characteristics: United States, 2003 and 2007

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#066>.

[Data are based on telephone interviews of a sample of the noninstitutionalized population]

Characteristic	Did not get daily vigorous physical activity ¹		Greater than 2 hours of screen time per day ²		Did not get enough sleep nightly ³	
	2003	2007	2003	2007	2003	2007
Age						
Percent of population						
6–11 years	68.7	62.3	36.2	39.5	24.5	27.6
6–8 years	67.0	59.2	33.8	35.1	22.8	26.1
9–11 years	70.3	65.4	38.5	44.0	26.1	29.1
Sex						
Male	63.7	57.8	37.0	39.4	24.6	27.6
Female	74.0	67.0	35.4	39.7	24.4	27.6
Sex and age						
Male:						
6–8 years	62.3	55.4	34.9	34.9	22.4	25.2
9–11 years	65.0	60.4	39.0	44.1	26.7	30.1
Female:						
6–8 years	72.0	63.3	32.8	35.3	23.2	27.0
9–11 years	75.8	70.5	37.9	44.0	25.5	28.1
Hispanic origin and race ⁴						
Hispanic or Latino	70.1	69.3	35.5	41.7	21.7	24.4
Not Hispanic or Latino	68.5	60.4	36.3	38.9	25.2	28.4
White only	68.3	59.7	33.0	34.7	25.8	29.1
Black or African American only	66.2	62.1	48.8	58.2	25.4	27.1
Sex and Hispanic origin and race ⁴						
Male:						
Hispanic or Latino	66.2	61.7	34.4	39.9	21.1	24.6
Not Hispanic or Latino	63.4	56.8	37.6	39.2	25.4	28.4
White only	62.7	54.9	34.7	35.0	25.8	29.3
Black or African American only	60.3	61.4	49.1	58.3	25.4	27.4
Female:						
Hispanic or Latina	73.9	76.5	36.6	43.4	22.2	24.3
Not Hispanic or Latina	74.0	64.4	35.0	38.6	25.1	28.3
White only	74.4	64.9	31.2	34.4	25.8	29.0
Black or African American only	71.9	62.8	48.6	58.1	25.5	26.8

See footnotes at end of table.

Table 66 (page 2 of 2). Health-related behaviors of children 6–11 years of age, by selected characteristics: United States, 2003 and 2007

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#066>.

[Data are based on telephone interviews of a sample of the noninstitutionalized population]

Characteristic	Did not get daily vigorous physical activity ¹		Greater than 2 hours of screen time per day ²		Did not get enough sleep nightly ³	
	2003	2007	2003	2007	2003	2007
Percent of poverty level ⁵			Percent of population			
Below 100%	63.3	62.6	38.2	43.9	22.4	25.9
100%–199%	66.7	63.1	41.8	44.4	22.8	25.6
200%–399%	70.7	60.8	36.8	40.1	25.0	28.9
400% or more	71.6	63.1	29.3	32.6	26.8	28.7
Sex and percent of poverty level ⁵						
Male:						
Below 100%	57.9	59.3	39.0	43.1	21.7	26.7
100%–199%	61.2	58.0	42.8	44.6	23.7	26.2
200%–399%	65.4	57.6	38.1	40.1	24.6	29.0
400% or more	67.6	57.1	29.3	32.6	27.3	27.6
Female:						
Below 100%	68.9	66.2	37.5	44.7	23.2	25.1
100%–199%	72.4	68.4	40.9	44.2	22.0	24.9
200%–399%	76.3	64.4	35.5	40.3	25.4	28.7
400% or more	75.8	69.3	29.3	32.8	26.2	29.7

¹Based on respondent's answer to the question, "During the past week, on how many days did CHILD exercise, play a sport, or participate in physical activity for at least 20 minutes that made him/her sweat and breathe hard?" Children whose parent/guardian responded that the child did not exercise, play a sport, or participate in physical activity every day were classified as not getting daily vigorous physical activity.

²Based on respondent's answer to the question, "On an average weekday, about how much time does CHILD use a computer for purposes other than schoolwork?" and "On an average weekday, about how much time does CHILD usually watch TV, watch videos, or play video games?" Children whose parent's/guardian's combined responses to both questions equaled more than 2 hours were classified as watching more than 2 hours of screen time daily.

³Based on respondent's answer to the question, "In the past week, on how many nights did CHILD get enough sleep for a child of his/her age?" Children whose parent/guardian responded that the child did not get enough sleep on at least one night were classified as not getting enough sleep nightly.

⁴Persons of Hispanic origin may be of any race. See [Appendix II, Hispanic origin](#).

⁵Percent of poverty level is based on total household income and family composition using U.S. Census Bureau poverty thresholds. The poverty categories available in the two survey years used slightly different cut points. In 2003, the available categories were: below 100%, 100%–199%, 200%–399%, and 400% or more. In 2007, the poverty categories were: at or below 100%, above 100%–200%, above 200%–400%, and above 400%. Poverty level was unknown for 1% of households in 2003 and 8% of households in 2007. Missing household income data were imputed. See [Appendix II, Family income; Poverty](#).

NOTES: Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, State and Local Area Integrated Telephone Survey, National Survey of Children's Health. See [Appendix I, National Survey of Children's Health \(NSCH\)](#).

Table 67 (page 1 of 2). Health risk behaviors among students in grades 9–12, by sex, grade level, race, and Hispanic origin: United States, selected years 1991–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#067>.

[Data are based on a national sample of high school students, grades 9–12]

Sex, grade level, race, and Hispanic origin	Seriously considered suicide			In a physical fight ¹			Carried a weapon ^{2,3}		
	1991	2007	2009	1991	2007	2009	1991	2007	2009
Percent of students									
Total	29.0	14.5	13.8	42.5	35.5	31.5	26.1	18.0	17.5
Male									
Total	20.8	10.3	10.5	50.2	44.4	39.3	40.6	28.5	27.1
9th grade	17.6	10.8	10.0	57.8	49.6	45.1	44.4	31.0	27.3
10th grade	19.5	9.3	10.0	50.2	45.1	41.2	41.5	29.3	28.5
11th grade	25.3	10.7	11.4	51.0	46.3	36.2	44.0	27.7	25.6
12th grade	20.7	10.2	10.5	42.3	34.3	32.5	33.1	25.0	26.5
Not Hispanic or Latino:									
White	21.7	10.2	10.5	49.1	41.9	36.0	41.2	30.3	29.3
Black or African American	13.3	8.5	7.8	58.4	50.3	48.3	43.4	24.6	21.0
Hispanic or Latino	18.0	10.7	10.7	48.5	47.3	43.8	40.0	28.2	26.5
Female									
Total	37.2	18.7	17.4	34.4	26.5	22.9	10.9	7.5	7.1
9th grade	40.3	19.0	20.3	42.9	31.8	27.8	10.4	8.9	7.6
10th grade	39.7	22.0	17.2	35.4	27.2	24.8	11.2	8.1	7.2
11th grade	38.4	16.3	17.8	34.5	23.5	20.5	12.9	6.0	6.3
12th grade	30.7	16.7	13.6	25.4	21.8	17.0	9.5	6.2	6.4
Not Hispanic or Latina:									
White	38.6	17.8	16.1	32.2	21.5	18.2	7.5	6.1	6.5
Black or African American	29.4	18.0	18.1	43.8	39.4	33.9	23.6	10.0	7.8
Hispanic or Latina	34.6	21.1	20.2	34.8	33.5	28.5	12.9	9.0	7.9

Sex, grade level, race, and Hispanic origin	Rarely or never wore a seatbelt ⁴			Rode with a driver who had been drinking alcohol ^{2,5}			Drove while drinking alcohol ^{2,5}		
	1991	2007	2009	1991	2007	2009	1991	2007	2009
Percent of students									
Total	25.9	11.1	9.7	39.9	29.1	28.3	16.7	10.5	9.7
Male									
Total	30.0	13.6	11.5	40.0	29.5	27.8	21.5	12.8	11.6
9th grade	30.0	15.1	11.2	40.0	27.6	25.3	8.6	6.8	5.1
10th grade	25.5	13.2	11.7	33.9	27.1	28.3	16.1	10.0	11.0
11th grade	29.5	12.2	11.2	36.6	31.4	29.2	26.4	13.7	13.0
12th grade	34.7	13.8	12.0	45.0	32.5	28.6	34.5	23.6	19.3
Not Hispanic or Latino:									
White	28.6	13.0	11.2	40.2	27.8	25.5	23.3	13.9	12.7
Black or African American	37.5	14.7	14.8	37.4	28.1	31.2	14.0	7.5	8.7
Hispanic or Latino	37.1	14.3	9.8	47.2	36.0	33.5	25.1	13.0	11.0
Female									
Total	21.6	8.5	7.7	39.8	28.8	28.8	11.7	8.1	7.6
9th grade	25.0	9.2	9.8	36.0	27.6	30.0	3.3	4.1	4.8
10th grade	20.4	8.3	6.8	38.8	30.4	27.6	7.3	7.3	5.3
11th grade	20.8	8.9	6.0	39.7	26.8	29.6	14.2	9.1	9.6
12th grade	20.2	7.3	8.0	44.8	30.5	27.9	21.7	13.1	11.4
Not Hispanic or Latina:									
White	18.7	7.3	7.6	40.9	28.0	26.9	13.6	9.3	8.7
Black or African American	31.9	10.0	8.3	33.8	26.9	28.7	6.2	3.9	4.1
Hispanic or Latina	25.9	11.4	7.8	46.7	35.1	34.9	9.5	7.7	7.9

See footnotes at end of table.

Table 67 (page 2 of 2). Health risk behaviors among students in grades 9–12, by sex, grade level, race, and Hispanic origin: United States, selected years 1991–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#067>.

[Data are based on a national sample of high school students, grades 9–12]

Sex, grade level, race, and Hispanic origin	Ever had sexual intercourse ¹			Did not use a condom at last sex ⁶			Physically forced to have sex ²		
	1991	2007	2009	1991	2007	2009	1991	2007	2009
Percent of students									
Total	54.1	47.8	46.0	53.8	38.4	38.9	---	7.8	7.4
Male									
Total	57.4	49.8	46.1	45.5	31.5	31.4	---	4.5	4.5
9th grade	45.6	38.1	33.6	44.1	24.2	30.1	---	4.1	4.1
10th grade	50.9	45.6	41.9	43.1	26.8	28.1	---	3.4	4.0
11th grade	64.5	57.3	53.4	43.2	30.7	31.1	---	5.0	5.4
12th grade	68.3	62.8	59.6	49.3	40.4	35.0	---	5.7	4.9
Not Hispanic or Latino:									
White	52.7	43.6	39.6	44.8	33.6	29.0	---	3.2	3.2
Black or African American	88.1	72.6	72.1	43.0	26.0	27.5	---	7.8	7.9
Hispanic or Latino	64.1	58.2	52.8	53.0	30.1	38.2	---	6.2	5.7
Female									
Total	50.8	45.9	45.7	62.0	45.1	46.1	---	11.3	10.5
9th grade	32.2	27.4	29.3	49.7	39.0	42.3	---	9.2	9.4
10th grade	45.3	41.9	39.6	63.6	40.5	36.5	---	13.1	10.6
11th grade	60.2	53.6	52.5	59.3	44.9	46.0	---	12.0	11.2
12th grade	65.2	66.2	65.0	67.4	50.1	53.7	---	10.9	10.8
Not Hispanic or Latina:									
White	47.1	43.7	44.7	62.0	46.1	43.9	---	11.0	10.0
Black or African American	75.9	60.9	58.3	60.6	39.9	48.2	---	13.3	12.0
Hispanic or Latina	43.3	45.8	45.4	73.1	47.9	52.0	---	11.4	11.2

--- Data not available.

¹During the last 12 months.

²During the last 30 days.

³Weapon refers to gun, knife, or club.

⁴When riding in a car driven by someone else.

⁵In car or other vehicle.

⁶Among students who had sexual intercourse in the last 3 months.

NOTES: Only youths attending school participated in the survey. Persons of Hispanic origin may be of any race. See [Appendix II, Hispanic origin; Race; Suicidal ideation](#). Standard errors for selected years are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. See [Appendix III](#).

SOURCE: CDC/National Center for Chronic Disease Prevention and Health Promotion, Youth Risk Behavior Survey. See [Appendix I, Youth Risk Behavior Survey \(YRBS\)](#).

Table 68 (page 1 of 3). Heavier drinking and drinking five or more drinks in a day among adults 18 years of age and over, by selected characteristics: United States, selected years 1997–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#068>.

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

Characteristic	Heavier drinker ¹				Five or more drinks in a day on at least 1 day in the past year ¹				Five or more drinks in a day on at least 12 days in the past year ¹			
	1997	2000	2009	2010	1997	2000	2009	2010	1997	2000	2009	2010
Both sexes												
Percent of adults												
18 years and over, age-adjusted ²	4.9	4.3	5.3	5.2	21.1	19.2	23.6	23.8	9.7	8.7	10.0	10.1
18 years and over, crude	5.0	4.3	5.3	5.2	21.5	19.3	23.0	23.2	9.8	8.7	9.7	9.9
Age												
All persons:												
18–44 years	5.2	4.7	5.6	5.7	29.2	26.9	32.3	32.5	13.2	12.2	13.7	13.7
18–24 years	5.3	5.8	6.2	6.2	31.8	30.3	35.5	34.0	15.2	15.5	16.7	16.2
25–44 years	5.2	4.3	5.4	5.5	28.5	25.8	31.2	31.9	12.6	11.1	12.6	12.7
45–64 years	5.5	4.6	5.8	5.4	15.9	14.4	18.7	19.0	7.6	6.4	7.8	8.1
45–54 years	5.5	4.4	6.0	5.9	19.0	16.4	22.2	22.9	8.7	7.0	9.6	9.3
55–64 years	5.4	5.0	5.5	4.7	11.1	11.3	14.4	14.1	5.8	5.4	5.5	6.7
65 years and over	3.1	2.6	3.5	3.7	4.9	3.8	5.2	5.5	2.2	1.8	2.4	2.6
65–74 years	3.9	3.1	4.5	4.4	6.7	5.2	7.9	7.9	3.0	2.5	3.4	3.5
75 years and over	2.1	2.0	2.3	2.8	2.4	2.1	1.9	2.7	1.1	*0.9	*1.1	*1.4
Race ^{2,3}												
White only	5.2	4.5	5.9	5.6	22.9	20.8	26.0	26.3	10.3	9.2	11.0	11.1
Black or African American only	4.0	3.5	3.3	4.1	11.7	11.6	14.2	14.0	6.5	6.5	5.8	6.1
American Indian or Alaska Native only	*	*	*4.4	*	29.2	23.7	24.5	15.3	17.4	*12.1	*15.3	*9.5
Asian only	*1.9	*2.3	*1.7	*1.3	11.4	8.8	10.8	12.1	*4.8	3.6	4.3	4.3
Native Hawaiian or Other Pacific Islander only	---	*	*	*	---	*	*	*	---	*	*	*
2 or more races	---	*7.5	*6.2	*5.9	---	28.0	26.3	25.7	---	15.9	11.7	12.5
Hispanic origin and race ^{2,3}												
Hispanic or Latino	3.9	3.2	3.1	2.8	20.4	17.3	19.9	19.7	11.2	9.0	9.6	9.2
Mexican	4.4	3.8	3.3	3.1	21.2	19.9	21.0	21.4	12.6	10.8	10.4	10.1
Not Hispanic or Latino	5.1	4.5	5.7	5.6	21.3	19.7	24.4	24.7	9.5	8.8	10.0	10.3
White only	5.4	4.7	6.3	6.2	23.5	21.5	27.5	27.9	10.3	9.3	11.2	11.5
Black or African American only	3.9	3.4	3.4	4.2	11.6	11.5	14.3	13.9	6.5	6.5	5.8	6.1
Percent of poverty level ^{2,4}												
Below 100%	4.8	4.3	5.2	4.7	17.3	15.0	18.4	17.6	9.7	8.6	9.1	8.5
100%–199%	4.9	4.2	5.2	4.9	18.4	15.7	20.6	20.9	9.8	8.0	10.3	9.8
200%–399%	4.9	4.2	5.1	4.8	21.0	18.7	23.1	23.3	9.8	8.9	9.6	10.1
400% or more	5.1	4.4	5.5	6.0	24.3	22.1	27.2	28.1	9.7	8.9	10.2	10.9
Disability measure ^{2,5}												
Any basic actions difficulty or complex activity limitation	5.7	5.2	6.1	5.5	20.2	18.8	22.6	21.9	10.2	9.3	9.2	9.5
Any basic actions difficulty	5.8	5.3	5.9	5.5	20.6	19.1	23.0	22.3	10.5	9.4	9.2	9.7
Any complex activity limitation	4.5	4.3	5.3	5.5	16.4	14.3	16.8	16.2	8.8	7.3	7.2	7.8
No disability	4.9	4.1	5.1	5.3	21.8	19.7	24.1	25.0	9.6	8.7	10.1	10.4
Male												
18 years and over, age-adjusted ²	6.1	5.1	6.2	5.7	30.7	28.3	33.0	32.4	15.8	14.4	15.8	15.6
18 years and over, crude	6.1	5.2	6.2	5.7	31.7	29.0	32.9	32.2	16.3	14.7	15.7	15.6
Age												
All persons:												
18–44 years	6.5	5.6	6.9	6.1	40.6	37.8	43.4	42.5	21.1	19.6	21.4	20.6
18–24 years	6.0	6.3	7.6	6.0	40.6	38.0	43.7	39.9	22.9	22.9	24.1	21.5
25–44 years	6.6	5.3	6.6	6.2	40.6	37.7	43.2	43.5	20.6	18.5	20.4	20.2
45–64 years	6.6	5.5	6.2	5.8	25.3	23.5	27.9	27.3	12.7	11.3	12.5	13.2
45–54 years	6.6	5.7	5.7	5.9	29.4	26.3	31.5	32.0	14.5	12.3	14.2	14.5
55–64 years	6.6	5.4	6.7	5.7	18.9	19.0	23.2	21.4	10.0	9.8	10.2	11.6
65 years and over	3.7	3.1	4.1	4.0	9.3	7.4	9.8	9.8	4.7	3.7	4.7	4.7
65–74 years	4.8	3.9	5.1	4.4	12.2	9.5	14.2	13.5	6.1	4.9	6.6	6.3
75 years and over	*2.1	*2.0	*2.8	*3.5	5.1	4.4	3.9	4.6	*2.5	*2.0	*2.1	*2.5

See footnotes at end of table.

Table 68 (page 2 of 3). Heavier drinking and drinking five or more drinks in a day among adults 18 years of age and over, by selected characteristics: United States, selected years 1997–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#068>.

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

Characteristic	Heavier drinker ¹				Five or more drinks in a day on at least 1 day in the past year ¹				Five or more drinks in a day on at least 12 days in the past year ¹			
	1997	2000	2009	2010	1997	2000	2009	2010	1997	2000	2009	2010
Race^{2,3}												
Percent of adults												
White only	6.3	5.1	6.8	6.1	32.8	29.9	35.9	35.3	16.7	14.9	17.4	17.1
Black or African American only	5.3	5.4	4.0	4.6	18.4	19.8	21.5	20.2	11.0	12.4	9.5	9.8
American Indian or Alaska Native only	*	*	*	*	45.7	29.2	33.5	*20.5	30.4	*14.0	*20.7	*15.7
Asian only	*2.3	*3.5	*2.6	*1.4	17.8	14.1	16.7	17.2	*7.5	*5.9	7.1	6.8
Native Hawaiian or Other Pacific Islander only	---	*	*	*	---	*	*	*	---	*	*	*
2 or more races	---	*12.1	*	*8.4	---	39.2	33.6	37.6	---	23.7	*16.2	20.3
Hispanic origin and race^{2,3}												
Hispanic or Latino	5.7	5.2	4.7	3.9	30.9	27.9	30.4	28.8	18.8	15.9	15.8	14.6
Mexican	6.9	6.6	5.0	4.4	34.2	32.2	32.1	32.2	21.9	19.1	17.0	16.3
Not Hispanic or Latino	6.1	5.2	6.5	6.0	30.7	28.6	33.7	33.3	15.5	14.3	15.8	15.9
White only	6.4	5.2	7.2	6.5	33.3	30.6	37.3	36.9	16.6	15.0	17.6	17.6
Black or African American only	5.3	5.4	4.1	4.7	18.4	19.7	21.6	20.3	11.1	12.3	9.6	9.9
Percent of poverty level^{2,4}												
Below 100%	6.8	6.4	7.6	6.5	26.9	24.8	28.6	26.0	16.5	15.7	15.9	14.1
100%–199%	7.1	5.8	7.0	5.8	27.3	23.6	29.5	29.1	16.4	13.3	16.4	14.8
200%–399%	6.6	5.3	6.0	5.8	30.4	27.4	32.3	31.8	16.0	14.7	15.2	16.4
400% or more	5.0	4.4	5.5	5.4	33.6	31.3	36.1	36.4	15.4	14.4	15.7	15.8
Disability measure^{2,5}												
Any basic actions difficulty or complex activity limitation	7.2	6.8	7.3	6.6	29.4	28.9	30.8	30.6	17.0	16.5	14.3	14.8
Any basic actions difficulty	7.5	6.8	7.2	6.7	30.4	29.8	31.7	31.8	17.7	16.8	14.5	15.5
Any complex activity limitation	5.4	5.8	6.5	6.6	23.1	20.5	23.0	21.1	14.2	11.9	11.0	11.3
No disability	5.8	4.8	5.8	5.4	31.5	28.5	33.5	33.5	15.6	14.1	15.9	15.9
Female												
18 years and over, age-adjusted ²	3.9	3.5	4.5	4.8	12.2	10.8	14.7	15.6	3.9	3.4	4.4	4.8
18 years and over, crude	3.9	3.5	4.5	4.8	12.1	10.6	14.0	14.9	3.9	3.3	4.2	4.6
Age												
All persons:												
18–44 years	4.0	3.8	4.4	5.2	18.3	16.5	21.6	22.6	5.5	5.2	6.2	6.9
18–24 years	4.5	5.2	4.8	6.4	23.0	22.8	27.4	28.1	7.6	8.3	9.4	10.9
25–44 years	3.9	3.4	4.3	4.8	16.9	14.5	19.5	20.6	4.9	4.2	5.1	5.4
45–64 years	4.4	3.8	5.5	4.9	7.2	6.0	10.2	11.1	2.9	1.9	3.4	3.4
45–54 years	4.5	3.2	6.3	5.9	9.2	7.1	13.4	14.3	3.3	2.1	5.2	4.3
55–64 years	4.4	4.6	4.4	3.8	4.1	4.4	6.3	7.3	2.1	1.5	1.2	2.3
65 years and over	2.6	2.2	3.0	3.4	1.6	1.2	1.6	2.3	*0.4	*0.4	*0.6	*
65–74 years	3.1	2.5	4.0	4.5	2.3	1.7	2.5	*3.1	*	*	*	*
75 years and over	2.0	1.9	*2.0	2.3	*0.7	*	*	*1.4	*	*	*	*
Race^{2,3}												
White only	4.2	4.0	4.9	5.2	13.5	12.1	16.5	17.4	4.2	3.7	4.8	5.2
Black or African American only	2.9	2.0	2.7	3.8	6.5	5.2	8.4	9.0	2.9	1.9	2.8	3.1
American Indian or Alaska Native only	*	*	*	*	18.1	*19.0	*14.9	*11.7	*	*	*	*
Asian only	*	*	*	*	*5.2	*3.7	5.4	7.3	*	*	*	*
Native Hawaiian or Other Pacific Islander only	---	*	*	*	---	*	*	*	---	*	*	*
2 or more races	---	*	*	*	---	17.0	18.9	16.4	---	*8.2	*	*6.3

See footnotes at end of table.

Table 68 (page 3 of 3). Heavier drinking and drinking five or more drinks in a day among adults 18 years of age and over, by selected characteristics: United States, selected years 1997–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#068>.

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

Characteristic	Heavier drinker ¹				Five or more drinks in a day on at least 1 day in the past year ¹				Five or more drinks in a day on at least 12 days in the past year ¹			
	1997	2000	2009	2010	1997	2000	2009	2010	1997	2000	2009	2010
Percent of adults												
Hispanic origin and race ^{2,3}												
Hispanic or Latina	2.2	1.2	1.5	1.7	9.7	6.8	9.2	10.3	3.5	2.1	3.1	3.6
Mexican	*1.9	*1.1	*1.4	*1.7	8.2	7.1	8.6	10.4	3.2	*2.2	*3.1	3.7
Not Hispanic or Latina	4.1	3.8	4.9	5.3	12.6	11.5	15.7	16.6	4.0	3.6	4.6	5.0
White only	4.4	4.3	5.5	5.9	14.2	13.0	18.2	19.1	4.3	4.0	5.1	5.6
Black or African American only	2.9	2.0	2.8	3.8	6.2	5.2	8.4	8.9	2.9	1.9	2.8	3.0
Percent of poverty level ^{2,4}												
Below 100%	3.6	2.8	3.5	3.4	10.8	8.2	11.2	11.3	5.1	3.6	4.2	4.2
100%–199%	3.1	2.9	3.7	4.1	10.5	9.0	12.9	13.5	4.0	3.5	5.1	5.1
200%–399%	3.3	3.2	4.1	3.9	12.1	10.7	13.9	15.3	4.0	3.5	3.9	4.2
400% or more	5.2	4.5	5.4	6.7	14.2	12.6	18.1	19.2	3.4	3.3	4.4	5.6
Disability measure ^{2,5}												
Any basic actions difficulty or complex activity limitation	4.5	4.1	5.1	4.7	13.1	11.3	16.2	15.2	5.0	4.1	5.3	5.4
Any basic actions difficulty	4.5	4.2	4.9	4.7	13.2	11.6	16.4	15.4	5.1	4.1	5.3	5.4
Any complex activity limitation	3.7	*3.2	4.3	4.6	10.8	9.1	11.6	12.3	4.2	*3.1	3.9	5.0
No disability	3.9	3.5	4.4	5.1	12.0	10.9	14.5	16.1	3.6	3.3	4.1	4.7

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

--- Data not available.

¹Heavier drinking is based on self-reported responses to questions about average alcohol consumption and is defined as more than 14 drinks per week for men and more than seven drinks per week for women on average. U.S. Department of Agriculture: Dietary Guidelines for Americans, 2010. Available from: <http://www.health.gov/dietaryguidelines/dga2010/DietaryGuidelines2010.pdf>. Respondents were also asked, "In the past year, on how many days did you have five or more drinks of any alcoholic beverage?" See Appendix II, Alcohol consumption.

²Estimates are age-adjusted to the year 2000 standard population using four age groups: 18–24 years, 25–44 years, 45–64 years, and 65 years and over. Age-adjusted estimates in this table may differ from other age-adjusted estimates based on the same data and presented elsewhere if different age groups are used in the adjustment procedure. See Appendix II, Age adjustment.

³The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Prior to 1999, data were tabulated according to the 1977 Standards with four racial groups, and the Asian only category included Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See Appendix II, Hispanic origin; Race.

⁴Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed for 1997 and beyond. See Appendix II, Family income; Poverty; Table VI.

⁵Any basic actions difficulty or complex activity limitation is defined as having one or more of the following limitations or difficulties: movement difficulty, emotional difficulty, sensory (seeing or hearing) difficulty, cognitive difficulty, self-care (activities of daily living or instrumental activities of daily living) limitation, social limitation, or work limitation. For more information, see Appendix II, Basic actions difficulty; Complex activity limitation. Starting with 2007 data, the hearing question, a component of the basic actions difficulty measure, was revised. Consequently, data prior to 2007 are not comparable with data for 2007 and beyond. For more information on the impact of the revised hearing question, see Appendix II, Hearing trouble.

NOTES: Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. For more data on alcohol consumption, see the Early Release reports on the National Health Interview Survey home page: <http://www.cdc.gov/nchs/nhis.htm>. Data for additional years are available. See Appendix III.

SOURCE: CDC/NCHS, National Health Interview Survey, family core and sample adult questionnaires. See Appendix I, National Health Interview Survey (NHIS).

Table 69 (page 1 of 2). Selected health conditions and risk factors: United States, selected years 1988–1994 through 2009–2010

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#069>.

[Data are based on interviews and physical examinations of a sample of the civilian noninstitutionalized population]

Health condition	1988–1994	1999–2000	2001–2002	2003–2004	2005–2006	2007–2008	2009–2010
Diabetes ¹							
Percent of persons 20 years of age and over							
Total, age-adjusted ²	9.1	9.0	10.5	10.8	10.4	---	---
Total, crude	8.4	8.5	10.1	10.8	10.7	---	---
High cholesterol ³							
Total, age-adjusted ⁴	22.8	25.0	24.4	27.5	27.0	27.2	26.7
Total, crude	21.5	24.0	23.9	27.5	27.6	28.3	27.9
High serum total cholesterol ⁵							
Total, age-adjusted ⁴	20.8	18.3	16.5	16.9	15.6	14.2	13.2
Total, crude	19.6	17.7	16.4	17.0	15.9	14.6	13.6
Hypertension ⁶							
Total, age-adjusted ⁴	25.5	30.0	29.7	32.1	30.5	31.2	30.0
Total, crude	24.1	28.9	28.9	32.5	31.7	32.6	31.9
Uncontrolled high blood pressure among persons with hypertension ⁷							
Total, age-adjusted ⁴	77.2	71.9	68.3	63.8	63.0	56.2	55.7
Total, crude	73.9	69.1	65.4	60.8	56.6	51.8	46.7
Overweight (includes obesity) ⁸							
Total, age-adjusted ⁴	56.0	64.5	65.6	66.4	66.9	68.1	68.8
Total, crude	54.9	64.1	65.6	66.5	67.3	68.3	69.2
Obesity ⁹							
Total, age-adjusted ⁴	22.9	30.5	30.5	32.3	34.4	33.7	35.7
Total, crude	22.3	30.3	30.6	32.3	34.7	33.9	35.9
Untreated dental caries ¹⁰							
Total, age-adjusted ⁴	27.7	24.3	21.3	30.0	24.4	21.7	---
Total, crude	28.2	25.0	21.6	30.3	24.5	21.8	---
Obesity ¹¹							
Percent of persons under 20 years of age							
2–5 years	7.2	10.3	10.6	14.0	11.0	10.1	12.1
6–11 years	11.3	15.1	16.3	18.8	15.1	19.6	18.0
12–19 years	10.5	14.8	16.7	17.4	17.8	18.1	18.4
Untreated dental caries ^{10,12}							
6–19 years	23.6	22.7	20.6	25.2	---	16.2	---

See footnotes at end of table.

Table 69 (page 2 of 2). Selected health conditions and risk factors: United States, selected years 1988–1994 through 2009–2010

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#069>.

[Data are based on interviews and physical examinations of a sample of the civilian noninstitutionalized population]

-- Data not available.

¹Undiagnosed diabetes is defined as a fasting plasma glucose (FPG) of at least 126 mg/dL or a hemoglobin A1c of at least 6.5% and no reported physician diagnosis. Respondents had fasted for at least 8 hours and less than 24 hours. Estimates in some prior editions of *Health, United States* included data from respondents who had fasted for at least 9 hours and less than 24 hours. Starting in 2005–2006, testing was performed at a different laboratory and using different instruments than testing in earlier years. The National Health and Nutrition Examination Survey (NHANES) conducted crossover studies to evaluate the impact of these changes on FPG and A1c measurements. The adjustments to 2005–2006 FPG data recommended by NHANES were incorporated. The adjustments recommended by NHANES after the initial release of the A1c data were made and adjusted estimates were presented in prior editions of *Health, United States*. After additional evaluation of the A1c data, in November 2011 NHANES changed its guidance and recommended no adjustments to the 2005–2006 and subsequent A1c data. Estimates for 2005–2006 shown in this table are produced without any correction factor applied to A1c data. Implementation of this new guidance caused no change in the percentage of adults with diabetes for 2005–2006. For more information, see http://www.cdc.gov/nchs/data/nhanes/A1c_webnotice.pdf. Prior to *Health, United States, 2010*, the definition of undiagnosed diabetes did not consider hemoglobin A1c. The revised definition of undiagnosed diabetes was based on recommendations from the American Diabetes Association. For more information, see: Standards of medical care in diabetes–2010. *Diabetes Care* 2010;33(suppl 1):S11–S61. Also see [Appendix II, Diabetes](#). See related [Table 50](#).

²Age-adjusted to the 2000 standard population using three age groups: 20–44 years, 45–64 years, and 65 years and over. Age-adjusted estimates may differ from other age-adjusted estimates based on the same data presented elsewhere, if different age groups are used in the adjustment procedure. See [Appendix II, Age adjustment](#).

³High cholesterol is defined as measured serum total cholesterol greater than or equal to 240 mg/dL or reporting taking cholesterol-lowering medication. Respondents were asked, “Are you now following this advice [from a doctor of health professional] to take prescribed medicine [to lower your cholesterol]?” Risk levels for serum total cholesterol have been defined by the Third Report of the National Cholesterol Education Program Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults. National Heart, Lung, and Blood Institute, National Institutes of Health. September 2002. (Available from: <http://www.nhlbi.nih.gov/guidelines/cholesterol/index.htm> and summarized in *JAMA* 2001;285(19):2486–97.) See [Appendix II, Cholesterol](#). See related [Table 71](#).

⁴Age-adjusted to the 2000 standard population using five age groups: 20–34 years, 35–44 years, 45–54 years, 55–64 years, and 65 years and over. Age-adjusted estimates may differ from other age-adjusted estimates based on the same data and presented elsewhere if different age groups are used in the adjustment procedure. See [Appendix II, Age adjustment](#).

⁵High serum total cholesterol is defined as greater than or equal to 240 mg/dL (6.20 mmol/L). This second measure of cholesterol presented in *Health, United States*, is based solely on measured high serum total cholesterol. See [Appendix II, Cholesterol](#). See related [Table 71](#).

⁶Hypertension is defined as having measured high blood pressure and/or taking antihypertensive medication. High blood pressure is defined as having measured systolic pressure of at least 140 mmHg or diastolic pressure of at least 90 mmHg. Those with high blood pressure also may be taking prescribed medicine for high blood pressure. For antihypertensive medication use, respondents were asked, “Are you now taking prescribed medicine for your high blood pressure?” See [Appendix II, Blood pressure, high](#). See related [Table 70](#).

⁷Uncontrolled high blood pressure among persons with hypertension is defined as measured systolic pressure of at least 140 mmHg or diastolic pressure of at least 90 mmHg, among those with measured high blood pressure or reporting taking antihypertensive medication. See [Appendix II, Blood pressure, high](#). See related [Table 70](#).

⁸Excludes pregnant women. Overweight is defined as body mass index (BMI) greater than or equal to 25. See [Appendix II, Body mass index \(BMI\)](#). See related [Table 74](#).

⁹Excludes pregnant women. Obesity is defined as body mass index (BMI) greater than or equal to 30. See [Appendix II, Body mass index \(BMI\)](#). See related [Table 74](#).

¹⁰Untreated dental caries refers to untreated coronal caries. Starting with 2005–2006 NHANES data, dental caries data were collected using a simplified examination process. Because of this change in data collection and because estimates from 2003–2004 and earlier years considered whether the teeth were primary or permanent, 2005–2006 estimates and beyond, are not comparable with earlier data. In addition, dental caries data are no longer collected on children younger than 5 years of age. For more information on the methodology changes, see: National Health and Nutrition Examination Survey 2005–2006: Documentation, codebook and frequencies on Oral Health. June 2008. (Available from: http://www.cdc.gov/nchs/data/nhanes/nhanes_05_06/ohx_d.pdf.) See [Appendix II, Dental caries](#). See related [Table 76](#).

¹¹Obesity is defined as body mass index (BMI) at or above the sex- and age-specific 95th percentile BMI cutoff points from the 2000 CDC growth charts for the United States: Methods and development. *NCHS. Vital Health Stat* 11(246). 2002. Available at: http://www.cdc.gov/nchs/data/series/sr_11/sr11_246.pdf. Starting with *Health United States, 2010*, the terminology describing height for weight among children changed from previous editions. The term obesity now refers to children who were formerly labeled as overweight. This is a change in terminology only and not in measurement; the previous definition of overweight is now the definition of obesity. For more information, see: Ogden CL, Flegal KM. Changes in terminology for childhood overweight and obesity. National health statistics report; no. 25. Hyattsville, MD: NCHS; 2010. Available from: <http://www.cdc.gov/nchs/data/nhsr/nhsr025.pdf>. Excludes pregnant girls. See related [Table 75](#).

¹²The estimate in the 2007–2008 column is for 2005–2008. The 4-year estimate is shown for children because it is more reliable than the 2-year estimates.

NOTES: See related [Tables 50, 70, 71, 74, 75, and 76](#). Diabetes estimates for 2007–2008 are currently under study and when finalized will be available on the *Health, United States* website. Available from: <http://www.cdc.gov/nchs/hus.htm>. The 2009–2010 estimates for diabetes and untreated dental caries will be available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data have been revised and differ from previous editions of *Health, United States*.

SOURCE: CDC/NCHS, National Health and Nutrition Examination Survey. See [Appendix I, National Health and Nutrition Examination Survey \(NHANES\)](#).

Table 70 (page 1 of 2). Hypertension among persons 20 years of age and over, by selected characteristics: United States, selected years 1988–1994 through 2007–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#070>.

[Data are based on interviews and physical examinations of a sample of the civilian noninstitutionalized population]

Sex, age, race and Hispanic origin ¹ , and percent of poverty level	Hypertension ^{2,3} (measured high blood pressure and/or taking antihypertensive medication)				Uncontrolled high blood pressure among persons with hypertension ⁴			
	1988–1994	1999–2002	2003–2006	2007–2010	1988–1994	1999–2002	2003–2006	2007–2010
20 years and over, age-adjusted ⁵								
Percent of population								
Both sexes ⁶	25.5	30.0	31.3	30.6	77.2	70.6	63.3	55.8
Male	26.4	28.8	31.8	31.3	83.2	73.3	65.0	61.4
Female	24.4	30.6	30.3	29.6	68.5	61.8	53.6	46.3
Not Hispanic or Latino:								
White only, male	25.6	27.6	31.2	31.1	82.6	70.3	63.3	57.3
White only, female	23.0	28.5	28.3	28.1	67.0	63.6	47.5	44.2
Black or African American only, male	37.5	40.6	42.2	40.5	84.0	74.3	70.2	71.5
Black or African American only, female	38.3	43.5	44.1	44.3	71.1	67.2	59.0	51.0
Mexican male	26.9	26.8	24.8	28.6	87.9	89.5	70.7	71.6
Mexican female	25.0	27.9	28.6	27.8	77.6	71.5	66.1	56.4
Percent of poverty level: ⁷								
Below 100%	31.7	33.9	35.0	33.8	75.0	71.2	69.8	54.5
100%–199%	26.6	33.5	34.1	33.4	76.0	73.4	68.2	60.4
200%–399%	24.7	30.2	31.9	31.7	76.2	67.8	63.9	51.9
400% or more	22.6	26.4	28.9	28.5	81.5	70.3	56.8	56.2
20 years and over, crude								
Both sexes ⁶	24.1	30.2	32.1	32.2	73.9	67.3	58.6	49.3
Male	23.8	27.6	31.3	31.7	79.3	67.1	58.4	52.3
Female	24.4	32.7	32.9	32.8	68.8	67.4	58.8	46.4
Not Hispanic or Latino:								
White only, male	24.3	28.3	32.4	33.7	78.0	64.0	56.2	48.7
White only, female	24.6	32.8	33.4	33.4	67.8	66.9	58.2	44.6
Black or African American only, male	31.1	35.9	38.8	37.6	83.3	71.3	65.9	62.3
Black or African American only, female	32.5	41.9	42.8	44.4	70.0	67.5	55.5	49.2
Mexican male	16.4	16.5	16.6	19.9	86.5	86.9	66.9	66.2
Mexican female	15.9	18.8	20.0	21.4	80.6	74.5	68.6	58.6
Percent of poverty level: ⁷								
Below 100%	25.7	30.3	28.8	27.5	74.0	71.3	67.3	54.4
100%–199%	26.7	34.8	36.8	36.2	75.1	70.7	63.2	54.5
200%–399%	22.4	29.9	33.1	34.2	73.4	64.4	58.0	46.3
400% or more	22.0	26.8	29.2	30.6	74.3	63.8	53.4	45.1
Male								
20–44 years	10.9	12.1	14.2	12.5	90.5	79.7	71.1	67.9
20–34 years	7.1	*8.1	9.2	6.8	92.6	89.9	83.1	82.5
35–44 years	17.1	17.1	21.1	20.7	89.0	73.3	63.6	60.8
45–64 years	34.2	36.4	41.2	41.2	73.1	61.4	57.0	50.6
45–54 years	29.2	31.0	36.2	35.5	76.2	66.4	59.3	54.4
55–64 years	40.6	45.0	50.2	49.5	70.3	55.9	53.9	46.7
65–74 years	54.4	59.6	64.1	64.1	74.3	59.1	45.9	42.2
75 years and over	60.4	69.0	65.0	71.7	82.5	74.3	59.7	50.7
Female								
20–44 years	6.5	8.3	6.9	8.3	63.4	58.3	49.1	44.4
20–34 years	2.9	*2.7	*2.2	3.8	82.2	56.9	*47.9	52.6
35–44 years	11.2	15.1	12.6	14.2	56.8	58.6	49.4	41.6
45–64 years	32.8	40.0	43.4	39.7	62.1	60.5	55.5	42.9
45–54 years	23.9	31.8	36.2	31.2	58.5	61.1	57.4	38.9
55–64 years	42.6	53.9	54.4	50.4	64.3	60.0	53.6	46.1
65–74 years	56.2	72.7	70.8	69.3	68.7	73.5	58.5	44.9
75 years and over	73.6	83.1	80.2	81.3	81.9	78.1	70.3	56.0

See footnotes at end of table.

Table 70 (page 2 of 2). Hypertension among persons 20 years of age and over, by selected characteristics: United States, selected years 1988–1994 through 2007–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#070>.

[Data are based on interviews and physical examinations of a sample of the civilian noninstitutionalized population]

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

¹Persons of Mexican origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The two non-Hispanic race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group. Prior to data year 1999, estimates were tabulated according to the 1977 Standards. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. See [Appendix II, Hispanic origin; Race](#).

²Hypertension is defined as having measured high blood pressure and/or taking antihypertensive medication. High blood pressure is defined as having measured systolic pressure of at least 140 mmHg or diastolic pressure of at least 90 mmHg. Those with high blood pressure also may be taking prescribed medicine for high blood pressure. Those taking antihypertensive medication may not have measured high blood pressure but are still classified as having hypertension. See [Appendix II, Blood pressure, high](#).

³Respondents were asked, “Are you now taking prescribed medicine for your high blood pressure?”

⁴Uncontrolled high blood pressure among persons with hypertension is defined as measured systolic pressure of at least 140 mmHg or diastolic pressure of at least 90 mmHg, among those with measured high blood pressure or reporting taking antihypertensive medication. See [Appendix II, Blood pressure, high](#).

⁵Age-adjusted to the 2000 standard population using five age groups: 20–34 years, 35–44 years, 45–54 years, 55–64 years, and 65 years and over. Age-adjusted estimates may differ from other age-adjusted estimates based on the same data and presented elsewhere if different age groups are used in the adjustment procedure. See [Appendix II, Age adjustment](#).

⁶Includes persons of all races and Hispanic origins, not just those shown separately.

⁷Percent of poverty level is based on family income and family size. Persons with unknown percent of poverty level are excluded (8% in 2007–2010). See [Appendix II, Family income; Poverty](#).

NOTES: Percentages are based on the average of blood pressure measurements taken. In 2007–2010, 81% of participants had three blood pressure readings. See *Health, United States, 2003, Table 66*, for a longer trend based on a single blood pressure measurement, which provides comparable data across five time periods (1960–1962 through 1999–2000). Excludes pregnant women. Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Health and Nutrition Examination Survey. See [Appendix I, National Health and Nutrition Examination Survey \(NHANES\)](#).

Table 71 (page 1 of 4). Cholesterol among persons 20 years of age and over, by selected characteristics: United States, selected years 1988–1994 through 2007–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#071>.

[Data are based on interviews and laboratory data of a sample of the civilian noninstitutionalized population]

<i>Sex, age, race and Hispanic origin¹, and percent of poverty level</i>	1988–1994	1999–2002	2003–2006	2007–2010
Percent of population with high cholesterol (serum total cholesterol greater than or equal to 240 mg/dL or taking cholesterol-lowering medications) ³				
20 years and over, age-adjusted ²				
Both sexes ⁴	22.8	25.0	27.7	27.4
Male	21.1	25.3	27.7	28.0
Female	24.0	24.3	27.4	26.7
Not Hispanic or Latino:				
White only, male	21.1	26.0	28.7	28.1
White only, female	24.2	25.1	28.2	27.4
Black or African American only, male	18.6	20.1	22.8	25.4
Black or African American only, female	23.1	22.0	23.3	25.6
Mexican male	19.9	21.6	24.2	28.6
Mexican female	19.8	19.3	24.1	25.5
Percent of poverty level: ⁵				
Below 100%	23.0	25.0	27.9	26.5
100%–199%	22.1	25.9	27.6	27.6
200%–399%	23.1	26.5	27.5	28.9
400% or more	21.7	23.1	27.9	26.6
20 years and over, crude				
Both sexes ⁴	21.5	25.0	28.0	28.7
Male	19.6	25.1	27.5	28.7
Female	23.2	24.8	28.5	28.7
Not Hispanic or Latino:				
White only, male	20.0	26.8	29.7	30.4
White only, female	24.5	27.0	30.8	31.4
Black or African American only, male	16.0	18.5	21.3	24.1
Black or African American only, female	19.7	19.9	21.9	24.7
Mexican male	16.2	17.0	19.3	23.7
Mexican female	14.9	13.8	18.7	21.0
Percent of poverty level: ⁵				
Below 100%	19.4	21.6	24.1	22.3
100%–199%	21.3	25.4	28.3	28.7
200%–399%	21.3	26.2	28.1	30.6
400% or more	21.9	24.2	28.7	29.6
Male				
20–44 years	13.1	16.1	16.5	14.3
20–34 years	8.2	10.4	10.2	8.5
35–44 years	21.0	23.1	25.2	22.5
45–64 years	30.1	36.0	35.7	39.0
45–54 years	29.6	34.1	32.4	34.0
55–64 years	30.8	39.1	41.6	46.2
65–74 years	27.4	36.3	49.4	48.9
75 years and over	24.4	29.0	37.1	45.2
Female				
20–44 years	9.9	11.4	12.9	10.6
20–34 years	7.3	9.1	10.8	6.8
35–44 years	13.5	14.4	15.8	15.7
45–64 years	36.4	31.7	37.3	39.1
45–54 years	28.2	27.2	29.6	29.1
55–64 years	45.8	39.2	49.2	51.4
65–74 years	46.9	51.9	55.3	53.3
75 years and over	41.2	44.0	47.3	52.5

See footnotes at end of table.

Table 71 (page 2 of 4). Cholesterol among persons 20 years of age and over, by selected characteristics: United States, selected years 1988–1994 through 2007–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#071>.

[Data are based on interviews and laboratory data of a sample of the civilian noninstitutionalized population]

<i>Sex, age, race and Hispanic origin¹, and percent of poverty level</i>	<i>1988–1994</i>	<i>1999–2002</i>	<i>2003–2006</i>	<i>2007–2010</i>
Percent of population with high serum total cholesterol (greater than or equal to 240 mg/dL) ⁶				
20 years and over, age-adjusted ²				
Both sexes ⁴	20.8	17.3	16.3	13.7
Male	19.0	16.4	15.1	12.6
Female	22.0	17.8	17.1	14.4
Not Hispanic or Latino:				
White only, male	18.8	16.5	15.5	12.2
White only, female	22.2	18.1	18.0	15.3
Black or African American only, male	16.9	12.4	10.9	10.8
Black or African American only, female	21.4	17.7	13.3	11.5
Mexican male	18.5	17.4	17.6	15.1
Mexican female	18.7	13.8	14.4	13.6
Percent of poverty level: ⁵				
Below 100%	20.6	18.3	18.1	14.4
100%–199%	20.6	19.1	16.7	15.0
200%–399%	20.8	18.9	15.8	14.4
400% or more	19.5	14.4	15.9	12.3
20 years and over, crude				
Both sexes ⁴	19.6	17.3	16.4	14.1
Male	17.7	16.5	15.2	12.9
Female	21.3	18.0	17.5	15.2
Not Hispanic or Latino:				
White only, male	18.0	16.9	15.7	12.6
White only, female	22.5	19.1	18.9	16.7
Black or African American only, male	14.7	12.2	10.8	10.9
Black or African American only, female	18.2	16.1	12.5	11.3
Mexican male	15.4	15.0	15.7	14.7
Mexican female	14.3	10.7	12.6	12.3
Percent of poverty level: ⁵				
Below 100%	17.6	16.4	16.8	12.8
100%–199%	19.8	18.2	16.0	14.6
200%–399%	19.3	18.7	15.8	14.6
400% or more	19.9	15.5	17.1	13.7
Male				
20–44 years	12.5	14.2	14.1	11.1
20–34 years	8.2	9.8	9.5	7.6
35–44 years	19.4	19.7	20.5	16.2
45–64 years	27.2	22.2	19.1	17.7
45–54 years	26.6	23.6	20.8	18.7
55–64 years	28.0	19.9	16.0	16.3
65–74 years	21.9	13.7	10.9	7.5
75 years and over	20.4	10.2	9.6	6.8
Female				
20–44 years	9.4	10.4	11.3	8.4
20–34 years	7.3	8.9	10.3	5.8
35–44 years	12.3	12.4	12.7	11.9
45–64 years	33.4	23.0	23.9	21.3
45–54 years	26.7	21.4	19.7	17.7
55–64 years	40.9	25.6	30.5	25.6
65–74 years	41.3	32.3	24.2	20.6
75 years and over	38.2	26.5	18.6	20.2

See footnotes at end of table.

Table 71 (page 3 of 4). Cholesterol among persons 20 years of age and over, by selected characteristics: United States, selected years 1988–1994 through 2007–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#071>.

[Data are based on interviews and laboratory data of a sample of the civilian noninstitutionalized population]

<i>Sex, age, race and Hispanic origin¹, and percent of poverty level</i>	<i>1988–1994</i>	<i>1999–2002</i>	<i>2003–2006</i>	<i>2007–2010</i>
20 years and over, age-adjusted ²				
				Mean serum total cholesterol level, mg/dL ⁷
Both sexes ⁴	206	203	200	196
Male	204	202	198	194
Female	207	204	202	198
Not Hispanic or Latino:				
White only, male	205	202	198	193
White only, female	208	205	203	199
Black or African American only, male	202	195	193	191
Black or African American only, female	207	202	195	192
Mexican male	206	204	203	200
Mexican female	206	199	200	196
Percent of poverty level: ⁵				
Below 100%	205	201	203	196
100%–199%	205	204	201	198
200%–399%	207	205	199	196
400% or more	205	202	201	195
20 years and over, crude				
Both sexes ⁴	204	203	200	197
Male	202	202	198	194
Female	206	204	202	199
Not Hispanic or Latino:				
White only, male	203	203	198	193
White only, female	208	206	205	201
Black or African American only, male	198	194	192	191
Black or African American only, female	201	199	194	191
Mexican male	199	200	200	200
Mexican female	198	194	196	195
Percent of poverty level: ⁵				
Below 100%	200	198	200	194
100%–199%	202	202	199	197
200%–399%	205	204	199	197
400% or more	206	204	203	198
Male				
20–44 years	194	196	196	194
20–34 years	186	188	186	186
35–44 years	206	207	209	205
45–64 years	216	213	206	202
45–54 years	216	215	208	204
55–64 years	216	212	202	199
65–74 years	212	202	191	182
75 years and over	205	195	187	176
Female				
20–44 years	189	191	192	187
20–34 years	184	185	188	181
35–44 years	195	198	197	195
45–64 years	225	215	213	211
45–54 years	217	211	208	208
55–64 years	235	221	219	214
65–74 years	233	224	214	207
75 years and over	229	217	206	203

See footnotes at end of table.

Table 71 (page 4 of 4). Cholesterol among persons 20 years of age and over, by selected characteristics: United States, selected years 1988–1994 through 2007–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#071>.

[Data are based on interviews and laboratory data of a sample of the civilian noninstitutionalized population]

¹Persons of Mexican origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The two non-Hispanic race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group. Prior to data year 1999, estimates were tabulated according to the 1977 Standards. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. See [Appendix II, Hispanic origin; Race](#).

²Age-adjusted to the 2000 standard population using five age groups: 20–34 years, 35–44 years, 45–54 years, 55–64 years, and 65 years and over. Age-adjusted estimates may differ from other age-adjusted estimates based on the same data and presented elsewhere if different age groups are used in the adjustment procedure. See [Appendix II, Age adjustment](#).

³High cholesterol is defined as measured serum total cholesterol as greater than or equal to 240 mg/dL or reporting taking cholesterol-lowering medications. Respondents were asked, “Are you now following this advice [from a doctor of health professional] to take prescribed medicine [to lower your cholesterol]?”

⁴Includes persons of all races and Hispanic origins, not just those shown separately.

⁵Percent of poverty level is based on family income and family size. Persons with unknown percent of poverty level are excluded (8% in 2007–2010). See [Appendix II, Family income; Poverty](#).

⁶High serum total cholesterol is defined as greater than or equal to 240 mg/dL (6.20 mmol/L), regardless of whether the respondent reported taking cholesterol-lowering medications.

⁷Risk levels for cholesterol have been defined by the Third Report of the National Cholesterol Education Program Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults. National Heart, Lung, and Blood Institute, National Institutes of Health. September 2002. (Available from: <http://www.nhlbi.nih.gov/guidelines/cholesterol/index.htm> and summarized in JAMA 2001;285(19):2486–97). Serum total cholesterol greater than or equal to 240 mg/dL (6.20 mmol/L) is considered high.

NOTES: See [Appendix II, Cholesterol](#). Standard errors for selected years are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Health and Nutrition Examination Survey. See [Appendix I, National Health and Nutrition Examination Survey \(NHANES\)](#).

Table 72 (page 1 of 2). Mean energy and macronutrient intake among persons 20 years of age and over, by sex and age: United States, selected years 1971–1974 through 2005–2008

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#072>.

[Data are based on dietary recall interviews of a sample of the civilian noninstitutionalized population]

Sex and age	1971–1974	1976–1980	1988–1994	1999–2002	2005–2008
Mean energy intake in kilocalories (kcal)					
Male, age-adjusted ¹	2,450	2,439	2,592	2,570	2,656
Male, crude	2,461	2,459	2,648	2,593	2,672
20–39 years	2,784	2,753	2,964	2,854	2,946
40–59 years	2,303	2,315	2,567	2,601	2,702
60–74 years	1,918	1,906	2,104	2,124	2,170
75 years and over	---	---	1,814	1,876	1,941
Female, age-adjusted ¹	1,542	1,522	1,762	1,837	1,811
Female, crude	1,540	1,525	1,772	1,832	1,803
20–39 years	1,652	1,643	1,956	2,031	1,973
40–59 years	1,510	1,473	1,734	1,823	1,798
60–74 years	1,325	1,322	1,520	1,582	1,605
75 years and over	---	---	1,401	1,435	1,466
Percent kcal from carbohydrates					
Male, age-adjusted ¹	42.4	42.6	48.5	49.1	47.4
Male, crude	42.4	42.7	48.4	49.0	47.4
20–39 years	42.2	43.1	48.1	50.1	48.0
40–59 years	41.6	41.5	47.8	47.7	46.5
60–74 years	44.8	44.1	49.7	48.9	47.3
75 years and over	---	---	50.9	50.8	49.0
Female, age-adjusted ¹	45.4	46.0	51.0	51.7	49.5
Female, crude	45.5	46.1	51.0	51.7	49.4
20–39 years	45.8	46.0	50.6	52.6	50.0
40–59 years	44.4	45.0	50.0	50.4	48.0
60–74 years	46.8	48.6	52.6	51.4	49.9
75 years and over	---	---	54.2	53.5	52.6
Percent kcal from protein					
Male, age-adjusted ¹	16.5	16.1	15.5	15.3	15.6
Male, crude	16.4	16.0	15.4	15.3	15.6
20–39 years	16.1	15.8	15.0	14.8	15.5
40–59 years	16.9	16.3	15.7	15.5	15.5
60–74 years	16.5	16.3	15.9	16.2	16.2
75 years and over	---	---	16.3	15.7	15.7
Female, age-adjusted ¹	16.9	16.0	15.4	15.1	15.8
Female, crude	16.8	16.0	15.4	15.1	15.9
20–39 years	16.4	15.8	14.8	14.6	15.4
40–59 years	17.3	16.3	15.6	15.3	16.4
60–74 years	17.0	16.1	16.4	16.0	15.9
75 years and over	---	---	15.9	15.3	15.6
Percent kcal from total fat					
Male, age-adjusted ¹	36.9	36.7	33.8	33.0	33.6
Male, crude	36.9	36.7	33.9	33.0	33.6
20–39 years	37.0	36.2	34.0	32.1	32.7
40–59 years	36.9	37.2	34.2	33.7	34.1
60–74 years	36.4	36.8	32.9	33.8	34.2
75 years and over	---	---	32.9	33.5	34.1
Female, age-adjusted ¹	36.1	36.0	33.2	33.2	33.8
Female, crude	36.0	35.9	33.2	33.2	33.8
20–39 years	36.3	36.0	33.6	32.5	33.6
40–59 years	36.3	36.4	34.0	33.9	34.2
60–74 years	34.9	34.7	31.6	33.4	34.2
75 years and over	---	---	31.5	32.8	32.5
Percent kcal from saturated fat					
Male, age-adjusted ¹	13.5	13.2	11.3	10.8	11.1
Male, crude	13.5	13.2	11.4	10.8	11.1
20–39 years	13.6	13.1	11.5	10.7	11.0
40–59 years	13.5	13.4	11.3	10.8	11.2
60–74 years	13.3	13.1	10.9	10.7	11.2
75 years and over	---	---	11.2	10.8	11.5
Female, age-adjusted ¹	13.0	12.5	11.1	10.7	11.3
Female, crude	12.9	12.5	11.1	10.7	11.3
20–39 years	13.0	12.6	11.4	10.8	11.2
40–59 years	13.1	12.6	11.3	10.9	11.5
60–74 years	12.4	11.8	10.4	10.5	11.3
75 years and over	---	---	10.5	10.2	10.9

See footnotes at end of table.

Table 72 (page 2 of 2). Mean energy and macronutrient intake among persons 20 years of age and over, by sex and age: United States, selected years 1971–1974 through 2005–2008

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#072>.

[Data are based on dietary recall interviews of a sample of the civilian noninstitutionalized population]

- - - Data not available.

¹Age-adjusted to the 2000 standard population using four age groups: 20–39 years, 40–59 years, 60–74 years, and 75 years and over. Age-adjusted estimates in this table may differ from other age-adjusted estimates based on the same data and presented elsewhere if different age groups are used in the adjustment procedure. See [Appendix II, Age adjustment](#).

NOTES: Estimates of energy intake include kilocalories from all foods and beverages, including alcoholic beverages, consumed during the preceding 24 hours. Individuals who reported no energy intake were excluded. Starting in 2001, data collection method also included a second-day recall that was conducted by telephone (Day 2 file). This table includes only data collected in the Mobile Examination Center (MEC) (Day 1 file) to calculate dietary intake. Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Health and Nutrition Examination Survey. U.S. Department of Agriculture, Agriculture Research Service, Beltsville Human Nutrition Research Center, Food Surveys Research Group, What We Eat in America. See [Appendix I, National Health and Nutrition Examination Survey \(NHANES\)](#).

Table 73 (page 1 of 5). Participation in leisure-time aerobic and muscle-strengthening activities that meet the 2008 federal Physical Activity Guidelines for adults 18 years of age and over, by selected characteristics: United States, selected years 1998–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#073>.

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

Characteristic	2008 Physical Activity Guidelines for Adults ¹							
	Met both aerobic activity and muscle-strengthening guidelines				Met neither aerobic activity nor muscle-strengthening guideline			
	1998	2000	2009	2010	1998	2000	2009	2010
	Percent							
18 years and over, age-adjusted ^{2,3}	14.3	15.0	19.1	20.7	56.6	54.7	49.3	49.1
18 years and over, crude ³	14.5	15.1	18.8	20.4	56.3	54.6	49.5	49.5
Age								
18–44 years	18.9	18.9	23.3	25.7	50.7	49.1	43.6	43.1
18–24 years	23.8	23.8	25.2	29.6	46.5	44.5	40.0	39.4
25–44 years	17.4	17.3	22.6	24.3	51.9	50.6	44.9	44.4
45–64 years	11.4	12.8	16.8	17.7	58.8	57.6	51.8	51.0
45–54 years	13.2	14.5	18.0	19.2	56.9	55.4	50.5	48.9
55–64 years	8.6	10.1	15.4	15.9	61.8	61.0	53.5	53.7
65 years and over	5.5	6.8	10.0	10.4	71.0	67.0	62.2	64.6
65–74 years	7.0	8.4	12.8	13.6	65.6	60.3	54.6	59.9
75 years and over	3.5	4.9	6.6	6.4	77.8	75.0	71.3	70.3
Sex ²								
Male	17.5	17.9	22.2	25.1	50.8	49.6	45.0	43.8
Female	11.4	12.3	16.2	16.5	61.9	59.4	53.2	54.0
Sex and age								
Male:								
18–44 years	23.0	23.0	27.7	31.8	44.3	43.0	38.9	37.1
45–54 years	16.1	16.0	18.9	20.9	52.9	52.7	48.1	45.2
55–64 years	9.4	11.3	18.0	19.1	58.2	58.7	50.0	50.1
65–74 years	9.5	9.4	13.8	16.6	58.9	55.3	50.1	55.6
75 years and over	4.9	7.1	9.1	9.1	69.5	66.7	65.4	62.8
Female:								
18–44 years	14.9	15.0	19.0	19.6	56.9	55.0	48.2	49.0
45–54 years	10.5	13.1	17.1	17.5	60.8	57.9	52.8	52.4
55–64 years	7.8	9.0	13.1	13.1	65.0	63.1	56.6	57.0
65–74 years	5.1	7.7	12.0	11.0	70.9	64.3	58.5	63.6
75 years and over	2.6	3.6	4.9	4.6	83.0	80.0	75.2	75.3
Race ^{2,4}								
White only	14.8	15.7	19.8	21.4	55.2	53.1	47.9	47.6
Black or African American only	11.7	12.2	17.5	17.2	65.7	64.6	56.8	58.5
American Indian or Alaska Native only	16.0	*10.6	*14.8	*12.7	57.6	67.1	52.4	54.0
Asian only	13.5	14.1	13.9	17.8	59.1	55.0	54.7	51.7
Native Hawaiian or Other Pacific Islander only	---	*	*	*	---	*	*	*
2 or more races	---	19.0	16.6	25.9	---	52.8	44.8	45.0
Hispanic origin and race ^{2,4}								
Hispanic or Latino	9.4	9.2	12.5	14.4	67.7	66.5	59.0	60.2
Mexican	8.7	8.1	11.8	13.2	69.5	67.0	58.3	60.7
Not Hispanic or Latino	14.9	15.8	20.3	21.9	55.3	53.2	47.6	47.2
White only	15.5	16.5	21.3	22.9	53.6	51.4	45.6	45.0
Black or African American only	11.7	12.2	17.8	17.4	65.8	64.6	56.5	58.4
Education ^{5,6}								
No high school diploma or GED	4.6	4.3	5.9	7.7	76.3	74.0	69.1	69.8
High school diploma or GED	8.6	9.5	10.4	12.7	64.6	61.7	59.6	59.0
Some college or more	18.2	18.9	24.5	25.0	48.0	47.1	42.1	42.1

See footnotes at end of table.

Table 73 (page 2 of 5). Participation in leisure-time aerobic and muscle-strengthening activities that meet the 2008 federal Physical Activity Guidelines for adults 18 years of age and over, by selected characteristics: United States, selected years 1998–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#073>.

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

Characteristic	2008 Physical Activity Guidelines for Adults ¹								
	Met both aerobic activity and muscle-strengthening guidelines				Met neither aerobic activity nor muscle-strengthening guideline				
	1998	2000	2009	2010	1998	2000	2009	2010	
Percent of poverty level ^{2,7}				Percent					
Below 100%	8.0	9.3	11.9	12.0	71.3	68.0	62.2	63.9	
100%–199%	9.0	9.0	10.9	12.7	67.1	65.5	59.3	60.6	
200%–399%	12.6	13.2	16.8	19.2	58.0	56.8	52.1	50.6	
400% or more	20.2	20.5	27.1	29.1	46.2	45.0	38.3	36.9	
Hispanic origin and race and percent of poverty level ^{2,4,7}									
Hispanic or Latino:									
Below 100%	4.6	4.4	6.5	8.9	78.0	75.2	65.4	68.6	
100%–199%	7.0	5.0	7.8	9.3	71.2	72.2	67.9	66.7	
200%–399%	11.1	10.2	15.2	15.7	63.8	63.1	55.1	57.6	
400% or more	17.4	19.6	22.7	28.1	55.6	52.8	44.1	42.5	
Not Hispanic or Latino:									
White only:									
Below 100%	9.9	11.7	15.8	13.7	66.9	63.5	58.0	60.5	
100%–199%	9.6	10.3	12.8	14.1	65.1	62.6	55.2	56.4	
200%–399%	13.1	13.9	16.7	20.0	56.1	54.7	51.2	48.6	
400% or more	20.2	21.0	28.2	29.9	45.2	43.7	36.5	35.2	
Black or African American only:									
Below 100%	7.1	9.5	11.5	11.3	74.6	72.1	66.2	66.9	
100%–199%	8.8	9.5	10.3	11.7	69.8	69.2	59.9	67.0	
200%–399%	10.6	11.8	20.1	20.8	64.5	64.3	55.1	53.3	
400% or more	21.2	17.6	27.8	26.1	54.2	54.9	45.3	47.7	
Disability measure ^{2,8}									
Any basic actions difficulty or complex activity limitation:									
Any basic actions difficulty	10.2	10.3	13.0	13.6	64.4	62.2	59.3	59.1	
Any basic actions difficulty	9.8	10.3	13.1	13.8	64.8	62.1	59.4	59.2	
Any complex activity limitation	7.7	7.2	9.2	8.9	71.9	71.2	67.4	67.2	
No disability	16.0	17.0	22.1	24.2	52.5	50.6	43.4	43.3	
Geographic region ²									
Northeast	14.2	17.0	18.6	20.2	57.0	51.8	51.3	49.1	
Midwest	15.0	16.4	19.9	20.7	54.9	53.4	48.9	49.7	
South	11.8	12.1	18.3	18.8	61.4	59.7	51.9	51.8	
West	18.5	16.7	20.0	24.0	49.5	50.1	43.8	44.5	
Location of residence ²									
Within MSA ⁹	14.9	15.7	20.2	21.8	55.8	54.1	47.6	47.8	
Outside MSA ⁹	12.2	12.3	13.5	14.5	59.7	56.9	57.9	56.9	

See footnotes at end of table.

Table 73 (page 3 of 5). Participation in leisure-time aerobic and muscle-strengthening activities that meet the 2008 federal Physical Activity Guidelines for adults 18 years of age and over, by selected characteristics: United States, selected years 1998–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#073>.

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

Characteristic	2008 Physical Activity Guidelines for Adults ¹							
	Met aerobic activity guideline				Met muscle-strengthening guideline			
	1998	2000	2009	2010	1998	2000	2009	2010
	Percent							
18 years and over, age-adjusted ^{2,3}	40.0	42.2	47.3	47.3	17.7	18.0	22.7	24.4
18 years and over, crude ³	40.3	42.4	47.0	46.9	17.9	18.1	22.4	24.0
Age								
18–44 years	45.7	47.7	53.4	53.8	22.5	22.1	26.5	28.8
18–24 years	49.3	52.2	56.5	57.2	28.0	27.2	29.1	32.8
25–44 years	44.6	46.3	52.3	52.5	20.8	20.5	25.6	27.4
45–64 years	38.2	39.7	44.8	45.2	14.4	15.5	20.2	21.5
45–54 years	40.1	42.1	46.2	47.6	16.2	17.0	21.2	22.6
55–64 years	35.3	36.1	43.0	42.1	11.5	13.1	19.0	20.1
65 years and over	26.0	30.1	32.8	30.5	8.6	9.8	15.0	15.4
65–74 years	31.7	36.8	41.1	35.9	9.7	11.3	17.1	17.9
75 years and over	18.7	22.1	22.9	23.9	7.2	8.0	12.5	12.3
Sex ²								
Male	45.4	47.4	51.2	52.1	21.2	20.8	26.0	29.1
Female	35.1	37.6	43.7	42.7	14.4	15.4	19.4	19.8
Sex and age								
Male:								
18–44 years	51.5	53.6	57.6	59.0	27.2	26.3	31.3	35.6
45–54 years	44.3	45.2	48.3	50.7	18.8	18.0	22.5	24.8
55–64 years	38.3	38.9	46.7	46.0	12.9	13.8	21.2	22.9
65–74 years	38.5	41.8	45.6	40.7	12.0	12.2	18.1	20.6
75 years and over	26.1	30.7	29.1	32.3	9.5	10.1	14.7	14.5
Female:								
18–44 years	40.0	42.0	49.3	48.5	17.9	17.9	21.7	22.1
45–54 years	36.1	39.1	44.2	44.7	13.7	16.1	19.9	20.4
55–64 years	32.5	33.5	39.5	38.6	10.3	12.4	16.9	17.5
65–74 years	26.2	32.6	37.4	31.8	7.8	10.5	16.2	15.6
75 years and over	14.0	16.8	18.7	18.3	5.7	6.7	11.0	10.8
Race ^{2,4}								
White only	41.5	44.1	48.8	48.9	18.0	18.5	23.1	24.8
Black or African American only	30.4	31.7	39.1	37.3	15.6	16.0	21.8	21.4
American Indian or Alaska Native only	39.7	29.7	44.2	42.0	18.2	13.9	18.7	16.7
Asian only	37.1	41.7	41.9	44.2	17.2	17.2	17.2	21.9
Native Hawaiian or Other Pacific Islander only	---	*	*	*	---	*	*	*
2 or more races	---	43.9	48.9	50.2	---	22.2	23.7	30.4
Hispanic origin and race ^{2,4}								
Hispanic or Latino	29.1	30.8	37.5	36.2	12.7	11.9	16.3	18.1
Mexican	27.4	30.0	37.6	35.9	11.9	11.3	16.1	16.7
Not Hispanic or Latino	41.3	43.7	49.0	49.1	18.3	18.8	23.8	25.5
White only	43.1	45.7	51.1	51.5	18.7	19.3	24.6	26.3
Black or African American only	30.4	31.7	39.4	37.3	15.6	16.0	22.1	21.6
Education ^{5,6}								
No high school diploma or GED	21.4	23.9	27.7	27.1	7.0	6.6	9.2	10.9
High school diploma or GED	32.6	35.7	37.0	37.3	11.4	12.1	14.0	16.2
Some college or more	48.1	49.4	54.3	53.9	22.1	22.4	28.1	28.9

See footnotes at end of table.

Table 73 (page 4 of 5). Participation in leisure-time aerobic and muscle-strengthening activities that meet the 2008 federal Physical Activity Guidelines for adults 18 years of age and over, by selected characteristics: United States, selected years 1998–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#073>.

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

Characteristic	2008 Physical Activity Guidelines for Adults ¹							
	Met aerobic activity guideline				Met muscle-strengthening guideline			
	1998	2000	2009	2010	1998	2000	2009	2010
Percent of poverty level ^{2,7}	Percent							
Below 100%	25.9	29.3	34.4	32.2	10.8	12.3	15.5	15.8
100%–199%	29.9	32.0	37.4	36.0	12.0	11.5	14.5	16.1
200%–399%	38.8	39.9	44.5	45.5	15.9	16.5	20.4	23.1
400% or more	50.0	52.0	58.2	59.3	24.0	23.4	30.6	32.8
Hispanic origin and race and percent of poverty level ^{2,4,7}								
Hispanic or Latino:								
Below 100%	19.5	22.1	30.8	27.8	7.1	7.2	10.7	12.4
100%–199%	25.6	25.8	29.2	30.1	10.2	7.1	11.4	12.6
200%–399%	33.1	33.0	40.7	38.8	14.6	14.0	19.6	19.5
400% or more	40.6	45.1	53.6	53.4	21.1	21.7	24.9	32.1
Not Hispanic or Latino:								
White only:								
Below 100%	30.2	34.0	39.1	35.5	12.8	14.7	18.7	17.5
100%–199%	32.2	34.8	41.9	40.6	12.5	12.9	15.8	17.0
200%–399%	40.8	42.3	45.7	47.8	16.2	16.9	20.0	23.6
400% or more	51.0	53.4	60.0	61.0	24.0	23.8	31.6	33.5
Black or African American only:								
Below 100%	22.7	25.4	29.5	29.3	10.0	12.1	15.8	15.3
100%–199%	26.9	28.0	34.7	28.5	12.1	12.3	15.7	16.0
200%–399%	30.6	31.4	41.3	41.9	15.5	16.2	23.7	25.7
400% or more	41.7	40.3	51.1	48.5	25.4	22.4	31.8	29.8
Disability measure ^{2,8}								
Any basic actions difficulty or complex activity limitation	31.8	34.2	36.5	36.4	13.9	14.0	17.4	18.0
Any basic actions difficulty	31.3	34.0	36.4	36.6	13.6	14.2	17.5	18.1
Any complex activity limitation	24.4	24.9	28.3	27.9	11.5	11.3	13.8	13.9
No disability	44.3	46.6	53.5	53.4	19.3	19.8	25.3	27.4
Geographic region ²								
Northeast	39.6	45.3	45.3	46.9	17.5	20.0	22.3	24.3
Midwest	42.0	43.5	47.5	46.1	18.2	19.3	23.5	24.7
South	35.3	37.3	44.7	45.0	15.0	15.1	21.7	22.0
West	46.7	46.9	52.6	52.0	22.3	19.7	23.6	27.5
Location of residence ²								
Within MSA ⁹	40.8	42.9	48.8	48.7	18.3	18.6	23.9	25.4
Outside MSA ⁹	37.1	39.9	39.3	39.1	15.4	15.5	16.5	18.5

See footnotes at end of table.

Table 73 (page 5 of 5). Participation in leisure-time aerobic and muscle-strengthening activities that meet the 2008 federal Physical Activity Guidelines for adults 18 years of age and over, by selected characteristics: United States, selected years 1998–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#073>.

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

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

- - - Data not available.

¹Starting with *Health, United States, 2010*, measures of physical activity shown in this table changed to reflect the 2008 federal Physical Activity Guidelines for Americans (available from: <http://www.health.gov/PAGuidelines/>). This table presents four measures of physical activity: the percentage of adults who met the 2008 federal guidelines for both aerobic activity and muscle strengthening; the percentage who met neither the aerobic activity guideline nor the muscle-strengthening guideline; the percentage who met the aerobic activity guideline; and the percentage who met the muscle-strengthening guideline. Persons who met neither the aerobic activity nor the muscle-strengthening guideline were unable to be active, were completely inactive, or had some aerobic or muscle-strengthening activities but amounts were insufficient to meet the guidelines. The percentage of persons who met the aerobic activity guideline includes those who may or may not have also met the muscle-strengthening guideline. Similarly, the percentage of persons who met the muscle-strengthening guideline includes those who may or may not have also met the aerobic activity guideline. The 2008 federal guidelines recommend that for substantial health benefits adults perform at least 150 minutes (2 hours and 30 minutes) a week of moderate-intensity, or 75 minutes (1 hour and 15 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic activity. Aerobic activity should be performed in episodes of at least 10 minutes, and preferably, should be spread throughout the week. The 2008 guidelines also recommend that adults perform muscle-strengthening activities that are moderate or high intensity and involve all major muscle groups on 2 or more days a week, because these activities provide additional health benefits. See [Appendix II, Physical activity, leisure-time](#).

²Estimates are age-adjusted to the year 2000 standard population using five age groups: 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. Age-adjusted estimates in this table may differ from other age-adjusted estimates based on the same data and presented elsewhere if different age groups are used in the adjustment procedure. See [Appendix II, Age adjustment](#).

³Includes all other races not shown separately, unknown education level, and unknown disability status.

⁴The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Prior to 1999, data were tabulated according to the 1977 Standards with four racial groups, and the Asian only category included Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁵Estimates are for persons 25 years of age and over and are age-adjusted to the year 2000 standard population using five age groups: 25–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See [Appendix II, Age adjustment](#).

⁶GED is General Educational Development high school equivalency diploma. See [Appendix II, Education](#).

⁷Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed for 1997 and beyond. See [Appendix II, Family income; Poverty; Table VI](#).

⁸Any basic actions difficulty or complex activity limitation is defined as having one or more of the following limitations or difficulties: movement difficulty, emotional difficulty, sensory (seeing or hearing) difficulty, cognitive difficulty, self-care (activities of daily living or instrumental activities of daily living) limitation, social limitation, or work limitation. For more information, see [Appendix II, Basic actions difficulty; Complex activity limitation](#). Starting with 2007 data, the hearing question, a component of the basic actions difficulty measure, was revised. Consequently, data prior to 2007 are not comparable with data for 2007 and beyond. For more information on the impact of the revised hearing question, see [Appendix II, Hearing trouble](#).

⁹MSA is metropolitan statistical area. Starting with 2006 data, MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2006, see [Appendix II, Metropolitan statistical area \(MSA\)](#) for the applicable standards.

NOTES: Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Health Interview Survey, family core and sample adult questionnaires. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 74 (page 1 of 7). Healthy weight, overweight, and obesity among persons 20 years of age and over, by selected characteristics: United States, selected years 1960–1962 through 2007–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#074>.

[Data are based on measured height and weight of a sample of the civilian noninstitutionalized population]

Sex, age, race and Hispanic origin ¹ , and percent of poverty level	Healthy weight (BMI from 18.5 to 24.9) ²						
	1960–1962	1971–1974	1976–1980 ³	1988–1994	1999–2002	2003–2006	2007–2010
20–74 years, age-adjusted ⁴							
Percent of population							
Both sexes ⁵	51.2	48.8	49.6	41.7	32.9	31.4	29.8
Male	48.3	43.0	45.4	37.9	30.2	26.1	25.8
Female	54.1	54.3	53.7	45.3	35.6	36.6	33.6
Not Hispanic or Latino:							
White only, male	---	---	45.3	37.4	29.5	26.5	25.6
White only, female	---	---	56.7	49.2	39.7	40.0	36.9
Black or African American only, male	---	---	46.6	40.0	35.5	26.8	28.3
Black or African American only, female	---	---	35.0	28.9	21.2	18.4	17.7
Mexican male	---	---	36.6	29.8	25.6	22.4	18.0
Mexican female	---	---	35.9	29.0	27.6	24.5	20.2
Percent of poverty level: ⁶							
Below 100%	---	45.8	45.1	37.3	32.4	31.7	27.5
100%–199%	---	45.1	47.6	39.2	29.7	31.1	27.2
200%–399%	---	48.3	50.1	41.9	29.5	29.4	29.4
400% or more	---	53.9	53.0	46.0	36.9	33.8	32.3
20 years and over, age-adjusted ⁴							
Both sexes ⁵	---	---	---	41.6	33.0	31.6	29.8
Male	---	---	---	37.9	30.2	26.6	25.7
Female	---	---	---	45.0	35.7	36.5	33.7
Not Hispanic or Latino:							
White only, male	---	---	---	37.3	29.6	26.8	25.5
White only, female	---	---	---	48.7	39.5	39.6	36.9
Black or African American only, male	---	---	---	40.1	34.7	27.0	28.5
Black or African American only, female	---	---	---	29.2	21.6	19.2	17.9
Mexican male	---	---	---	30.2	26.5	23.8	18.5
Mexican female	---	---	---	29.7	27.5	25.1	21.3
Percent of poverty level: ⁶							
Below 100%	---	---	---	37.5	32.7	32.1	27.3
100%–199%	---	---	---	39.3	30.5	31.3	27.6
200%–399%	---	---	---	41.8	29.6	29.7	29.7
400% or more	---	---	---	45.5	36.5	33.7	32.1
20 years and over, crude							
Both sexes ⁵	---	---	---	42.6	32.9	31.4	29.6
Male	---	---	---	39.4	30.4	26.6	25.8
Female	---	---	---	45.7	35.4	35.9	33.2
Not Hispanic or Latino:							
White only, male	---	---	---	38.2	29.2	26.2	24.8
White only, female	---	---	---	48.8	38.7	38.2	35.7
Black or African American only, male	---	---	---	41.5	35.9	27.1	29.4
Black or African American only, female	---	---	---	31.2	21.8	19.2	17.6
Mexican male	---	---	---	35.2	29.4	25.2	19.5
Mexican female	---	---	---	32.4	29.5	25.8	22.3
Percent of poverty level: ⁶							
Below 100%	---	---	---	39.8	34.5	33.2	29.2
100%–199%	---	---	---	41.5	31.5	31.7	28.0
200%–399%	---	---	---	42.9	29.7	29.6	29.5
400% or more	---	---	---	44.6	35.3	32.1	30.5
Male							
20–34 years	55.3	54.7	57.1	51.1	40.3	35.9	37.5
35–44 years	45.2	35.2	41.3	33.4	29.0	24.1	19.8
45–54 years	44.8	38.5	38.7	33.6	24.0	20.8	21.8
55–64 years	44.9	38.3	38.7	28.6	23.8	19.3	19.4
65–74 years	46.2	42.1	42.3	30.1	22.8	21.2	21.6
75 years and over	---	---	---	40.9	32.0	33.1	25.4
Female							
20–34 years	67.6	65.8	65.0	57.9	42.5	45.1	41.1
35–44 years	58.4	56.7	55.6	47.1	37.1	37.6	34.4
45–54 years	47.6	49.3	48.7	37.2	33.1	31.1	30.7
55–64 years	38.1	41.1	43.5	31.5	27.6	29.5	26.7
65–74 years	36.4	40.6	37.8	37.0	26.4	28.5	23.9
75 years and over	---	---	---	43.0	36.9	35.4	35.4

See footnotes at end of table.

Table 74 (page 2 of 7). Healthy weight, overweight, and obesity among persons 20 years of age and over, by selected characteristics: United States, selected years 1960–1962 through 2007–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#074>.

[Data are based on measured height and weight of a sample of the civilian noninstitutionalized population]

Sex, age, race and Hispanic origin ¹ , and percent of poverty level	Overweight (includes obesity; BMI greater than or equal to 25.0) ²						
	1960–1962	1971–1974	1976–1980 ³	1988–1994	1999–2002	2003–2006	2007–2010
20–74 years, age-adjusted ⁴							
Percent of population							
Both sexes ⁵	44.8	47.7	47.4	56.0	65.2	66.9	68.5
Male	49.5	54.7	52.9	61.0	68.8	72.6	73.3
Female	40.2	41.1	42.0	51.2	61.7	61.2	63.9
Not Hispanic or Latino:							
White only, male	---	---	53.4	61.6	69.5	72.1	73.5
White only, female	---	---	38.7	47.2	57.0	57.4	60.2
Black or African American only, male	---	---	51.3	58.2	62.0	72.0	70.2
Black or African American only, female	---	---	62.6	68.5	77.6	80.5	80.3
Mexican male	---	---	62.2	69.4	74.1	77.3	81.8
Mexican female	---	---	62.2	69.6	71.4	74.4	79.2
Percent of poverty level: ⁶							
Below 100%	---	49.3	50.0	59.8	65.2	66.0	69.5
100%–199%	---	50.9	49.0	58.2	68.0	66.6	70.9
200%–399%	---	48.4	47.3	56.0	68.7	69.3	68.8
400% or more	---	43.4	45.0	51.8	61.8	64.7	66.7
20 years and over, age-adjusted ⁴							
Both sexes ⁵	---	---	---	56.0	65.1	66.7	68.5
Male	---	---	---	60.9	68.8	72.1	73.3
Female	---	---	---	51.4	61.6	61.3	63.9
Not Hispanic or Latino:							
White only, male	---	---	---	61.6	69.4	71.8	73.6
White only, female	---	---	---	47.5	57.2	57.9	60.3
Black or African American only, male	---	---	---	57.8	62.6	71.6	70.0
Black or African American only, female	---	---	---	68.2	77.2	79.8	80.0
Mexican male	---	---	---	68.9	73.2	75.8	81.3
Mexican female	---	---	---	68.9	71.2	73.9	78.0
Percent of poverty level: ⁶							
Below 100%	---	---	---	59.6	64.7	65.7	69.7
100%–199%	---	---	---	58.0	67.3	66.5	70.5
200%–399%	---	---	---	56.0	68.6	69.0	68.6
400% or more	---	---	---	52.4	62.2	64.7	66.9
20 years and over, crude							
Both sexes ⁵	---	---	---	54.9	65.2	66.9	68.7
Male	---	---	---	59.4	68.6	72.1	73.2
Female	---	---	---	50.7	62.0	61.9	64.5
Not Hispanic or Latino:							
White only, male	---	---	---	60.6	69.9	72.5	74.2
White only, female	---	---	---	47.4	58.2	59.4	61.7
Black or African American only, male	---	---	---	56.7	61.7	71.6	69.1
Black or African American only, female	---	---	---	66.0	76.9	79.7	80.2
Mexican male	---	---	---	63.9	70.1	74.6	80.2
Mexican female	---	---	---	65.9	69.3	73.0	77.1
Percent of poverty level: ⁶							
Below 100%	---	---	---	56.8	62.5	64.4	67.8
100%–199%	---	---	---	55.7	66.2	66.0	70.1
200%–399%	---	---	---	54.9	68.5	69.0	68.8
400% or more	---	---	---	53.3	63.7	66.5	68.5
Male							
20–34 years	42.7	42.8	41.2	47.5	57.4	61.6	61.1
35–44 years	53.5	63.2	57.2	65.5	70.5	75.2	80.2
45–54 years	53.9	59.7	60.2	66.1	75.7	78.5	76.8
55–64 years	52.2	58.5	60.2	70.5	75.4	79.7	79.8
65–74 years	47.8	54.6	54.2	68.5	76.2	78.0	77.5
75 years and over	---	---	---	56.5	67.4	65.8	73.2
Female							
20–34 years	21.2	25.8	27.9	37.0	52.9	50.9	55.4
35–44 years	37.2	40.5	40.7	49.6	60.6	60.7	63.9
45–54 years	49.3	49.0	48.7	60.3	65.1	67.3	66.2
55–64 years	59.9	54.5	53.7	66.3	72.2	69.6	72.2
65–74 years	60.9	55.9	59.5	60.3	70.9	70.5	74.2
75 years and over	---	---	---	52.3	59.9	62.6	63.2

See footnotes at end of table.

Table 74 (page 3 of 7). Healthy weight, overweight, and obesity among persons 20 years of age and over, by selected characteristics: United States, selected years 1960–1962 through 2007–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#074>.

[Data are based on measured height and weight of a sample of the civilian noninstitutionalized population]

Sex, age, race and Hispanic origin ¹ , and percent of poverty level	Obesity (BMI greater than or equal to 30.0) ²						
	1960–1962	1971–1974	1976–1980 ³	1988–1994	1999–2002	2003–2006	2007–2010
20–74 years, age-adjusted ⁴							
Percent of population							
Both sexes ⁵	13.3	14.6	15.1	23.3	31.1	34.1	35.3
Male	10.7	12.2	12.8	20.6	28.1	33.1	34.4
Female	15.7	16.8	17.1	26.0	34.0	35.2	36.1
Not Hispanic or Latino:							
White only, male	---	---	12.4	20.7	28.7	33.0	34.7
White only, female	---	---	15.4	23.3	31.3	32.5	32.9
Black or African American only, male	---	---	16.5	21.3	27.9	36.3	38.7
Black or African American only, female	---	---	31.0	39.1	49.4	54.3	54.4
Mexican male	---	---	16.0	24.4	29.0	30.4	36.5
Mexican female	---	---	26.6	36.1	38.9	42.6	45.8
Percent of poverty level: ⁶							
Below 100%	---	20.7	21.9	29.2	36.0	35.9	37.9
100%–199%	---	18.4	18.7	26.6	35.4	36.7	38.2
200%–399%	---	13.7	14.1	23.2	33.0	36.9	37.6
400% or more	---	10.1	10.0	18.9	25.8	29.4	31.4
20 years and over, age-adjusted ⁴							
Both sexes ⁵	---	---	---	22.9	30.4	33.4	34.7
Male	---	---	---	20.2	27.5	32.4	33.9
Female	---	---	---	25.5	33.2	34.3	35.5
Not Hispanic or Latino:							
White only, male	---	---	---	20.3	28.0	32.4	34.1
White only, female	---	---	---	22.9	30.7	31.6	32.5
Black or African American only, male	---	---	---	20.9	27.8	35.7	38.3
Black or African American only, female	---	---	---	38.3	48.6	53.4	54.0
Mexican male	---	---	---	23.8	27.8	29.5	36.3
Mexican female	---	---	---	35.2	38.0	41.8	44.6
Percent of poverty level: ⁶							
Below 100%	---	---	---	28.1	34.7	35.0	37.2
100%–199%	---	---	---	26.1	34.1	35.9	37.3
200%–399%	---	---	---	22.7	32.1	35.7	36.8
400% or more	---	---	---	18.7	25.5	28.9	31.3
20 years and over, crude							
Both sexes ⁵	---	---	---	22.3	30.5	33.5	34.9
Male	---	---	---	19.5	27.5	32.4	33.9
Female	---	---	---	25.0	33.4	34.6	35.9
Not Hispanic or Latino:							
White only, male	---	---	---	19.9	28.4	32.6	34.4
White only, female	---	---	---	22.7	31.3	32.2	33.2
Black or African American only, male	---	---	---	20.7	27.5	35.8	38.1
Black or African American only, female	---	---	---	36.7	48.7	53.2	54.2
Mexican male	---	---	---	20.6	26.0	29.0	35.6
Mexican female	---	---	---	33.3	37.0	41.2	44.2
Percent of poverty level: ⁶							
Below 100%	---	---	---	25.9	33.0	34.6	36.5
100%–199%	---	---	---	24.3	32.8	35.0	36.8
200%–399%	---	---	---	22.1	31.8	35.5	36.8
400% or more	---	---	---	19.3	27.2	30.7	32.4
Male							
20–34 years	9.2	9.7	8.9	14.1	21.7	26.2	27.1
35–44 years	12.1	13.5	13.5	21.5	28.5	37.0	37.2
45–54 years	12.5	13.7	16.7	23.2	30.6	34.6	36.6
55–64 years	9.2	14.1	14.1	27.2	35.5	39.3	37.3
65–74 years	10.4	10.9	13.2	24.1	31.9	33.0	41.5
75 years and over	---	---	---	13.2	18.0	24.0	26.6
Female							
20–34 years	7.2	9.7	11.0	18.5	28.3	28.4	30.4
35–44 years	14.7	17.7	17.8	25.5	32.1	36.1	37.1
45–54 years	20.3	18.9	19.6	32.4	36.9	40.0	36.9
55–64 years	24.4	24.1	22.9	33.7	42.1	41.0	43.4
65–74 years	23.2	22.0	21.5	26.9	39.3	36.4	40.3
75 years and over	---	---	---	19.2	23.6	24.2	28.7

See footnotes at end of table.

Table 74 (page 4 of 7). Healthy weight, overweight, and obesity among persons 20 years of age and over, by selected characteristics: United States, selected years 1960–1962 through 2007–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#074>.

[Data are based on measured height and weight of a sample of the civilian noninstitutionalized population]

Sex, age, race and Hispanic origin ¹ , and percent of poverty level	Grade 1 Obesity (BMI from 30.0 to 34.9) ²						
	1960–1962	1971–1974	1976–1980 ³	1988–1994	1999–2002	2003–2006	2007–2010
20–74 years, age-adjusted ⁴							
Percent of population							
Both sexes ⁵	11.2	10.5	10.5	14.8	18.1	20.0	19.8
Male	10.5	10.0	10.5	15.0	18.3	22.1	22.3
Female	11.7	10.8	10.5	14.7	17.8	17.8	17.4
Not Hispanic or Latino:							
White only, male	---	---	10.1	15.1	19.1	21.9	22.9
White only, female	---	---	9.4	13.0	16.3	16.9	15.6
Black or African American only, male	---	---	13.3	14.5	16.0	22.7	20.6
Black or African American only, female	---	---	18.6	19.8	21.9	23.8	24.3
Mexican male	---	---	12.8	19.3	20.2	22.6	24.6
Mexican female	---	---	16.0	22.4	23.5	23.8	25.5
Percent of poverty level: ⁶							
Below 100%	---	12.7	13.0	17.0	18.0	19.3	19.7
100%–199%	---	12.9	12.7	16.2	18.0	20.4	19.6
200%–399%	---	10.4	10.3	14.6	20.2	22.3	20.3
400% or more	---	7.6	7.3	13.2	16.7	17.9	19.4
20 years and over, age-adjusted ⁴							
Both sexes ⁵	---	---	---	14.8	17.9	19.8	19.9
Male	---	---	---	14.9	18.2	21.8	22.3
Female	---	---	---	14.7	17.6	17.9	17.6
Not Hispanic or Latino:							
White only, male	---	---	---	14.9	18.9	21.6	22.7
White only, female	---	---	---	13.1	16.2	17.0	15.9
Black or African American only, male	---	---	---	14.2	16.1	22.4	20.8
Black or African American only, female	---	---	---	19.6	21.6	23.8	24.8
Mexican male	---	---	---	18.9	19.5	22.0	24.7
Mexican female	---	---	---	22.0	22.9	23.6	24.9
Percent of poverty level: ⁶							
Below 100%	---	---	---	16.6	17.3	19.3	19.8
100%–199%	---	---	---	16.1	17.7	20.6	19.8
200%–399%	---	---	---	14.5	19.8	21.6	20.2
400% or more	---	---	---	13.3	16.6	18.0	19.4
20 years and over, crude							
Both sexes ⁵	---	---	---	14.4	17.9	19.8	20.0
Male	---	---	---	14.3	18.1	21.8	22.3
Female	---	---	---	14.5	17.7	18.0	17.9
Not Hispanic or Latino:							
White only, male	---	---	---	14.6	19.1	21.8	22.8
White only, female	---	---	---	13.1	16.6	17.3	16.6
Black or African American only, male	---	---	---	14.0	15.8	22.2	20.6
Black or African American only, female	---	---	---	18.7	21.7	23.5	24.6
Mexican male	---	---	---	15.8	18.2	21.6	23.8
Mexican female	---	---	---	20.7	22.4	22.9	24.5
Percent of poverty level: ⁶							
Below 100%	---	---	---	15.2	16.4	19.1	19.2
100%–199%	---	---	---	15.2	17.5	20.4	19.8
200%–399%	---	---	---	14.0	19.6	21.5	20.3
400% or more	---	---	---	13.5	17.4	18.6	19.9
Male							
20–34 years	8.2	7.1	6.8	9.8	13.7	18.1	19.0
35–44 years	11.5	11.6	11.2	14.7	19.3	24.9	23.2
45–54 years	12.9	11.6	13.5	17.3	17.8	22.4	22.6
55–64 years	9.5	11.2	11.8	20.6	25.3	27.0	25.2
65–74 years	*11.0	9.7	11.9	19.4	22.1	20.5	26.1
75 years and over	---	---	---	10.9	15.7	18.5	20.6
Female							
20–34 years	5.6	5.8	6.6	10.8	15.9	14.2	14.0
35–44 years	10.1	10.7	10.7	13.9	14.8	19.7	17.0
45–54 years	15.4	12.1	11.3	17.5	19.4	18.4	18.6
55–64 years	18.4	17.0	15.0	20.0	21.6	19.8	22.5
65–74 years	18.3	15.8	14.3	16.0	23.4	20.3	19.4
75 years and over	---	---	---	14.4	14.1	18.2	19.8

See footnotes at end of table.

Table 74 (page 5 of 7). Healthy weight, overweight, and obesity among persons 20 years of age and over, by selected characteristics: United States, selected years 1960–1962 through 2007–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#074>.

[Data are based on measured height and weight of a sample of the civilian noninstitutionalized population]

Sex, age, race and Hispanic origin ¹ , and percent of poverty level	Grade 2 Obesity (BMI from 35.0 to 39.9) ²						
	1960–1962	1971–1974	1976–1980 ³	1988–1994	1999–2002	2003–2006	2007–2010
20–74 years, age-adjusted ⁴							
Percent of population							
Both sexes ⁵	2.6	2.8	3.3	5.4	7.8	8.5	9.2
Male	1.4	1.6	1.9	3.6	6.2	7.3	7.6
Female	3.6	3.9	4.4	7.0	9.4	9.8	10.7
Not Hispanic or Latino:							
White only, male	---	---	2.0	3.6	6.1	7.5	7.5
White only, female	---	---	4.0	6.5	9.1	8.9	10.3
Black or African American only, male	---	---	*	4.2	8.4	7.6	10.5
Black or African American only, female	---	---	7.1	11.0	13.8	15.6	13.4
Mexican male	---	---	2.4	4.0	5.7	5.3	7.5
Mexican female	---	---	7.7	8.7	9.4	11.7	13.4
Percent of poverty level: ⁶							
Below 100%	---	3.7	5.6	7.1	9.6	9.2	10.2
100%–199%	---	4.3	4.3	6.6	10.2	9.6	9.8
200%–399%	---	2.4	2.8	5.3	7.7	9.1	10.8
400% or more	---	1.6	2.2	3.7	5.8	7.0	7.6
20 years and over, age-adjusted ⁴							
Both sexes ⁵	---	---	---	5.2	7.6	8.2	8.9
Male	---	---	---	3.5	5.9	7.1	7.4
Female	---	---	---	6.8	9.2	9.3	10.3
Not Hispanic or Latino:							
White only, male	---	---	---	3.5	5.8	7.2	7.3
White only, female	---	---	---	6.3	9.0	8.4	9.9
Black or African American only, male	---	---	---	4.1	8.3	7.6	10.2
Black or African American only, female	---	---	---	10.7	13.6	15.4	13.4
Mexican male	---	---	---	3.8	5.4	5.1	7.2
Mexican female	---	---	---	8.4	9.4	11.2	12.9
Percent of poverty level: ⁶							
Below 100%	---	---	---	6.8	9.6	8.6	10.0
100%–199%	---	---	---	6.5	9.7	9.0	9.4
200%–399%	---	---	---	5.2	7.5	8.8	10.3
400% or more	---	---	---	3.6	5.7	6.7	7.6
20 years and over, crude							
Both sexes ⁵	---	---	---	5.1	7.7	8.2	8.8
Male	---	---	---	3.5	6.0	7.0	7.3
Female	---	---	---	6.6	9.3	9.4	10.3
Not Hispanic or Latino:							
White only, male	---	---	---	3.4	5.9	7.4	7.4
White only, female	---	---	---	6.2	9.1	8.5	9.9
Black or African American only, male	---	---	---	4.2	8.2	7.5	10.2
Black or African American only, female	---	---	---	10.4	13.5	15.3	13.3
Mexican male	---	---	---	3.7	5.1	4.7	7.0
Mexican female	---	---	---	7.9	8.8	11.2	13.0
Percent of poverty level: ⁶							
Below 100%	---	---	---	6.3	9.5	8.4	9.7
100%–199%	---	---	---	6.2	8.9	8.7	9.2
200%–399%	---	---	---	5.1	7.5	8.8	10.1
400% or more	---	---	---	3.8	6.4	7.4	7.9
Male							
20–34 years	*	1.9	1.8	2.9	4.1	4.5	4.7
35–44 years	*	*	*	*3.5	5.9	7.9	8.8
45–54 years	*	*1.4	*2.5	*3.5	8.5	8.3	8.9
55–64 years	*	*2.2	*	5.5	*7.4	8.4	6.7
65–74 years	*	*	*1.2	*3.8	6.9	10.3	11.8
75 years and over	---	---	---	*	*	*3.9	4.6
Female							
20–34 years	1.6	2.5	3.0	5.1	8.0	7.9	8.6
35–44 years	3.5	4.5	4.8	7.1	9.4	9.2	12.6
45–54 years	*4.0	*4.3	5.7	8.4	10.4	12.4	10.6
55–64 years	*5.7	5.2	4.9	9.4	10.9	11.4	11.5
65–74 years	*6.7	4.7	4.9	6.7	9.8	9.6	11.7
75 years and over	---	---	---	3.7	7.2	*3.9	5.5

See footnotes at end of table.

Table 74 (page 6 of 7). Healthy weight, overweight, and obesity among persons 20 years of age and over, by selected characteristics: United States, selected years 1960–1962 through 2007–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#074>.

[Data are based on measured height and weight of a sample of the civilian noninstitutionalized population]

Sex, age, race and Hispanic origin ¹ , and percent of poverty level	Grade 3 Obesity (BMI greater than or equal to 40.0) ²						
	1960–1962	1971–1974	1976–1980 ³	1988–1994	1999–2002	2003–2006	2007–2010
20–74 years, age-adjusted ⁴							
Percent of population							
Both sexes ⁵	1.0	1.3	1.3	3.1	5.2	5.7	6.3
Male	*	*0.6	*0.4	1.9	3.5	3.7	4.5
Female	1.7	2.0	2.2	4.3	6.8	7.6	8.0
Not Hispanic or Latino:							
White only, male	---	---	*0.4	*2.0	3.6	3.7	4.3
White only, female	---	---	2.0	3.7	5.9	6.7	7.0
Black or African American only, male	---	---	*	2.6	3.6	6.1	7.6
Black or African American only, female	---	---	5.3	8.3	13.7	14.9	16.7
Mexican male	---	---	*	*	*3.1	*2.6	4.4
Mexican female	---	---	3.0	5.0	5.9	7.1	7.0
Percent of poverty level: ⁶							
Below 100%	---	*4.3	3.3	5.0	8.4	7.5	7.9
100%–199%	---	1.3	1.7	3.7	7.3	6.8	8.8
200%–399%	---	1.0	1.0	3.2	5.1	5.6	6.6
400% or more	---	*0.9	*	2.0	3.3	4.4	4.5
20 years and over, age-adjusted ⁴							
Both sexes ⁵	---	---	---	3.0	4.9	5.4	6.0
Male	---	---	---	1.8	3.3	3.5	4.2
Female	---	---	---	4.0	6.4	7.2	7.6
Not Hispanic or Latino:							
White only, male	---	---	---	*1.9	3.3	3.5	4.0
White only, female	---	---	---	3.5	5.5	6.3	6.7
Black or African American only, male	---	---	---	2.5	3.4	5.6	7.3
Black or African American only, female	---	---	---	8.0	13.4	14.2	15.8
Mexican male	---	---	---	*	*2.9	*2.4	4.4
Mexican female	---	---	---	4.9	5.7	6.9	6.8
Percent of poverty level: ⁶							
Below 100%	---	---	---	4.7	7.8	7.0	7.5
100%–199%	---	---	---	3.6	6.7	6.3	8.1
200%–399%	---	---	---	3.1	4.8	5.2	6.3
400% or more	---	---	---	1.9	3.2	4.2	4.4
20 years and over, crude							
Both sexes ⁵	---	---	---	2.8	4.9	5.4	6.0
Male	---	---	---	1.8	3.4	3.5	4.3
Female	---	---	---	3.8	6.4	7.2	7.7
Not Hispanic or Latino:							
White only, male	---	---	---	*1.9	3.4	3.5	4.1
White only, female	---	---	---	3.3	5.6	6.3	6.8
Black or African American only, male	---	---	---	2.6	3.5	6.1	7.2
Black or African American only, female	---	---	---	7.6	13.4	14.4	16.3
Mexican male	---	---	---	*1.1	*2.7	*2.7	4.9
Mexican female	---	---	---	4.7	5.7	7.0	6.6
Percent of poverty level: ⁶							
Below 100%	---	---	---	4.3	7.1	7.1	7.5
100%–199%	---	---	---	3.0	6.4	5.9	7.9
200%–399%	---	---	---	3.0	4.7	5.2	6.3
400% or more	---	---	---	2.0	3.5	4.7	4.6
Male							
20–34 years	*	*	*	*1.3	3.9	3.6	3.4
35–44 years	*	*	*	*	*3.2	4.2	5.2
45–54 years	*	*	*	*	*4.2	*3.9	5.1
55–64 years	*	*	*	*	*2.8	3.9	5.4
65–74 years	*	*	*	*	*	*2.1	*3.6
75 years and over	---	---	---	*	*	*	*
Female							
20–34 years	*0.8	1.5	*1.4	2.7	4.5	6.3	7.7
35–44 years	*2.2	*2.4	*2.3	4.5	7.9	7.2	7.5
45–54 years	*	*	*2.7	6.4	7.2	9.2	7.7
55–64 years	*3.2	*	*3.0	4.2	9.5	9.8	9.4
65–74 years	*	1.5	2.4	4.2	6.2	*6.4	9.2
75 years and over	---	---	---	*	*	*2.1	*3.4

See footnotes at end of table.

Table 74 (page 7 of 7). Healthy weight, overweight, and obesity among persons 20 years of age and over, by selected characteristics: United States, selected years 1960–1962 through 2007–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#074>.

[Data are based on measured height and weight of a sample of the civilian noninstitutionalized population]

-- Data not available.

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

¹Persons of Mexican origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The two non-Hispanic race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group. Prior to data year 1999, estimates were tabulated according to the 1977 Standards. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. See [Appendix II, Hispanic origin; Race](#).

²Body mass index (BMI) equals weight in kilograms divided by height in meters squared. See [Appendix II, Body mass index \(BMI\)](#).

³Data for Mexican-origin persons are for 1982–1984. See [Appendix I, National Health and Nutrition Examination Survey \(NHANES\)](#).

⁴Age-adjusted to the year 2000 standard population using five age groups: 20–34 years, 35–44 years, 45–54 years, 55–64 years, and 65 years and over (65–74 years for estimates for 20–74 years). Age-adjusted estimates in this table may differ from other age-adjusted estimates based on the same data and presented elsewhere if different age groups are used in the adjustment procedure. See [Appendix II, Age adjustment](#).

⁵Includes all other races not shown separately.

⁶Percent of poverty level is based on family income and family size using U.S. Census Bureau poverty thresholds. Persons with unknown percent of poverty level are excluded (8% in 2007–2010). See [Appendix II, Family income; Poverty](#).

NOTES: Percents do not sum to 100 because the percentage of persons with BMI less than healthy weight (18.5 kilograms per meters squared) is not shown and the percentage of persons with obesity is a subset of the percentage with overweight. Height was measured without shoes; 2 pounds were deducted from data for 1960–1962 to allow for weight of clothing. Excludes pregnant women. Standard errors for selected years are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See [Appendix III](#). Data have been revised and differ from previous editions of *Health, United States*.

SOURCE: CDC/NCHS, National Health and Nutrition Examination Survey, Hispanic Health and Nutrition Examination Survey (1982–1984), and National Health Examination Survey (1960–1962). See [Appendix I, National Health and Nutrition Examination Survey \(NHANES\)](#).

Table 75 (page 1 of 2). Obesity among children and adolescents 2–19 years of age, by selected characteristics: United States, selected years 1963–1965 through 2007–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#075>.

[Data are based on physical examinations of a sample of the civilian noninstitutionalized population]

<i>Sex, age, race and Hispanic origin¹, and percent of poverty level</i>	<i>1963–1965 1966–1970²</i>	<i>1971–1974</i>	<i>1976–1980³</i>	<i>1988–1994</i>	<i>1999–2002</i>	<i>2003–2006</i>	<i>2007–2010</i>
2–5 years							
Percent of population							
Both sexes ⁴	---	---	---	7.2	10.3	12.5	11.1
Not Hispanic or Latino:							
White only	---	---	---	5.2	8.7	10.8	9.0
Black or African American only	---	---	---	7.7	8.8	14.9	15.0
Mexican	---	---	---	12.3	13.1	16.7	14.6
Boys	---	---	---	6.1	10.0	12.8	11.9
Not Hispanic or Latino:							
White only	---	---	---	*4.5	*8.2	11.1	8.8
Black or African American only	---	---	---	7.7	*8.0	13.3	15.7
Mexican	---	---	---	12.4	14.1	18.8	19.1
Girls	---	---	---	8.2	10.6	12.2	10.2
Not Hispanic or Latina:							
White only	---	---	---	5.9	*9.0	10.4	*9.2
Black or African American only	---	---	---	7.6	9.6	16.6	*14.2
Mexican	---	---	---	12.3	*12.2	14.5	*9.9
Percent of poverty level: ⁵							
Below 100%	---	---	---	9.7	10.9	14.3	13.2
100%–199%	---	---	---	7.2	*13.8	12.7	11.8
200%–399%	---	---	---	5.6	*7.6	11.9	13.9
400% or more	---	---	---	*	*	*10.0	*5.8
6–11 years							
Both sexes ⁴	4.2	4.0	6.5	11.3	15.9	17.0	18.8
Boys	4.0	*4.3	6.6	11.6	16.9	18.0	20.7
Not Hispanic or Latino:							
White only	---	---	6.1	10.7	14.0	15.5	18.6
Black or African American only	---	---	6.8	12.3	17.0	18.6	23.3
Mexican	---	---	13.3	17.5	26.5	27.5	24.3
Girls	4.5	*3.6	6.4	11.0	14.7	15.8	16.9
Not Hispanic or Latina:							
White only	---	---	5.2	*9.8	13.1	14.4	14.0
Black or African American only	---	---	11.2	17.0	22.8	24.0	24.5
Mexican	---	---	9.8	15.3	17.1	19.7	22.4
Percent of poverty level: ⁵							
Below 100%	---	---	---	11.4	19.1	22.0	22.2
100%–199%	---	---	---	11.1	16.4	19.2	20.7
200%–399%	---	---	---	11.7	15.3	16.7	18.9
400% or more	---	---	---	*	12.9	9.2	*12.5
12–19 years							
Both sexes ⁴	4.6	6.1	5.0	10.5	16.0	17.6	18.2
Boys	4.5	6.1	4.8	11.3	16.7	18.2	19.4
Not Hispanic or Latino:							
White only	---	---	3.8	11.6	14.6	17.3	17.1
Black or African American only	---	---	6.1	10.7	18.8	18.4	21.2
Mexican	---	---	7.7	14.1	24.7	22.1	27.9
Girls	4.7	6.2	5.3	9.7	15.3	16.8	16.9
Not Hispanic or Latina:							
White only	---	---	4.6	8.9	12.6	14.5	14.6
Black or African American only	---	---	10.7	16.3	23.5	27.7	27.1
Mexican	---	---	8.8	*13.4	19.6	19.9	18.0
Percent of poverty level: ⁵							
Below 100%	---	---	---	15.8	19.8	19.3	24.3
100%–199%	---	---	---	11.2	15.1	18.4	20.1
200%–399%	---	---	---	9.4	15.7	19.3	16.3
400% or more	---	---	---	*	13.9	12.6	14.0

See footnotes at end of table.

Table 75 (page 2 of 2). Obesity among children and adolescents 2–19 years of age, by selected characteristics: United States, selected years 1963–1965 through 2007–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#075>.

[Data are based on physical examinations of a sample of the civilian noninstitutionalized population]

-- Data not available.

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

¹Persons of Mexican origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The two non-Hispanic race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group. Prior to data year 1999, estimates were tabulated according to the 1977 Standards. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. See [Appendix II, Hispanic origin; Race](#).

²Data for 1963–1965 are for children 6–11 years of age; data for 1966–1970 are for adolescents 12–17 years of age, not 12–19 years.

³Data for Mexican-origin persons are for 1982–1984. See [Appendix I, National Health and Nutrition Examination Survey \(NHANES\)](#).

⁴Includes persons of all races and Hispanic origins, not just those shown separately.

⁵Percent of poverty level is based on family income and family size. Persons with unknown percent of poverty level are excluded (7% in 2007–2010). See [Appendix II, Family income; Poverty](#).

NOTES: Obesity is defined as body mass index (BMI) at or above the sex- and age-specific 95th percentile BMI cutoff points from the 2000 CDC Growth Charts: United States. Kuczmarski RJ, Ogden CL, Guo SS, Grummer-Strawn LM, Flegal KM, Mei Z, Wei R, Curtin LR, Roche AF, Johnson CL. 2000 CDC Growth Charts for the United States: methods and development. *Vital Health Stat 11*. 2002 May;(246):1–190. Available at: http://www.cdc.gov/nchs/data/series/sr_11/sr11_246.pdf. Starting with *Health United States, 2010*, the terminology describing weight for height among children changed from prior editions. The term “obesity” now refers to children who were formerly labeled as overweight. This is a change in terminology only and not measurement; the previous definition of overweight is now the definition of obesity. Ogden CL, Flegal KM. Changes in terminology for childhood overweight and obesity. *National health statistics report*; no. 25. Hyattsville, MD: NCHS; 2010. Available from: <http://www.cdc.gov/nchs/data/nhsr/nhsr025.pdf>. Age is at time of examination at the mobile examination center. Crude rates, not age-adjusted rates, are shown. Excludes pregnant females starting with 1971–1974. Pregnancy status not available for 1963–1965 and 1966–1970. Standard errors for selected years are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See [Appendix III](#). Data have been revised and differ from previous editions of *Health, United States*.

SOURCE: CDC/NCHS, National Health and Nutrition Examination Survey, Hispanic Health and Nutrition Examination Survey (1982–1984), and National Health Examination Survey (1963–1965 and 1966–1970). Available from: <http://www.cdc.gov/nchs/data/nhsr/nhsr025.pdf>. See [Appendix I, National Health and Nutrition Examination Survey \(NHANES\)](#).

Table 76 (page 1 of 2). Untreated dental caries, by selected characteristics: United States, selected years 1971–1974 through 2005–2008

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#076>.

[Data are based on dental examinations of a sample of the civilian noninstitutionalized population]

Sex, race and Hispanic origin ¹ , and percent of poverty level	Age 2–5 years				Age 6–19 years			
	1971–1974	1988–1994	1999–2002	2005–2008	1971–1974	1988–1994	1999–2002	2005–2008
Percent of persons with untreated dental caries								
Total ²	25.0	19.1	19.3	...	54.7	23.6	21.8	16.2
Sex								
Male	26.4	19.3	20.3	...	54.9	22.8	22.9	17.0
Female	23.6	18.9	18.4	...	54.5	24.5	20.6	15.3
Race and Hispanic origin								
Not Hispanic or Latino:								
White only	23.7	13.8	16.9	...	51.6	18.8	17.6	12.9
Black or African American only	29.0	24.7	24.1	...	71.0	33.7	28.3	22.1
Mexican	---	34.9	31.4	...	---	36.5	32.7	22.2
Percent of poverty level: ³								
Below 100%	32.0	30.2	31.7	...	68.0	38.3	31.0	25.4
100%–199%	29.9	24.3	20.1	...	60.3	28.2	29.1	18.4
200% or more	17.8	9.4	11.0	...	46.2	15.1	13.3	11.9
200%–399%	---	10.7	15.2	...	---	16.3	16.7	14.2
400% or more	---	*	*	...	---	*10.2	8.9	9.3
Race and Hispanic origin, and percent of poverty level ³								
Not Hispanic or Latino:								
White only:								
Below 100% of poverty level	32.1	25.7	34.2	...	65.9	33.5	27.3	25.4
100% or more of poverty level	22.0	11.7	12.8	...	49.9	16.7	15.5	11.0
Black or African American only:								
Below 100% of poverty level	29.1	27.2	28.7	...	73.9	37.0	35.7	27.1
100% or more of poverty level	27.9	22.5	20.1	...	67.3	31.0	24.2	19.1
Mexican:								
Below 100% of poverty level	---	38.8	39.1	...	---	46.4	39.0	25.3
100% or more of poverty level	---	30.3	25.7	...	---	26.4	26.0	20.4

Sex, race and Hispanic origin ¹ , and percent of poverty level	Age 20–64 years				Age 65–74 years			
	1971–1974	1988–1994	1999–2002	2005–2008	1971–1974	1988–1994	1999–2002	2005–2008
Percent of persons with untreated dental caries								
Total ²	48.0	28.3	23.7	23.7	29.7	25.4	17.0	19.6
Sex								
Male	50.5	31.5	25.9	27.2	32.6	29.8	20.1	24.8
Female	45.6	25.3	21.7	20.2	27.4	21.5	14.4	15.3
Race and Hispanic origin								
Not Hispanic or Latino:								
White only:								
Below 100% of poverty level	45.3	23.9	18.7	19.3	28.3	22.7	14.3	17.8
Black or African American only	67.3	48.5	42.0	39.7	41.5	46.7	35.0	32.4
Mexican	---	40.2	35.2	35.2	---	43.8	33.9	33.2
Percent of poverty level: ³								
Below 100%	63.5	48.1	41.5	41.9	34.3	46.6	27.9	42.5
100%–199%	56.2	43.5	36.4	37.7	35.6	40.1	28.1	22.9
200% or more	42.7	19.6	16.0	16.6	26.2	19.2	12.2	15.7
200%–399%	---	24.6	24.8	24.3	---	24.1	16.5	*17.9
400% or more	---	12.7	9.7	11.1	---	13.5	*7.5	12.8
Race and Hispanic origin, and percent of poverty level ³								
Not Hispanic or Latino:								
White only:								
Below 100% of poverty level	60.2	43.7	35.3	39.8	33.3	*39.0	*	*39.4
100% or more of poverty level	44.2	21.8	16.8	17.1	28.3	22.7	14.0	16.4
Black or African American only:								
Below 100% of poverty level	71.9	60.4	54.1	52.7	39.8	49.7	*31.0	56.2
100% or more of poverty level	65.3	43.9	37.5	36.8	41.1	43.8	39.0	28.1
Mexican:								
Below 100% of poverty level	---	52.7	43.1	43.8	---	55.5	*45.0	47.8
100% or more of poverty level	---	31.8	31.9	31.0	---	35.6	31.1	*25.3

See footnotes at end of table.

Table 76 (page 2 of 2). Untreated dental caries, by selected characteristics: United States, selected years 1971–1974 through 2005–2008

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#076>.

[Data are based on dental examinations of a sample of the civilian noninstitutionalized population]

Sex, race and Hispanic origin ¹ , and percent of poverty level	Age 75 years and over			
	1971–1974	1988–1994	1999–2002	2005–2008
	Percent of persons with untreated dental caries			
Total ²	---	30.3	20.3	20.2
Sex				
Male	---	34.4	24.4	25.7
Female	---	28.1	17.4	16.1
Race and Hispanic origin				
Not Hispanic or Latino:				
White only	---	27.8	18.3	17.7
Black or African American only	---	62.6	46.8	42.6
Mexican	---	55.6	48.2	43.4
Percent of poverty level: ³				
Below 100%	---	47.1	33.0	39.3
100%–199%	---	34.5	23.0	22.1
200% or more	---	23.2	15.8	14.5
200%–399%	---	24.3	*14.0	14.8
400% or more	---	21.6	*18.1	*13.8
Race and Hispanic origin, and percent of poverty level ³				
Not Hispanic or Latino:				
White only:				
Below 100% of poverty level	---	38.0	*32.2	*29.6
100% or more of poverty level	---	26.1	17.2	15.6
Black or African American only:				
Below 100% of poverty level	---	68.6	*	*
100% or more of poverty level	---	60.2	43.8	36.4
Mexican:				
Below 100% of poverty level	---	79.4	*	*
100% or more of poverty level	---	*	49.7	*28.0

. . . Category not applicable.

--- Data not available.

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

¹Persons of Mexican origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The two non-Hispanic race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group. Prior to data year 1999, estimates were tabulated according to the 1977 Standards. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. See [Appendix II, Hispanic origin; Race](#).

²Includes persons of all races and Hispanic origins, not just those shown separately, and those with unknown percent of poverty level.

³Percent of poverty level is based on family income and family size. Persons with unknown percent of poverty level are excluded (5% in 2005–2008). See [Appendix II, Family income; Poverty](#).

NOTES: Root caries are not included. Persons without at least one primary or one permanent tooth or one root tip were classified as edentulous and were excluded from this analysis. The majority of edentulous persons are 65 years of age and over. Estimates of edentulism among persons 65 years of age and over are 46% in 1971–1974, 33% in 1988–1994, and 23% in 2005–2008. For estimates prior to 2005–2008, only dental caries in primary teeth was evaluated for children 2–5 years of age. Caries in both permanent and primary teeth was evaluated for children 6–11 years of age. For children 12–19 years of age and adults, only dental caries in permanent teeth was evaluated. Starting with 2005–2006 data, dental caries data were collected using a simplified examination process that used health technologists to screen for caries instead of using dentists to conduct a comprehensive caries exam. In addition, dental caries data were not collected on children younger than 5 years of age. Because of this change in the examination process and because 2005–2008 dental caries data are based on both primary and permanent teeth, regardless of age, data for 2005–2008 need to be interpreted with caution, especially when comparing with earlier data. For more information on the methodology changes, see [Appendix II, Dental caries](#); http://www.cdc.gov/nchs/data/nhanes/nhanes_05_06/ohx_d.pdf and Dye BA, Barker LK, Li X, Lewis BG, Beltran-Aguilar ED. Overview and quality assurance for the Oral Health Component of the National Health and Nutrition Examination Survey (NHANES), 2005–08. *J Public Health Dent* 2011;71(1):54–61. Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See [Appendix III](#). Data for 2005–2008 have been revised and differ from previous editions of *Health, United States*.

SOURCE: CDC/NCHS, National Health and Nutrition Examination Survey. See [Appendix I, National Health and Nutrition Examination Survey \(NHANES\)](#).

Table 77 (page 1 of 2). No usual source of health care among children under 18 years of age, by selected characteristics: United States, average annual, selected years 1993–1994 through 2009–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#077>.

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

Characteristic	Under 18 years			Under 6 years			6–17 years		
	1993–1994 ¹	1999–2000	2009–2010	1993–1994 ¹	1999–2000	2009–2010	1993–1994 ¹	1999–2000	2009–2010
Percent of children without a usual source of health care ²									
All children ³	7.7	6.9	5.4	5.2	4.6	4.1	9.0	8.0	6.2
Sex									
Male	8.1	6.7	5.5	5.3	4.5	4.2	9.6	7.8	6.1
Female	7.3	7.1	5.4	5.0	4.7	4.0	8.5	8.2	6.2
Race ⁴									
White only	7.0	6.3	5.3	4.7	4.4	3.8	8.3	7.2	6.1
Black or African American only	10.3	7.7	5.6	7.6	4.4	4.3	11.9	9.1	6.3
American Indian or Alaska Native only	*9.3	*9.4	*	*	*	*	*8.7	*9.4	*9.2
Asian only	9.7	10.0	6.1	*3.4	*5.8	*3.9	13.5	12.2	7.3
Native Hawaiian or Other Pacific Islander only	---	*	*	---	*	*	---	*	*
2 or more races	---	*4.9	4.6	---	*	*4.2	---	*7.2	*4.9
Hispanic origin and race ⁴									
Hispanic or Latino	14.3	14.2	9.5	9.3	9.0	5.8	17.7	17.2	11.8
Not Hispanic or Latino	6.7	5.5	4.3	4.4	3.6	3.5	7.8	6.3	4.7
White only	5.7	4.7	3.8	3.7	3.3	2.9	6.7	5.4	4.1
Black or African American only	10.2	7.6	5.4	7.7	4.5	4.3	11.6	9.0	6.0
Percent of poverty level ⁵									
Below 100%	13.9	13.1	8.3	9.4	7.6	6.6	16.8	16.2	9.3
100%–199%	9.8	10.6	7.5	6.7	7.5	4.8	11.6	12.2	9.0
200%–399%	3.7	4.8	4.7	1.9	3.2	*3.1	4.5	5.6	5.5
400% or more	3.7	2.6	2.1	*1.6	1.5	*1.9	5.0	3.0	2.2
Hispanic origin and race and percent of poverty level ^{4,5}									
Hispanic or Latino:									
Below 100%	19.6	19.4	10.7	12.7	11.6	7.1	24.8	24.5	13.4
100%–199%	15.3	17.1	10.6	9.9	11.3	6.3	18.9	20.4	13.2
200%–399%	5.2	8.3	8.5	*	*5.0	*4.1	6.7	10.1	10.9
400% or more	*	*3.8	*3.6	*	*	*	*	*5.0	*4.1
Not Hispanic or Latino:									
White only:									
Below 100%	10.2	10.7	6.1	6.5	*6.3	*5.0	12.7	13.1	*6.8
100%–199%	8.7	7.8	5.7	6.3	5.7	*4.0	10.1	8.8	6.6
200%–399%	3.3	4.0	3.7	1.6	2.7	*	4.0	4.6	4.2
400% or more	4.0	2.3	2.1	*1.7	*1.5	*1.9	5.4	2.6	2.1
Black or African American only:									
Below 100%	13.7	9.4	6.3	10.9	*4.7	*6.2	15.5	11.8	6.4
100%–199%	9.1	9.7	6.2	*6.0	*6.4	*	10.8	11.2	8.1
200%–399%	5.0	5.0	5.1	*	*	*	6.2	5.7	5.4
400% or more	*	*3.5	*	*	*	*	*	*4.0	*
Health insurance status at the time of interview ⁶									
Insured	5.0	3.9	3.4	3.3	2.6	2.8	5.9	4.5	3.7
Private	3.8	3.4	2.6	1.9	2.2	1.7	4.6	3.9	3.0
Medicaid	8.9	5.3	4.4	6.4	3.5	3.7	11.3	6.7	4.9
Uninsured	23.5	29.3	28.8	18.0	20.8	21.4	26.0	32.9	31.5
Health insurance status prior to interview ⁶									
Insured continuously all 12 months	4.6	3.6	3.2	3.1	2.3	2.7	5.5	4.2	3.4
Uninsured for any period up to 12 months	15.3	15.0	11.7	10.9	12.5	10.4	18.1	16.4	12.4
Uninsured more than 12 months	27.6	35.8	36.2	21.4	26.8	27.5	30.0	39.1	38.5

See footnotes at end of table.

Table 77 (page 2 of 2). No usual source of health care among children under 18 years of age, by selected characteristics: United States, average annual, selected years 1993–1994 through 2009–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#077>.

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

Characteristic	Under 18 years			Under 6 years			6–17 years		
	1993–1994 ¹	1999–2000	2009–2010	1993–1994 ¹	1999–2000	2009–2010	1993–1994 ¹	1999–2000	2009–2010
Percent of poverty level and health insurance status prior to interview ^{5,6}									
Percent of children without a usual source of health care ²									
Below 100%:									
Insured continuously all 12 months	8.6	5.7	4.5	5.8	*2.7	4.1	10.7	7.5	4.7
Uninsured for any period up to 12 months . .	21.7	19.8	*14.7	18.0	*16.0	*14.0	23.7	21.9	*15.2
Uninsured more than 12 months	31.2	42.7	43.0	25.5	31.0	41.9	33.4	47.1	43.3
100%–199%:									
Insured continuously all 12 months	5.6	5.2	3.8	3.7	3.7	*3.2	6.7	6.0	4.3
Uninsured for any period up to 12 months . .	14.5	15.4	12.4	*9.7	*14.4	*9.3	18.0	15.9	14.0
Uninsured more than 12 months	27.6	34.4	36.7	21.4	26.4	*22.7	30.2	37.4	40.3
200%–399%:									
Insured continuously all 12 months	2.8	3.2	3.1	1.5	2.1	*	3.4	3.7	3.5
Uninsured for any period up to 12 months . .	9.1	11.1	10.3	*	*8.4	*8.7	11.6	12.7	11.1
Uninsured more than 12 months	18.2	27.1	30.5	*9.7	*20.3	*	21.0	29.4	34.4
400% or more:									
Insured continuously all 12 months	3.1	2.0	1.8	*	*1.2	*1.6	4.3	2.4	1.9
Uninsured for any period up to 12 months . .	*	*10.3	*	*	*	*	*	*	*
Uninsured more than 12 months	*	*30.0	*19.8	*	*	*	*	*33.3	*
Geographic region									
Northeast	4.1	2.8	2.7	2.9	2.3	*2.6	4.8	3.0	2.7
Midwest	5.2	5.3	4.3	4.1	3.7	3.6	5.9	6.0	4.6
South	10.9	8.5	6.2	7.3	5.8	4.4	12.7	9.8	7.1
West	8.6	9.7	7.4	5.3	5.7	4.9	10.6	11.7	8.7
Location of residence									
Within MSA ⁷	7.7	6.8	5.5	5.0	4.7	4.2	9.2	7.8	6.2
Outside MSA ⁷	7.8	7.4	5.0	6.0	4.2	3.3	8.7	8.7	5.8

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

--- Data not available.

¹Data prior to 1997 are not strictly comparable with data for later years due to the 1997 questionnaire redesign. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

²Persons who report the emergency department as their usual source of care are defined as having no usual source of care. See [Appendix II, Usual source of care](#).

³Includes all other races not shown separately and unknown health insurance status.

⁴The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Prior to 1999, data were tabulated according to the 1977 Standards with four racial groups, and the Asian only category included Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁵Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed starting in 1993. See [Appendix II, Family income; Poverty; Table VI](#).

⁶Health insurance categories are mutually exclusive. Persons who reported both Medicaid and private coverage are classified as having private coverage. Medicaid includes other public assistance through 1996. Starting with 1997 data, state-sponsored health plan coverage is included as Medicaid coverage. Starting with 1999 data, coverage by the Children's Health Insurance Program (CHIP) is included with Medicaid coverage. In addition to private and Medicaid, the insured category also includes military, other government, and Medicare coverage. Persons not covered by private insurance, Medicaid, CHIP, public assistance (through 1996), state-sponsored or other government-sponsored health plans (starting in 1997), Medicare, or military plans are considered to have no health insurance coverage. Persons with only Indian Health Service coverage are considered to have no health insurance coverage. Health insurance status was unknown for 8%–9% of children in 1993–1996 and about 1% in 1997–2010. See [Appendix II, Health insurance coverage](#).

⁷MSA is metropolitan statistical area. Starting with 2005–2006 data, MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2005, see [Appendix II, Metropolitan statistical area \(MSA\)](#) for the applicable standards.

NOTES: Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Health Interview Survey, access to care and health insurance supplements (1993–1996). Starting in 1997, data are from the family core and sample child questionnaires. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 78 (page 1 of 2). No usual source of health care among adults 18–64 years of age, by selected characteristics: United States, average annual, selected years 1993–1994 through 2009–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#078>.

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

Characteristic	1993–1994 ¹	1995–1996 ¹	1997–1998	1999–2000	2001–2002	2007–2008	2009–2010
Percent of adults without a usual source of health care ²							
18–64 years ³	18.9	16.9	17.7	17.8	16.4	18.5	20.3
Age							
18–44 years	21.7	19.6	21.1	21.6	20.6	23.6	26.0
18–24 years	26.6	22.6	27.0	27.2	27.2	28.6	29.8
25–44 years	20.3	18.8	19.3	19.9	18.5	21.8	24.7
45–64 years	12.8	11.3	11.2	10.9	9.2	11.0	12.3
45–54 years	14.1	12.2	12.6	12.0	10.3	13.1	14.7
55–64 years	11.1	9.8	9.0	9.2	7.6	8.3	9.3
Sex							
Male	23.9	21.4	23.6	24.1	21.6	23.9	25.9
Female	14.1	12.6	12.0	11.8	11.4	13.1	14.8
Race ⁴							
White only	18.4	16.5	17.0	16.7	15.4	18.0	19.7
Black or African American only	20.0	18.3	19.4	19.2	16.9	20.5	22.4
American Indian or Alaska Native only	19.7	16.5	21.3	19.2	16.3	24.4	26.7
Asian only	24.8	21.5	21.7	22.1	20.1	17.8	20.8
Native Hawaiian or Other Pacific Islander only	---	---	---	*	*	*	*
2 or more races	---	---	---	21.0	20.1	21.4	27.5
American Indian or Alaska Native; White	---	---	---	25.8	18.1	20.9	27.1
Hispanic origin and race ⁴							
Hispanic or Latino	30.3	27.4	30.4	32.6	32.5	32.5	33.3
Mexican	32.4	29.8	35.9	36.5	36.5	36.6	35.7
Not Hispanic or Latino	17.7	15.7	16.2	15.8	14.0	16.0	17.9
White only	17.1	15.0	15.4	14.9	13.1	15.1	16.8
Black or African American only	19.7	18.1	19.3	19.2	16.8	20.2	22.2
Percent of poverty level ⁵							
Below 100%	29.5	26.1	29.1	29.6	29.3	30.4	33.8
100%–199%	25.4	22.9	25.6	27.1	25.6	29.1	30.5
200%–399%	15.6	13.4	16.6	17.2	16.0	18.9	20.5
400% or more	13.4	13.8	11.6	11.6	9.6	10.2	10.8
Hispanic origin and race and percent of poverty level ^{4,5}							
Hispanic or Latino:							
Below 100%	40.0	34.3	42.8	44.4	46.3	43.7	45.5
100%–199%	36.9	32.9	35.4	40.6	40.0	40.6	39.7
200%–399%	20.7	19.5	23.6	26.9	27.9	28.0	29.1
400% or more	13.8	16.3	14.4	16.1	13.7	16.9	14.0
Not Hispanic or Latino:							
White only:							
Below 100%	28.2	23.6	25.0	24.2	23.4	25.2	28.8
100%–199%	23.3	20.7	22.4	23.0	20.7	24.9	26.6
200%–399%	14.8	12.5	15.4	15.3	13.6	16.7	18.6
400% or more	13.4	13.7	11.3	11.2	9.1	9.5	10.3
Black or African American only:							
Below 100%	24.7	21.9	23.9	23.7	22.8	27.1	30.1
100%–199%	22.3	22.1	25.3	24.4	20.4	25.7	28.5
200%–399%	16.5	14.5	17.6	18.2	16.2	19.7	20.1
400% or more	11.7	12.6	11.2	12.0	9.6	10.2	10.5
Health insurance status at the time of interview ⁶							
Insured	13.3	11.4	11.4	10.9	9.1	10.1	10.6
Private	13.1	11.3	11.5	11.1	9.0	10.0	10.6
Medicaid	16.3	13.0	10.3	9.9	11.1	11.7	12.5
Uninsured	43.1	41.8	46.7	49.2	49.1	52.1	55.6
Health insurance status prior to interview ⁶							
Insured continuously all 12 months	12.7	10.8	10.6	10.3	8.3	9.1	9.8
Uninsured for any period up to 12 months	30.9	29.6	30.7	31.2	33.3	35.1	36.5
Uninsured more than 12 months	46.9	44.8	51.4	54.8	54.6	56.1	59.5

See footnotes at end of table.

Table 78 (page 2 of 2). No usual source of health care among adults 18–64 years of age, by selected characteristics: United States, average annual, selected years 1993–1994 through 2009–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#078>.

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

Characteristic	1993–1994 ¹	1995–1996 ¹	1997–1998	1999–2000	2001–2002	2007–2008	2009–2010
Percent of poverty level and health insurance status prior to interview ^{5,6}							
Below 100%:							
Insured continuously all 12 months	16.7	13.3	13.1	11.6	11.5	12.7	13.0
Uninsured for any period up to 12 months . .	33.6	28.5	33.0	31.9	36.5	37.4	37.8
Uninsured more than 12 months	50.1	46.1	54.3	57.1	58.8	61.1	65.3
100%–199%:							
Insured continuously all 12 months	14.7	12.2	13.0	12.3	11.0	11.9	12.5
Uninsured for any period up to 12 months . .	30.9	31.1	31.1	34.6	35.1	35.9	38.1
Uninsured more than 12 months	47.6	43.8	51.1	54.9	54.5	56.8	58.5
200%–399%:							
Insured continuously all 12 months	11.7	9.4	10.6	10.6	8.3	9.4	10.6
Uninsured for any period up to 12 months . .	29.2	28.3	30.1	29.0	32.0	36.3	37.6
Uninsured more than 12 months	44.5	44.7	50.9	53.6	53.4	54.2	56.6
400% or more:							
Insured continuously all 12 months	11.8	11.8	9.5	9.3	7.2	7.5	7.9
Uninsured for any period up to 12 months . .	31.5	32.3	28.6	30.2	30.7	30.3	31.2
Uninsured more than 12 months	36.5	45.5	44.6	51.8	47.0	47.9	53.8
Disability measure ⁷							
Any basic actions difficulty or complex activity limitation	---	---	15.5	14.1	13.2	16.6	16.8
Any basic actions difficulty	---	---	15.7	14.1	13.1	16.5	16.7
Any complex activity limitation.	---	---	13.1	11.6	10.4	13.6	13.5
No disability	---	---	18.2	18.8	17.5	19.1	21.5
Geographic region							
Northeast	14.7	13.4	13.3	12.8	11.9	12.5	14.0
Midwest	16.2	14.7	15.1	17.0	14.1	16.6	17.5
South	21.8	18.7	20.7	19.7	18.3	21.4	23.5
West	21.1	19.9	20.2	20.1	19.9	20.0	22.9
Location of residence							
Within MSA ⁸	19.3	17.3	17.9	18.1	16.6	18.7	20.3
Outside MSA ⁸	17.5	15.4	17.0	16.8	15.4	16.9	20.4

--- Data not available.

* Estimates are considered unreliable. Data not shown have a relative standard error of greater than 30%.

¹Data prior to 1997 are not strictly comparable with data for later years due to the 1997 questionnaire redesign. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

²Persons who report the emergency department as their usual source of care are defined as having no usual source of care. See [Appendix II, Usual source of care](#).

³Includes all other races not shown separately, unknown health insurance status, and unknown disability status.

⁴The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Prior to 1999, data were tabulated according to the 1977 Standards with four racial groups, and the Asian only category included Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁵Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed starting in 1993. See [Appendix II, Family income; Poverty; Table VI](#).

⁶Health insurance categories are mutually exclusive. Persons who reported both Medicaid and private coverage are classified as having private coverage. Medicaid includes other public assistance through 1996. Starting with 1997 data, state-sponsored health plan coverage is included as Medicaid coverage. Starting with 1999 data, coverage by the Children's Health Insurance Program (CHIP) is included with Medicaid coverage. In addition to private and Medicaid, the insured category also includes military, other government, and Medicare coverage. Persons not covered by private insurance, Medicaid, CHIP, public assistance (through 1996), state-sponsored or other government-sponsored health plans (starting in 1997), Medicare, or military plans are considered to have no health insurance coverage. Persons with only Indian Health Service coverage are considered to have no health insurance coverage. In 1993–1996, health insurance status was unknown for 8%–9% of adults in the sample. In 1997–2010, health insurance status was unknown for about 1% of adults. See [Appendix II, Health insurance coverage](#).

⁷Any basic actions difficulty or complex activity limitation is defined as having one or more of the following limitations or difficulties: movement difficulty, emotional difficulty, sensory (seeing or hearing) difficulty, cognitive difficulty, self-care (activities of daily living or instrumental activities of daily living) limitation, social limitation, or work limitation. For more information, see [Appendix II, Basic actions difficulty; Complex activity limitation](#). Starting with 2007 data, the hearing question, a component of the basic actions difficulty measure, was revised. Consequently, data prior to 2007 are not comparable with data for 2007 and beyond. For more information on the impact of the revised hearing question, see [Appendix II, Hearing trouble](#).

⁸MSA is metropolitan statistical area. Starting with 2005–2006 data, MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2005, see [Appendix II, Metropolitan statistical area \(MSA\)](#) for the applicable standards.

NOTES: Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Health Interview Survey, access to care and health insurance supplements (1993–1996). Starting in 1997, data are from the family core and sample adult questionnaires. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 79 (page 1 of 3). Reduced access to medical care, dental care, and prescription drugs during the past 12 months due to cost, by selected characteristics: United States, selected years 1997–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#079>.

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

Characteristic	Did not get or delayed medical care due to cost ¹			Did not get prescription drugs due to cost ²			Did not get dental care due to cost ³		
	1997	2009	2010	1997	2009	2010	1997	2009	2010
	Percent								
Total ⁴	8.3	11.4	10.9	4.8	8.4	8.3	8.6	13.3	13.5
Age									
Under 19 years	4.5	5.4	4.5	2.1	3.2	2.8	6.0	7.0	6.6
Under 18 years	4.4	5.2	4.4	2.2	3.2	2.7	6.0	7.1	6.6
Under 6 years	3.3	4.4	3.7	1.6	2.1	2.5	3.9	4.9	3.9
6–17 years	4.9	5.7	4.8	2.4	3.7	2.8	6.8	7.9	7.5
18–64 years	10.7	15.1	14.7	6.3	11.2	11.2	10.6	16.8	17.3
18–44 years	11.0	15.1	14.5	6.9	11.7	11.2	11.7	18.2	17.9
18–24 years	10.2	13.8	13.5	6.7	9.8	9.7	11.6	16.3	17.4
25–34 years	11.4	16.1	15.3	6.9	12.8	12.0	12.3	19.9	18.3
35–44 years	11.0	15.2	14.4	7.1	11.9	11.3	11.2	17.7	17.8
45–64 years	10.1	15.1	14.9	5.1	10.6	11.3	8.4	14.9	16.5
45–54 years	10.6	16.0	15.0	5.6	11.4	11.5	9.4	16.4	17.8
55–64 years	9.3	14.0	14.6	4.2	9.6	11.0	7.0	13.0	14.9
65 years and over	4.6	5.1	5.0	2.8	4.2	4.7	3.5	6.2	6.9
65–74 years	5.0	6.0	6.3	3.4	5.0	6.3	4.2	8.0	9.0
75 years and over	4.1	4.0	3.4	2.0	3.1	2.8	2.6	4.1	4.3
18–64 years									
Sex									
Male	9.3	14.1	13.5	5.1	9.4	8.8	8.8	14.6	15.2
Female	12.0	16.1	15.7	7.4	13.0	13.5	12.4	18.9	19.4
Race ⁵									
White only	10.8	15.2	14.5	5.9	10.9	10.8	10.6	16.7	17.1
Black or African American only	10.8	16.7	17.4	9.5	14.5	15.6	10.8	19.0	20.7
American Indian or Alaska Native only	14.5	17.3	*15.7	*10.1	*14.3	18.6	18.8	22.5	23.1
Asian only	6.3	7.5	8.0	*2.8	4.7	4.2	7.8	9.3	8.7
Native Hawaiian or Other Pacific Islander only	---	*	*	---	*	*	---	*	*
2 or more races	---	25.0	24.0	---	19.2	16.6	---	28.5	25.6
Hispanic origin and race ⁵									
Hispanic or Latino	10.5	16.4	15.4	6.7	14.3	13.0	11.5	22.2	21.6
Mexican	9.7	15.9	15.6	6.5	14.0	13.5	11.3	22.2	22.0
Not Hispanic or Latino	10.7	14.9	14.5	6.3	10.7	10.9	10.5	15.8	16.6
White only	10.9	14.9	14.3	5.9	10.2	10.3	10.5	15.5	16.2
Black or African American only	10.8	16.7	17.5	9.5	14.7	15.6	10.8	19.0	20.8
Education ⁶									
No high school diploma or GED	16.2	21.2	20.6	11.5	19.3	18.1	14.5	26.6	26.3
High school diploma or GED	11.1	17.0	16.1	7.0	14.0	13.8	11.4	19.7	20.1
Some college or more	9.2	13.7	13.4	4.3	8.8	9.2	8.8	13.7	14.4
Percent of poverty level ⁷									
Below 100%	19.6	24.8	23.4	14.8	20.5	21.5	19.4	30.0	30.4
100%–199%	17.9	24.0	24.0	11.6	18.8	18.4	18.3	27.8	29.2
200%–399%	10.5	16.8	15.2	5.5	12.2	11.4	10.2	17.9	17.3
400% or more	4.6	7.2	6.8	1.7	4.1	3.9	4.5	6.8	7.0

See footnotes at end of table.

Table 79 (page 2 of 3). Reduced access to medical care, dental care, and prescription drugs during the past 12 months due to cost, by selected characteristics: United States, selected years 1997–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#079>.

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

Characteristic	Did not get or delayed medical care due to cost ¹			Did not get prescription drugs due to cost ²			Did not get dental care due to cost ³		
	1997	2009	2010	1997	2009	2010	1997	2009	2010
Hispanic origin and race and percent of poverty level ^{5,7}									
Percent									
Hispanic or Latino:									
Below 100%	14.6	23.2	19.0	10.6	21.0	18.9	16.1	28.8	30.5
100%–199%	12.2	18.1	18.6	8.1	15.1	14.7	13.5	26.3	25.2
200%–399%	8.0	14.7	13.9	4.4	14.6	11.5	9.2	22.1	18.1
400% or more	5.1	8.3	7.7	*	*4.0	4.6	4.5	7.4	9.1
Not Hispanic or Latino:									
White only:									
Below 100%	24.3	27.2	26.1	17.3	20.9	24.6	23.4	32.0	31.8
100%–199%	20.9	27.8	27.6	12.4	21.0	19.9	20.6	30.2	31.7
200%–399%	11.4	18.1	16.0	5.4	11.9	11.3	10.6	17.8	18.0
400% or more	4.6	7.1	6.9	1.7	3.8	3.8	4.5	6.6	6.9
Black or African American only:									
Below 100%	16.1	23.2	24.4	14.9	20.9	21.1	14.8	28.5	29.7
100%–199%	14.3	22.5	22.9	13.9	19.4	21.3	16.4	25.2	28.2
200%–399%	8.8	14.1	14.6	7.0	12.7	13.7	8.6	15.5	16.1
400% or more	4.6	9.0	8.1	*2.9	6.9	5.6	4.3	8.6	9.1
Health insurance status at the time of interview ⁸									
Insured	6.8	9.5	9.1	3.7	7.0	7.3	7.2	10.8	11.8
Private	6.0	8.6	8.2	2.9	5.7	6.0	6.2	8.6	9.2
Medicaid	11.9	13.6	12.5	11.1	13.5	13.5	14.8	22.1	24.2
Uninsured	27.6	36.5	34.5	18.0	26.7	25.7	26.1	39.0	37.7
Health insurance status prior to interview ⁸									
Insured continuously all 12 months	5.5	7.9	7.6	2.8	6.0	6.2	6.0	9.5	10.5
Uninsured for any period up to 12 months	28.7	37.1	35.1	17.7	24.9	25.1	25.2	34.0	33.6
Uninsured more than 12 months	30.6	37.7	35.9	18.9	27.9	26.2	28.0	41.2	39.4
Percent of poverty level and health insurance status prior to interview ^{7,8}									
Below 100%:									
Insured continuously all 12 months	9.4	11.4	10.1	8.1	11.9	11.4	10.7	20.2	20.7
Uninsured for any period up to 12 months	31.9	37.9	36.7	25.5	30.1	35.7	31.6	38.4	39.0
Uninsured more than 12 months	32.4	41.1	38.5	21.6	31.7	31.5	29.4	43.7	42.3
100%–199%:									
Insured continuously all 12 months	9.5	12.6	12.5	6.0	9.6	11.9	11.0	15.8	19.7
Uninsured for any period up to 12 months	33.6	38.5	38.5	20.5	27.4	26.5	28.2	40.0	38.9
Uninsured more than 12 months	30.0	38.7	37.4	19.5	32.5	26.1	29.3	44.8	40.7
200%–399%:									
Insured continuously all 12 months	6.1	10.0	9.5	2.9	8.1	7.4	6.8	11.3	11.6
Uninsured for any period up to 12 months	27.1	39.6	33.7	14.0	22.9	23.2	21.6	30.9	32.5
Uninsured more than 12 months	31.3	34.1	32.4	17.3	23.5	23.7	26.5	39.2	36.1
400% or more:									
Insured continuously all 12 months	3.1	4.9	4.6	0.8	2.6	2.9	3.1	4.6	5.2
Uninsured for any period up to 12 months	20.8	30.2	30.7	10.7	19.9	14.0	19.3	26.7	21.6
Uninsured more than 12 months	25.5	35.0	31.8	13.5	15.8	16.3	23.6	29.4	34.6

See footnotes at end of table.

Table 79 (page 3 of 3). Reduced access to medical care, dental care, and prescription drugs during the past 12 months due to cost, by selected characteristics: United States, selected years 1997–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#079>.

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

Characteristic	Did not get or delayed medical care due to cost ¹			Did not get prescription drugs due to cost ²			Did not get dental care due to cost ³		
	1997	2009	2010	1997	2009	2010	1997	2009	2010
Disability measure ⁹									
Percent									
Any basic actions difficulty or complex activity limitation	23.3	30.2	28.9	14.8	21.8	22.6	19.8	27.8	28.8
Any basic actions difficulty	24.2	31.1	28.9	15.3	22.0	23.3	20.1	27.9	29.2
Any complex activity limitation	25.7	31.8	30.8	19.4	26.5	27.3	23.2	31.9	33.7
No disability	9.0	13.8	13.2	3.4	7.5	7.0	7.5	12.9	13.1
Geographic region									
Northeast	8.8	10.7	10.2	4.9	8.7	7.7	8.9	12.4	12.9
Midwest	10.5	16.4	14.8	5.9	11.4	11.6	9.7	15.5	16.0
South	11.8	16.2	16.5	7.3	13.0	13.5	10.9	18.6	19.6
West	10.8	15.6	15.1	6.3	10.2	10.0	13.1	18.8	18.4
Location of residence									
Within MSA ¹⁰	10.2	14.8	14.2	5.9	10.8	10.8	10.0	16.4	17.0
Outside MSA ¹⁰	12.5	17.1	17.4	7.9	13.6	13.6	12.9	19.2	19.1

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

--- Data not available.

¹Based on persons responding to the question, “During the past 12 months was there any time when person needed medical care but did not get it because person couldn’t afford it?” and “During the past 12 months has medical care been delayed because of worry about the cost?”

²Based on persons responding to the question, “During the past 12 months was there any time when person needed prescription medicine but didn’t get it because person couldn’t afford it?”

³Based on persons responding to the question, “During the past 12 months was there any time when person needed dental care (including checkups) but didn’t get it because person couldn’t afford it?”

⁴Includes all other races not shown separately, unknown health insurance status, unknown education level, and unknown disability status.

⁵The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Prior to 1999, data were tabulated according to the 1977 Standards with four racial groups, and the Asian only category included Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁶Estimates are for persons 25–64 years of age. GED is General Educational Development high school equivalency diploma. See [Appendix II, Education](#).

⁷Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed for 1997 and beyond. See [Appendix II, Family income; Poverty; Table VI](#).

⁸For information on the health insurance categories see [Appendix II, Health insurance coverage](#).

⁹Any basic actions difficulty or complex activity limitation is defined as having one or more of the following limitations or difficulties: movement difficulty, emotional difficulty, sensory (seeing or hearing) difficulty, cognitive difficulty, self-care (activities of daily living or instrumental activities of daily living) limitation, social limitation, or work limitation. For more information, see [Appendix II, Basic actions difficulty; Complex activity limitation](#). Starting with 2007 data, the hearing question, a component of the basic actions difficulty measure, was revised. Consequently, data prior to 2007 are not comparable with data for 2007 and beyond. For more information on the impact of the revised hearing question, see [Appendix II, Hearing trouble](#).

¹⁰MSA is metropolitan statistical area. Starting with 2006 data, MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2006, see [Appendix II, Metropolitan statistical area \(MSA\)](#) for the applicable standards.

NOTES: Standard errors and additional data years are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Health Interview Survey, family core, sample child, and sample adult questionnaires. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 80 (page 1 of 3). Selected measures of access to medical care among adults 18–64 years of age, by urbanization level and selected characteristics: United States, average annual, 2002–2004 through 2008–2010

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#080>.

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

Urbanization level ¹ and selected characteristic	Did not get or delayed medical care due to cost ²			No health insurance coverage ³			No health care visits within the past 12 months ⁴		
	2002–2004	2005–2007	2008–2010	2002–2004	2005–2007	2008–2010	2002–2004	2005–2007	2008–2010
Percent of population									
Geographic region ⁵									
All regions:									
Metropolitan counties:									
Large central	9.9	10.9	14.0	22.6	22.3	23.3	24.1	23.9	22.5
Large fringe	8.9	9.2	12.4	15.2	15.1	16.8	17.4	17.6	17.4
Medium and small	11.4	12.7	15.3	18.3	19.4	21.1	18.2	19.7	18.8
Nonmetropolitan counties:									
Micropolitan	12.8	13.7	17.1	20.7	21.9	23.5	18.2	19.8	20.0
Nonmicropolitan	13.6	14.4	16.8	23.2	22.6	24.6	19.9	20.0	18.9
Northeast:									
Metropolitan counties:									
Large central	7.7	8.3	9.6	18.7	18.1	17.0	16.3	19.1	18.6
Large fringe	7.0	6.6	8.6	12.5	11.4	12.6	13.4	13.1	14.8
Medium and small	9.0	8.8	11.6	11.0	11.4	12.6	14.1	14.1	12.7
Nonmetropolitan counties:									
Micropolitan	12.4	12.1	14.3	15.7	14.5	16.4	13.2	17.1	16.6
Nonmicropolitan	12.8	14.9	*14.1	15.5	13.8	17.4	15.7	16.7	16.7
Midwest:									
Metropolitan counties:									
Large central	10.3	12.2	15.5	17.3	18.7	21.1	20.2	21.5	19.3
Large fringe	8.9	10.8	13.9	12.3	12.8	14.7	18.0	16.9	17.0
Medium and small	10.4	12.2	15.1	13.7	14.5	15.8	16.4	18.4	17.9
Nonmetropolitan counties:									
Micropolitan	11.2	11.3	16.4	15.6	15.6	18.7	16.0	16.8	19.7
Nonmicropolitan	11.1	12.0	14.9	18.0	15.8	18.5	19.9	18.9	18.8
South:									
Metropolitan counties:									
Large central	11.5	14.0	17.0	26.2	26.4	26.9	24.4	23.7	22.3
Large fringe	10.0	9.7	13.6	18.6	18.8	20.6	18.9	19.9	18.3
Medium and small	12.6	14.2	16.5	23.2	25.2	26.0	19.7	21.1	20.0
Nonmetropolitan counties:									
Micropolitan	12.8	14.0	17.0	24.5	26.5	27.5	20.6	22.1	20.1
Nonmicropolitan	15.0	14.9	17.6	27.7	26.4	27.9	20.6	21.2	17.1
West:									
Metropolitan counties:									
Large central	9.4	9.1	13.0	24.2	22.8	24.2	29.9	27.7	25.9
Large fringe	9.2	10.6	13.8	16.9	16.2	18.9	21.3	21.1	20.3
Medium and small	12.4	13.5	16.0	20.3	21.0	23.8	21.1	23.2	21.6
Nonmetropolitan counties:									
Micropolitan	16.4	20.1	22.5	24.8	27.9	27.0	20.5	21.4	23.6
Nonmicropolitan	16.5	18.4	20.1	*28.6	31.7	32.9	20.6	20.8	24.6
Age									
18–44 years:									
Metropolitan counties:									
Large central	9.9	11.0	13.9	26.8	26.3	27.5	27.5	27.0	26.0
Large fringe	9.1	9.5	12.7	18.6	18.9	21.3	20.6	20.7	20.4
Medium and small	11.7	13.1	15.4	22.2	23.9	25.8	20.9	23.7	22.4
Nonmetropolitan counties:									
Micropolitan	12.7	14.0	16.9	24.9	27.3	29.1	20.6	24.4	23.4
Nonmicropolitan	14.6	13.8	15.6	28.7	28.3	30.1	23.5	22.8	22.0
45–64 years:									
Metropolitan counties:									
Large central	9.8	10.8	14.3	14.7	15.3	16.4	17.6	18.3	16.8
Large fringe	8.5	8.9	11.9	9.9	9.7	11.0	12.6	13.2	13.5
Medium and small	11.1	12.1	15.2	12.3	12.9	14.5	14.0	13.7	13.5
Nonmetropolitan counties:									
Micropolitan	12.9	13.4	17.4	14.7	14.8	16.6	14.7	14.2	15.8
Nonmicropolitan	12.2	15.2	18.1	16.0	16.4	18.7	15.4	17.0	15.6
Sex									
Men:									
Metropolitan counties:									
Large central	9.0	10.1	12.9	25.4	25.6	26.6	31.7	32.5	30.4
Large fringe	8.1	8.2	11.7	17.3	17.0	19.4	24.9	25.0	24.1
Medium and small	10.3	11.5	14.1	20.2	21.9	23.6	26.1	27.5	26.0
Nonmetropolitan counties:									
Micropolitan	11.4	12.2	15.3	22.3	23.4	25.9	24.5	27.1	27.3
Nonmicropolitan	12.4	12.2	15.0	25.1	23.4	26.1	27.9	26.1	27.4

See footnotes at end of table.

Table 80 (page 2 of 3). Selected measures of access to medical care among adults 18–64 years of age, by urbanization level and selected characteristics: United States, average annual, 2002–2004 through 2008–2010

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#080>.

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

Urbanization level ¹ and selected characteristic	Did not get or delayed medical care due to cost ²			No health insurance coverage ³			No health care visits within the past 12 months ⁴		
	2002–2004	2005–2007	2008–2010	2002–2004	2005–2007	2008–2010	2002–2004	2005–2007	2008–2010
Sex	Percent of population								
Women:									
Metropolitan counties:									
Large central	10.7	11.7	15.2	19.9	19.1	20.0	16.6	15.5	14.6
Large fringe	9.6	10.2	13.0	13.2	13.2	14.3	10.3	10.7	10.8
Medium and small	12.5	13.9	16.5	16.5	17.1	18.7	10.6	12.1	11.8
Nonmetropolitan counties:									
Micropolitan	14.1	15.2	18.8	19.2	20.4	21.1	12.3	12.9	13.0
Nonmicropolitan	14.7	16.6	18.6	21.2	21.9	23.1	11.9	14.1	10.9
Hispanic origin and race ⁶									
Hispanic or Latino:									
Metropolitan counties:									
Large central	9.9	10.7	14.4	42.9	41.7	42.5	36.6	34.0	32.9
Large fringe	11.7	11.5	14.5	41.0	40.9	40.5	31.1	33.9	29.9
Medium and small	11.0	13.9	17.0	40.5	42.9	44.2	31.4	32.5	31.2
Nonmetropolitan counties:									
Micropolitan	10.8	13.9	16.0	44.0	48.7	51.7	34.6	40.5	40.2
Nonmicropolitan	8.9	13.0	15.7	55.7	44.5	45.6	32.5	33.0	30.7
Not Hispanic or Latino:									
White only:									
Metropolitan counties:									
Large central	9.8	11.4	13.8	13.1	13.3	13.7	19.2	19.3	17.1
Large fringe	8.5	9.0	12.1	10.9	10.6	12.1	15.2	14.7	15.1
Medium and small	11.5	12.6	15.0	14.6	15.3	16.3	16.2	17.5	16.3
Nonmetropolitan counties:									
Micropolitan	13.0	13.7	17.2	17.7	18.5	20.0	16.7	17.4	17.8
Nonmicropolitan	13.9	14.6	16.9	20.6	19.3	21.9	19.0	18.9	18.2
Black or African American only:									
Metropolitan counties:									
Large central	11.4	12.2	16.8	21.9	22.2	24.8	18.3	19.9	19.6
Large fringe	9.6	9.5	14.1	20.7	18.5	21.9	18.1	17.9	17.1
Medium and small	11.9	13.5	17.2	24.6	24.7	25.4	18.7	19.3	19.1
Nonmetropolitan counties:									
Micropolitan	12.2	14.0	17.1	28.1	26.4	30.2	17.4	25.9	21.8
Nonmicropolitan	13.1	14.8	17.6	28.3	29.3	30.1	24.3	24.2	15.2
Percent of poverty level ⁷									
Below 100%:									
Metropolitan counties:									
Large central	15.9	17.7	20.4	43.5	40.1	41.7	33.2	29.1	28.5
Large fringe	18.8	21.2	24.7	34.0	37.0	42.3	23.1	24.6	26.5
Medium and small	19.8	21.8	24.7	38.5	39.9	40.0	24.0	26.4	24.2
Nonmetropolitan counties:									
Micropolitan	19.5	22.6	25.4	39.1	42.2	41.2	21.1	25.2	26.2
Nonmicropolitan	22.8	24.3	26.3	44.7	43.4	44.1	23.7	23.4	20.9
100%–199%:									
Metropolitan counties:									
Large central	15.1	16.3	21.3	40.9	40.2	43.0	31.8	30.4	31.5
Large fringe	19.4	18.7	23.5	36.0	35.3	38.2	25.4	27.0	25.6
Medium and small	19.6	21.5	25.0	34.1	34.9	38.5	22.7	25.6	25.8
Nonmetropolitan counties:									
Micropolitan	20.3	21.7	25.0	33.2	36.9	39.0	21.4	23.3	24.0
Nonmicropolitan	21.1	20.4	24.2	35.1	35.0	40.5	23.9	24.2	22.1
200%–399%:									
Metropolitan counties:									
Large central	10.5	12.0	15.1	23.3	23.5	23.5	24.8	26.1	24.9
Large fringe	10.9	11.3	15.6	18.6	18.5	19.6	19.5	20.6	21.0
Medium and small	11.7	12.8	16.2	17.0	17.5	20.8	18.5	20.5	19.3
Nonmetropolitan counties:									
Micropolitan	11.6	13.4	16.3	17.6	18.2	20.2	17.8	20.6	20.1
Nonmicropolitan	10.8	12.1	14.9	17.3	16.9	18.6	19.4	19.6	20.0

See footnotes at end of table.

Table 80 (page 3 of 3). Selected measures of access to medical care among adults 18–64 years of age, by urbanization level and selected characteristics: United States, average annual, 2002–2004 through 2008–2010

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#080>.

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

Urbanization level ¹ and selected characteristic	Did not get or delayed medical care due to cost ²			No health insurance coverage ³			No health care visits within the past 12 months ⁴		
	2002–2004	2005–2007	2008–2010	2002–2004	2005–2007	2008–2010	2002–2004	2005–2007	2008–2010
Percent of poverty level ⁷	Percent of population								
400% or more:									
Metropolitan counties:									
Large central	5.2	5.5	7.7	7.6	7.7	7.6	17.2	17.4	14.5
Large fringe	4.2	4.5	6.0	6.6	6.1	6.1	13.9	13.1	11.9
Medium and small	5.1	5.5	6.7	6.3	7.0	6.5	14.1	13.8	12.9
Nonmetropolitan counties:									
Micropolitan	5.8	5.3	7.9	7.0	7.5	6.7	15.0	14.3	13.6
Nonmicropolitan	6.0	7.1	7.7	9.0	8.2	8.0	15.3	15.1	13.4

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

¹Urbanization levels were developed by NCHS using information from the Office of Management and Budget, Department of Agriculture, and Census Bureau. More information on this urban-rural classification scheme is available from: http://www.cdc.gov/nchs/data_access/urban_rural.htm. The classification codes were applied to county-level data and then aggregated into the five categories presented here. See [Appendix II, Urbanization](#).

²Based on persons responding to the question, “During the past 12 months was there any time when person needed medical care but did not get it because person couldn’t afford it?” and “During the past 12 months has medical care been delayed because of worry about the cost?” See related [Table 79](#).

³Persons not covered by private insurance, Medicaid, Children’s Health Insurance Program (CHIP), public assistance (through 1996), state-sponsored or other government-sponsored health plans (starting in 1997), Medicare, or military plans are considered to have no health insurance coverage. Persons with only Indian Health Service coverage are considered to have no health insurance coverage. Health insurance coverage is at the time of interview. See [Appendix II, Health insurance coverage](#). See related [Table 141](#).

⁴This is a summary measure of health care visits to doctor offices, emergency departments, and home visits during a 12-month period. See [Appendix II, Emergency department or emergency room visit; Health care contact; Home visit](#). See related [Table 83](#).

⁵See [Appendix II, Geographic region](#).

⁶Persons of Hispanic origin may be of any race. In this table, data are presented for non-Hispanic white only and non-Hispanic black only race groups. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity*. The single-race categories shown in the table conform to the 1997 Standards. Race-specific estimates are for persons who reported only one racial group. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁷Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed. See [Appendix II, Family income; Poverty; Table VI](#).

NOTES: Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Health Interview Survey, family core and sample adult questionnaires and the 2006 NCHS urban-rural classification scheme for counties. See [Appendix I, National Health Interview Survey \(NHIS\)](#) and http://www.cdc.gov/nchs/data_access/urban_rural.htm.

Table 81. Reduced access to medical care during the past 12 months due to cost, by state: 25 largest states and United States, average annual, selected years 1997–1998 through 2009–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#081>.

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

State	Did not get or delayed medical care due to cost ¹			Did not get prescription drugs due to cost ²			Did not get dental care due to cost ³		
	1997–1998	2001–2002	2009–2010	1997–1998	2001–2002	2009–2010	1997–1998	2001–2002	2009–2010
	Percent								
Total, United States	7.9	7.6	11.2	4.5	5.8	8.3	8.1	8.6	13.4
Alabama	7.6	8.1	10.8	6.8	9.0	10.5	8.7	10.5	12.9
Arizona	8.0	7.1	14.4	4.1	5.4	10.2	9.4	9.1	19.4
California	6.8	6.4	10.6	3.9	5.0	7.1	8.3	8.0	14.4
Colorado	6.4	8.1	13.2	3.1	4.8	6.5	8.9	11.4	13.7
Florida	9.8	9.3	13.8	4.8	6.4	10.3	7.2	8.3	18.7
Georgia	8.0	7.6	12.0	4.2	3.8	10.0	5.8	5.0	13.7
Illinois	6.1	6.4	8.8	3.0	4.4	6.4	5.7	7.0	10.9
Indiana	9.0	8.5	14.8	5.1	7.2	11.4	7.2	7.3	13.3
Kentucky	11.5	10.2	15.7	6.3	9.6	12.9	7.9	10.8	18.1
Maryland	8.0	7.5	8.1	5.8	6.6	7.3	9.8	8.3	9.5
Massachusetts	5.1	5.4	6.0	1.7	4.8	5.3	5.0	6.2	7.6
Michigan	7.2	7.0	13.9	3.8	5.8	10.7	7.5	7.8	15.5
Minnesota	8.1	6.6	11.4	3.6	3.7	7.3	8.7	8.0	11.0
Missouri	7.1	6.1	12.4	4.3	5.4	9.4	7.3	7.5	14.1
New Jersey	7.2	5.4	7.8	3.8	4.5	5.7	7.3	6.8	11.1
New York	6.4	6.1	6.9	2.8	4.0	5.2	5.6	7.1	7.6
North Carolina	7.8	7.8	12.0	4.0	6.0	9.1	8.2	7.4	11.1
Ohio	9.2	8.2	10.9	5.0	6.3	8.2	8.8	10.2	11.5
Pennsylvania	5.9	6.1	9.2	4.3	3.8	8.0	7.4	6.6	11.3
South Carolina	7.6	7.8	11.4	5.2	6.5	*9.3	*5.7	7.9	*13.2
Tennessee	10.0	8.0	11.9	8.0	6.1	11.5	10.5	7.9	16.3
Texas	7.9	8.9	13.6	4.7	8.5	10.7	8.8	11.3	17.8
Virginia	6.2	6.7	11.1	4.1	4.8	6.5	8.3	6.3	9.8
Washington	8.6	9.0	12.4	4.8	6.2	7.2	11.6	11.7	16.8
Wisconsin	6.5	5.8	10.3	*3.0	3.9	6.3	5.5	7.5	10.4

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

¹Based on persons responding to the question, “During the past 12 months was there any time when person needed medical care but did not get it because person couldn’t afford it?” and “During the past 12 months has medical care been delayed because of worry about the cost?”

²Based on persons responding to the question, “During the past 12 months was there any time when you needed prescription medicine but didn’t get it because you couldn’t afford it?”

³Based on persons responding to the question, “During the past 12 months was there any time when you needed dental care (including check ups) but didn’t get it because you couldn’t afford it?”

NOTES: Data are for the 25 states with the largest populations in 2009–2010. Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. See related [Table 79](#). Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Health Interview Survey, family core, sample child, and sample adult questionnaires. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 82 (page 1 of 2). No health care visits to an office or clinic within the past 12 months among children under 18 years of age, by selected characteristics: United States, average annual, selected years 1997–1998 through 2009–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#082>.

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

Characteristic	Under 18 years			Under 6 years			6–17 years		
	1997–1998	2001–2002	2009–2010	1997–1998	2001–2002	2009–2010	1997–1998	2001–2002	2009–2010
	Percent of children without a health care visit ¹								
All children ²	12.8	12.1	9.6	5.7	6.3	4.9	16.3	14.9	12.1
Sex									
Male	12.9	12.3	9.8	4.9	6.4	5.0	16.8	15.1	12.4
Female	12.7	11.9	9.4	6.5	6.1	4.8	15.8	14.6	11.8
Race ³									
White only	12.2	11.5	9.4	5.5	6.4	4.5	15.5	13.9	11.8
Black or African American only	14.3	13.3	10.1	6.5	5.9	6.4	18.1	16.8	12.1
American Indian or Alaska Native only	13.8	*18.6	*12.4	*	*	*	*17.6	*23.0	*14.7
Asian only	16.3	15.6	12.7	*5.6	*6.8	*4.8	22.1	20.5	17.0
Native Hawaiian or Other Pacific Islander only	---	*	*	---	*	*	---	*	*
2 or more races	---	8.3	8.3	---	*3.3	*5.7	---	12.4	10.1
Hispanic origin and race ³									
Hispanic or Latino	19.3	18.8	13.5	9.7	9.6	7.7	25.3	24.0	17.2
Not Hispanic or Latino	11.6	10.6	8.5	4.8	5.4	4.0	14.9	13.0	10.7
White only	10.7	9.7	7.7	4.3	5.3	3.1	13.7	11.7	9.8
Black or African American only	14.5	13.4	10.3	6.5	6.0	6.4	18.3	16.8	12.4
Percent of poverty level ⁴									
Below 100%	17.6	17.3	12.4	8.1	9.1	6.9	23.6	21.8	16.0
100%–199%	16.2	14.8	12.7	7.2	7.4	6.4	20.8	18.7	16.2
200%–399%	11.7	11.2	9.0	4.9	5.4	4.2	14.8	13.8	11.4
400% or more	7.4	7.7	5.3	3.0	4.1	*2.3	9.5	9.3	6.7
Hispanic origin and race and percent of poverty level ^{3,4}									
Hispanic or Latino:									
Below 100%	23.2	22.1	14.6	11.7	10.4	9.0	31.1	29.4	18.5
100%–199%	20.9	21.3	15.7	9.7	12.3	9.5	28.1	26.2	19.4
200%–399%	15.7	15.5	10.9	8.0	*7.3	*4.2	19.7	20.0	14.6
400% or more	7.8	9.7	8.5	*	*	*	9.3	12.5	11.3
Not Hispanic or Latino:									
White only:									
Below 100%	14.0	13.2	9.4	*5.6	*8.6	*	19.7	15.6	13.1
100%–199%	14.1	11.8	11.7	6.0	*6.0	*3.6	18.0	14.8	16.1
200%–399%	10.9	10.2	8.2	4.3	4.8	4.2	13.9	12.5	10.1
400% or more	7.2	7.4	4.6	*2.8	4.2	*	9.1	8.6	5.7
Black or African American only:									
Below 100%	15.8	16.1	11.2	7.6	*7.8	*6.4	20.5	20.3	14.2
100%–199%	16.4	13.3	11.3	*7.7	*4.4	*	20.4	17.5	13.1
200%–399%	13.3	12.2	9.4	*4.9	*6.5	*	16.7	14.6	10.8
400% or more	8.3	8.9	6.9	*	*	*	10.7	11.5	*8.4
Health insurance status at the time of interview ⁵									
Insured	10.4	9.8	7.7	4.5	4.7	4.3	13.4	12.3	9.6
Private	10.4	9.5	7.0	4.3	4.3	3.5	13.1	11.8	8.6
Medicaid	10.1	10.3	8.8	5.0	5.5	5.3	14.4	13.3	11.1
Uninsured	28.8	31.9	31.0	14.6	21.0	14.4	34.9	36.3	37.3
Health insurance status prior to interview ⁵									
Insured continuously all 12 months	10.3	9.5	7.4	4.4	4.6	4.1	13.2	12.0	9.2
Uninsured for any period up to 12 months	15.9	17.7	16.3	7.7	10.3	7.7	20.9	21.9	20.9
Uninsured more than 12 months	34.9	41.4	38.6	19.9	30.2	22.8	40.2	45.3	42.9

See footnotes at end of table.

Table 82 (page 2 of 2). No health care visits to an office or clinic within the past 12 months among children under 18 years of age, by selected characteristics: United States, average annual, selected years 1997–1998 through 2009–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#082>.

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

Characteristic	Under 18 years			Under 6 years			6–17 years		
	1997–1998	2001–2002	2009–2010	1997–1998	2001–2002	2009–2010	1997–1998	2001–2002	2009–2010
Percent of poverty level and health insurance status prior to interview ^{4,5}									
Percent of children without a health care visit ¹									
Below 100%:									
Insured continuously all 12 months	12.6	11.7	9.1	5.7	6.1	5.8	17.6	14.9	11.4
Uninsured for any period up to 12 months . .	19.9	21.8	14.8	*9.9	*14.4	*6.6	26.1	26.6	20.0
Uninsured more than 12 months	39.9	48.2	46.2	24.9	*28.0	*32.8	45.2	55.7	50.2
100%–199%:									
Insured continuously all 12 months	12.6	10.9	9.0	4.8	4.2	5.1	16.7	14.5	11.3
Uninsured for any period up to 12 months . .	15.6	18.9	18.7	*8.7	*10.7	*9.6	20.2	23.2	23.3
Uninsured more than 12 months	33.7	41.3	39.7	21.3	35.4	*22.4	37.9	43.6	44.3
200%–399%:									
Insured continuously all 12 months	10.5	10.0	7.6	4.5	4.6	3.7	13.2	12.4	9.5
Uninsured for any period up to 12 months . .	12.8	14.5	14.7	*	*7.1	*	17.2	18.7	17.9
Uninsured more than 12 months	29.9	30.8	32.1	*11.8	*24.2	*	36.5	32.9	36.9
400% or more:									
Insured continuously all 12 months	7.0	7.2	4.9	2.9	3.9	*2.3	8.8	8.7	6.1
Uninsured for any period up to 12 months . .	*10.8	*11.4	*15.5	*	*	*	*15.1	*14.1	*21.9
Uninsured more than 12 months	*28.8	*38.4	*	*	*	*	*37.7	*40.3	*
Geographic region									
Northeast	7.0	6.0	5.6	3.1	3.9	3.3	8.9	6.9	6.7
Midwest	12.2	10.3	8.6	5.9	5.1	3.5	15.3	12.8	11.2
South	14.3	14.0	9.9	5.6	7.0	5.2	18.5	17.4	12.4
West	16.3	16.0	12.9	7.9	8.1	6.9	20.7	20.0	16.1
Location of residence									
Within MSA ⁶	12.3	11.7	9.4	5.4	6.1	4.7	15.9	14.5	11.9
Outside MSA ⁶	14.6	13.5	10.8	6.9	6.9	6.0	17.9	16.3	13.1

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

--- Data not available.

¹ Respondents were asked how many times a doctor or other health care professional was seen in the past 12 months at a doctor's office, clinic, or some other place. Excluded are visits to emergency rooms, hospitalizations, home visits, and telephone calls. Starting with 2000 data, dental visits were also excluded. See [Appendix II, Health care contact](#).

² Includes all other races not shown separately and unknown health insurance status.

³ The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Prior to 1999, data were tabulated according to the 1977 Standards with four racial groups, and the Asian only category included Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁴ Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed starting in 1997. See [Appendix II, Family income; Poverty; Table VI](#).

⁵ Health insurance categories are mutually exclusive. Persons who reported both Medicaid and private coverage are classified as having private coverage. Starting with 1997 data, state-sponsored health plan coverage is included as Medicaid coverage. Starting with 1999 data, coverage by the Children's Health Insurance Program (CHIP) is included with Medicaid coverage. In addition to private and Medicaid, the insured category also includes military, other government, and Medicare coverage. Persons not covered by private insurance, Medicaid, CHIP, state-sponsored or other government-sponsored health plans (starting in 1997), Medicare, or military plans are considered to have no health insurance coverage. Persons with only Indian Health Service coverage are considered to have no health insurance coverage. See [Appendix II, Health insurance coverage](#).

⁶ MSA is metropolitan statistical area. Starting with 2005–2006 data, MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2005, see [Appendix II, Metropolitan statistical area \(MSA\)](#) for the applicable standards.

NOTES: In 1997 the National Health Interview Survey questionnaire was redesigned. See [Appendix I, National Health Interview Survey \(NHIS\)](#). Standard errors for selected years are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Health Interview Survey, family core and sample child questionnaires. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 83 (page 1 of 3). Health care visits to doctor offices, emergency departments, and home visits within the past 12 months, by selected characteristics: United States, selected years 1997–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#083>.

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

Characteristic	Number of health care visits ¹											
	None			1–3 visits			4–9 visits			10 or more visits		
	1997	2009	2010	1997	2009	2010	1997	2009	2010	1997	2009	2010
	Percent distribution											
Total, age-adjusted ^{2,3}	16.5	15.3	15.6	46.2	46.4	45.4	23.6	25.2	25.8	13.7	13.1	13.2
Total, crude ²	16.5	15.1	15.4	46.5	46.2	45.2	23.5	25.3	26.0	13.5	13.3	13.5
Age												
Under 18 years	11.8	9.1	8.1	54.1	56.6	55.6	25.2	27.9	28.2	8.9	6.5	8.2
Under 6 years	5.0	4.3	3.7	44.9	50.1	48.9	37.0	37.8	36.8	13.0	7.8	10.6
6–17 years	15.3	11.5	10.4	58.7	60.0	59.1	19.3	22.7	23.6	6.8	5.8	6.9
18–44 years	21.7	22.6	24.2	46.7	45.5	43.9	19.0	19.7	20.6	12.6	12.3	11.3
18–24 years	22.0	23.9	25.9	46.8	47.2	43.4	20.0	19.7	21.1	11.2	9.1	9.6
25–44 years	21.6	22.1	23.6	46.7	44.8	44.1	18.7	19.7	20.5	13.0	13.4	11.9
45–64 years	16.9	15.3	14.8	42.9	43.3	42.8	24.7	25.4	26.1	15.5	16.0	16.4
45–54 years	17.9	17.9	17.6	43.9	44.2	43.5	23.4	23.5	23.9	14.8	14.4	15.0
55–64 years	15.3	11.9	11.1	41.3	42.2	41.9	26.7	27.8	28.8	16.7	18.0	18.2
65 years and over	8.9	4.7	5.3	34.7	34.2	33.8	32.5	36.9	36.7	23.8	24.2	24.2
65–74 years	9.8	5.5	6.3	36.9	37.2	36.1	31.6	35.3	35.7	21.6	22.0	21.9
75 years and over	7.7	3.6	4.1	31.8	30.7	31.0	33.8	38.8	38.0	26.6	26.9	27.0
Sex ³												
Male	21.3	20.2	20.4	47.1	46.8	46.4	20.6	22.5	22.7	11.0	10.5	10.5
Female	11.8	10.4	10.9	45.4	46.1	44.4	26.5	27.9	28.8	16.3	15.6	15.9
Race ^{3,4}												
White only	16.0	15.0	15.3	46.1	46.2	44.9	23.9	25.5	26.1	14.0	13.4	13.7
Black or African American only	16.8	14.5	15.7	46.1	46.4	47.2	23.2	25.3	24.7	13.9	13.7	12.4
American Indian or Alaska Native only	17.1	21.6	19.4	38.0	49.9	40.3	24.2	18.5	28.1	20.7	10.1	12.2
Asian only	22.8	20.7	20.4	49.1	50.4	49.9	19.7	20.9	22.1	8.3	7.9	7.6
Native Hawaiian or Other Pacific Islander only	---	*	*	---	*	*	---	*	*	---	*	*
2 or more races	---	16.2	13.9	---	41.2	42.3	---	29.1	25.2	---	13.4	18.6
Hispanic origin and race ^{3,4}												
Hispanic or Latino	24.9	23.6	23.5	42.3	43.9	43.2	20.3	21.8	22.6	12.5	10.7	10.7
Mexican	28.9	25.7	25.2	40.8	44.2	43.3	18.5	20.6	21.4	11.8	9.5	10.1
Not Hispanic or Latino	15.4	13.6	14.0	46.7	46.9	45.8	24.0	25.9	26.5	13.9	13.6	13.7
White only	14.7	12.9	13.2	46.6	46.7	45.3	24.4	26.3	27.1	14.3	14.1	14.4
Black or African American only	16.9	14.3	15.6	46.1	46.3	47.3	23.1	25.7	24.9	13.8	13.7	12.2
Percent of poverty level ^{3,5}												
Below 100%	20.6	19.2	20.4	37.8	38.9	37.5	22.7	24.1	25.1	18.9	17.7	17.0
100%–199%	20.1	19.5	20.8	43.3	43.1	42.1	21.7	23.4	23.1	14.9	13.9	13.9
200%–399%	16.4	16.2	16.2	47.2	46.6	46.3	23.6	24.7	25.4	12.8	12.5	12.1
400% or more	12.8	10.8	10.2	49.8	50.1	49.4	24.9	27.1	27.6	12.5	12.0	12.7

See footnotes at end of table.

Table 83 (page 2 of 3). Health care visits to doctor offices, emergency departments, and home visits within the past 12 months, by selected characteristics: United States, selected years 1997–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#083>.

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

Characteristic	Number of health care visits ¹											
	None			1–3 visits			4–9 visits			10 or more visits		
	1997	2009	2010	1997	2009	2010	1997	2009	2010	1997	2009	2010
Hispanic origin and race and percent of poverty level ^{3,4,5}												
Percent distribution												
Hispanic or Latino:												
Below 100%	30.2	26.5	28.7	34.8	38.3	36.5	19.9	20.9	22.5	15.0	14.4	12.3
100%–199%	28.7	28.5	27.7	39.7	41.6	42.7	20.4	19.6	19.9	11.2	10.3	9.8
200%–399%	20.7	21.3	21.6	47.4	46.8	45.0	19.8	22.8	23.1	12.1	9.1	10.3
400% or more	15.2	14.7	11.3	50.4	51.6	51.1	22.6	24.3	26.1	11.8	9.4	11.5
Not Hispanic or Latino:												
White only:												
Below 100%	17.0	15.7	15.0	38.3	40.2	37.0	23.9	24.9	27.4	20.9	19.3	20.6
100%–199%	17.3	15.8	18.4	44.1	42.5	40.4	22.2	25.5	24.7	16.3	16.2	16.5
200%–399%	15.4	14.7	14.7	46.9	46.0	46.0	24.3	25.3	26.3	13.4	14.0	13.0
400% or more	12.5	10.0	9.9	49.1	49.5	48.2	25.5	27.8	28.4	13.0	12.7	13.5
Black or African American only:												
Below 100%	17.4	14.8	18.4	38.5	37.8	39.8	23.4	26.8	25.0	20.7	20.5	16.8
100%–199%	18.8	16.6	17.6	43.7	45.2	45.7	22.9	25.6	24.3	14.5	12.6	12.5
200%–399%	16.6	15.9	15.1	49.7	48.0	49.0	22.9	24.8	25.7	10.8	11.3	10.2
400% or more	14.0	10.1	10.0	54.3	53.3	58.2	22.7	26.1	22.5	9.0	10.6	9.3
Health insurance status at the time of interview ^{6,7}												
Under 65 years:												
Insured	14.3	12.0	12.3	49.0	49.7	48.5	23.6	25.6	26.1	13.1	12.7	13.1
Private	14.7	12.6	12.4	50.6	52.2	51.0	23.1	25.0	25.5	11.6	10.2	11.1
Medicaid	9.8	9.0	10.9	35.5	38.5	38.2	26.5	27.8	28.0	28.2	24.7	23.0
Uninsured	33.7	38.7	37.2	42.8	42.0	42.2	15.3	13.2	15.2	8.2	6.1	5.4
Health insurance status prior to interview ^{6,7}												
Under 65 years:												
Insured continuously all 12 months	14.1	11.9	12.1	49.2	49.9	48.6	23.6	25.6	26.2	13.0	12.6	13.0
Uninsured for any period up to 12 months	18.9	20.6	18.5	46.0	46.0	47.8	20.8	21.5	22.0	14.4	12.0	11.6
Uninsured more than 12 months	39.0	43.6	43.8	41.4	40.6	39.7	13.2	11.1	12.6	6.4	4.7	3.9
Percent of poverty level and health insurance status prior to interview ^{5,6,7}												
Under 65 years:												
Below 100%:												
Insured continuously all 12 months	13.8	10.6	12.7	39.7	41.1	39.5	25.2	27.0	27.5	21.4	21.3	20.3
Uninsured for any period up to 12 months	19.7	18.4	16.9	37.6	44.3	43.0	21.9	20.4	25.0	20.9	17.0	15.1
Uninsured more than 12 months	41.2	47.2	45.0	39.9	37.4	38.1	12.2	10.9	13.6	6.6	4.5	3.3
100%–199%:												
Insured continuously all 12 months	16.0	12.7	14.8	46.4	46.7	44.4	21.9	25.8	24.8	15.8	14.7	16.0
Uninsured for any period up to 12 months	18.8	21.5	21.0	45.1	42.4	46.0	21.0	22.2	20.6	15.0	14.0	12.4
Uninsured more than 12 months	38.7	44.3	43.2	41.0	40.6	39.4	14.0	9.9	12.4	6.3	5.1	5.0
200%–399%:												
Insured continuously all 12 months	15.1	13.5	13.6	49.4	49.3	49.4	23.4	24.8	25.3	12.1	12.4	11.7
Uninsured for any period up to 12 months	17.9	21.9	18.8	49.3	47.3	49.7	20.0	21.4	19.7	12.8	9.5	11.8
Uninsured more than 12 months	37.0	41.1	43.8	43.8	44.1	40.7	12.6	10.4	13.3	6.6	4.4	*2.2
400% or more:												
Insured continuously all 12 months	12.4	10.6	9.7	52.2	52.8	51.8	23.9	26.0	26.8	11.5	10.6	11.6
Uninsured for any period up to 12 months	17.2	20.1	16.6	50.0	50.7	53.5	24.2	21.6	23.9	*8.5	*7.6	*6.0
Uninsured more than 12 months	35.1	34.7	39.2	44.1	41.1	46.0	15.1	19.6	*8.8	*5.7	*	*
Respondent-assessed health status ³												
Fair or poor	7.8	9.5	8.4	23.3	22.1	24.0	29.0	31.4	30.2	39.9	37.0	37.3
Good to excellent	17.2	15.9	16.3	48.4	48.7	47.5	23.3	25.0	25.5	11.1	10.4	10.7

See footnotes at end of table.

Table 83 (page 3 of 3). Health care visits to doctor offices, emergency departments, and home visits within the past 12 months, by selected characteristics: United States, selected years 1997–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#083>.

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

Characteristic	Number of health care visits ¹											
	None			1–3 visits			4–9 visits			10 or more visits		
	1997	2009	2010	1997	2009	2010	1997	2009	2010	1997	2009	2010
Disability measure among adults 18 years of age and over ^{3,8}	Percent distribution											
Any basic actions difficulty or complex activity limitation	11.1	10.4	11.5	32.0	29.4	30.9	27.9	29.8	29.3	29.1	30.3	28.3
Any basic actions difficulty	11.1	10.5	11.5	31.9	28.9	30.3	27.5	30.2	29.2	29.4	30.3	29.0
Any complex activity limitation	7.1	7.0	6.9	23.7	21.0	23.0	27.5	29.6	29.1	41.7	42.3	41.0
No disability	20.9	19.7	20.5	49.6	49.6	47.5	20.8	22.2	23.4	8.7	8.5	8.5
Geographic region ³												
Northeast	13.2	11.7	12.6	45.9	46.9	46.3	26.0	26.5	26.4	14.9	15.0	14.7
Midwest	15.9	14.4	13.4	47.7	46.9	46.8	22.8	24.9	26.4	13.6	13.8	13.3
South	17.2	15.5	16.1	46.1	45.0	44.2	23.3	26.3	26.6	13.5	13.1	13.2
West	19.1	18.3	19.1	44.8	47.8	45.2	22.8	23.0	23.5	13.3	10.9	12.2
Location of residence ³												
Within MSA ⁹	16.2	15.1	15.6	46.4	46.8	45.8	23.7	25.1	25.6	13.7	12.9	13.0
Outside MSA ⁹	17.3	15.9	15.9	45.4	44.7	42.7	23.3	25.7	27.0	13.9	13.7	14.4

--- Data not available.

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

¹This table presents a summary measure of health care visits to doctor offices, emergency departments, and home visits during a 12-month period. See [Appendix II, Emergency department or emergency room visit; Health care contact; Home visit](#).

²Includes all other races not shown separately, unknown health insurance status, and unknown disability status.

³Estimates are age-adjusted to the year 2000 standard population using six age groups: Under 18 years, 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. The disability measure is age-adjusted using the five adult age groups. See [Appendix II, Age adjustment](#).

⁴The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Prior to 1999, data were tabulated according to the 1977 Standards with four racial groups, and the Asian only category included Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁵Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed for 1997 and beyond. See [Appendix II, Family income; Poverty; Table VI](#).

⁶Estimates for persons under 65 years of age are age-adjusted to the year 2000 standard population using four age groups: Under 18 years, 18–44 years, 45–54 years, and 55–64 years. See [Appendix II, Age adjustment](#).

⁷Health insurance categories are mutually exclusive. Persons who reported both Medicaid and private coverage are classified as having private coverage. Starting with 1997 data, state-sponsored health plan coverage is included as Medicaid coverage. Starting with 1999 data, coverage by the Children's Health Insurance Program (CHIP) is included with Medicaid coverage. In addition to private and Medicaid, the insured category also includes military plans, other government-sponsored health plans, and Medicare, not shown separately. Persons not covered by private insurance, Medicaid, CHIP, state-sponsored or other government-sponsored health plans (starting in 1997), Medicare, or military plans are considered to have no health insurance coverage. Persons with only Indian Health Service coverage are considered to have no health insurance coverage. See [Appendix II, Health insurance coverage](#).

⁸Any basic actions difficulty or complex activity limitation is defined as having one or more of the following limitations or difficulties: movement difficulty, emotional difficulty, sensory (seeing or hearing) difficulty, cognitive difficulty, self-care (activities of daily living or instrumental activities of daily living) limitation, social limitation, or work limitation. For more information, see [Appendix II, Basic actions difficulty; Complex activity limitation](#). Starting with 2007 data, the hearing question, a component of the basic actions difficulty measure, was revised. Consequently, data prior to 2007 are not comparable with data for 2007 and beyond. For more information on the impact of the revised hearing question, see [Appendix II, Hearing trouble](#).

⁹MSA is metropolitan statistical area. Starting with 2006 data, MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2006, see [Appendix II, Metropolitan statistical area \(MSA\)](#) for the applicable standards.

NOTES: In 1997, the National Health Interview Survey questionnaire was redesigned. See [Appendix I, National Health Interview Survey \(NHIS\)](#). Standard errors are available in the spreadsheet version of this table. See <http://www.cdc.gov/nchs/hus.htm>. Data for 2000 and beyond have been revised and differ from previous editions of *Health, United States*. See [Appendix II, Health care contact](#). Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Health Interview Survey, family core and sample adult questionnaires. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 84. Influenza vaccination among adults 65 years of age and over: Selected Organisation for Economic Co-operation and Development (OECD) countries, 1998–2009

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2011.htm#084>.

[Data are based on reporting by OECD countries]

Country	1998	1999	2000	2003	2004	2005	2006	2007	2008	2009
Percent receiving influenza vaccination during past 12 months										
Australia	---	69.0	74.0	76.9	79.1	---	77.5	---	---	74.6
Austria	---	23.7	---	---	---	---	36.1	---	---	---
Belgium	---	---	---	---	64.0	---	---	---	66.0	---
Canada	---	---	63.0	67.2	---	70.9	---	69.0	66.6	66.5
Chile	---	---	---	80.3	79.4	73.4	82.0	84.5	78.1	87.9
Czech Republic	---	---	---	---	---	---	---	---	22.1	---
Denmark	---	---	---	19.9	30.6	34.0	33.4	39.3	51.0	48.5
Estonia	---	---	---	---	---	---	---	---	1.1	1.4
Finland	---	---	---	45.0	46.0	52.0	46.0	48.4	51.0	43.0
France	61.0	58.0	65.0	65.0	68.0	68.0	68.0	69.0	70.0	71.0
Germany ¹	---	44.6	---	48.0	---	63.0	60.0	56.0	61.1	---
Hungary	---	---	---	38.9	37.9	37.1	34.0	34.2	37.8	31.6
Ireland	---	---	---	62.2	61.4	63.0	60.6	61.7	70.1	53.8
Israel ²	---	---	44.7	---	---	---	---	56.0	56.8	56.7
Italy	---	40.7	50.7	63.4	66.6	68.3	66.6	64.9	66.2	66.3
Japan	---	---	---	43.0	48.0	49.0	48.0	53.0	56.0	50.0
Luxembourg	---	---	---	49.1	51.0	55.4	52.0	54.1	53.1	54.7
Mexico	---	---	---	---	---	---	51.1	34.6	76.1	88.2
Netherlands	72.0	72.0	76.0	77.0	73.0	77.0	75.0	78.0	77.0	---
New Zealand	---	---	---	63.1	†58.0	60.6	63.6	63.7	63.7	66.4
Portugal	31.3	39.0	---	46.9	39.0	41.6	50.4	51.0	53.3	52.2
Republic of Korea	---	---	---	---	75.7	77.2	---	70.2	73.6	---
Slovak Republic	---	---	20.7	37.9	22.9	29.3	25.7	33.4	35.5	30.5
Slovenia	---	---	35.0	33.0	30.0	35.0	28.0	26.0	26.0	22.0
Spain	63.5	59.8	61.5	68.0	68.6	70.1	67.6	62.3	65.4	65.7
Sweden	---	---	---	---	---	---	---	57.0	64.0	---
Switzerland	41.0	46.0	51.0	58.0	57.0	59.0	61.0	56.0	---	---
United Kingdom	---	---	65.0	71.0	71.0	75.0	75.1	73.5	75.1	73.3
United States	63.3	65.7	64.4	65.5	64.6	59.7	64.3	66.7	67.2	66.8

--- Data not available.

† Break in series. See OECD website for updated data and additional information. Available at: <http://www.oecd.org/home/>.

¹1998 data for Germany are for adults 69 years of age and over. Starting with 1999 data, data are for adults 60 years of age and over.

²The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by OECD is without prejudice to the status of the Golan Heights, East Jerusalem, and Israeli settlements in the West Bank under the terms of international law.

NOTES: Data are for adults 65 years of age and over. Countries estimate influenza vaccination coverage using different adult age delimitation methods (i.e., 59 or 60 years instead of 65 years of age). Therefore, estimates may not be directly comparable across countries and comparisons among them should be made with caution. See the OECD Health Statistics portal, available from: <http://www.oecd.org/home/>, for more information on the sources and methods for collecting influenza immunization data. Data for additional years are available. See [Appendix III](#).

SOURCE: Organisation for Economic Co-operation and Development (OECD): OECD Health Data 2011, <http://www.oecd.org/home/>. CDC/NCHS. National Health Interview Survey (selected years). Public Health Service. Washington, DC. See [Appendix I, Organisation for Economic Co-operation and Development \(OECD\) Health Data](#).

Table 85 (page 1 of 3). Vaccination coverage among children 19–35 months of age for selected diseases, by race, Hispanic origin, poverty level, and location of residence in metropolitan statistical area: United States, selected years 1995–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#085>.

[Data are based on telephone interviews of a sample of the civilian noninstitutionalized population, supplemented by a survey of immunization providers for interview participants]

Vaccination and year	Race and Hispanic origin ¹							Poverty level		Location of residence			
	Not Hispanic or Latino							Below poverty level	At or above poverty level	Inside MSA ²			
	All	White	Black or African American	American Indian or Alaska Native	Asian ³	Native Hawaiian or Other Pacific Islander ³	2 or more races			Hispanic or Latino	Central city	Remaining area	Outside MSA ²
Percent of children 19–35 months of age													
Combined series (4:3:1:4:3:1:4): ⁴													
2009	44	45	40	---	39	---	41	46	41	46	45	45	42
Combined series (4:3:1:3:3:1:4): ⁵													
2007	67	67	62	75	69	*	66	67	65	67	67	68	63
2008	68	68	66	63	74	*	76	69	63	71	70	69	65
2009	64	64	58	---	55	---	57	67	61	65	---	---	---
Combined series (4:3:1:3:3:1): ⁶													
2002	66	66	62	---	74	---	61	66	62	66	64	68	61
2006	77	78	74	75	76	---	75	77	73	78	77	78	75
2007	77	78	75	83	79	*	76	78	75	78	77	78	76
2008	76	75	73	77	82	*	79	78	72	78	77	76	74
2009	70	69	67	73	70	---	67	73	68	70	---	---	---
DTP/DT/DTaP (4 doses or more): ⁷													
1995	78	80	74	71	84	---	---	75	71	81	77	79	78
2000	82	84	76	75	85	---	---	79	76	84	80	83	83
2005	86	87	84	*	89	*	86	84	82	87	85	87	85
2006	85	87	81	83	86	*	84	85	81	87	84	86	85
2007	85	85	82	86	88	*	84	84	81	86	85	85	83
2008	85	85	80	82	92	*	88	85	80	87	85	85	82
2009	84	86	79	82	87	93	82	83	80	86	84	84	84
Polio (3 doses or more):													
1995	88	89	84	86	90	---	---	87	85	89	87	88	89
2000	90	91	87	90	93	---	---	88	87	90	88	90	91
2005	92	91	91	*	93	*	94	92	90	92	91	93	92
2006	93	93	90	91	92	96	92	93	92	93	93	93	93
2007	93	93	91	95	95	87	92	93	92	93	92	93	94
2008	94	94	92	91	97	*	94	94	92	94	94	94	93
2009	93	93	91	92	94	97	93	93	92	93	94	92	92
Measles, Mumps, Rubella:													
1995	90	91	87	88	95	---	---	88	86	91	90	90	89
2000	91	92	88	87	90	---	---	90	89	91	90	91	91
2005	92	91	92	90	92	90	94	91	89	92	92	92	90
2006	92	93	91	89	95	94	91	92	91	93	93	93	92
2007	92	92	92	96	94	88	95	93	91	93	92	93	92
2008	92	91	92	96	95	97	94	93	92	92	93	92	90
2009	90	91	88	95	91	97	89	89	89	91	91	89	89
Hib (3 doses or more): ⁸													
1995	91	93	88	93	90	---	---	89	88	93	91	92	92
2000	93	95	93	90	92	---	---	91	90	95	92	94	95
2005	94	94	93	88	89	91	95	94	92	95	93	94	94
2006	93	94	91	94	90	96	91	94	91	94	93	94	92
2007	93	93	91	95	91	*	90	94	91	93	92	94	92
2008	91	91	89	89	93	96	90	92	88	92	91	92	89
Hib (primary series plus booster dose): ⁶													
2009	55	55	51	---	55	---	54	55	51	57	56	55	53

See footnotes at end of table.

Table 85 (page 2 of 3). Vaccination coverage among children 19–35 months of age for selected diseases, by race, Hispanic origin, poverty level, and location of residence in metropolitan statistical area: United States, selected years 1995–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#085>.

[Data are based on telephone interviews of a sample of the civilian noninstitutionalized population, supplemented by a survey of immunization providers for interview participants]

Vaccination and year	Race and Hispanic origin ¹							Poverty level		Location of residence			
	Not Hispanic or Latino							Below poverty level	At or above poverty level	Inside MSA ²			
	All	White	Black or African American	American Indian or Alaska Native	Asian ³	Native Hawaiian or Other Pacific Islander ³	2 or more races			Hispanic or Latino	Central city	Remaining area	Outside MSA ²
Percent of children 19–35 months of age													
Hepatitis B (3 doses or more):													
1995	68	68	66	52	80	---	---	70	65	69	69	71	59
2000	90	91	89	91	91	---	---	88	87	91	89	90	92
2005	93	93	93	90	93	*	94	93	91	94	92	94	93
2006	93	94	92	95	92	97	92	94	93	94	93	94	93
2007	93	93	91	97	94	*	92	94	92	93	92	93	94
2008	94	93	92	92	98	*	95	94	91	94	93	94	93
2009	92	92	92	93	93	96	93	93	92	93	93	92	92
Varicella:⁹													
1998	43	42	42	28	53	---	---	47	41	44	45	45	34
2000	68	66	67	62	77	---	---	70	64	69	69	70	60
2005	88	86	91	82	92	*	90	89	87	88	88	88	86
2006	89	89	89	85	93	90	91	90	88	90	90	90	86
2007	90	89	90	95	94	89	92	91	89	90	90	90	89
2008	91	90	90	94	94	92	91	92	90	91	92	90	88
2009	90	89	88	89	90	98	91	91	89	90	91	89	89
PCV (4 doses or more):¹⁰													
2005	54	57	46	*	56	*	54	51	45	57	52	58	48
2006	68	71	61	63	65	*	71	67	62	71	69	71	62
2007	75	77	70	80	75	*	74	75	73	76	75	77	71
2008	80	81	76	71	82	*	85	79	74	83	81	81	75
2009	80	83	73	76	73	---	73	81	75	83	80	82	82
Not Hispanic or Latino													
Vaccination and year	White		Black or African American		Hispanic or Latino								
	Below poverty level		At or above poverty level		Below poverty level		At or above poverty level		Below poverty level		At or above poverty level		
Percent of children 19–35 months of age													
Combined series (4:3:1:4:3:1:4):⁴													
2009	43		46		38		44		44		49		
Combined series (4:3:1:3:3:1:4):⁵													
2007	60		68		60		64		69		66		
2008	59		70		63		69		64		73		
2009	62		65		55		63		66		68		
Combined series (4:3:1:3:3:1):⁶													
2005	70		77		74		80		76		75		
2006	69		79		72		77		76		78		
2007	70		79		74		77		78		79		
2008	68		77		70		75		75		81		
2009	68		69		64		71		71		74		

See footnotes at end of table.

Table 85 (page 3 of 3). Vaccination coverage among children 19–35 months of age for selected diseases, by race, Hispanic origin, poverty level, and location of residence in metropolitan statistical area: United States, selected years 1995–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#085>.

[Data are based on telephone interviews of a sample of the civilian noninstitutionalized population, supplemented by a survey of immunization providers for interview participants]

- - - Data not available.

* Estimates are considered unreliable. For data prior to 2007, percents not shown if the unweighted sample size for the numerator was less than 30, or the confidence interval half-width divided by the estimate was greater than 50%, or the confidence interval half-width was greater than 10. Starting with 2007 data, percents not shown if the unweighted sample size for the denominator was less than 30, or the confidence interval half-width divided by the estimate was greater than 60%, or the confidence interval half-width was greater than 10.

¹Persons of Hispanic origin may be of any race. Starting with 2002 data, estimates were tabulated using the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity*. Estimates for earlier years were tabulated using the 1977 Standards on Race and Ethnicity. See [Appendix II, Hispanic origin; Race](#).

²MSA is metropolitan statistical area. See [Appendix II, Metropolitan statistical area \(MSA\)](#).

³Prior to data year 2002, the category Asian included Native Hawaiian and Other Pacific Islander.

⁴The 4:3:1:4:3:1:4 combined series consists of 4 or more doses of diphtheria and tetanus toxoids and pertussis vaccine (DTP), diphtheria and tetanus toxoids (DT), or diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP); 3 or more doses of any poliovirus vaccine; 1 or more doses of a measles-containing vaccine (MCV); 3 or more doses of 4 or more doses of *Haemophilus influenzae* type b vaccine (Hib) depending on Hib vaccine product type (primary series plus booster dose); 3 or more doses of hepatitis B vaccine; 1 or more doses of varicella vaccine; and 4 or more doses of pneumococcal conjugate vaccine (PCV). The vaccine shortage that ended in September 2004 might have reduced coverage with the fourth dose of PCV among children in the 2007 National Immunization Survey (NIS) cohort. Also see footnote 8 for additional information on (Hib) vaccination.

⁵The 4:3:1:3:3:1:4 combined series consists of 4 or more doses of diphtheria and tetanus toxoids and pertussis vaccine (DTP), diphtheria and tetanus toxoids (DT), or diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP); 3 or more doses of any poliovirus vaccine; 1 or more doses of a measles-containing vaccine (MCV); 3 or more doses of *Haemophilus influenzae* type b vaccine (Hib); 3 or more doses of hepatitis B vaccine; 1 or more doses of varicella vaccine; and 4 or more doses of pneumococcal conjugate vaccine (PCV). The vaccine shortage that ended in September 2004 might have reduced coverage with the fourth dose of PCV among children in the 2007 NIS cohort.

⁶The 4:3:1:3:3:1 combined series consists of 4 or more doses of diphtheria and tetanus toxoids and pertussis vaccine (DTP), diphtheria and tetanus toxoids (DT), or diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP); 3 or more doses of any poliovirus vaccine; 1 or more doses of a measles-containing vaccine (MCV); 3 or more doses of *Haemophilus influenzae* type b vaccine (Hib); 3 or more doses of hepatitis B vaccine; and 1 or more doses of varicella vaccine.

⁷Diphtheria and tetanus toxoids and pertussis vaccine (DTP), diphtheria and tetanus toxoids (DT), and diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).

⁸*Haemophilus influenzae* type b vaccine (Hib). Before January 2009, NIS did not distinguish between Hib vaccine product types; therefore, children who received 3 doses of a vaccine product that requires 4 doses were misclassified as fully vaccinated. In addition, there was a Hib vaccine shortage during December 2007–September 2009. For more information, see [Changes in measurement of *Haemophilus influenzae* serotype b \(Hib\) vaccination coverage—National Immunization Survey, United States, 2009. MMWR 59\(33\); 1069–72](#). Available from: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5933a3.htm?s_cid=mm5933a3_e%0d%0a.

⁹Recommended in 1996. Data collection for varicella began in July 1996.

¹⁰PCV is pneumococcal conjugate vaccine. Recommended in 2000. Data collection for PCV began in July 2001. Data for 4 doses of PCV are not available prior to 2005.

NOTES: Final estimates from the National Immunization Survey include an adjustment for children with missing immunization provider data. Poverty level is based on family income and family size using U.S. Census Bureau poverty thresholds. In 2009, 5% of 17,313 children with provider-reported vaccination history data, 7% of Hispanic, 4% of non-Hispanic white, and 6% of non-Hispanic black children were missing information about poverty level and were omitted from the estimates of vaccination coverage by poverty level. See [Appendix II, Poverty](#). See [Appendix I, National Immunization Survey \(NIS\)](#). Additional information on childhood immunizations is available from: <http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm#printable>. Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS and National Center for Immunization and Respiratory Diseases, National Immunization Survey. Available from: <http://www.cdc.gov/vaccines/stats-surv/imz-coverage.htm#nis> and <http://www.cdc.gov/nchs/nis.htm>. See [Appendix I, National Immunization Survey \(NIS\)](#).

Table 86 (page 1 of 2). Vaccination coverage among children 19–35 months of age, by state and selected urban area: United States, selected years 2002–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#086>.

[Data are based on telephone interviews of a sample of the civilian noninstitutionalized population, supplemented by a survey of immunization providers for interview participants]

State and selected urban area	2002	2004	2005	2006	2007	2008	2009
	Percent of children 19–35 months of age with 4:3:1:3:3:1 combined series ¹						
United States	66	76	76	77	77	76	70
Alabama	73	80	82	79	78	75	73
Jefferson County (Birmingham)	74	81	85	---	---	---	---
Alaska	56	66	68	67	70	69	64
Arizona	59	73	75	71	75	76	70
Maricopa County (Phoenix)	62	72	76	68	---	---	---
Arkansas	68	81	64	73	72	76	63
California	67	79	74	79	77	79	75
Alameda County	---	---	71	---	76	---	---
Fresno County	---	---	---	73	---	---	---
Los Angeles County (Los Angeles)	72	77	78	79	78	76	78
Northern California	---	---	---	71	---	69	---
Santa Clara County (Santa Clara)	75	80	---	78	---	81	---
San Bernadino County	---	---	63	---	70	---	---
San Diego County (San Diego)	71	74	---	80	---	---	---
Colorado	56	73	79	76	78	79	65
Denver	---	---	79	---	---	---	---
Connecticut	73	85	82	82	87	70	47
Delaware	70	80	82	80	80	72	65
District of Columbia	68	80	72	79	82	78	75
Florida	66	85	78	79	80	80	75
Dade County (Miami)	60	73	---	80	76	78	---
Duval County (Jacksonville)	70	69	77	76	---	---	---
Orange County	---	---	---	---	---	79	---
Georgia	77	82	82	81	80	72	69
Fulton/DeKalb Counties (Atlanta)	75	81	72	75	---	---	---
Hawaii	69	80	78	79	88	77	67
Idaho	53	70	68	68	66	60	52
Illinois	58	74	77	74	74	75	73
Chicago	58	71	70	77	71	78	72
Madison/St. Clair County	---	---	---	---	---	75	---
Indiana	59	68	70	76	74	76	66
Lake County	---	---	---	---	---	---	65
Marion County (Indianapolis)	62	74	---	77	71	---	72
Iowa	58	76	76	79	76	75	66
Kansas	55	66	72	70	76	77	77
Eastern Kansas	---	---	---	74	---	---	---
Kentucky	64	77	71	80	78	74	66
Louisiana	62	70	74	70	77	82	77
Orleans Parish (New Orleans)	53	68	---	---	---	---	---
Maine	62	74	76	76	73	74	53
Maryland	71	76	79	78	91	80	80
Baltimore City	69	80	77	72	---	75	63
Massachusetts	78	84	91	84	78	82	81
Boston	71	79	---	82	---	---	---
Michigan	72	79	81	78	79	75	71
Detroit	60	66	71	65	---	---	---
Minnesota	62	78	78	78	81	75	58
Twin Cities	---	---	---	---	---	75	---
Mississippi	64	80	79	73	77	76	73
Missouri	60	75	73	81	76	73	61
St. Louis County	---	---	74	---	---	---	---
Montana	49	65	65	66	65	59	55
Nebraska	64	73	84	75	83	72	60
Nevada	65	65	63	60	63	68	59
Clark County	---	---	59	---	---	---	---
New Hampshire	66	78	77	76	91	81	79
New Jersey	66	74	72	76	81	69	67
Newark	50	64	67	68	---	---	---
New Mexico	59	79	75	72	76	77	68
New York	67	78	74	77	78	73	69
New York City	71	77	71	72	76	75	72
North Carolina	70	78	82	82	77	71	56

See footnotes at end of table.

Table 86 (page 2 of 2). Vaccination coverage among children 19–35 months of age, by state and selected urban area: United States, selected years 2002–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#086>.

[Data are based on telephone interviews of a sample of the civilian noninstitutionalized population, supplemented by a survey of immunization providers for interview participants]

State and selected urban area	2002	2004	2005	2006	2007	2008	2009
Percent of children 19–35 months of age with 4:3:1:3:3:1 combined series ¹							
North Dakota	56	71	79	80	77	70	56
Ohio	64	71	78	75	78	82	74
Cuyahoga County (Cleveland)	65	78	77	77	---	---	---
Franklin County (Columbus)	69	79	81	---	---	---	---
Oklahoma	60	71	72	78	79	72	70
Oregon	60	74	65	74	71	71	65
Pennsylvania	68	82	77	79	79	78	69
Allegheny County	---	---	---	74	---	---	---
Philadelphia	68	75	77	80	82	80	74
Rhode Island	81	82	80	81	76	78	51
South Carolina	74	77	76	81	80	78	67
South Dakota	62	73	80	74	77	77	75
Tennessee	67	79	80	77	79	81	74
Davidson County (Nashville)	67	88	81	---	---	---	---
Shelby County (Memphis)	61	71	74	73	---	---	---
Texas	65	69	77	75	77	78	74
Bexar County (San Antonio)	72	73	71	75	80	76	71
Dallas County (Dallas)	68	67	73	73	72	74	74
El Paso County (El Paso)	61	64	69	69	77	75	71
Houston	56	62	77	70	73	72	70
Utah	61	68	68	78	74	77	70
Vermont	58	67	63	75	67	65	65
Virginia	65	74	82	77	76	73	70
Washington	52	67	66	71	69	74	70
Eastern Washington	---	---	---	72	---	---	---
Eastern/Western Washington	---	---	---	---	---	76	67
King County (Seattle)	56	74	69	71	---	---	---
Western Washington	---	---	---	---	71	---	---
West Virginia	66	76	68	68	76	77	65
Wisconsin	68	78	77	81	77	80	59
Milwaukee County (Milwaukee)	60	73	74	78	---	---	---
Wyoming	54	64	67	63	70	65	62

--- Data not available.

¹The 4:3:1:3:3:1 combined series consists of 4 or more doses of diphtheria and tetanus toxoids and pertussis vaccine (DTP), diphtheria and tetanus toxoids (DT), or diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP); 3 or more doses of any poliovirus vaccine; 1 or more doses of a measles-containing vaccine (MCV); 3 or more doses of *Haemophilus influenzae* type b vaccine (Hib) regardless of vaccine brand type; 3 or more doses of hepatitis B vaccine; and 1 or more doses of varicella vaccine. The 4:3:1:3:3:1 combined series is the most complete series for which long-term state trend data are currently available. See Table 85 for additional data on childhood vaccinations.

NOTES: Urban areas were originally selected because they were at risk for undervaccination. Final estimates from the National Immunization Survey include an adjustment for children with missing immunization provider data. Additional information on childhood immunizations is available from: <http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm#printable>. Data for additional years are available. See Appendix III.

SOURCE: CDC/NCHS and National Center for Immunization and Respiratory Diseases, National Immunization Survey. Available from: <http://www.cdc.gov/vaccines/stats-surv/imz-coverage.htm#nis> and <http://www.cdc.gov/nis/>. See Appendix I, National Immunization Survey (NIS).

Table 87. Vaccination coverage among adolescents 13–17 years of age for selected diseases, by selected characteristics: United States, 2006–2009

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2011.htm#087>.

[Data are based on telephone interviews of a sample of the civilian noninstitutionalized population, supplemented by a survey of immunization providers for interview participants]

Vaccination coverage	2006 ¹	2007 ¹	2008	2009																																																																																																																												
Percent of adolescents 13–17 years																																																																																																																																
Measles, mumps, rubella (2 doses or more) . . .	86.9	88.9	89.3	89.1																																																																																																																												
Hepatitis B (3 doses or more)	81.3	87.6	87.9	89.9																																																																																																																												
History of varicella or received varicella vaccine (2 doses or more) ²	---	---	73.5	75.7																																																																																																																												
Td or Tdap (1 dose or more) ³	60.1	72.3	72.2	76.2																																																																																																																												
Tdap (1 dose or more) ³	10.8	30.4	40.8	55.6																																																																																																																												
Meningococcal conjugate vaccine (MenACWY) (1 dose or more) ⁴	11.7	32.4	41.8	53.6																																																																																																																												
Human papillomavirus (HPV) (1 dose or more) ⁵	---	25.1	37.2	44.3																																																																																																																												
Human papillomavirus (HPV) (3 doses or more) ⁵	---	---	17.9	26.7																																																																																																																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="3" style="text-align: left; vertical-align: bottom;">Vaccination coverage, 2009</th> <th colspan="4" style="text-align: center;">Race and Hispanic origin⁶</th> <th colspan="2" style="text-align: center;">Poverty level⁷</th> <th colspan="3" style="text-align: center;">Location of residence</th> </tr> <tr> <th colspan="4" style="text-align: center;">Not Hispanic or Latino</th> <th rowspan="2" style="text-align: center;">Below poverty level</th> <th rowspan="2" style="text-align: center;">At or above poverty level</th> <th colspan="3" style="text-align: center;">Inside MSA⁸</th> </tr> <tr> <th style="text-align: center;">White</th> <th style="text-align: center;">Black or African American</th> <th style="text-align: center;">American Indian or Alaska Native</th> <th style="text-align: center;">Hispanic or Latino</th> <th style="text-align: center;">Central city</th> <th style="text-align: center;">Remaining area</th> <th style="text-align: center;">Outside MSA⁸</th> </tr> </thead> <tbody> <tr> <td colspan="10" style="text-align: center;">Percent of adolescents 13–17 years</td> </tr> <tr> <td>Measles, mumps, rubella (2 doses or more) . .</td> <td>90.2</td> <td>86.3</td> <td>90.4</td> <td>92.9</td> <td>87.6</td> <td>87.8</td> <td>89.3</td> <td>88.5</td> <td>90.2</td> <td>87.5</td> </tr> <tr> <td>Hepatitis B (3 doses or more)</td> <td>90.2</td> <td>88.9</td> <td>89.7</td> <td>89.5</td> <td>90.0</td> <td>88.3</td> <td>90.3</td> <td>89.2</td> <td>91.6</td> <td>86.9</td> </tr> <tr> <td>History of varicella or received varicella vaccine (2 doses or more)²</td> <td>77.0</td> <td>71.3</td> <td>71.9</td> <td>72.6</td> <td>74.9</td> <td>74.4</td> <td>75.9</td> <td>---</td> <td>---</td> <td>---</td> </tr> <tr> <td>Td or Tdap (1 dose or more)³</td> <td>76.5</td> <td>72.5</td> <td>78.0</td> <td>84.5</td> <td>76.7</td> <td>71.8</td> <td>77.0</td> <td>79.7</td> <td>77.3</td> <td>64.4</td> </tr> <tr> <td> Tdap (1 dose or more)³</td> <td>55.8</td> <td>52.7</td> <td>59.3</td> <td>64.3</td> <td>55.6</td> <td>52.8</td> <td>56.1</td> <td>60.1</td> <td>55.0</td> <td>46.3</td> </tr> <tr> <td>Meningococcal conjugate vaccine (MenACWY) (1 dose or more)⁴</td> <td>53.1</td> <td>53.0</td> <td>46.9</td> <td>58.8</td> <td>55.9</td> <td>52.5</td> <td>53.8</td> <td>58.3</td> <td>55.9</td> <td>36.0</td> </tr> <tr> <td>Human papillomavirus (HPV) (1 dose or more)⁵</td> <td>43.9</td> <td>44.6</td> <td>52.3</td> <td>41.5</td> <td>45.5</td> <td>51.9</td> <td>42.5</td> <td>49.4</td> <td>42.5</td> <td>37.5</td> </tr> <tr> <td>Human papillomavirus (HPV) (3 doses or more)⁵</td> <td>29.1</td> <td>23.1</td> <td>29.6</td> <td>22.1</td> <td>23.4</td> <td>25.5</td> <td>26.8</td> <td>---</td> <td>---</td> <td>---</td> </tr> </tbody> </table>					Vaccination coverage, 2009	Race and Hispanic origin ⁶				Poverty level ⁷		Location of residence			Not Hispanic or Latino				Below poverty level	At or above poverty level	Inside MSA ⁸			White	Black or African American	American Indian or Alaska Native	Hispanic or Latino	Central city	Remaining area	Outside MSA ⁸	Percent of adolescents 13–17 years										Measles, mumps, rubella (2 doses or more) . .	90.2	86.3	90.4	92.9	87.6	87.8	89.3	88.5	90.2	87.5	Hepatitis B (3 doses or more)	90.2	88.9	89.7	89.5	90.0	88.3	90.3	89.2	91.6	86.9	History of varicella or received varicella vaccine (2 doses or more) ²	77.0	71.3	71.9	72.6	74.9	74.4	75.9	---	---	---	Td or Tdap (1 dose or more) ³	76.5	72.5	78.0	84.5	76.7	71.8	77.0	79.7	77.3	64.4	Tdap (1 dose or more) ³	55.8	52.7	59.3	64.3	55.6	52.8	56.1	60.1	55.0	46.3	Meningococcal conjugate vaccine (MenACWY) (1 dose or more) ⁴	53.1	53.0	46.9	58.8	55.9	52.5	53.8	58.3	55.9	36.0	Human papillomavirus (HPV) (1 dose or more) ⁵	43.9	44.6	52.3	41.5	45.5	51.9	42.5	49.4	42.5	37.5	Human papillomavirus (HPV) (3 doses or more) ⁵	29.1	23.1	29.6	22.1	23.4	25.5	26.8	---	---	---
Vaccination coverage, 2009	Race and Hispanic origin ⁶					Poverty level ⁷		Location of residence																																																																																																																								
	Not Hispanic or Latino					Below poverty level	At or above poverty level	Inside MSA ⁸																																																																																																																								
	White	Black or African American	American Indian or Alaska Native	Hispanic or Latino	Central city			Remaining area	Outside MSA ⁸																																																																																																																							
Percent of adolescents 13–17 years																																																																																																																																
Measles, mumps, rubella (2 doses or more) . .	90.2	86.3	90.4	92.9	87.6	87.8	89.3	88.5	90.2	87.5																																																																																																																						
Hepatitis B (3 doses or more)	90.2	88.9	89.7	89.5	90.0	88.3	90.3	89.2	91.6	86.9																																																																																																																						
History of varicella or received varicella vaccine (2 doses or more) ²	77.0	71.3	71.9	72.6	74.9	74.4	75.9	---	---	---																																																																																																																						
Td or Tdap (1 dose or more) ³	76.5	72.5	78.0	84.5	76.7	71.8	77.0	79.7	77.3	64.4																																																																																																																						
Tdap (1 dose or more) ³	55.8	52.7	59.3	64.3	55.6	52.8	56.1	60.1	55.0	46.3																																																																																																																						
Meningococcal conjugate vaccine (MenACWY) (1 dose or more) ⁴	53.1	53.0	46.9	58.8	55.9	52.5	53.8	58.3	55.9	36.0																																																																																																																						
Human papillomavirus (HPV) (1 dose or more) ⁵	43.9	44.6	52.3	41.5	45.5	51.9	42.5	49.4	42.5	37.5																																																																																																																						
Human papillomavirus (HPV) (3 doses or more) ⁵	29.1	23.1	29.6	22.1	23.4	25.5	26.8	---	---	---																																																																																																																						

--- Data not available.

¹For 2006 and 2007, data were only collected in the 4th quarter of the year. Starting with 2008, data were collected for the entire year.

²Varicella is chickenpox.

³Td or Tdap refers to tetanus toxoid-diphtheria vaccine (Td) or tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine (Tdap) received since the age of 10 years.

⁴Includes persons receiving MenACWY or meningococcal-unknown type vaccine.

⁵Percentages reported among females.

⁶Persons of Hispanic origin may be of any race. Estimates were tabulated using the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity*. Data for Native Hawaiian and Other Pacific Islander persons and persons of multiple races were not included because of small sample sizes. See [Appendix II, Hispanic origin; Race](#).

⁷Poverty level is based on family income and family size using U.S. Census Bureau poverty thresholds. In 2009, less than 1% (unweighted) of adolescents with provider-reported vaccination data were missing information about poverty level and were not included in the estimates of vaccination coverage by poverty level. See [Appendix II, Poverty](#).

⁸MSA is metropolitan statistical area. See [Appendix II, Metropolitan statistical area \(MSA\)](#).

NOTES: Vaccination coverage estimates are based on provider-verified responses from parents who live in households with telephones. Complex statistical methods are used to adjust vaccination estimates to account for adolescents whose parents refuse to participate in the survey, for adolescents who live in households without telephones, or for adolescents whose vaccination histories cannot be verified through their providers. Detailed vaccination data among adolescents, by race and Hispanic origin, percent of poverty level, and MSA were not available prior to 2008. Interpretation of vaccination data needs to take into account when specific vaccines were licensed and recommended for use among adolescents. Quadrivalent HPV vaccine was licensed by the U.S. Food and Drug Administration (FDA) in June 2006. For the initial recommendations on HPV vaccination, see: CDC. Quadrivalent human papillomavirus vaccine: Recommendations of the Advisory Committee on Immunization Practices. MMWR 2007;56(RR-02):1–24. Available from: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5602a1.htm?s_cid=rr5602a1_e. Meningococcal vaccine was licensed for use by the FDA in January 2005. For the initial recommendations on meningococcal vaccination, see: CDC. Prevention and control of meningococcal disease: Recommendations of the Advisory Committee on Immunization Practices. MMWR 2005;54(RR-07):1–21. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5407a1.htm>. Tdap vaccines were licensed by the FDA in May and June of 2005. For the initial recommendations on Tdap vaccination, see: CDC. Preventing tetanus, diphtheria, and pertussis among adolescents: Use of tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccines. Recommendations of the Advisory Committee on Immunization Practices. MMWR 2006;55(RR-03):1–34. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5503a1.htm>. See [Appendix I, National Immunization Survey \(NIS\)](#). Additional information on the recommended schedule for adolescent vaccination is available from: <http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm#printable>.

SOURCE: CDC/NCHS and National Center for Immunization and Respiratory Diseases, National Immunization Survey–Teen. Available from: <http://www.cdc.gov/vaccines/stats-surv/imz-coverage.htm#nisteen>. See [Appendix I, National Immunization Survey \(NIS\)](#).

Table 88 (page 1 of 2). Influenza vaccination among adults 18 years of age and over, by selected characteristics: United States, selected years 1989–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#088>.

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

Characteristic	1989	1995	2000	2005	2007	2008	2009	2010
Percent receiving influenza vaccination during past 12 months ¹								
18 years and over, age-adjusted ^{2,3}	9.6	23.7	28.7	21.6	29.9	32.1	34.1	35.1
18 years and over, crude ³	9.1	23.0	28.4	21.4	30.1	32.6	34.7	35.8
Age								
18–49 years	3.4	13.1	17.1	10.7	17.8	20.1	23.0	25.2
50 years and over	19.9	41.9	47.9	38.1	48.5	50.7	51.1	50.5
50–64 years	10.6	27.0	34.6	23.0	36.2	39.6	40.7	41.6
65 years and over	30.4	58.2	64.4	59.7	66.7	67.2	66.8	63.9
65–74 years	28.0	54.9	61.1	53.7	61.6	60.9	61.5	60.5
75 years and over	34.2	63.0	68.4	66.3	72.6	74.3	73.2	68.2
50 years and over								
Sex								
Male	19.2	40.2	45.9	34.7	45.6	47.6	49.2	47.4
Female	20.6	43.4	49.5	40.9	51.0	53.5	52.8	53.2
Race ⁴								
White only	20.9	43.6	49.8	39.7	49.9	52.1	52.4	51.5
Black or African American only	12.5	28.2	33.2	26.9	38.2	41.1	41.7	40.4
American Indian or Alaska Native only	26.2	*	43.6	*22.9	45.8	49.3	42.8	54.7
Asian only	*9.2	35.6	43.3	30.6	45.3	47.1	50.4	55.9
Native Hawaiian or Other Pacific Islander only	---	---	*	*	*	*	*	*
2 or more races	---	---	50.7	30.4	44.8	46.3	47.7	49.8
Hispanic origin and race ⁴								
Hispanic or Latino	13.2	33.8	34.4	24.7	35.5	38.0	40.3	40.6
Mexican	13.0	35.4	33.0	26.1	36.1	36.5	40.4	41.3
Not Hispanic or Latino	20.3	42.4	48.8	39.1	49.6	51.9	52.1	51.5
White only	21.3	44.3	50.6	41.0	51.3	53.6	53.7	52.7
Black or African American only	12.4	28.5	33.2	26.9	38.1	41.0	41.7	40.0
Percent of poverty level ⁵								
Below 100%	19.6	39.7	44.1	35.8	44.8	44.4	45.2	37.5
100%–199%	24.0	43.2	50.7	41.2	47.9	52.0	49.4	47.6
200%–399%	20.5	43.7	51.5	42.1	50.7	51.8	52.6	51.2
400% or more	17.5	39.3	44.3	33.9	48.0	50.8	52.0	54.3
Hispanic origin and race and percent of poverty level ^{4,5}								
Hispanic or Latino:								
Below 100%	12.7	29.7	35.8	22.3	41.1	37.0	42.2	36.3
100%–199%	20.4	34.7	35.6	27.5	42.7	41.3	32.4	36.6
200%–399%	12.7	34.2	33.7	22.3	31.3	34.5	41.1	41.8
400% or more	*9.8	39.1	32.2	26.6	28.9	39.9	48.7	47.7
Not Hispanic or Latino:								
White only:								
Below 100%	22.5	44.4	48.6	42.2	47.4	49.3	49.8	38.7
100%–199%	26.1	46.7	54.8	46.1	50.8	57.0	54.3	51.1
200%–399%	21.6	45.4	54.6	46.4	54.3	54.6	55.0	53.4
400% or more	18.1	40.8	46.0	35.1	50.2	52.3	53.3	54.9
Black or African American only:								
Below 100%	14.6	31.8	35.5	28.9	38.9	36.7	37.8	32.4
100%–199%	12.0	28.3	37.9	27.4	35.6	38.4	41.8	39.2
200%–399%	14.1	29.0	31.0	25.7	41.2	44.1	45.1	42.6
400% or more	*8.8	*20.0	28.7	26.2	36.2	42.9	41.0	44.4

See footnotes at end of table.

Table 88 (page 2 of 2). Influenza vaccination among adults 18 years of age and over, by selected characteristics: United States, selected years 1989–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#088>.

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

Characteristic	1989	1995	2000	2005	2007	2008	2009	2010
Disability measure ⁶		Percent receiving influenza vaccination during past 12 months ¹						
Any basic actions difficulty or complex activity limitation	---	---	55.2	46.5	55.8	57.2	56.9	54.5
Any basic actions difficulty	---	---	55.3	46.7	56.0	57.6	57.1	54.8
Any complex activity limitation	---	---	57.1	50.3	56.8	58.9	58.8	55.3
No disability	---	---	41.3	29.7	41.6	44.8	46.0	47.0
Geographic region								
Northeast	17.9	39.7	45.9	38.4	49.0	52.7	52.0	52.4
Midwest	20.0	43.2	49.3	39.9	51.4	53.7	52.9	51.8
South	20.2	41.4	46.8	37.3	47.2	49.4	50.9	49.3
West	21.8	43.8	50.1	36.8	46.9	48.1	48.8	49.5
Location of residence								
Within MSA ⁷	18.9	41.6	47.1	37.2	47.1	50.2	51.0	50.8
Outside MSA ⁷	23.3	42.9	50.2	41.0	53.7	53.0	51.6	49.3

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

--- Data not available.

¹Questions concerning use of influenza vaccination differed slightly on the National Health Interview Survey across the years for which data are shown. See [Appendix II, Vaccination](#).

²Estimates are age-adjusted to the year 2000 standard population using four age groups: 18–49 years, 50–64 years, 65–74 years, and 75 years and over. See [Appendix II, Age adjustment](#).

³Includes all other races not shown separately, unknown disability status, and unknown poverty level in 1989.

⁴The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Prior to 1999, data were tabulated according to the 1977 Standards with four racial groups, and the Asian only category included Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁵Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Poverty level was unknown for 11% of persons 18 years of age and over in 1989. Missing family income data were imputed for 1991 and beyond. See [Appendix II, Family income; Poverty; Table VI](#).

⁶Any basic actions difficulty or complex activity limitation is defined as having one or more of the following limitations or difficulties: movement difficulty, emotional difficulty, sensory (seeing or hearing) difficulty, cognitive difficulty, self-care (activities of daily living or instrumental activities of daily living) limitation, social limitation, or work limitation. For more information, see [Appendix II, Basic actions difficulty; Complex activity limitation](#). Starting with 2007 data, the hearing question, a component of the basic actions difficulty measure, was revised. Consequently, data prior to 2007 are not comparable with data for 2007 and beyond. For more information on the impact of the revised hearing question, see [Appendix II, Hearing trouble](#).

⁷MSA is metropolitan statistical area. Starting with 2006 data, MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2006, see [Appendix II, Metropolitan statistical area \(MSA\)](#) for the applicable standards.

NOTES: In 2000, CDC's Advisory Committee on Immunization Practices (ACIP) recommended universal influenza vaccination for persons 50 years of age and over. Medicare reimbursement for the costs of the vaccine and its administration began in 1993. For current ACIP recommendation, see:

<http://www.cdc.gov/flu/professionals/acip/index.htm>. Standard errors for selected years are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Health Interview Survey. Data are from the Immunization Supplement (1981), the Health Promotion and Disease Prevention Supplement (1991), and the Year 2000 Supplement (1993–1995). Starting in 1997, data are from the sample adult questionnaire. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 89 (page 1 of 2). Pneumococcal vaccination among adults 18 years of age and over, by selected characteristics: United States, selected years 1989–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#089>.

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

Characteristic	1989	1995	2000	2005	2007	2008	2009	2010
Percent ever receiving pneumococcal vaccination ¹								
18 years and over, age-adjusted ^{2,3}	4.6	12.0	15.4	16.7	16.7	18.3	19.0	19.0
18 years and over, crude ³	4.4	11.7	15.1	16.5	16.7	18.5	19.3	19.6
Age								
18–49 years	2.1	6.5	5.4	5.8	5.3	6.8	7.5	7.3
50–64 years	4.4	10.0	14.7	17.1	17.3	18.5	19.2	21.0
65 years and over	14.1	34.0	53.1	56.2	57.7	60.0	60.6	59.7
65–74 years	13.1	31.4	48.2	49.4	51.8	52.5	54.6	54.6
75 years and over	15.7	37.8	59.1	63.9	64.4	68.7	68.0	66.0
High-risk group ⁴								
Total, 18–64 years	---	---	18.3	22.6	24.4	24.9	17.4	18.3
18–49 years	---	---	12.2	15.0	16.0	16.0	11.2	10.6
50–64 years	---	---	26.0	30.6	32.2	33.9	28.2	30.8
65 years and over								
Sex								
Male	13.9	34.6	52.1	53.4	55.1	56.4	59.2	57.6
Female	14.3	33.6	53.9	58.4	59.6	62.8	61.7	61.3
Race ⁵								
White only	14.8	35.3	55.6	58.4	60.1	62.5	63.1	61.6
Black or African American only	6.4	21.9	30.6	40.2	43.7	44.1	44.2	45.5
American Indian or Alaska Native only	31.2	*	70.1	*	*	66.9	*	*48.5
Asian only	*	*23.4	40.9	35.0	33.4	45.7	44.8	47.9
Native Hawaiian or Other Pacific Islander only	---	---	*	*	*	*	*	*
2 or more races	---	---	55.6	64.8	55.8	*35.9	67.9	65.5
Hispanic origin and race ⁵								
Hispanic or Latino	9.8	23.2	30.4	27.5	31.8	36.4	40.1	39.0
Mexican	12.9	*18.8	32.0	31.3	34.3	39.5	42.8	41.4
Not Hispanic or Latino	14.3	34.5	54.4	58.1	59.6	61.8	62.2	61.3
White only	15.0	35.9	56.8	60.6	62.2	64.5	64.8	63.5
Black or African American only	6.2	21.8	30.6	40.4	44.0	44.5	44.7	46.2
Percent of poverty level ⁶								
Below 100%	11.2	28.7	40.6	46.7	48.7	46.5	48.5	42.6
100%–199%	15.1	30.7	51.4	54.5	55.6	59.5	60.6	57.2
200%–399%	15.1	36.1	55.8	60.8	59.8	61.4	62.9	62.2
400% or more	15.5	39.5	56.9	55.3	59.8	62.8	61.5	64.0
Hispanic origin and race and percent of poverty level ^{5,6}								
Hispanic or Latino:								
Below 100%	*	*14.1	23.8	20.9	*22.4	*25.7	32.6	30.2
100%–199%	*11.0	*15.6	32.3	26.9	37.9	32.9	41.8	36.9
200%–399%	*11.1	*34.4	37.6	35.2	29.6	44.8	40.0	45.8
400% or more	*	*55.1	*26.4	*25.2	*33.7	42.4	49.1	43.0
Not Hispanic or Latino:								
White only:								
Below 100%	13.3	32.5	47.9	55.6	59.7	60.4	61.0	51.1
100%–199%	16.0	33.5	56.1	60.5	60.8	66.3	66.3	61.3
200%–399%	15.7	37.1	57.6	64.1	63.4	64.5	66.3	64.9
400% or more	15.9	39.3	59.5	57.4	62.4	64.1	62.9	66.0
Black or African American only:								
Below 100%	*5.0	*22.6	28.8	42.3	40.7	37.6	33.8	34.9
100%–199%	7.8	*20.9	28.1	36.6	41.9	43.5	46.9	46.4
200%–399%	*5.9	*21.7	35.5	41.6	48.7	44.5	49.3	51.8
400% or more	*	*	*32.6	44.6	43.6	56.5	45.8	50.1

See footnotes at end of table.

Table 89 (page 2 of 2). Pneumococcal vaccination among adults 18 years of age and over, by selected characteristics: United States, selected years 1989–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#089>.

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

Characteristic	1989	1995	2000	2005	2007	2008	2009	2010
Any basic actions difficulty or complex activity limitation ⁷			Percent ever receiving pneumococcal vaccination ¹					
Any basic actions difficulty or complex activity limitation	---	---	56.6	61.6	64.2	64.9	65.9	63.9
Any basic actions difficulty	---	---	56.8	61.6	64.4	65.1	66.0	64.2
Any complex activity limitation	---	---	58.0	63.3	63.9	67.0	67.8	65.2
No disability	---	---	48.0	47.8	47.0	53.4	53.1	53.3
Geographic region								
Northeast	10.4	28.2	51.2	55.8	54.6	60.9	58.5	56.7
Midwest	13.7	31.0	52.6	58.5	60.6	63.8	58.4	61.2
South	14.9	35.9	51.3	57.4	58.5	59.8	61.9	60.9
West	17.9	41.1	59.7	51.4	55.6	55.4	63.0	58.9
Location of residence								
Within MSA ⁸	13.1	33.8	52.4	55.1	56.5	59.1	60.0	58.8
Outside MSA ⁸	17.1	34.8	55.4	59.8	61.7	63.2	62.9	63.3

--- Data not available.

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

¹ Respondents were asked, “Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person’s lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.”

² Estimates are age-adjusted to the year 2000 standard population using four age groups: 18–49 years, 50–64 years, 65–74 years, and 75 years and over. See Appendix II, Age adjustment.

³ Includes all other races not shown separately, unknown poverty level in 1989, and unknown disability status.

⁴ High-risk group membership is based on recommendations of the Advisory Committee on Immunization Practices (ACIP). The high-risk group includes persons who reported diabetes, cancer, heart, lung, liver, or kidney disease. Starting in 2009, this group also includes persons who reported asthma or cigarette smoking, to be consistent with the revised ACIP recommendation. For more information on high-risk groups, see the ACIP recommendation available from: <http://www.cdc.gov/mmwr/pdf/wk/mm5934.pdf>.

⁵ The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Prior to 1999, data were tabulated according to the 1977 Standards with four racial groups, and the Asian only category included Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See Appendix II, Hispanic origin; Race.

⁶ Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Poverty level was unknown for 11% of persons 18 years of age and over in 1989. Missing family income data were imputed for 1991 and beyond. See Appendix II, Family income; Poverty; Table VI.

⁷ Any basic actions difficulty or complex activity limitation is defined as having one or more of the following limitations or difficulties: movement difficulty, emotional difficulty, sensory (seeing or hearing) difficulty, cognitive difficulty, self-care (activities of daily living or instrumental activities of daily living) limitation, social limitation, or work limitation. For more information, see Appendix II, Basic actions difficulty; Complex activity limitation. Starting with 2007 data, the hearing question, a component of the basic actions difficulty measure, was revised. Consequently, data prior to 2007 are not comparable with data for 2007 and beyond. For more information on the impact of the revised hearing question, see Appendix II, Hearing trouble.

⁸ MSA is metropolitan statistical area. Starting with 2006 data, MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2006, see Appendix II, Metropolitan statistical area (MSA) for the applicable standards.

NOTES: In 1997, CDC’s Advisory Committee on Immunization Practices (ACIP) recommended universal pneumonia vaccination for persons 65 years of age and over. A pneumococcal polysaccharide vaccine was first licensed in 1977. Medicare reimbursement for the costs of the vaccine and its administration began in 1981. CDC. Prevention of pneumococcal disease: Recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR* 1997;46(RR-08);1–24. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/00047135.htm>. Pneumococcal vaccination among adults 19–64 years is recommended for those with other risk factors (medical, occupational, lifestyle, or other indications). For information on high-risk groups, see the ACIP recommendation available from: <http://www.cdc.gov/mmwr/pdf/wk/mm5934.pdf>. For more information on the adult vaccination schedule, see: <http://www.cdc.gov/vaccines/recs/schedules/adult-schedule.htm>. Standard errors for selected years are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See Appendix III.

SOURCE: CDC/NCHS, National Health Interview Survey. Data are from the Immunization Supplement (1981), the Health Promotion and Disease Prevention Supplement (1991), and the Year 2000 Supplement (1993–1995). Starting in 1997, data are from the sample adult questionnaire. See Appendix I, National Health Interview Survey (NHIS).

Table 90 (page 1 of 3). Use of mammography among women 40 years of age and over, by selected characteristics: United States, selected years 1987–2010

Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#090>.

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

Characteristic	1987	1990	1993	1994	2000	2003	2005	2008	2010
Percent of women having a mammogram within the past 2 years ¹									
40 years and over, age-adjusted ^{2,3}	29.0	51.7	59.7	61.0	70.4	69.5	66.6	67.1	66.5
40 years and over, crude ²	28.7	51.4	59.7	60.9	70.4	69.7	66.8	67.6	67.1
50 years and over, age-adjusted ^{2,3}	27.3	49.8	59.7	60.9	73.7	72.4	68.2	70.3	68.8
50 years and over, crude ²	27.4	49.7	59.7	60.6	73.6	72.4	68.4	70.5	69.2
Age									
40–49 years	31.9	55.1	59.9	61.3	64.3	64.4	63.5	61.5	62.3
50–64 years	31.7	56.0	65.1	66.5	78.7	76.2	71.8	74.2	72.6
65 years and over	22.8	43.4	54.2	55.0	67.9	67.7	63.8	65.5	64.4
65–74 years	26.6	48.7	64.2	63.0	74.0	74.6	72.5	72.6	71.9
75 years and over	17.3	35.8	41.0	44.6	61.3	60.6	54.7	57.9	55.7
Race ⁴									
40 years and over, crude:									
White only	29.6	52.2	60.0	60.6	71.4	70.1	67.4	67.9	67.4
Black or African American only	24.0	46.4	59.1	64.3	67.8	70.4	64.9	68.0	67.9
American Indian or Alaska Native only	*	43.2	49.8	65.8	47.4	63.1	72.8	62.7	71.2
Asian only	*	46.0	55.1	55.8	53.5	57.6	54.6	66.1	62.4
Native Hawaiian or Other Pacific Islander only	---	---	---	---	*	*	*	*	*
2 or more races	---	---	---	---	69.2	65.3	63.7	55.2	51.4
Hispanic origin and race ⁴									
40 years and over, crude:									
Hispanic or Latina	18.3	45.2	50.9	51.9	61.2	65.0	58.8	61.2	64.2
Not Hispanic or Latina	29.4	51.8	60.3	61.5	71.1	70.1	67.5	68.3	67.4
White only	30.3	52.7	60.6	61.3	72.2	70.5	68.3	68.7	67.8
Black or African American only	23.8	46.0	59.2	64.4	67.9	70.5	65.2	68.3	67.4
Age, Hispanic origin, and race ⁴									
40–49 years:									
Hispanic or Latina	*15.3	45.1	52.6	47.5	54.1	59.4	54.2	54.1	59.8
Not Hispanic or Latina:									
White only	34.3	57.0	61.6	62.0	67.2	65.2	65.5	64.1	62.6
Black or African American only	27.8	48.4	55.6	67.2	60.9	68.2	62.1	59.5	63.5
50–64 years:									
Hispanic or Latina	23.0	47.5	59.2	60.1	66.5	69.4	61.5	71.3	68.6
Not Hispanic or Latina:									
White only	33.6	58.1	66.2	67.5	80.6	77.2	73.5	74.1	73.5
Black or African American only	26.4	48.4	65.5	63.6	77.7	76.2	71.6	76.7	74.0
65 years and over:									
Hispanic or Latina	*	41.1	*35.7	48.0	68.3	69.5	63.8	59.0	65.2
Not Hispanic or Latina:									
White only	24.0	43.8	54.7	54.9	68.3	68.1	64.7	66.1	65.0
Black or African American only	14.1	39.7	56.3	61.0	65.5	65.4	60.5	66.4	60.9
Age and percent of poverty level ⁵									
40 years and over, crude:									
Below 100%	14.6	30.8	41.1	44.2	54.8	55.4	48.5	51.4	51.4
100%–199%	20.9	39.1	47.5	48.6	58.1	60.8	55.3	55.8	53.8
200%–399%	29.7	53.3	63.2	65.0	68.8	69.9	67.2	64.4	66.2
400% or more	42.9	68.7	74.1	74.1	81.5	77.7	76.6	79.0	78.1
40–49 years:									
Below 100%	18.6	32.2	36.1	43.0	47.4	50.6	42.5	46.6	48.1
100%–199%	18.4	39.0	47.8	47.6	43.6	54.0	49.8	46.5	46.2
200%–399%	31.2	55.2	63.0	64.5	60.2	63.0	61.8	56.8	59.2
400% or more	44.1	68.9	69.6	69.9	75.8	71.6	73.6	72.5	73.6
50–64 years:									
Below 100%	14.6	29.9	47.3	46.2	61.7	58.3	50.4	57.5	54.7
100%–199%	24.2	39.8	47.0	49.0	68.3	64.0	58.8	58.9	57.3
200%–399%	29.7	56.2	66.1	69.6	75.1	74.1	70.7	69.8	70.7
400% or more	44.7	71.6	78.7	78.0	86.9	84.9	80.6	84.3	82.8
65 years and over:									
Below 100%	13.1	30.8	40.4	43.9	54.8	57.0	52.3	49.1	50.6
100%–199%	19.9	38.6	47.6	48.8	60.3	62.8	56.1	59.4	55.5
200%–399%	27.7	47.4	60.3	61.0	71.1	72.3	68.6	65.0	67.2
400% or more	34.7	61.2	71.3	73.0	81.9	73.0	72.6	78.3	74.5

See footnotes at end of table.

Table 90 (page 2 of 3). Use of mammography among women 40 years of age and over, by selected characteristics: United States, selected years 1987–2010

Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#090>.

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

Characteristic	1987	1990	1993	1994	2000	2003	2005	2008	2010
Health insurance status at the time of interview ⁶									
Percent of women having a mammogram within the past 2 years ¹									
40–64 years:									
Insured	---	---	66.2	68.3	76.0	75.1	72.5	73.4	74.1
Private	---	---	67.1	69.4	77.1	76.3	74.5	74.2	75.6
Medicaid	---	---	51.9	54.5	61.7	63.5	55.6	64.2	64.4
Uninsured	---	---	36.0	34.0	40.7	41.5	38.1	39.7	36.0
Health insurance status prior to interview ⁶									
40–64 years:									
Insured continuously all 12 months	---	---	66.6	68.6	76.8	75.6	73.1	74.1	74.7
Uninsured for any period up to 12 months	---	---	49.4	49.9	53.0	56.0	51.3	55.3	57.3
Uninsured more than 12 months	---	---	28.4	26.6	34.0	37.0	32.9	34.6	30.0
Age and education ⁷									
40 years and over, crude:									
No high school diploma or GED	17.8	36.4	46.4	48.2	57.7	58.1	52.8	53.8	53.0
High school diploma or GED	31.3	52.7	59.0	61.0	69.7	67.8	64.9	65.2	64.4
Some college or more	37.7	62.8	69.5	69.7	76.2	75.1	72.7	73.4	72.1
40–49 years:									
No high school diploma or GED	15.1	38.5	43.6	50.4	46.8	53.3	51.2	46.9	44.9
High school diploma or GED	32.6	53.1	56.6	55.8	59.0	60.8	58.8	57.2	58.4
Some college or more	39.2	62.3	66.1	68.7	70.6	68.1	68.3	66.3	66.5
50–64 years:									
No high school diploma or GED	21.2	41.0	51.4	51.6	66.5	63.4	56.9	64.9	56.7
High school diploma or GED	33.8	56.5	62.4	67.8	76.6	71.8	70.1	70.4	69.9
Some college or more	40.5	68.0	78.5	74.7	84.2	82.7	77.0	78.5	77.0
65 years and over:									
No high school diploma or GED	16.5	33.0	44.2	45.6	57.4	56.9	50.7	49.2	54.1
High school diploma or GED	25.9	47.5	57.4	59.1	71.8	69.7	64.3	65.7	62.5
Some college or more	32.3	56.7	64.8	64.3	74.1	75.1	73.0	75.6	70.9
Disability measure ⁸									
40 years and over, crude:									
Any basic actions difficulty or complex activity limitation	---	---	---	---	67.8	67.2	63.5	63.9	63.3
Any basic actions difficulty	---	---	---	---	67.9	67.3	63.5	63.9	63.3
Any complex activity limitation	---	---	---	---	64.1	62.3	59.9	60.2	58.2
No disability	---	---	---	---	72.6	71.8	69.8	71.1	70.8

See footnotes at end of table.

Table 90 (page 3 of 3). Use of mammography among women 40 years of age and over, by selected characteristics: United States, selected years 1987–2010

Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#090>.

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

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

- - - Data not available.

¹Questions concerning use of mammography differed slightly on the National Health Interview Survey across the years for which data are shown. See [Appendix II, Mammography](#).

²Includes all other races not shown separately, unknown poverty level in 1987, unknown health insurance status, unknown education level, and unknown disability status.

³Estimates for women 40 years of age and over are age-adjusted to the year 2000 standard population using four age groups: 40–49 years, 50–64 years, 65–74 years, and 75 years and over. Estimates for women 50 years of age and over are age-adjusted using three age groups. See [Appendix II, Age adjustment](#).

⁴The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Prior to 1999, data were tabulated according to the 1977 Standards with four racial groups, and the Asian only category included Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁵Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Poverty level was unknown for 11% of women 40 years of age and over in 1987. Missing family income data were imputed for 1997 and beyond. See [Appendix II, Family income; Poverty; Table VI](#).

⁶Health insurance categories are mutually exclusive. Persons who reported both Medicaid and private coverage are classified as having private coverage. Starting with 1997 data, state-sponsored health plan coverage is included as Medicaid coverage. Starting with 1999 data, coverage by the Children's Health Insurance Program (CHIP) is included with Medicaid coverage. In addition to private and Medicaid, the insured category also includes military plans, other government-sponsored health plans, and Medicare, not shown separately. Persons not covered by private insurance, Medicaid, CHIP, public assistance (through 1996), state-sponsored or other government-sponsored health plans (starting in 1997), Medicare, or military plans are considered to have no health insurance coverage. Persons with only Indian Health Service coverage are considered to have no health insurance coverage. See [Appendix II, Health insurance coverage](#).

⁷Education categories shown are for 1998 and subsequent years. GED is General Educational Development high school equivalency diploma. In years prior to 1998, the following categories based on number of years of school completed were used: less than 12 years, 12 years, 13 years or more. See [Appendix II, Education](#).

⁸Any basic actions difficulty or complex activity limitation is defined as having one or more of the following limitations or difficulties: movement difficulty, emotional difficulty, sensory (seeing or hearing) difficulty, cognitive difficulty, self-care (activity of daily living or instrumental activities of daily living) limitation, social limitation, or work limitation. For more information, see [Appendix II, Basic actions difficulty; Complex activity limitation](#). Starting with 2007 data, the hearing question, a component of the basic actions difficulty measure, was revised. Consequently, data prior to 2007 are not comparable with 2007 data and beyond. For more information on the impact of the revised hearing question, see [Appendix II, Hearing trouble](#).

NOTES: Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data starting in 1997 are not strictly comparable with data for earlier years due to the 1997 questionnaire redesign. See [Appendix I, National Health Interview Survey \(NHIS\)](#). Data for additional years are available. See [Appendix III](#). Data have been revised and differ from previous editions of *Health, United States*.

SOURCE: CDC/NCHS, National Health Interview Survey. Data are from the following supplements: cancer control (1987), health promotion and disease prevention (1990–1991), and year 2000 objectives (1993–1994). Starting in 1998, data are from the family core and sample adult questionnaires. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 91 (page 1 of 5). Use of Pap smears among women 18 years of age and over, by selected characteristics: United States, selected years 1987–2010

Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#091>.

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

Characteristic	1987	1993	1994	1999	2000	2005	2008	2010
Percent of women having a Pap smear within the past 3 years ¹								
18 years and over, age-adjusted ^{2,3}	74.1	77.7	76.8	80.8	81.3	77.9	75.6	73.7
18 years and over, crude ²	74.4	77.7	76.8	80.8	81.2	77.7	75.1	73.2
Age								
18–44 years	83.3	84.6	82.8	86.8	84.9	83.6	81.8	80.4
18–24 years	74.8	78.8	76.6	76.8	73.5	74.5	70.5	69.0
25–44 years	86.3	86.3	84.6	89.9	88.5	86.8	85.7	84.6
45–64 years	70.5	77.2	77.4	81.7	84.6	80.6	78.8	76.9
45–54 years	75.7	82.1	81.9	83.8	86.3	83.4	81.0	79.9
55–64 years	65.2	70.6	71.0	78.4	82.0	76.8	76.0	73.2
65 years and over	50.8	57.6	57.3	61.0	64.5	54.9	50.0	47.1
65–74 years	57.9	64.7	64.9	70.0	71.6	66.3	61.6	58.0
75 years and over	40.4	48.0	47.3	50.8	56.7	42.7	37.5	34.6
Race ⁴								
18 years and over, crude:								
White only	74.1	77.3	76.2	80.6	81.3	77.7	74.9	72.8
Black or African American only	80.7	82.7	83.5	85.7	85.1	81.1	80.1	77.9
American Indian or Alaska Native only	85.4	78.1	73.5	92.2	76.8	75.2	69.4	73.4
Asian only	51.9	68.8	66.4	64.4	66.4	64.1	65.1	68.0
Native Hawaiian or Other Pacific Islander only	---	---	---	*	*	*	*	*
2 or more races	---	---	---	86.9	80.0	86.2	77.1	70.8
Hispanic origin and race ⁴								
18 years and over, crude:								
Hispanic or Latina	67.6	77.2	74.4	76.3	77.0	75.5	75.4	73.6
Not Hispanic or Latina	74.9	77.8	77.0	81.3	81.7	78.0	75.1	73.1
White only	74.7	77.3	76.5	81.0	81.8	78.1	74.9	72.8
Black or African American only	80.9	82.7	83.8	86.0	85.1	81.2	80.0	77.4
Age, Hispanic origin, and race ⁴								
18–44 years:								
Hispanic or Latina	73.9	80.9	80.6	77.0	78.1	76.5	77.9	75.9
Not Hispanic or Latina:								
White only	84.5	85.3	82.9	88.7	86.6	85.8	83.8	82.1
Black or African American only	89.1	88.0	89.1	90.8	88.5	86.4	83.5	84.2
45–64 years:								
Hispanic or Latina	57.7	75.8	70.1	79.5	77.8	78.4	78.2	75.4
Not Hispanic or Latina:								
White only	71.2	77.2	77.5	81.9	85.9	81.4	79.0	77.2
Black or African American only	76.2	80.3	82.2	84.6	85.7	80.5	82.1	78.2
65 years and over:								
Hispanic or Latina	41.7	57.1	43.8	63.7	66.8	60.0	52.6	54.2
Not Hispanic or Latina:								
White only	51.8	57.1	58.2	60.5	64.2	54.1	49.0	46.5
Black or African American only	44.8	61.2	59.5	64.5	67.2	60.1	58.7	48.0
Age and percent of poverty level ⁵								
18 years and over, crude:								
Below 100%	64.3	70.3	68.8	73.6	72.0	68.7	68.9	65.1
100%–199%	68.2	71.2	68.8	72.5	73.4	69.0	65.0	64.3
200%–399%	77.6	80.6	80.1	80.6	80.2	77.9	72.5	71.3
400% or more	83.6	85.1	85.4	87.6	89.1	85.7	84.4	83.1
18–44 years:								
Below 100%	77.1	77.0	78.9	79.7	77.1	76.2	76.5	73.0
100%–199%	80.4	81.9	78.2	84.0	79.4	78.1	75.5	75.7
200%–399%	84.8	86.6	84.5	86.7	86.1	85.5	82.6	79.8
400% or more	88.9	91.3	88.7	91.1	89.8	88.7	87.0	88.9
45–64 years:								
Below 100%	53.6	66.5	62.0	73.1	73.6	65.9	66.2	61.7
100%–199%	60.4	64.8	66.2	70.4	76.1	69.6	65.6	63.2
200%–399%	71.0	79.5	80.3	79.9	80.0	79.3	75.3	75.2
400% or more	79.1	83.9	84.0	87.4	91.5	87.4	87.1	85.7
65 years and over:								
Below 100%	33.2	47.4	44.0	51.9	53.7	44.4	41.6	35.1
100%–199%	50.4	55.7	51.5	54.7	61.0	49.5	43.5	40.7
200%–399%	58.0	59.7	63.7	64.0	65.1	56.8	45.8	47.1
400% or more	65.2	67.5	76.2	70.4	75.4	64.6	65.7	57.7

See footnotes at end of table.

Table 91 (page 2 of 5). Use of Pap smears among women 18 years of age and over, by selected characteristics: United States, selected years 1987–2010

Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#091>.

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

Characteristic	1987	1993	1994	1999	2000	2005	2008	2010
Health insurance status at the time of interview ⁶								
Percent of women having a Pap smear within the past 3 years ¹								
18–64 years, crude:								
Insured	---	84.7	83.8	87.2	87.8	85.6	83.4	82.8
Private	---	84.8	83.6	87.5	88.0	86.5	84.2	84.2
Medicaid	---	82.7	86.2	84.2	85.8	80.9	80.3	78.0
Uninsured	---	69.4	68.6	73.3	70.4	67.7	67.1	61.9
Health insurance status prior to interview ⁶								
18–64 years, crude:								
Insured continuously all 12 months	---	84.8	83.7	87.3	88.0	85.8	83.7	83.2
Uninsured for any period up to 12 months	---	81.8	83.4	83.5	83.7	81.3	78.9	78.3
Uninsured more than 12 months	---	65.1	63.6	68.8	65.1	62.0	62.1	55.2
Age and education ⁷								
25 years and over, crude:								
No high school diploma or GED	57.1	61.9	60.9	66.1	69.9	64.1	60.6	56.7
High school diploma or GED	76.4	78.2	76.0	79.3	79.8	73.8	69.5	66.8
Some college or more	84.0	84.4	85.2	87.8	88.0	84.6	82.6	80.7
25–44 years:								
No high school diploma or GED	75.1	73.6	73.6	79.0	79.6	75.5	76.2	69.1
High school diploma or GED	85.6	85.4	82.4	87.6	86.2	83.1	80.0	79.0
Some college or more	90.1	89.8	89.1	93.0	91.4	90.5	89.3	89.0
45–64 years:								
No high school diploma or GED	58.0	65.6	66.1	71.6	75.7	69.7	70.4	63.4
High school diploma or GED	72.3	77.6	75.9	79.8	81.8	79.0	73.9	72.4
Some college or more	80.1	83.0	84.7	85.7	89.1	84.1	83.0	81.5
65 years and over:								
No high school diploma or GED	44.0	50.7	47.7	51.8	56.6	46.0	36.7	37.7
High school diploma or GED	55.4	61.6	61.2	63.7	66.9	52.5	49.3	42.6
Some college or more	59.4	62.3	66.5	68.8	69.8	63.8	59.0	54.9
Disability measure ⁸								
18 years and over, crude:								
Any basic actions difficulty or complex activity limitation	---	---	---	74.4	75.4	69.1	66.1	63.8
Any basic actions difficulty	---	---	---	74.3	75.1	69.1	66.2	63.6
Any complex activity limitation	---	---	---	69.3	71.0	62.2	60.1	58.5
No disability	---	---	---	83.8	84.1	82.6	80.4	78.9

See footnotes at end of table.

Table 91 (page 3 of 5). Use of Pap smears among women 18 years of age and over, by selected characteristics: United States, selected years 1987–2010

Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#091>.

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

Characteristic	1987	1993	1994	1999	2000	2005	2008	2010
Percent of women having a Pap smear within the past 3 years, among those who have not had a hysterectomy ⁹								
18 years and over, age-adjusted ^{2,3}	77.3	78.7	78.0	81.6	82.7	79.5	78.1	76.2
18 years and over, crude ²	77.8	80.0	79.1	82.6	83.3	80.7	79.3	77.3
Age								
18–44 years	85.1	84.7	83.2	86.3	84.9	83.8	81.8	80.3
18–24 years	76.4	79.0	76.8	75.5	73.6	74.6	70.6	68.9
25–44 years	88.1	86.5	85.2	89.7	88.7	87.2	86.0	84.7
45–64 years	75.8	79.2	79.8	83.8	86.9	83.3	83.7	81.6
45–54 years	80.9	82.9	83.5	85.5	87.6	85.5	83.8	83.1
55–64 years	70.5	73.6	73.7	80.6	85.5	79.6	83.6	79.4
65 years and over	55.4	59.7	59.3	63.7	68.6	59.1	56.1	54.1
65–74 years	62.8	67.9	67.4	71.9	75.9	72.1	69.9	66.9
75 years and over	44.4	49.9	49.4	54.7	60.9	46.2	41.9	39.3
Race ⁴								
18 years and over, crude:								
White only	77.8	79.9	78.8	82.8	83.7	81.1	79.6	77.4
Black or African American only	82.3	83.3	85.0	87.2	86.8	82.1	82.5	80.8
American Indian or Alaska Native only	85.9	78.2	79.6	94.1	77.7	75.6	74.8	78.9
Asian only	52.5	69.6	67.9	63.4	66.9	64.6	65.3	69.7
Native Hawaiian or Other Pacific Islander only	---	---	---	*	*	*	*	*
2 or more races	---	---	---	87.5	82.2	88.8	81.6	72.5
Hispanic origin and race ⁴								
18 years and over, crude:								
Hispanic or Latina	69.8	77.3	78.0	75.1	78.0	75.9	77.3	74.7
Not Hispanic or Latina	78.5	80.2	79.3	83.5	84.0	81.4	79.6	77.8
White only	78.6	80.2	78.9	83.6	84.4	82.1	80.2	78.1
Black or African American only	82.4	83.4	84.9	87.5	86.8	82.3	82.4	80.4
Age, Hispanic origin, and race ⁴								
18–44 years:								
Hispanic or Latina	75.1	80.2	81.0	76.0	77.9	76.5	78.3	75.6
Not Hispanic or Latina:								
White only	86.5	85.7	83.3	88.3	86.6	86.2	83.9	82.1
Black or African American only	90.3	87.6	89.1	90.6	88.7	86.1	83.3	84.0
45–64 years:								
Hispanic or Latina	62.4	75.3	78.1	77.8	81.0	78.6	81.0	77.7
Not Hispanic or Latina:								
White only	77.0	79.3	79.7	84.7	88.5	85.0	84.7	82.7
Black or African American only	78.0	81.1	82.1	86.6	87.4	80.7	85.6	81.7
65 years and over:								
Hispanic or Latina	43.8	58.9	52.0	60.9	71.2	60.0	53.7	56.4
Not Hispanic or Latina:								
White only	56.8	60.0	60.4	63.8	68.0	59.2	56.2	54.4
Black or African American only	46.3	55.8	57.1	65.1	72.1	59.3	64.1	52.7
Age and percent of poverty level ⁵								
18 years and over, crude:								
Below 100%	67.5	71.7	72.4	74.8	73.8	70.3	72.3	67.6
100%–199%	71.6	73.7	71.9	75.2	75.7	72.6	69.6	69.3
200%–399%	81.0	83.0	82.2	82.5	83.0	81.4	77.3	76.0
400% or more	87.0	87.8	87.1	88.9	90.5	88.2	87.8	87.1
18–44 years:								
Below 100%	79.3	77.2	79.7	79.0	76.8	76.1	76.6	73.0
100%–199%	81.8	82.1	78.7	83.7	79.2	78.1	75.4	75.6
200%–399%	86.6	86.5	84.8	86.2	86.0	86.1	82.4	79.7
400% or more	90.2	91.9	88.8	90.6	90.0	88.8	87.3	88.9
45–64 years:								
Below 100%	58.0	65.8	65.8	74.7	75.6	64.8	70.7	63.7
100%–199%	66.1	64.2	68.4	72.2	78.2	71.3	70.0	67.8
200%–399%	76.9	82.2	82.8	81.2	81.7	81.7	79.5	79.5
400% or more	84.4	86.6	86.2	89.7	93.7	90.9	92.4	90.8
65 years and over:								
Below 100%	36.4	47.5	45.9	53.5	55.9	43.7	44.7	36.5
100%–199%	54.6	56.6	53.4	56.3	63.3	54.4	48.7	48.1
200%–399%	62.8	63.5	66.7	68.3	71.8	61.4	53.3	56.1
400% or more	73.0	71.7	78.8	72.9	78.6	70.1	70.9	63.7

See footnotes at end of table.

Table 91 (page 4 of 5). Use of Pap smears among women 18 years of age and over, by selected characteristics: United States, selected years 1987–2010

Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#091>.

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

Characteristic	1987	1993	1994	1999	2000	2005	2008	2010
Health insurance status at the time of interview ⁶		Percent of women having a Pap smear within the past 3 years, among those who have not had a hysterectomy ⁹						
18–64 years, crude:								
Insured	---	85.9	85.2	87.8	88.7	87.1	85.8	85.1
Private	---	86.0	85.0	88.1	88.8	87.9	86.6	86.2
Medicaid	---	83.9	87.0	84.2	86.9	82.6	82.4	79.7
Uninsured	---	70.2	70.2	74.3	70.8	68.0	67.9	63.1
Health insurance status prior to interview ⁶								
18–64 years, crude:								
Insured continuously all 12 months	---	86.1	85.1	88.0	88.9	87.2	86.1	85.4
Uninsured for any period up to 12 months	---	81.7	83.8	84.4	84.4	82.7	80.9	79.7
Uninsured more than 12 months	---	66.5	65.7	69.9	65.5	62.7	62.4	56.6
Age and education ⁷								
25 years and over, crude:								
No high school diploma or GED	61.7	63.2	64.4	68.3	72.5	66.9	67.5	61.0
High school diploma or GED	80.0	80.2	78.1	81.2	82.7	77.1	73.6	71.5
Some college or more	86.7	86.7	87.0	89.9	90.1	88.2	86.8	85.3
25–44 years:								
No high school diploma or GED	77.3	73.1	76.3	78.4	78.6	74.7	76.5	69.0
High school diploma or GED	87.6	85.6	82.5	87.4	86.2	83.4	79.5	78.8
Some college or more	91.5	90.0	89.4	92.9	91.7	91.1	89.7	89.2
45–64 years:								
No high school diploma or GED	63.9	65.5	68.1	73.2	77.5	70.5	74.8	66.8
High school diploma or GED	77.0	78.8	78.5	81.6	84.1	80.1	77.9	75.8
Some college or more	85.5	86.2	86.4	87.7	91.0	87.9	87.9	86.4
65 years and over:								
No high school diploma or GED	48.4	51.3	48.8	52.7	59.7	49.2	43.0	40.6
High school diploma or GED	60.4	63.8	62.5	65.0	71.3	56.5	53.6	48.7
Some college or more	63.6	65.7	70.2	75.6	74.9	69.9	66.1	64.0
Disability measure ⁸								
18 years and over, crude:								
Any basic actions difficulty or complex activity limitation	---	---	---	77.8	78.6	73.7	73.4	70.6
Any basic actions difficulty	---	---	---	77.8	78.5	73.9	73.8	70.6
Any complex activity limitation	---	---	---	73.9	73.9	67.4	68.1	65.9
No disability	---	---	---	84.5	85.1	84.0	82.1	80.8

See footnotes at end of table.

Table 91 (page 5 of 5). Use of Pap smears among women 18 years of age and over, by selected characteristics: United States, selected years 1987–2010

Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#091>.

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

-- Data not available.

* Estimates are considered unreliable. Data not shown have an RSE of greater than 30%.

¹ Questions concerning use of Pap smears differed slightly on the National Health Interview Survey across the years for which data are shown. See [Appendix II, Pap smear](#).

² Includes all other races not shown separately, unknown poverty level in 1987, unknown health insurance status, unknown education level, and unknown disability status.

³ Estimates are age-adjusted to the year 2000 standard population using five age groups: 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. Age-adjusted estimates in this table may differ from other age-adjusted estimates based on the same data and presented elsewhere if different age groups are used in the adjustment procedure. See [Appendix II, Age adjustment](#).

⁴ The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Prior to 1999, data were tabulated according to the 1977 Standards with four racial groups, and the Asian only category included Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁵ Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed for 1993 and beyond. See [Appendix II, Family income; Poverty; Table VI](#).

⁶ Health insurance categories are mutually exclusive. Persons who reported both Medicaid and private coverage are classified as having private coverage. Starting with 1997 data, state-sponsored health plan coverage is included as Medicaid coverage. Starting with 1999 data, coverage by the Children's Health Insurance Program (CHIP) is included with Medicaid coverage. In addition to private and Medicaid, the insured category also includes military plans, other government-sponsored health plans, and Medicare, not shown separately. Persons not covered by private insurance, Medicaid, CHIP, public assistance (through 1996), state-sponsored or other government-sponsored health plans (starting in 1997), Medicare, or military plans are considered to have no health insurance coverage. Persons with only Indian Health Service coverage are considered to have no health insurance coverage. See [Appendix II, Health insurance coverage](#).

⁷ Education categories shown are for 1998 and subsequent years. GED is General Educational Development high school equivalency diploma. In years prior to 1998, the following categories based on number of years of school completed were used: less than 12 years, 12 years, 13 years or more. See [Appendix II, Education](#).

⁸ Any basic actions difficulty or complex activity limitation is defined as having one or more of the following limitations or difficulties: movement difficulty, emotional difficulty, sensory (seeing or hearing) difficulty, cognitive difficulty, self-care (activities of daily living or instrumental activities of daily living) limitation, social limitation, or work limitation. For more information, see [Appendix II, Basic actions difficulty; Complex activity limitation](#). Starting with 2007 data, the hearing question, a component of the basic actions difficulty measure, was revised. Consequently, data prior to 2007 are not comparable with data for 2007 and beyond. For more information on the impact of the revised hearing question, see [Appendix II, Hearing trouble](#).

⁹ The U.S. Preventive Services Task Force recommends against routine Pap smear screening in women who have had a total hysterectomy for benign disease. Therefore, Pap smear screening estimates are presented among women who have not had a hysterectomy, in addition to the estimates among all women, although it is not known, from National Health Interview Survey (NHIS) data, if the hysterectomy was for benign disease. Questions concerning hysterectomy differed slightly on NHIS across the years for which data are shown. See [Appendix II, Pap smear](#).

NOTES: Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data starting in 1997 are not strictly comparable with data for earlier years due to the 1997 questionnaire redesign. See [Appendix I, National Health Interview Survey \(NHIS\)](#). Some data have been revised and differ from previous editions of *Health, United States*. Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Health Interview Survey. Data are from the following supplements: cancer control (1987), year 2000 objectives (1993–1994). Starting in 1998, data are from the family core and sample adult questionnaires. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 92 (page 1 of 2). Use of colorectal tests or procedures among adults 50–75 years of age, by selected characteristics: United States, selected years 2000–2010

Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#092>.

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

Characteristic	Any colorectal test or procedure ^{1,2}					Colonoscopy ^{2,3}				
	2000	2003	2005	2008	2010	2000	2003	2005	2008	2010
Percent of adults 50–75 years										
All adults 50–75 years ⁴	33.9	39.1	44.3	51.6	58.7	19.1	29.2	37.6	46.7	54.9
Sex										
Male	33.1	40.1	44.4	51.4	58.5	19.5	30.2	37.9	46.9	54.7
Female	34.5	38.1	44.2	51.9	58.8	18.8	28.4	37.4	46.6	55.1
Race ⁵										
White only	34.9	39.8	45.6	52.8	59.8	19.7	30.0	38.9	47.8	56.0
Black or African American only	29.6	35.2	38.1	46.9	55.2	17.4	24.8	32.2	43.1	51.8
American Indian or Alaska Native only	*35.2	*37.9	*33.9	28.5	48.9	*	*	*	*26.7	46.7
Asian only	20.4	26.7	30.8	47.1	47.1	*8.6	20.0	24.4	39.3	43.6
Native Hawaiian or Other Pacific Islander only	*	*	*	*	*	*	*	*	*	*
2 or more races	37.5	40.7	33.8	38.4	51.9	*25.1	29.7	29.6	37.4	48.4
Hispanic origin and race ⁵										
Hispanic or Latino	21.7	27.2	28.5	34.0	46.5	13.3	19.8	23.1	29.3	43.9
Mexican	19.3	22.4	24.6	27.5	44.6	11.2	14.2	18.2	21.2	41.3
Not Hispanic or Latino	34.7	40.0	45.6	53.3	59.9	19.5	30.0	38.9	48.4	56.0
White only	35.7	41.0	47.4	54.8	61.3	20.0	30.9	40.5	49.8	57.3
Black or African American only	29.7	35.3	38.0	47.4	55.3	17.5	25.0	32.0	43.5	52.0
Percent of poverty level ⁶										
Below 100%	26.5	29.7	28.7	33.9	37.9	16.3	22.0	23.6	28.5	34.8
100%–199%	29.4	31.9	38.4	42.7	47.9	17.7	23.3	31.5	38.0	43.3
200%–399%	33.7	38.8	43.6	49.9	58.0	18.6	29.4	37.0	44.3	54.6
400% or more	37.1	43.8	49.6	58.9	67.3	20.5	32.7	42.8	54.5	63.6
Hispanic origin and race and percent of poverty level ^{5,6}										
Hispanic or Latino:										
Below 100%	15.3	21.4	19.3	21.1	33.7	*9.3	15.2	13.1	17.9	32.1
100%–199%	16.8	20.5	24.6	27.7	39.6	8.6	16.0	19.4	24.4	36.3
200%–399%	23.6	29.0	28.3	39.3	47.5	*13.7	20.7	21.6	33.8	46.0
400% or more	31.1	37.9	42.1	43.9	63.3	22.4	27.1	39.3	37.6	59.5
Not Hispanic or Latino:										
White only:										
Below 100%	29.6	33.9	30.6	39.8	40.4	19.3	26.8	26.8	33.2	36.4
100%–199%	32.1	34.7	42.4	46.0	50.0	19.7	25.7	35.0	40.7	44.5
200%–399%	35.2	40.3	47.3	51.6	59.7	19.3	31.0	40.2	45.8	56.3
400% or more	37.9	44.3	50.6	60.5	68.0	20.7	32.9	43.8	56.3	64.3
Black or African American only:										
Below 100%	27.5	27.4	29.0	35.1	39.2	14.5	17.6	23.5	30.1	36.4
100%–199%	28.7	30.0	36.2	46.7	49.0	17.2	20.0	30.3	43.2	46.5
200%–399%	27.7	36.8	35.8	48.5	60.5	16.5	25.6	31.8	44.7	56.2
400% or more	33.9	43.5	48.9	54.3	68.1	20.7	33.3	40.2	50.6	64.6
Education ⁷										
No high school diploma or GED	25.9	28.9	34.5	36.2	44.6	14.9	21.2	29.0	31.8	41.5
High school diploma or GED	33.1	38.3	42.1	48.5	53.7	19.0	29.3	35.7	44.6	50.8
Some college or more	37.8	43.3	48.7	57.5	64.7	20.9	32.1	41.6	52.1	60.4

See footnotes at end of table.

Table 92 (page 2 of 2). Use of colorectal tests or procedures among adults 50–75 years of age, by selected characteristics: United States, selected years 2000–2010

Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#092>.

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

Characteristic	Any colorectal test or procedure ^{1,2}					Colonoscopy ^{2,3}				
	2000	2003	2005	2008	2010	2000	2003	2005	2008	2010
Disability measure ⁸										
Percent of adults 50–75 years										
Any basic actions difficulty or complex activity limitation	37.8	42.0	47.7	54.2	59.5	22.1	31.9	40.1	48.5	55.5
Any basic actions difficulty	38.1	41.9	47.9	54.6	59.7	22.5	31.9	40.6	48.9	55.8
Any complex activity limitation	37.4	41.5	48.1	52.4	59.4	22.6	31.3	39.7	46.7	55.1
No disability	30.9	36.9	41.6	50.0	58.5	16.6	27.1	35.6	45.8	54.9
Geographic region										
Northeast	34.4	43.5	50.9	54.7	64.3	19.1	33.1	44.8	51.0	61.7
Midwest	35.2	40.4	43.5	52.5	58.4	19.8	30.6	36.6	47.8	55.2
South	32.5	36.7	43.9	51.6	57.4	20.0	28.5	38.1	47.4	54.4
West	34.1	37.0	39.6	48.2	56.3	16.3	24.3	31.3	41.1	49.7
Location of residence										
Within MSA ⁹	34.1	40.3	44.7	52.4	59.6	19.0	29.9	37.9	47.6	55.8
Outside MSA ⁹	33.2	34.8	42.7	48.5	54.4	19.6	26.8	36.7	43.3	50.9

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

¹Includes reports of home fecal occult blood test (FOBT) in the past year, sigmoidoscopy procedure in the past 5 years with FOBT in the past 3 years, or colonoscopy in the past 10 years. Colorectal procedures are performed for diagnostic and screening purposes.

²Questions differed slightly on the National Health Interview Survey across the years for which data are shown. See [Appendix II, Colorectal tests or procedures](#).

³Includes any colonoscopy in the past 10 years, alone or in addition to another type of colorectal test or procedure.

⁴Includes all other races not shown separately, unknown disability status, and unknown education level.

⁵The race groups white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁶Based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed. See [Appendix II, Family income; Poverty; Table VI](#).

⁷GED is General Educational Development high school equivalency diploma. See [Appendix II, Education](#).

⁸Any basic actions difficulty or complex activity limitation is defined as having one or more of the following limitations or difficulties: movement difficulty, emotional difficulty, sensory (seeing or hearing) difficulty, cognitive difficulty, self-care (activities of daily living or instrumental activities of daily living) limitation, social limitation, or work limitation. For more information, see [Appendix II, Basic actions difficulty; Complex activity limitation](#). Starting with 2007 data, the hearing question, a component of the basic actions difficulty measure, was revised. Consequently, data prior to 2007 are not comparable with data for 2007 and beyond. For more information on the impact of the revised hearing question, see [Appendix II, Hearing trouble](#).

⁹MSA is metropolitan statistical area. Starting with 2006 data, MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2006, see [Appendix II, Metropolitan statistical area \(MSA\)](#) for the applicable standards.

NOTES: In 2008, the U.S. Preventive Services Task Force (USPSTF) recommended screening for colorectal cancer annually using FOBT, every 5 years using sigmoidoscopy with FOBT every 3 years, or every 10 years using colonoscopy, in adults, beginning at age 50 and continuing until age 75. See: <http://www.uspreventiveservicestaskforce.org/uspstf08/colocancer/colors.htm> for more information. Colonoscopy is one of the three modalities currently recommended by USPSTF for colorectal cancer screening. USPSTF does not recommend one screening method over another, and the risks and benefits of these screening methods vary. Colonoscopy estimates are shown separately because of the recent large increase in its utilization. The American College of Gastroenterology recommends that African American persons start routine testing for colorectal cancer at age 45. See: <http://www.acg.gi.org/patients/ccrk/> for more information. Standard errors for selected years are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Health Interview Survey. Family core and sample adult questionnaires. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 93 (page 1 of 4). Emergency department visits within the past 12 months among children under 18 years of age, by selected characteristics: United States, selected years 1997–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#093>.

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

Characteristic	Under 18 years			Under 6 years			6–17 years		
	1997	2009	2010	1997	2009	2010	1997	2009	2010
Percent of children with one or more emergency department visits ¹									
All children ²	19.9	20.8	22.1	24.3	25.9	27.8	17.7	18.2	19.1
Sex									
Male	21.5	22.2	23.3	25.2	25.6	29.3	19.6	20.3	20.1
Female	18.3	19.4	20.9	23.3	26.2	26.3	15.7	15.9	18.2
Race ³									
White only	19.4	19.8	21.2	22.6	24.6	26.6	17.8	17.3	18.4
Black or African American only	24.0	26.9	27.6	33.1	34.2	34.0	19.4	23.2	24.2
American Indian or Alaska Native only	*24.1	*23.1	20.9	*24.3	*	*35.4	*24.0	*20.7	*
Asian only	12.6	11.4	15.0	20.8	14.0	18.4	8.6	10.0	13.3
Native Hawaiian or Other Pacific Islander only	---	*	*	---	*	*	---	*	*
2 or more races	---	25.2	27.2	---	28.6	34.9	---	22.9	21.6
Hispanic origin and race ³									
Hispanic or Latino	21.1	20.2	23.6	25.7	27.5	30.2	18.1	15.7	19.4
Not Hispanic or Latino	19.7	21.0	21.7	24.0	25.3	27.0	17.6	18.8	19.0
White only	19.2	19.8	20.4	22.2	23.7	25.1	17.7	18.0	18.2
Black or African American only	23.6	26.5	27.2	32.7	33.1	34.4	19.2	23.2	23.3
Percent of poverty level ⁴									
Below 100%	25.1	26.6	30.6	29.5	33.9	35.4	22.2	21.9	27.6
100%–199%	22.0	23.3	25.7	28.0	28.9	31.6	19.0	20.4	22.3
200%–399%	18.0	18.9	18.4	21.4	23.3	22.7	16.4	16.8	16.4
400% or more	16.3	16.0	15.9	19.1	17.9	21.7	15.1	15.1	13.3
Hispanic origin and race and percent of poverty level ^{3,4}									
Hispanic or Latino:									
Percent of poverty level:									
Below 100%	21.9	24.6	27.0	25.0	29.9	32.0	19.6	20.9	23.4
100%–199%	20.8	18.7	23.3	28.8	27.3	31.6	15.6	13.6	18.0
200%–399%	21.4	16.9	19.5	24.6	26.1	25.2	19.6	12.2	16.1
400% or more	17.7	16.5	21.4	*20.2	*22.7	28.6	16.4	*12.2	18.0
Not Hispanic or Latino:									
White only:									
Percent of poverty level:									
Below 100%	25.5	27.8	33.7	27.2	36.1	37.4	24.4	22.6	31.6
100%–199%	22.3	24.7	26.3	25.8	29.0	29.2	20.7	22.5	24.7
200%–399%	17.8	18.3	17.6	20.9	21.8	21.2	16.3	16.6	15.9
400% or more	16.5	16.2	15.5	19.0	17.4	21.0	15.4	15.7	13.2
Black or African American only:									
Percent of poverty level:									
Below 100%	29.3	28.4	32.4	39.5	39.4	41.6	23.0	21.1	26.6
100%–199%	22.5	26.8	27.5	31.7	27.6	34.5	18.5	26.4	23.7
200%–399%	18.5	27.9	22.3	23.9	32.1	24.6	16.3	26.1	21.4
400% or more	16.1	16.9	18.9	*18.8	*19.6	*24.1	15.2	15.7	16.1
Health insurance status at the time of interview ⁵									
Insured	19.8	21.1	22.3	24.4	25.7	28.1	17.5	18.7	19.2
Private	17.5	16.6	17.1	20.9	18.7	21.8	15.9	15.6	14.9
Medicaid	28.2	27.8	30.0	33.0	32.7	35.5	24.1	24.4	26.4
Uninsured	20.2	16.8	19.4	23.0	27.4	24.0	18.9	13.0	17.6
Health insurance status prior to interview ⁵									
Insured continuously all 12 months	19.6	20.8	22.2	24.1	25.4	28.1	17.3	18.3	19.1
Uninsured for any period up to 12 months	24.0	25.8	23.7	27.1	32.4	28.0	21.9	22.5	21.3
Uninsured more than 12 months	18.4	14.2	17.6	19.3	*24.1	*21.3	18.1	11.4	16.7

See footnotes at end of table.

Table 93 (page 2 of 4). Emergency department visits within the past 12 months among children under 18 years of age, by selected characteristics: United States, selected years 1997–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#093>.

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

Characteristic	Under 18 years			Under 6 years			6–17 years		
	1997	2009	2010	1997	2009	2010	1997	2009	2010
Percent of poverty level and health insurance status prior to interview ^{4,5}									
Percent of children with one or more emergency department visits ¹									
Below 100%:									
Insured continuously all 12 months	26.3	27.1	31.7	30.9	33.8	36.3	22.8	22.4	28.7
Uninsured for any period up to 12 months	26.5	28.3	30.3	29.7	36.3	34.7	24.4	*23.1	27.5
Uninsured more than 12 months	17.5	*19.6	*19.6	*16.0	*	*	18.0	*17.6	*16.0
100%–199%:									
Insured continuously all 12 months	21.8	23.8	26.2	28.0	28.1	32.4	18.6	21.4	22.4
Uninsured for any period up to 12 months	24.5	28.4	28.4	29.7	34.8	30.9	21.0	25.4	27.0
Uninsured more than 12 months	19.5	*10.3	17.6	*22.5	*	*	18.6	*	*17.2
200%–399%:									
Insured continuously all 12 months	17.7	19.0	18.4	21.2	23.0	22.8	16.1	16.9	16.3
Uninsured for any period up to 12 months	21.1	22.9	16.2	*19.5	*28.1	*22.7	22.1	*20.6	*12.6
Uninsured more than 12 months	19.2	*11.8	*17.4	*22.7	*	*	17.6	*	*18.7
400% or more:									
Insured continuously all 12 months	16.2	16.0	16.1	18.9	18.0	22.0	15.1	15.1	13.5
Uninsured for any period up to 12 months	*19.2	*	*	*	*	*	*	*	*
Uninsured more than 12 months	*	*	*	*	*	*	*	*	*
Geographic region									
Northeast	18.5	21.9	22.3	20.7	25.9	27.8	17.4	19.9	19.6
Midwest	19.5	22.0	23.3	26.0	27.1	28.8	16.4	19.3	20.7
South	21.8	22.3	23.4	25.6	28.6	30.4	19.9	19.0	19.5
West	18.5	16.6	19.1	23.5	20.9	23.3	15.9	14.4	16.8
Location of residence									
Within MSA ⁶	19.7	20.2	21.8	23.9	25.2	27.7	17.4	17.5	18.6
Outside MSA ⁶	20.8	24.2	24.2	26.2	29.7	28.6	18.6	21.6	22.1
Percent of children with two or more emergency department visits ¹									
All children ²	7.1	6.7	8.4	9.6	8.9	10.8	5.8	5.6	7.2
Sex									
Male	7.3	7.0	8.5	9.9	9.7	11.3	6.0	5.5	7.0
Female	6.9	6.5	8.3	9.4	8.0	10.3	5.7	5.7	7.3
Race ³									
White only	6.6	5.9	7.6	8.4	7.9	10.1	5.7	4.9	6.3
Black or African American only	9.6	10.6	12.6	14.9	14.1	15.7	6.9	8.8	11.0
American Indian and Alaska Native only	*	*	*	*	*	*	*	*	*
Asian only	*5.7	*3.4	7.3	*12.9	*	*	*	*	*7.1
Native Hawaiian and Other Pacific Islander only	---	*	*	---	*	*	---	*	*
2 or more races	---	11.0	10.3	---	*13.3	*11.7	---	*9.5	*9.2
Hispanic origin and race ³									
Hispanic or Latino	8.9	6.7	8.6	11.8	9.7	11.7	7.0	4.8	6.6
Not Hispanic or Latino	6.8	6.7	8.4	9.2	8.6	10.5	5.7	5.8	7.3
White only	6.2	5.7	7.4	7.8	7.5	9.3	5.5	4.9	6.4
Black or African American only	9.3	10.5	12.3	14.6	13.4	15.8	6.8	9.0	10.4
Percent of poverty level ⁴									
Below 100%	11.1	11.4	13.4	14.5	15.3	15.3	8.9	8.8	12.1
100%–199%	8.3	7.4	10.3	12.2	9.6	13.4	6.3	6.3	8.4
200%–399%	6.2	5.2	6.3	7.4	6.1	7.3	5.6	4.8	5.9
400% or more	4.0	4.0	5.0	5.0	4.9	7.3	3.6	3.6	3.9

See footnotes at end of table.

Table 93 (page 3 of 4). Emergency department visits within the past 12 months among children under 18 years of age, by selected characteristics: United States, selected years 1997–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#093>.

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

Characteristic	Under 18 years			Under 6 years			6–17 years		
	1997	2009	2010	1997	2009	2010	1997	2009	2010
Hispanic origin and race and percent of poverty level ^{3,4}									
Percent of children with two or more emergency department visits ¹									
Hispanic or Latino:									
Percent of poverty level:									
Below 100%	10.4	8.6	9.9	13.9	12.2	10.9	8.0	6.1	9.2
100%–199%	8.2	6.3	9.4	12.0	9.3	15.4	5.7	*4.5	5.5
200%–399%	8.5	5.2	5.9	10.0	*	*8.0	*7.6	*4.2	*4.6
400% or more	*5.0	*4.5	*6.5	*	*	*	*	*	*5.2
Not Hispanic or Latino:									
White only:									
Percent of poverty level:									
Below 100%	10.7	13.3	14.0	12.2	18.8	15.5	9.8	*9.8	13.1
100%–199%	8.0	7.0	10.4	11.2	*7.6	12.3	6.4	6.7	9.4
200%–399%	6.0	4.6	5.7	6.7	5.8	*6.5	5.6	4.1	5.4
400% or more	3.7	3.8	5.0	4.6	*4.4	7.6	3.3	3.5	3.9
Black or African American only:									
Percent of poverty level:									
Below 100%	12.7	12.7	16.1	19.1	17.1	22.1	8.8	9.7	12.4
100%–199%	9.2	11.5	12.4	*13.5	*16.1	*14.6	*7.2	*9.5	11.1
200%–399%	5.8	*7.8	9.9	*8.9	*	*10.2	*4.5	*8.4	*9.8
400% or more	*	*6.9	*3.7	*	*	*	*	*	*
Health insurance status at the time of interview ⁵									
Insured	7.0	6.8	8.5	9.6	8.9	11.0	5.7	5.6	7.1
Private	5.2	4.2	5.5	6.8	4.7	7.4	4.5	4.0	4.6
Medicaid	13.1	10.6	12.8	16.2	13.7	15.3	10.4	8.5	11.2
Uninsured	7.7	5.7	8.0	9.8	*7.4	*8.5	6.8	5.0	7.8
Health insurance status prior to interview ⁵									
Insured continuously all 12 months	6.9	6.6	8.4	9.4	8.8	10.8	5.7	5.5	7.1
Uninsured for any period up to 12 months	8.5	9.2	10.1	11.5	11.7	13.3	6.6	*7.9	8.4
Uninsured more than 12 months	6.8	*3.7	7.8	*8.6	*	*	6.2	*3.8	*7.9
Geographic region									
Northeast	6.2	6.4	7.8	7.6	*7.1	10.3	5.4	6.0	6.6
Midwest	6.6	7.2	9.1	10.4	8.1	11.4	4.8	6.7	8.0
South	8.0	7.7	9.1	10.1	11.7	12.9	6.9	5.6	7.1
West	7.1	5.0	7.2	10.0	6.7	7.6	5.6	4.1	7.0
Location of residence									
Within MSA ⁶	7.2	6.4	8.3	9.6	9.0	10.6	5.9	5.1	7.0
Outside MSA ⁶	6.8	8.2	9.3	9.7	8.4	12.2	5.6	8.0	7.9

See footnotes at end of table.

Table 93 (page 4 of 4). Emergency department visits within the past 12 months among children under 18 years of age, by selected characteristics: United States, selected years 1997–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#093>.

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

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

- - - Data not available.

¹See [Appendix II, Emergency department or emergency room visit](#).

²Includes all other races not shown separately and unknown health insurance status.

³The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Prior to 1999, data were tabulated according to the 1977 Standards with four racial groups, and the Asian only category included Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁴Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed for 1997 and beyond. See [Appendix II, Family income; Poverty; Table VI](#).

⁵Health insurance categories are mutually exclusive. Persons who reported both Medicaid and private coverage are classified as having private coverage. Starting with 1997 data, state-sponsored health plan coverage is included as Medicaid coverage. Starting with 1999 data, coverage by the Children's Health Insurance Program (CHIP) is included with Medicaid coverage. In addition to private and Medicaid, the insured category also includes military, other government, and Medicare coverage. Persons not covered by private insurance, Medicaid, CHIP, state-sponsored or other government-sponsored health plans (starting in 1997), Medicare, or military plans are considered to have no health insurance coverage. Persons with only Indian Health Service coverage are considered to have no health insurance coverage. See [Appendix II, Health insurance coverage](#).

⁶MSA is metropolitan statistical area. Starting with 2006 data, MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2006, see [Appendix II, Metropolitan statistical area \(MSA\)](#) for the applicable standards.

NOTES: Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Health Interview Survey, family core and sample child questionnaires. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 94 (page 1 of 3). Emergency department visits within the past 12 months among adults 18 years of age and over, by selected characteristics: United States, selected years 1997–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#094>.

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

Characteristic	One or more emergency department visits				Two or more emergency department visits			
	1997	2000	2009	2010	1997	2000	2009	2010
Percent of adults with emergency department visits ¹								
18 years and over, age-adjusted ^{2,3}	19.6	20.2	21.4	21.4	6.7	6.9	8.1	7.8
18 years and over, crude ²	19.6	20.1	21.2	21.3	6.7	6.8	8.0	7.7
Age								
18–44 years	20.7	20.5	22.0	22.0	6.8	7.0	8.8	8.4
18–24 years	26.3	25.7	24.6	25.4	9.1	8.8	9.1	9.6
25–44 years	19.0	18.8	21.1	20.7	6.2	6.4	8.7	8.0
45–64 years	16.2	17.6	18.4	19.2	5.6	5.6	6.8	6.7
45–54 years	15.7	17.9	18.0	18.6	5.5	5.8	7.0	6.6
55–64 years	16.9	17.0	18.9	19.8	5.7	5.3	6.5	6.8
65 years and over	22.0	23.7	24.9	23.7	8.1	8.6	8.4	7.7
65–74 years	20.3	21.6	21.6	20.7	7.1	7.4	6.7	6.4
75 years and over	24.3	26.2	28.8	27.4	9.3	10.0	10.4	9.4
Sex ³								
Male	19.1	18.7	19.9	18.5	5.9	5.7	7.1	6.0
Female	20.2	21.6	22.9	24.3	7.5	7.9	9.1	9.6
Race ^{3,4}								
White only	19.0	19.4	20.4	20.7	6.2	6.4	7.6	7.2
Black or African American only	25.9	26.5	31.1	28.6	11.1	10.8	13.2	12.6
American Indian or Alaska Native only	24.8	30.3	23.5	22.6	13.1	*12.6	*10.2	*11.8
Asian only	11.6	13.6	13.2	13.3	*2.9	*3.8	3.2	3.3
Native Hawaiian or Other Pacific Islander only	---	*	*	*	---	*	*	*
2 or more races	---	32.5	23.6	29.7	---	11.3	10.7	11.1
American Indian or Alaska Native; White	---	33.9	28.0	31.1	---	*9.4	*13.9	*15.2
Hispanic origin and race ^{3,4}								
Hispanic or Latino	19.2	18.3	19.5	19.8	7.4	7.0	7.2	6.9
Mexican	17.8	17.4	16.9	18.1	6.4	7.1	6.1	6.1
Not Hispanic or Latino	19.7	20.6	21.9	21.9	6.7	6.9	8.4	8.1
White only	19.1	19.8	20.8	21.1	6.2	6.4	7.9	7.4
Black or African American only	25.9	26.5	31.3	29.0	11.0	10.8	13.3	12.7
Percent of poverty level ^{3,5}								
Below 100%	28.1	29.0	31.5	30.6	12.8	13.3	15.7	14.9
100%–199%	23.8	23.9	26.6	25.6	9.3	9.6	11.0	10.5
200%–399%	18.3	19.8	20.8	20.4	5.9	6.3	7.8	6.8
400% or more	15.9	16.8	16.3	17.0	3.9	4.5	4.7	4.7
Hispanic origin and race and percent of poverty level ^{3,4,5}								
Hispanic or Latino:								
Below 100%	22.1	22.4	23.9	23.6	9.8	9.7	10.8	11.5
100%–199%	19.2	18.1	20.0	19.9	8.1	6.7	7.6	6.3
200%–399%	18.5	17.3	19.0	18.1	6.0	7.4	6.2	5.2
400% or more	14.6	16.4	13.5	18.8	*3.8	*4.3	*4.0	*5.5
Not Hispanic or Latino:								
White only:								
Below 100%	29.5	30.1	32.4	33.3	13.0	13.9	15.3	15.5
100%–199%	24.3	25.5	28.3	26.8	9.1	10.4	12.2	11.2
200%–399%	18.1	20.1	20.6	20.3	5.8	6.3	8.3	6.5
400% or more	15.8	16.3	16.1	16.9	3.8	4.1	4.8	4.9
Black or African American only:								
Below 100%	34.6	35.4	41.8	36.9	17.5	17.4	24.1	20.2
100%–199%	29.2	28.5	34.1	33.5	12.8	12.2	14.5	15.9
200%–399%	20.8	23.2	28.7	25.7	8.1	8.0	9.4	10.2
400% or more	18.2	22.6	22.7	18.8	5.9	8.8	7.3	*4.0

See footnotes at end of table.

Table 94 (page 2 of 3). Emergency department visits within the past 12 months among adults 18 years of age and over, by selected characteristics: United States, selected years 1997–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#094>.

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

Characteristic	One or more emergency department visits				Two or more emergency department visits			
	1997	2000	2009	2010	1997	2000	2009	2010
Health insurance status at the time of interview ^{6,7}								
Percent of adults with emergency department visits ¹								
18–64 years:								
Insured	18.8	19.5	20.5	20.8	6.1	6.4	7.8	7.5
Private	16.9	17.6	16.7	17.4	4.7	5.1	5.1	5.2
Medicaid	37.6	42.2	41.5	40.2	19.7	21.0	22.9	21.1
Uninsured	20.0	19.3	21.2	21.3	7.5	6.9	9.0	8.9
Health insurance status prior to interview ^{6,7}								
18–64 years:								
Insured continuously all 12 months	18.3	19.0	19.8	20.2	5.8	6.1	7.4	7.1
Uninsured for any period up to 12 months	25.5	28.2	27.3	26.0	9.4	10.3	11.7	12.5
Uninsured more than 12 months	18.9	17.3	20.2	20.6	7.1	6.4	8.8	8.1
Percent of poverty level and health insurance status prior to interview ^{5,6,7}								
18–64 years:								
Below 100%:								
Insured continuously all 12 months	30.2	31.6	35.0	35.2	14.7	15.4	20.3	18.3
Uninsured for any period up to 12 months	34.1	43.7	36.8	34.2	16.1	18.1	18.1	16.5
Uninsured more than 12 months	20.8	20.5	24.1	23.4	8.1	9.1	9.9	11.7
100%–199%:								
Insured continuously all 12 months	24.5	25.5	27.6	26.1	8.9	10.2	11.3	10.8
Uninsured for any period up to 12 months	28.7	27.7	31.7	29.7	12.3	11.7	14.9	15.6
Uninsured more than 12 months	19.0	17.4	20.7	21.2	8.3	6.4	7.9	7.8
200%–399%:								
Insured continuously all 12 months	17.5	19.5	20.3	19.6	5.3	6.3	7.1	6.0
Uninsured for any period up to 12 months	21.6	24.6	21.2	25.4	6.6	7.3	9.4	12.2
Uninsured more than 12 months	16.8	15.6	18.1	17.6	5.9	4.5	9.6	5.7
400% or more:								
Insured continuously all 12 months	14.9	15.5	14.4	15.9	3.7	3.7	3.9	4.5
Uninsured for any period up to 12 months	18.0	20.1	22.2	12.5	*3.1	6.4	*	*
Uninsured more than 12 months	19.1	15.8	15.0	19.4	*	*5.2	*5.6	*
Disability measure ^{3,8}								
Any basic actions difficulty or complex activity limitation	30.8	32.0	35.9	34.9	13.5	14.6	17.9	16.8
Any basic actions difficulty	30.5	32.4	36.0	35.0	13.5	14.9	18.2	17.2
Any complex activity limitation	39.7	41.5	44.8	43.8	19.9	21.2	25.0	24.5
No disability	14.5	15.3	15.3	16.1	3.7	3.9	4.4	4.4
Geographic region ³								
Northeast	19.5	20.0	21.0	22.6	6.9	6.2	8.2	8.4
Midwest	19.3	20.1	22.2	22.3	6.2	6.9	8.6	8.2
South	20.9	21.2	22.6	22.1	7.3	7.6	9.1	8.0
West	17.7	18.6	19.1	18.9	6.0	6.3	6.2	6.7
Location of residence ³								
Within MSA ⁹	19.1	19.6	20.9	20.8	6.4	6.6	7.8	7.5
Outside MSA ⁹	21.5	22.5	24.0	25.5	7.8	7.8	9.6	9.8

See footnotes at end of table.

Table 94 (page 3 of 3). Emergency department visits within the past 12 months among adults 18 years of age and over, by selected characteristics: United States, selected years 1997–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#094>.

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

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

- - - Data not available.

¹See [Appendix II, Emergency department or emergency room visit](#).

²Includes all other races not shown separately, unknown health insurance status, and unknown disability status.

³Estimates are for persons 18 years of age and over and are age-adjusted to the year 2000 standard population using five age groups: 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See [Appendix II, Age adjustment](#).

⁴The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Prior to 1999, data were tabulated according to the 1977 Standards with four racial groups, and the Asian only category included Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁵Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed for 1997 and beyond. See [Appendix II, Family income; Poverty; Table VI](#).

⁶Estimates for persons 18–64 years of age are age-adjusted to the year 2000 standard population using three age groups: 18–44 years, 45–54 years, and 55–64 years. See [Appendix II, Age adjustment](#).

⁷Health insurance categories are mutually exclusive. Persons who reported both Medicaid and private coverage are classified as having private coverage. Starting with 1997 data, state-sponsored health plan coverage is included as Medicaid coverage. Starting with 1999 data, coverage by the Children's Health Insurance Program (CHIP) is included with Medicaid coverage. In addition to private and Medicaid, the insured category also includes military plans, other government-sponsored health plans, and Medicare, not shown separately. Persons not covered by private insurance, Medicaid, CHIP, state-sponsored or other government-sponsored health plans (starting in 1997), Medicare, or military plans are considered to have no health insurance coverage. Persons with only Indian Health Service coverage are considered to have no health insurance coverage. See [Appendix II, Health insurance coverage](#).

⁸Any basic actions difficulty or complex activity limitation is defined as having one or more of the following limitations or difficulties: movement difficulty, emotional difficulty, sensory (seeing or hearing) difficulty, cognitive difficulty, self-care (activities of daily living or instrumental activities of daily living) limitation, social limitation, or work limitation. For more information, see [Appendix II, Basic actions difficulty; Complex activity limitation](#). Starting with 2007 data, the hearing question, a component of the basic actions difficulty measure, was revised. Consequently, data prior to 2007 are not comparable with data for 2007 and beyond. For more information on the impact of the revised hearing question, see [Appendix II, Hearing trouble](#).

⁹MSA is metropolitan statistical area. Starting with 2006 data, MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2006, see [Appendix II, Metropolitan statistical area \(MSA\)](#) for the applicable standards.

NOTES: Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Health Interview Survey, family core and sample adult questionnaires. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 95 (page 1 of 2). Initial injury-related visits to hospital emergency departments, by sex, age, and intent and mechanism of injury: United States, average annual, selected years 2005–2006 and 2008–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#095>.

[Data are based on reporting by a sample of hospital emergency departments]

<i>Sex, age, and intent and mechanism of injury</i> ¹	2005–2006	2008–2009	2005–2006	2008–2009
Both sexes	Initial injury-related visits in thousands		Initial injury-related visits per 10,000 persons	
All ages, age-adjusted ^{2,3}	31,706	31,328	1,076.4	1,040.8
All ages, crude ²	31,706	31,328	1,068.6	1,029.4
Unintentional injuries ⁴	25,658	25,725	864.7	845.3
Falls	8,100	8,900	273.0	292.4
Struck by or against objects or persons . .	2,935	2,916	98.9	95.8
Motor vehicle traffic	3,714	3,508	125.2	115.3
Cut or pierce	2,145	2,008	72.3	66.0
Intentional injuries	1,977	2,313	66.6	76.0
Male				
All ages, age-adjusted ^{2,3}	16,966	16,640	1,166.1	1,118.0
All ages, crude ²	16,966	16,640	1,164.2	1,111.8
Unintentional injuries ⁴	13,736	13,590	942.5	908.0
Falls	3,685	3,944	252.9	263.5
Struck by or against objects or persons . .	1,833	1,863	125.8	124.4
Motor vehicle traffic	1,733	1,734	118.9	115.8
Cut or pierce	1,392	1,263	95.5	84.4
Intentional injuries	1,135	1,266	77.8	84.6
Under 18 years ²	5,072	5,132	1,346.6	1,351.1
Unintentional injuries ⁴	4,391	4,509	1,165.8	1,187.1
Falls	1,362	1,512	361.5	398.1
Struck by or against objects or persons . .	816	909	216.6	239.2
Motor vehicle traffic	357	305	94.8	80.3
Cut or pierce	291	284	77.3	74.8
Intentional injuries	190	194	50.4	51.1
18–24 years ²	2,552	2,562	1,729.5	1,695.5
Unintentional injuries ⁴	1,985	1,947	1,345.4	1,288.6
Falls	318	366	215.2	242.4
Struck by or against objects or persons . .	290	283	196.9	187.4
Motor vehicle traffic	386	373	261.6	247.0
Cut or pierce	265	215	179.5	142.6
Intentional injuries	273	381	185.2	252.2
25–44 years ²	5,199	4,611	1,243.6	1,109.5
Unintentional injuries ⁴	4,001	3,540	957.1	851.8
Falls	763	703	182.4	169.2
Struck by or against objects or persons . .	472	401	112.9	96.4
Motor vehicle traffic	629	578	150.5	139.1
Cut or pierce	480	401	114.8	96.5
Intentional injuries	436	495	104.4	119.2
45–64 years ²	2,842	2,996	790.0	780.7
Unintentional injuries ⁴	2,275	2,437	632.5	635.1
Falls	599	669	166.6	174.2
Struck by or against objects or persons . .	208	216	57.9	56.4
Motor vehicle traffic	262	375	72.9	97.7
Cut or pierce	285	306	79.2	79.7
Intentional injuries	205	168	57.1	43.9
65 years and over ²	1,301	1,340	837.5	805.1
Unintentional injuries ⁴	1,082	1,157	696.8	695.2
Falls	644	694	414.5	416.7
Struck by or against objects or persons . .	46	*54	29.8	*32.2
Motor vehicle traffic	98	103	63.4	61.7
Cut or pierce	70	*57	45.3	*34.0
Intentional injuries	*	*	*	*

See footnotes at end of table.

Table 95 (page 2 of 2). Initial injury-related visits to hospital emergency departments, by sex, age, and intent and mechanism of injury: United States, average annual, selected years 2005–2006 and 2008–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#095>.

[Data are based on reporting by a sample of hospital emergency departments]

<i>Sex, age, and intent and mechanism of injury</i> ¹	2005–2006	2008–2009	2005–2006	2008–2009
Female	Initial injury-related visits in thousands		Initial injury-related visits per 10,000 persons	
All ages, age-adjusted ^{2,3}	14,740	14,688	980.5	955.6
All ages, crude ²	14,740	14,688	976.3	949.7
Unintentional injuries ⁴	11,922	12,134	789.7	784.6
Falls	4,415	4,956	292.4	320.4
Struck by or against objects or persons	1,102	1,053	73.0	68.1
Motor vehicle traffic	1,981	1,774	131.2	114.7
Cut or pierce	753	745	49.9	48.2
Intentional injuries	843	1,048	55.8	67.7
Under 18 years ²	3,625	3,508	1,008.7	967.5
Unintentional injuries ⁴	3,058	3,008	851.1	829.5
Falls	1,039	1,096	289.1	302.3
Struck by or against objects or persons	419	439	116.7	121.1
Motor vehicle traffic	367	249	102.1	68.6
Cut or pierce	160	154	44.4	42.4
Intentional injuries	188	222	52.3	61.4
18–24 years ²	1,882	1,736	1,329.3	1,194.5
Unintentional injuries ⁴	1,431	1,325	1,010.5	911.7
Falls	290	307	205.0	210.9
Struck by or against objects or persons	146	110	103.4	75.4
Motor vehicle traffic	397	360	280.6	247.5
Cut or pierce	116	77	82.2	53.2
Intentional injuries	176	232	124.2	159.7
25–44 years ²	4,173	4,087	1,004.2	996.6
Unintentional injuries ⁴	3,266	3,179	785.8	775.1
Falls	873	1,004	210.1	244.7
Struck by or against objects or persons	309	198	74.3	48.3
Motor vehicle traffic	719	621	173.1	151.3
Cut or pierce	269	270	64.7	65.9
Intentional injuries	313	396	75.4	96.5
45–64 years ²	2,904	3,061	767.8	760.0
Unintentional injuries ⁴	2,278	2,539	602.2	630.4
Falls	865	1,012	228.7	251.2
Struck by or against objects or persons	160	216	42.2	53.5
Motor vehicle traffic	359	399	94.8	99.0
Cut or pierce	158	190	41.7	47.2
Intentional injuries	149	161	39.4	39.9
65 years and over ²	2,155	2,294	1,002.9	1,016.3
Unintentional injuries ⁴	1,889	2,083	879.1	922.8
Falls	1,347	1,538	626.9	681.2
Struck by or against objects or persons	69	91	31.9	40.4
Motor vehicle traffic	139	146	64.5	64.7
Cut or pierce	*50	*54	*23.3	*23.9
Intentional injuries	*	*	*	*

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

¹Intent and mechanism of injury are based on the first-listed external cause of injury code (E code). Intentional injuries include suicide attempts and assaults. See [Appendix II, External cause of injury; Injury-related visit; Table IX](#) for a listing of E codes.

²Includes all injury-related visits not shown separately in table, including those with undetermined intent (1% in 2008–2009) and insufficient or no information to code cause of injury (9% in 2008–2009).

³Rates are age-adjusted to the year 2000 standard population using six age groups: under 18 years, 18–24 years, 25–44 years, 45–64 years, 65–74 years, and 75 years and over. See [Appendix II, Age adjustment](#).

⁴Includes unintentional injury-related visits with mechanism of injury not shown in table.

NOTES: An emergency department visit was considered injury related if the first-listed diagnosis was injury related (ICD–9-CM 800–909.2, 909.4, 909.9–994.9, 995.50–995.59, and 995.80–995.85) or the first-listed external cause code (E code) was injury related (ICD–9-CM E800-E869, E880-E929, and E950-E999). See: http://www.cdc.gov/nchs/injury/injury_tools.htm for code to classify injury-related visits. Visits with a first-listed diagnosis or first-listed E code describing a complication or adverse effect of medical care were not considered injury related. For more information on injury-related visits, see Bergen G, Chen LH, Warner M, Fingerhut LA. Injury in the United States: 2007 Chartbook. Hyattsville, MD: NCHS. 2008. Available from: <http://www.cdc.gov/nchs/data/misc/injury2007.pdf>. Estimates for first-listed injury-related visits were further limited to those visits that were initial visits for the injury. This was determined using an imputed variable in 2005–2006, and in 2007–2008 (shown in spreadsheet version) and in 2008–2009 this was determined by using the initial visit episode of care information collected on the questionnaire. Limiting the estimates to initial visits decreases the total number of injury-related visits by 9% in 2005–2006, 14% in 2007–2008, and 12% in 2008–2009.

Rates were calculated using estimates of the civilian population of the United States including institutionalized persons. The population estimates used are the same used for rates calculated for the National Hospital Discharge Survey. Population data are from unpublished tabulations provided by the U.S. Census Bureau. Rates prior to 2001 were calculated using population estimates based on the 1990 census. Rates for 2005 and beyond were calculated using postcensal population estimates based on the 2000 census. Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Hospital Ambulatory Medical Care Survey. See [Appendix I, National Hospital Ambulatory Medical Care Survey \(NHAMCS\)](#).

Table 96 (page 1 of 3). Visits to physician offices, hospital outpatient departments, and hospital emergency departments, by age, sex, and race: United States, selected years 1995–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#096>.

[Data are based on reporting by a sample of office-based physicians, hospital outpatient departments, and hospital emergency departments]

Age, sex, and race	All places ¹				Physician offices			
	1995	2000	2008	2009	1995	2000	2008	2009
Age								
Number of visits in thousands								
Total	860,859	1,014,848	1,189,619	1,270,001	697,082	823,542	955,969	1,037,796
Under 18 years	194,644	212,165	225,531	239,590	150,351	163,459	171,744	183,999
18–44 years	285,184	315,774	328,438	341,209	219,065	243,011	243,979	257,890
45–64 years	188,320	255,894	341,595	374,775	159,531	216,783	284,110	316,395
45–54 years	104,891	142,233	169,674	190,701	88,266	119,474	137,776	158,120
55–64 years	83,429	113,661	171,921	184,074	71,264	97,309	146,335	158,275
65 years and over	192,712	231,014	294,054	314,428	168,135	200,289	256,135	279,514
65–74 years	102,605	116,505	144,878	153,884	90,544	102,447	127,125	137,452
75 years and over	90,106	114,510	149,177	160,544	77,591	97,842	129,010	142,062
Number of visits per 100 persons								
Total, age-adjusted ²	334	374	393	414	271	304	315	337
Total, crude	329	370	398	421	266	300	320	344
Under 18 years	275	293	306	322	213	226	233	247
18–44 years	264	291	298	309	203	224	221	234
45–64 years	364	422	441	475	309	358	367	401
45–54 years	339	385	386	431	286	323	313	358
55–64 years	401	481	513	532	343	412	437	457
65 years and over	612	706	790	829	534	612	688	737
65–74 years	560	656	729	749	494	577	639	669
75 years and over	683	766	860	923	588	654	743	817
Sex and age								
Male, age-adjusted ²	290	325	334	358	232	261	265	290
Male, crude	277	314	330	356	220	251	262	289
Under 18 years	273	302	307	334	209	231	233	257
18–44 years	190	203	188	201	139	148	131	145
45–54 years	275	316	319	361	229	260	255	296
55–64 years	351	428	441	473	300	367	373	403
65–74 years	508	614	687	731	445	539	604	654
75 years and over	711	771	886	907	616	670	768	807
Female, age-adjusted ²	377	420	451	469	309	345	363	383
Female, crude	378	424	464	483	310	348	376	397
Under 18 years	277	285	304	310	217	221	232	237
18–44 years	336	377	407	416	265	298	311	322
45–54 years	400	451	450	499	339	384	369	417
55–64 years	446	529	580	586	382	453	496	507
65–74 years	603	692	765	764	534	609	669	681
75 years and over	666	763	843	934	571	645	728	823
Race and age ³								
White, age-adjusted ²	339	380	395	421	282	315	324	351
White, crude	338	381	406	434	281	316	336	365
Under 18 years	295	306	312	339	237	243	246	269
18–44 years	267	301	299	312	211	239	230	244
45–54 years	334	386	387	432	286	330	325	369
55–64 years	397	480	512	531	345	416	446	466
65–74 years	557	641	729	752	496	568	648	678
75 years and over	689	764	855	936	598	658	743	835
Black or African American, age-adjusted ²	309	353	443	459	204	239	296	314
Black or African American, crude	281	324	421	438	178	214	276	296
Under 18 years	193	264	335	315	100	167	208	198
18–44 years	260	257	343	373	158	149	201	228
45–54 years	387	383	445	486	281	269	289	329
55–64 years	414	495	589	645	294	373	422	478
65–74 years	553	656	809	821	429	512	636	667
75 years and over	534	745	942	908	395	568	762	718

See footnotes at end of table.

Table 96 (page 2 of 3). Visits to physician offices, hospital outpatient departments, and hospital emergency departments, by age, sex, and race: United States, selected years 1995–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#096>.

[Data are based on reporting by a sample of office-based physicians, hospital outpatient departments, and hospital emergency departments]

Age, sex, and race	Hospital outpatient departments				Hospital emergency departments			
	1995	2000	2008	2009	1995	2000	2008	2009
Number of visits in thousands								
Total	67,232	83,289	109,889	96,132	96,545	108,017	123,761	136,072
Under 18 years	17,636	21,076	25,907	22,418	26,657	27,630	27,880	33,173
18–44 years	24,299	26,947	34,174	29,535	41,820	45,816	50,285	53,784
45–64 years	14,811	20,772	31,150	29,083	13,978	18,339	26,335	29,297
45–54 years	8,029	11,558	16,257	15,310	8,595	11,201	15,641	17,271
55–64 years	6,782	9,214	14,893	13,774	5,383	7,138	10,694	12,026
65 years and over	10,486	14,494	18,658	15,096	14,090	16,232	19,261	19,818
65–74 years	6,004	7,515	10,273	8,036	6,057	6,543	7,479	8,396
75 years and over	4,482	6,979	8,385	7,060	8,033	9,690	11,781	11,423
Number of visits per 100 persons								
Total, age-adjusted ²	26	31	36	31	37	40	42	46
Total, crude	26	30	37	32	37	39	41	45
Under 18 years	25	29	35	30	38	38	38	45
18–44 years	22	25	31	27	39	42	46	49
45–64 years	29	34	40	37	27	30	34	37
45–54 years	26	31	37	35	28	30	36	39
55–64 years	33	39	44	40	26	30	32	35
65 years and over	33	44	50	40	45	50	52	52
65–74 years	33	42	52	39	33	37	38	41
75 years and over	34	47	48	41	61	65	68	66
Sex and age								
Male, age-adjusted ²	21	26	29	25	37	38	39	42
Male, crude	21	25	29	26	36	38	39	42
Under 18 years	25	29	34	30	40	41	39	46
18–44 years	14	17	18	16	37	38	39	40
45–54 years	20	26	28	28	26	30	35	36
55–64 years	26	32	37	35	25	30	31	34
65–74 years	29	38	44	37	34	36	38	40
75 years and over	34	42	50	37	61	59	68	63
Female, age-adjusted ²	31	35	44	37	37	41	44	49
Female, crude	31	35	44	38	37	41	44	48
Under 18 years	25	29	36	30	35	35	36	43
18–44 years	31	33	44	38	40	46	53	57
45–54 years	32	36	45	41	29	31	36	42
55–64 years	38	45	51	44	26	31	33	35
65–74 years	36	46	58	41	32	37	37	42
75 years and over	34	49	47	43	61	69	68	68
Race and age ³								
White, age-adjusted ²	23	28	33	29	34	37	38	41
White, crude	23	28	33	29	34	37	37	41
Under 18 years	23	27	32	29	35	36	34	40
18–44 years	20	23	28	24	36	39	41	43
45–54 years	23	28	32	30	25	28	31	34
55–64 years	28	36	38	34	24	28	28	30
65–74 years	29	38	47	35	32	35	35	38
75 years and over	31	44	46	36	60	63	67	64
Black or African American, age-adjusted ²	48	51	69	59	58	62	78	85
Black or African American, crude	45	48	68	58	58	62	77	84
Under 18 years	39	40	61	42	53	57	65	75
18–44 years	38	40	55	50	64	68	87	94
45–54 years	55	61	80	74	51	53	76	83
55–64 years	73	70	99	91	47	52	68	76
65–74 years	*77	85	101	*81	47	59	73	73
75 years and over	66	85	*87	*	73	92	93	95

See footnotes at end of table.

Table 96 (page 3 of 3). Visits to physician offices, hospital outpatient departments, and hospital emergency departments, by age, sex, and race: United States, selected years 1995–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#096>.

[Data are based on reporting by a sample of office-based physicians, hospital outpatient departments, and hospital emergency departments]

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

¹All places includes visits to physician offices and hospital outpatient and emergency departments.

²Estimates are age-adjusted to the year 2000 standard population using six age groups: under 18 years, 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See [Appendix II, Age adjustment](#).

³Estimates by racial group should be used with caution because information on race was collected from medical records. In 2009, race data were missing and imputed for 24% of visits to physician offices, 13% of visits to hospital outpatient departments, and 10% of visits to hospital emergency departments. Information on the race imputation process used in each data year is available in the public use file documentation. Available from: <http://www.cdc.gov/nchs/ahcd.htm>. Starting with 1999 data, the instruction for the race item on the Patient Record Form was changed so that more than one race could be recorded. In previous years only one race could be checked. Estimates for race in this table are for visits where only one race was recorded. Because of the small number of responses with more than one racial group checked, estimates for visits with multiple races checked are unreliable and are not presented.

NOTES: Rates for 1995–2000 were computed using 1990-based postcensal estimates of the civilian noninstitutionalized population as of July 1, adjusted for net underenumeration using the 1990 National Population Adjustment Matrix from the U.S. Census Bureau. Starting with 2001 data, rates were computed using 2000-based postcensal estimates of the civilian noninstitutionalized population as of July 1. The difference between rates for 2000 computed using 1990-based postcensal estimates and rates computed using estimates based on 2000 census counts is minimal. More information is available from:

<http://www.cdc.gov/nchs/ahcd.htm>. Rates will be overestimated to the extent that visits by institutionalized persons are counted in the numerator (for example, hospital emergency department visits by nursing home residents) and institutionalized persons are omitted from the denominator (the civilian noninstitutionalized population). Starting with *Health, United States, 2005*, data for physician offices for 2001 and beyond use a revised weighting scheme. See [Appendix I, National Ambulatory Medical Care Survey \(NAMCS\); National Hospital Ambulatory Medical Care Survey \(NHAMCS\)](#). Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey. See [Appendix I, National Ambulatory Medical Care Survey \(NAMCS\); National Hospital Ambulatory Medical Care Survey \(NHAMCS\)](#).

Table 97 (page 1 of 2). Visits to primary care generalist and specialist physicians, by selected characteristics and type of physician: United States, selected years 1980–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#097>.

[Data are based on reporting by a sample of office-based physicians]

Age, sex, and race	Type of primary care generalist physician ¹											
	All primary care generalists				General and family practice				Internal medicine			
	1980	1990	2000	2009	1980	1990	2000	2009	1980	1990	2000	2009
Percent of all physician office visits												
Age												
Total	66.2	63.6	58.9	55.9	33.5	29.9	24.1	23.1	12.1	13.8	15.3	14.8
Under 18 years	77.8	79.5	79.7	78.8	26.1	26.5	19.9	16.3	2.0	2.9	*	*
18–44 years	65.3	65.2	62.1	61.5	34.3	31.9	28.2	29.7	8.6	11.8	12.7	11.0
45–64 years	60.2	55.5	51.2	48.6	36.3	32.1	26.4	25.5	19.5	18.6	20.1	18.0
45–54 years	60.2	55.6	52.3	50.9	37.4	32.0	27.8	27.5	17.1	17.1	18.7	17.1
55–64 years	60.2	55.5	49.9	46.4	35.4	32.1	24.7	23.5	21.8	20.0	21.7	19.0
65 years and over	61.6	52.6	46.5	43.9	37.5	28.1	20.2	18.8	22.7	23.3	24.5	23.5
65–74 years	61.2	52.7	46.6	41.9	37.4	28.1	19.7	19.9	22.1	23.0	24.5	20.0
75 years and over	62.3	52.4	46.4	45.9	37.6	28.0	20.8	17.7	23.5	23.7	24.5	26.9
Sex and age												
Male:												
Under 18 years	77.3	78.1	77.7	77.6	25.6	24.1	18.3	15.2	2.0	3.0	*	*
18–44 years	50.8	51.8	51.5	52.4	38.0	35.9	34.2	36.6	11.5	15.0	14.4	14.1
45–64 years	55.6	50.6	49.4	45.2	34.4	31.0	28.7	26.4	20.5	19.2	19.8	18.7
65 years and over	58.2	51.2	43.1	38.6	35.6	27.7	19.3	18.3	22.3	23.3	23.8	20.1
Female:												
Under 18 years	78.5	81.1	82.0	80.2	26.6	29.1	21.7	17.6	2.0	2.8	*	*
18–44 years	72.1	71.3	67.2	65.6	32.5	30.0	25.3	26.6	7.3	10.3	11.9	9.6
45–64 years	63.4	58.8	52.5	51.1	37.7	32.8	24.9	24.9	18.9	18.2	20.2	17.6
65 years and over	63.9	53.5	48.9	47.8	38.7	28.3	20.9	19.2	22.9	23.3	25.0	26.0
Race and age²												
White:												
Under 18 years	77.6	79.2	78.5	78.1	26.4	27.1	21.2	16.3	2.0	2.3	*	*
18–44 years	64.8	64.4	61.4	60.4	34.5	31.9	29.2	30.3	8.6	10.6	11.0	10.1
45–64 years	59.6	54.2	49.3	47.6	36.0	31.5	27.3	25.9	19.2	17.6	17.1	17.0
65 years and over	61.4	51.9	45.1	43.2	36.6	27.5	20.3	18.7	23.3	23.1	23.0	22.9
Black or African American:												
Under 18 years	79.9	85.5	87.3	80.8	23.7	20.2	*	*15.5	*2.2	9.8	*	*
18–44 years	68.5	68.3	65.0	64.4	31.7	31.9	22.0	26.6	9.0	18.1	20.9	*15.2
45–64 years	66.1	61.6	61.7	50.0	38.6	31.2	23.3	23.4	22.6	26.9	35.9	*21.4
65 years and over	64.6	58.6	52.8	45.7	49.0	28.9	*18.5	*15.8	14.2	28.7	33.4	*28.6

See footnotes at end of table.

Table 97 (page 2 of 2). Visits to primary care generalist and specialist physicians, by selected characteristics and type of physician: United States, selected years 1980–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#097>.

[Data are based on reporting by a sample of office-based physicians]

Age, sex, and race	Type of primary care generalist physician ¹								Specialty care physicians			
	Obstetrics and gynecology				Pediatrics				1980	1990	2000	2009
	1980	1990	2000	2009	1980	1990	2000	2009				
Percent of all physician office visits												
Age												
Total	9.6	8.7	7.8	7.0	10.9	11.2	11.7	11.1	33.8	36.4	41.1	44.1
Under 18 years	1.3	1.2	*1.1	0.8	48.5	48.9	57.3	60.5	22.2	20.5	20.3	21.2
18–44 years	21.7	20.8	20.4	19.8	0.7	0.7	*0.9	*1.1	34.7	34.8	37.9	38.5
45–64 years	4.2	4.6	4.5	4.9	*	*	*	*	39.8	44.5	48.8	51.4
45–54 years	5.6	6.3	5.6	6.0	*	*	*	*	39.8	44.4	47.7	49.1
55–64 years	2.9	3.1	3.3	3.8	*	*	*	*	39.8	44.5	50.1	53.6
65 years and over	1.4	1.1	1.5	*1.5	*	*	*	*	38.4	47.4	53.5	56.1
65–74 years	1.7	1.6	2.0	*1.8	*	*	*	*	38.8	47.3	53.4	58.1
75 years and over	1.0	*0.6	*1.0	*1.1	*	*	*	*	37.7	47.6	53.6	54.1
Sex and age												
Male:												
Under 18 years	...	...	...	...	49.4	50.7	58.0	61.2	22.7	21.9	22.3	22.4
18–44 years	...	...	...	...	1.0	0.7	*1.7	*1.8	49.2	48.2	48.5	47.6
45–64 years	...	...	...	...	*	*	*	*	44.4	49.4	50.6	54.8
65 years and over	...	...	...	...	*	*	*	*	41.8	48.8	56.9	61.4
Female:												
Under 18 years	2.5	2.3	2.1	1.7	47.4	46.9	56.5	59.8	21.5	18.9	18.0	19.8
18–44 years	31.7	30.4	29.6	28.7	0.6	0.7	*	*	27.9	28.7	32.8	34.4
45–64 years	6.7	7.7	7.3	8.4	*	*	*	*	36.6	41.2	47.5	48.9
65 years and over	2.1	1.8	2.6	*2.5	*	*	*	*	36.1	46.5	51.1	52.2
Race and age ²												
White:												
Under 18 years	1.1	1.0	*1.2	*0.7	48.2	48.8	54.7	60.1	22.4	20.8	21.5	21.9
18–44 years	21.0	21.1	20.4	18.8	0.7	0.7	*0.8	*1.2	35.2	35.6	38.6	39.6
45–64 years	4.1	4.8	4.7	4.5	*	*	*	*	40.4	45.8	50.7	52.4
65 years and over	1.4	1.2	1.5	*1.4	*	*	*	*	38.6	48.1	54.9	56.8
Black or African American:												
Under 18 years	2.8	*3.4	*	*	51.2	52.1	75.0	62.7	20.1	14.5	*12.7	*19.2
18–44 years	27.1	17.9	20.7	22.1	*	*	*	*	31.5	31.7	35.0	35.6
45–64 years	4.8	3.5	*2.4	*5.1	*	*	*	*	33.9	38.4	38.3	50.0
65 years and over	*	*	*	*	*	*	*	*	35.4	41.4	47.2	54.3

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

... Category not applicable.

¹Type of physician is based on physician's self-designated primary area of practice. Primary care generalist physicians are defined as practitioners in the fields of general and family practice, general internal medicine, general obstetrics and gynecology, and general pediatrics and exclude primary care specialists. Primary care generalists in general and family practice exclude primary care specialties, such as sports medicine and geriatrics. Primary care internal medicine physicians exclude internal medicine specialists, such as allergists, cardiologists, and endocrinologists. Primary care obstetrics and gynecology physicians exclude obstetrics and gynecology specialties, such as gynecological oncology, maternal and fetal medicine, obstetrics and gynecology critical care medicine, and reproductive endocrinology. Primary care pediatricians exclude pediatric specialists, such as adolescent medicine specialists, neonatologists, pediatric allergists, and pediatric cardiologists. See [Appendix II, Physician specialty](#).

²Estimates by racial group should be used with caution because information on race was collected from medical records. In 2009, race data were missing and imputed for 24% of visits. Information on the race imputation process used in each data year is available in the public use file documentation. Available from: <http://www.cdc.gov/nchs/ahcd.htm>. Starting with 1999 data, the instruction for the race item on the Patient Record Form was changed so that more than one race could be recorded. In previous years only one racial category could be checked. Estimates for racial groups presented in this table are for visits where only one race was recorded. Because of the small number of responses with more than one racial group checked, estimates for visits with multiple races checked are unreliable and are not presented.

NOTES: This table presents data on visits to physician offices and excludes visits to other sites, such as hospital outpatient and emergency departments. See [Appendix II, Office visit](#). In 1980, the survey excluded Alaska and Hawaii. Data for all other years include all 50 states and the District of Columbia. Visits with specialty of physician unknown are excluded. Starting with *Health, United States, 2005*, data for 2001 and later years for physician offices use a revised weighting scheme. See [Appendix I, National Ambulatory Medical Care Survey \(NAMCS\)](#). Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey. See [Appendix I, National Ambulatory Medical Care Survey \(NAMCS\)](#).

Table 98 (page 1 of 2). Dental visits in the past year, by selected characteristics: United States, selected years 1997–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#098>.

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

Characteristic	2 years and over			2–17 years			18–64 years			65 years and over ¹		
	1997	2009	2010	1997	2009	2010	1997	2009	2010	1997	2009	2010
Percent of persons with a dental visit in the past year ²												
Total ³	65.1	65.4	64.7	72.7	78.4	78.9	64.1	62.0	61.1	54.8	59.6	57.7
Sex												
Male	62.9	62.6	61.7	72.3	77.6	78.3	60.4	57.9	56.8	55.4	58.4	56.2
Female	67.1	68.0	67.5	73.0	79.3	79.6	67.7	65.9	65.4	54.4	60.5	58.9
Race ⁴												
White only	66.4	66.3	65.6	74.0	79.1	79.2	65.7	63.1	62.4	56.8	61.8	59.3
Black or African American only	58.9	59.9	58.8	68.8	76.7	79.0	57.0	55.9	53.1	35.4	38.1	40.6
American Indian or Alaska Native only	55.1	53.1	57.4	66.8	68.5	73.2	49.9	47.3	49.8	*	*44.2	72.2
Asian only	62.5	67.6	66.5	69.9	76.2	74.8	60.3	65.8	64.6	53.9	62.1	61.9
Native Hawaiian or Other Pacific Islander only	---	*	*	---	*	*	---	*	*	---	*	*
2 or more races	---	63.5	65.2	---	80.0	77.9	---	50.0	54.7	---	58.5	48.1
Black or African American; White	---	67.1	72.5	---	78.7	78.4	---	45.3	62.1	---	*	*
American Indian or Alaska Native; White	---	56.0	54.7	---	76.5	70.0	---	47.9	49.0	---	58.3	*54.5
Hispanic origin and race ⁴												
Hispanic or Latino	54.0	56.0	56.5	61.0	73.0	74.8	50.8	48.1	48.5	47.8	47.9	42.1
Not Hispanic or Latino	66.4	67.1	66.2	74.7	80.0	80.1	65.7	64.5	63.4	55.2	60.5	59.0
White only	68.0	68.6	67.6	76.4	81.4	80.9	67.5	66.3	65.4	57.2	62.8	60.9
Black or African American only	58.8	59.8	58.7	68.8	76.7	79.2	56.9	55.9	53.1	35.3	38.4	40.5
Percent of poverty level ⁵												
Below 100%	50.5	51.7	50.6	62.0	71.7	73.2	46.9	42.7	41.0	31.5	39.0	32.8
100%–199%	50.8	52.8	51.6	62.5	75.2	73.4	48.3	45.3	44.1	40.8	42.3	43.8
200%–399%	66.2	63.3	63.5	76.1	77.1	79.0	63.4	59.1	59.6	60.7	60.9	57.9
400% or more	78.9	79.5	79.3	85.7	87.8	88.0	77.7	77.9	77.5	74.7	77.5	77.2
Hispanic origin and race and percent of poverty level ^{4,5}												
Hispanic or Latino:												
Below 100%	45.7	51.7	50.8	55.9	71.7	74.3	39.2	37.6	34.7	33.6	42.7	32.4
100%–199%	47.2	51.7	50.8	53.8	72.4	71.1	43.5	41.4	40.2	47.9	37.5	39.5
200%–399%	61.2	57.1	59.1	70.5	73.8	76.5	57.5	51.3	54.1	57.0	54.4	46.0
400% or more	73.0	69.2	73.3	82.4	76.9	84.2	70.8	67.1	71.6	64.9	63.5	54.3
Not Hispanic or Latino:												
White only:												
Below 100%	51.7	51.3	49.3	64.4	69.6	69.1	50.6	46.3	44.4	32.0	42.2	36.4
100%–199%	52.4	52.7	52.7	66.1	76.2	75.3	50.4	46.4	47.2	42.2	44.4	45.4
200%–399%	67.5	64.7	64.7	77.1	79.1	79.6	65.0	60.7	61.4	61.9	62.4	59.8
400% or more	79.7	81.1	79.8	86.8	89.9	88.6	78.5	79.4	77.9	75.5	79.4	78.8
Black or African American only:												
Below 100%	52.8	52.6	52.0	66.1	74.0	78.0	46.2	42.1	39.7	27.7	28.8	20.9
100%–199%	48.7	53.0	50.0	61.2	79.2	75.9	46.3	45.1	41.5	26.9	26.9	33.6
200%–399%	63.3	61.6	61.2	75.0	74.4	81.2	60.7	59.5	57.2	41.5	46.7	45.3
400% or more	74.6	74.3	77.2	81.8	85.0	87.2	73.4	74.1	75.9	66.1	55.3	69.8

See footnotes at end of table.

Table 98 (page 2 of 2). Dental visits in the past year, by selected characteristics: United States, selected years 1997–2010Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#098>.

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

Characteristic	2 years and over			2–17 years			18–64 years			65 years and over ¹		
	1997	2009	2010	1997	2009	2010	1997	2009	2010	1997	2009	2010
Disability measure ⁶												
Percent of persons with a dental visit in the past year ²												
Any basic actions difficulty or complex activity limitation . . . . .	...	...	...	...	...	...	55.1	55.8	53.5	49.0	53.3	50.7
Any basic actions difficulty . . . . .	...	...	...	...	...	...	54.7	56.1	53.2	48.7	53.6	50.5
Any complex activity limitation . . . . .	...	...	...	...	...	...	51.0	50.4	47.4	44.6	47.6	43.1
No disability . . . . .	...	...	...	...	...	...	67.4	64.4	64.2	64.2	70.2	68.8
Geographic region												
Northeast	69.6	71.1	70.1	77.5	82.6	83.8	69.6	69.3	67.9	55.5	60.9	61.5
Midwest	68.4	67.6	67.3	76.4	80.5	80.8	67.4	64.2	64.3	57.6	62.0	58.2
South	60.2	60.8	60.9	68.0	76.8	77.4	59.4	56.7	56.5	49.0	54.0	54.1
West	65.0	65.9	63.9	71.5	75.8	76.1	62.9	62.4	60.2	61.9	65.2	59.8
Location of residence												
Within MSA ⁷	66.7	66.5	65.9	73.6	79.0	79.3	65.7	63.1	62.4	57.6	61.8	59.4
Outside MSA ⁷	59.1	59.5	58.4	69.3	75.5	76.4	58.0	55.9	53.8	46.1	51.3	51.3

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

--- Data not available.

... Category not applicable.

¹Based on the 1997–2010 National Health Interview Surveys, about 24%–30% of persons 65 years and over were edentulous (having lost all their natural teeth). In 1997–2010, about 69%–73% of older dentate persons, compared with 17%–21% of older edentate persons, had a dental visit in the past year.²Respondents were asked “About how long has it been since you last saw or talked to a dentist?” See [Appendix II, Dental visit](#).³Includes all other races not shown separately and unknown disability status.⁴The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Prior to 1999, data were tabulated according to the 1977 Standards with four racial groups, and the Asian only category included Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).⁵Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed for 1997 and beyond. See [Appendix II, Family income; Poverty; Table VI](#).⁶Any basic actions difficulty or complex activity limitation is defined as having one or more of the following limitations or difficulties: movement difficulty, emotional difficulty, sensory (seeing or hearing) difficulty, cognitive difficulty, self-care (activities of daily living or instrumental activities of daily living) limitation, social limitation, or work limitation. For more information, see [Appendix II, Basic actions difficulty; Complex activity limitation](#). Starting with 2007 data, the hearing question, a component of the basic actions difficulty measure, was revised. Consequently, data prior to 2007 are not comparable with data for 2007 and beyond. For more information on the impact of the revised hearing question, see [Appendix II, Hearing trouble](#).⁷MSA is metropolitan statistical area. Starting with 2006 data, MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2006, see [Appendix II, Metropolitan statistical area \(MSA\)](#) for the applicable standards.NOTES: In 1997 the National Health Interview Survey questionnaire was redesigned. See [Appendix I, National Health Interview Survey \(NHIS\)](#). Standard errors for selected years are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See [Appendix III](#).SOURCE: CDC/NCHS, National Health Interview Survey, sample child and sample adult questionnaires. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 99 (page 1 of 2). Prescription drug use in the past 30 days, by sex, age, race and Hispanic origin: United States, selected years 1988–1994 through 2005–2008

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#099>.

[Data are based on a sample of the civilian noninstitutionalized population]

Sex and age	Not Hispanic or Latino											
	All persons ¹			White only ²			Black or African American only ²			Mexican ^{2,3}		
	1988–1994	2001–2004	2005–2008	1988–1994	2001–2004	2005–2008	1988–1994	2001–2004	2005–2008	1988–1994	2001–2004	2005–2008
	Percent of population with at least one prescription drug in past 30 days											
Both sexes, age-adjusted ⁴	39.1	46.7	47.2	41.1	50.6	52.0	36.9	40.5	42.1	31.7	34.5	32.2
Male	32.7	41.6	41.8	34.2	45.0	46.1	31.1	36.2	37.2	27.5	28.8	28.8
Female	45.0	51.5	52.4	47.6	56.0	57.9	41.4	43.8	46.0	36.0	40.5	35.6
Both sexes, crude	37.8	46.5	47.9	41.4	52.6	55.0	31.2	36.5	39.5	24.0	25.4	24.5
Male	30.6	40.5	41.7	33.5	46.0	48.4	25.5	31.6	33.9	20.1	20.6	21.4
Female	44.6	52.2	53.9	48.9	59.0	61.5	36.2	40.7	44.4	28.1	30.6	27.9
Under 18 years	20.5	23.9	25.3	22.9	27.3	29.9	14.8	18.0	20.8	16.1	16.3	17.0
18–44 years	31.3	37.7	37.8	34.3	43.5	45.1	27.8	29.4	29.4	21.1	20.9	17.7
45–64 years	54.8	66.2	64.8	55.5	68.6	67.7	57.5	63.4	62.6	48.1	53.8	50.1
65 years and over	73.6	87.3	90.1	74.0	88.3	91.1	74.5	80.8	89.1	67.7	79.6	76.7
Male:												
Under 18 years	20.4	25.3	25.3	22.3	29.4	29.2	15.5	18.8	23.4	16.3	16.9	17.3
18–44 years	21.5	29.2	27.5	23.5	33.4	33.3	21.1	22.6	20.9	14.9	14.1	14.2
45–64 years	47.2	58.7	59.3	48.1	60.8	62.3	48.2	58.0	54.7	43.8	42.7	46.0
65 years and over	67.2	83.6	89.7	67.4	84.8	91.6	64.4	75.9	85.1	61.3	74.4	67.8
Female:												
Under 18 years	20.6	22.4	25.2	23.6	25.1	30.7	14.2	17.1	18.1	16.0	15.7	16.7
18–44 years	40.7	45.9	47.9	44.7	53.5	56.6	33.4	35.0	36.6	28.1	28.6	22.0
45–64 years	62.0	73.4	70.2	62.6	76.3	73.0	64.4	67.7	69.1	52.2	65.8	54.1
65 years and over	78.3	90.1	90.5	78.8	91.0	90.7	81.3	84.0	91.7	73.0	83.9	83.9
	Percent of population with three or more prescription drugs in past 30 days											
Both sexes, age-adjusted ⁴	11.8	20.2	20.8	12.4	21.8	22.3	12.6	17.7	20.0	9.0	14.4	13.8
Male	9.4	17.3	18.3	9.9	18.7	19.5	10.2	15.1	17.5	7.0	12.1	11.6
Female	13.9	22.8	23.2	14.6	24.8	25.1	14.3	19.7	21.8	11.0	16.7	15.9
Both sexes, crude	11.0	19.9	21.4	12.5	23.6	25.3	9.2	14.7	17.5	4.8	7.9	7.8
Male	8.3	16.4	17.8	9.5	19.5	21.3	7.0	11.9	14.4	3.4	6.2	6.1
Female	13.6	23.4	24.8	15.4	27.6	29.1	11.1	17.1	20.2	6.4	9.8	9.7
Under 18 years	2.4	4.0	4.4	3.2	5.0	5.3	1.5	2.8	3.6	*1.2	2.0	2.7
18–44 years	5.7	10.2	9.8	6.3	12.2	12.1	5.4	8.1	7.3	3.0	4.3	2.7
45–64 years	20.0	34.2	34.1	20.9	35.6	35.6	21.9	33.7	34.5	16.0	27.5	24.5
65 years and over	35.3	59.8	65.0	35.0	62.0	65.7	41.2	50.1	67.0	31.3	47.8	52.5
Male:												
Under 18 years	2.6	4.1	5.0	3.3	4.9	5.7	1.7	3.4	5.3	*0.9	*1.7	3.5
18–44 years	3.6	8.0	6.2	4.1	9.8	8.0	4.2	6.1	*4.9	*1.8	2.6	*1.5
45–64 years	15.1	28.3	28.6	15.8	29.1	29.4	18.7	28.2	29.0	11.6	23.8	19.7
65 years and over	31.3	54.2	64.6	30.9	56.4	66.3	31.7	44.0	61.5	27.6	42.0	45.0
Female:												
Under 18 years	2.3	3.9	3.8	3.0	5.2	4.8	*1.2	2.1	*1.9	*1.5	2.4	1.8
18–44 years	7.6	12.3	13.3	8.5	14.7	16.1	6.4	9.7	9.4	4.3	*6.2	4.1
45–64 years	24.7	39.9	39.4	25.8	41.9	41.8	24.3	38.1	39.1	20.3	31.4	29.0
65 years and over	38.2	64.0	65.3	38.0	66.2	65.3	47.7	54.2	70.6	34.5	52.7	58.6

See footnotes at end of table.

Table 99 (page 2 of 2). Prescription drug use in the past 30 days, by sex, age, race and Hispanic origin: United States, selected years 1988–1994 through 2005–2008

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#099>.

[Data are based on a sample of the civilian noninstitutionalized population]

Sex and age	Not Hispanic or Latino											
	All persons ¹			White only ²			Black or African American only ²			Mexican ^{2,3}		
	1988–1994	2001–2004	2005–2008	1988–1994	2001–2004	2005–2008	1988–1994	2001–2004	2005–2008	1988–1994	2001–2004	2005–2008
Percent of population with five or more prescription drugs in past 30 days												
Both sexes, age-adjusted ⁴	4.0	9.2	10.2	4.2	9.8	10.7	3.8	8.7	11.2	2.9	6.1	6.9
Male	2.9	7.9	8.9	3.1	8.4	9.3	2.9	7.6	9.4	2.0	4.8	5.9
Female	4.9	10.4	11.5	5.1	11.1	12.1	4.5	9.5	12.6	3.7	7.6	7.9
Both sexes, crude	3.6	9.0	10.5	4.2	10.8	12.4	2.6	7.1	9.6	1.4	2.9	3.4
Male	2.5	7.3	8.6	2.9	8.8	10.3	1.8	5.9	7.6	0.9	2.1	2.6
Female	4.7	10.7	12.4	5.4	12.8	14.5	3.3	8.2	11.4	1.9	3.8	4.4
Under 18 years	*	0.8	1.0	*	*0.9	1.2	*	*0.7	*0.9	*	*	*0.5
18–44 years	1.2	3.3	3.4	1.4	3.8	4.2	1.0	4.1	2.8	*	*	*
45–64 years	7.4	15.7	17.0	7.8	16.3	17.4	7.1	16.8	20.6	5.4	12.4	11.5
65 years and over	13.8	33.3	38.3	13.9	35.4	38.6	14.3	25.4	42.0	11.6	23.4	31.1
Male:												
Under 18 years	*	*0.8	*1.1	*	*	*	*	*	*	*	*	*
18–44 years	*0.8	2.6	*1.8	*	2.9	*2.4	*	*3.2	*	*	*	*
45–64 years	4.8	12.5	13.7	5.0	13.2	13.8	5.9	15.0	17.5	*3.5	*7.8	8.7
65 years and over	11.3	30.6	38.4	11.6	31.9	39.2	9.9	22.3	35.3	*8.7	20.7	28.9
Female:												
Under 18 years	*	*0.7	*0.8	*	*0.9	*	*	*	*	*	*	*
18–44 years	1.7	3.9	5.0	1.8	4.6	6.0	1.2	4.7	3.6	*0.6	*	*
45–64 years	9.7	18.8	20.2	10.3	19.4	20.9	8.0	18.2	23.2	*7.2	17.2	14.2
65 years and over	15.6	35.4	38.3	15.7	38.0	38.2	17.4	27.5	46.4	14.0	25.6	32.9

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

¹Includes persons of all races and Hispanic origins, not just those shown separately.

²Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The two non-Hispanic race categories shown in the table conform to the 1997 Standards.

Starting with 1999 data, race-specific estimates are for persons who reported only one racial group. Prior to data year 1999, estimates were tabulated according to the 1977 Standards. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. See [Appendix II, Hispanic origin; Race](#).

³Persons of Mexican origin may be of any race.

⁴Age-adjusted to the 2000 standard population using four age groups: Under 18 years, 18–44 years, 45–64 years, and 65 years and over. Age-adjusted estimates in this table may differ from other age-adjusted estimates based on the same data and presented elsewhere if different age groups are used in the adjustment procedure. See [Appendix II, Age adjustment](#).

NOTES: See [Appendix II, Drug](#). Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Some data have been revised and differ from previous editions of *Health, United States*. Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Health and Nutrition Examination Survey. See [Appendix I, National Health and Nutrition Examination Survey \(NHANES\)](#).

Table 100 (page 1 of 3). Selected prescription drug classes used in the past 30 days, by sex and age: United States, selected years 1988–1994 through 2005–2008

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#100>.

[Data are based on a sample of the civilian noninstitutionalized population]

Age group and Multum Lexicon Plus therapeutic class ¹ (primary indications for use)	Total			Male			Female		
	1988–1994	1999–2002	2005–2008	1988–1994	1999–2002	2005–2008	1988–1994	1999–2002	2005–2008
All ages									
Percent of population with at least one prescription drug in drug class in past 30 days									
Antihyperlipidemic agents (high cholesterol)	1.7	6.5	11.4	1.5	7.1	12.0	1.8	5.8	10.8
Analgesics (pain relief)	7.2	9.4	9.0	5.4	7.3	7.7	9.0	11.3	10.2
Antidepressants (depression and related disorders)	1.8	6.4	8.9	1.2	4.4	5.0	2.3	8.3	12.7
Beta-adrenergic blocking agents (high blood pressure, heart disease)	3.1	4.4	7.3	2.7	4.1	6.8	3.5	4.6	7.6
Proton pump inhibitors (gastrointestinal reflux, ulcers)	*	3.8	6.3	*	3.4	5.6	*	4.2	6.9
ACE inhibitors (high blood pressure, heart disease)	2.4	4.6	5.9	2.4	4.7	6.3	2.4	4.5	5.6
Sex hormones (contraceptives, menopause, hot flashes) . . . . .	...	...	...	...	...	...	9.9	15.3	9.7
Diuretics (high blood pressure, heart disease, kidney disease)	3.4	4.1	5.3	2.3	3.1	4.5	4.4	5.1	6.1
Thyroid drugs (hyper- and hypothyroidism)	2.3	4.0	5.2	0.8	1.5	1.7	3.7	6.3	8.5
Antidiabetic agents (diabetes)	2.6	3.7	5.2	2.5	3.7	4.8	2.6	3.8	5.5
Bronchodilators (asthma, breathing)	2.6	3.5	4.9	2.5	3.1	4.5	2.7	3.8	5.2
Anxiolytics, sedatives, and hypnotics (generalized anxiety and related disorders)	2.8	3.3	4.5	1.9	2.6	3.2	3.6	4.0	5.7
Antihypertensive combinations (high blood pressure)	2.4	2.9	4.1	1.4	1.9	3.0	3.3	3.8	5.1
Calcium channel blocking agents (high blood pressure, heart disease)	3.6	4.2	4.0	3.4	3.5	3.6	3.8	4.8	4.4
Antihistamines (allergies)	2.7	4.5	3.8	2.2	4.0	2.9	3.2	4.9	4.6
Under 18 years									
Bronchodilators (asthma, breathing)	3.0	4.0	5.4	3.3	4.4	6.0	2.7	3.6	4.7
Penicillins (bacterial infections)	6.1	5.1	3.8	5.9	5.2	3.4	6.4	5.0	4.2
CNS stimulants (attention deficit disorder, hyperactivity)	*0.8	2.9	3.7	*1.2	4.4	4.8	*	1.4	2.6
Antihistamines (allergies)	2.0	4.4	2.9	2.1	4.9	3.0	1.9	3.9	2.7
Leukotriene modifiers (asthma, allergies) . . . . .	...	0.7	2.9	...	*0.9	3.3	...	*	*2.4
Upper respiratory combinations (cough and cold, congestion)	2.3	2.3	1.8	2.6	*2.4	1.6	2.0	*2.2	1.9
Respiratory inhalant products (asthma, chronic obstructive pulmonary disease, and related disorders)	*0.7	1.7	1.8	*	1.8	2.4	*	1.5	1.3
Adrenal cortical steroids (anti-inflammatory)	*0.5	0.8	1.6	*	*0.7	2.1	*0.5	0.9	1.1
Antidepressants (depression and related disorders)	*	1.8	1.5	*	2.2	*1.5	*	*1.5	*1.6
Analgesics (pain relief)	1.2	1.4	1.4	*1.2	1.3	1.0	1.4	1.6	2.0
Cephalosporins (bacterial infections)	1.8	1.2	1.1	1.8	*1.3	1.1	1.8	1.1	*1.2
Macrolide derivatives (bacterial infections)	1.0	1.2	*0.9	*0.7	*1.3	*1.1	*1.3	*1.1	*
18–44 years									
Antidepressants (depression and related disorders)	1.6	6.0	7.8	*1.0	3.6	3.6	2.3	8.5	11.9
Analgesics (pain relief)	7.2	8.0	7.7	5.1	6.0	6.5	9.1	9.9	8.9
Sex hormones (contraceptives, menopause, hot flashes) . . . . .	...	...	...	...	...	...	11.7	13.7	15.7
Proton pump inhibitors (gastrointestinal reflux, ulcers)	*	2.3	3.5	*	2.4	2.8	*	2.2	4.2
Bronchodilators (asthma, breathing)	1.4	2.2	3.3	*1.1	1.6	2.3	*1.8	2.8	4.2
Antihistamines (allergies)	2.5	3.9	3.2	1.8	3.6	*1.7	3.2	4.2	4.6
Anxiolytics, sedatives, and hypnotics (generalized anxiety and related disorders)	1.4	2.1	3.2	*1.0	*1.7	2.1	1.9	2.5	4.3
Anticonvulsants (epilepsy, seizure, and related disorders)	0.8	1.6	2.9	*0.6	1.6	*2.0	1.0	*1.5	3.8
Thyroid drugs (hyper- and hypothyroidism)	1.4	1.8	2.8	*	*	*	2.1	3.0	4.9
Antihyperlipidemic agents (high cholesterol)	*0.4	1.3	2.5	*	2.0	3.1	*	*	*2.0
Antidiabetic agents (diabetes)	*1.0	1.5	2.1	*	*1.5	1.7	*1.0	*1.6	2.4
ACE inhibitors (high blood pressure, heart disease)	0.7	1.4	1.9	*0.9	1.5	1.7	*0.6	*1.2	2.0
Penicillins (bacterial infections)	3.1	2.2	1.8	2.3	1.8	*1.1	3.8	2.7	2.5
Muscle relaxants (muscle spasm and related disorders)	1.0	1.3	1.6	*1.3	*1.1	*1.1	*0.7	*1.4	2.0
Beta-adrenergic blocking agents (high blood pressure, heart disease)	1.1	*1.2	1.4	*0.9	*1.3	*1.2	1.3	*	1.5

See footnotes at end of table.

Table 100 (page 2 of 3). Selected prescription drug classes used in the past 30 days, by sex and age: United States, selected years 1988–1994 through 2005–2008

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#100>.

[Data are based on a sample of the civilian noninstitutionalized population]

Age group and Multum Lexicon Plus therapeutic class ¹ (primary indications for use)	Total			Male			Female		
	1988–1994	1999–2002	2005–2008	1988–1994	1999–2002	2005–2008	1988–1994	1999–2002	2005–2008
45–64 years									
Percent of population with at least one prescription drug in drug class in past 30 days									
Antihyperlipidemic agents (high cholesterol)	4.3	13.8	19.6	4.4	17.2	21.2	4.2	10.7	18.0
Antidepressants (depression and related disorders)	3.5	10.5	15.3	*2.3	7.0	8.5	4.6	13.8	21.9
Analgesics (pain relief)	11.9	16.0	14.0	9.2	13.5	12.3	14.3	18.3	15.7
Beta-adrenergic blocking agents (high blood pressure, heart disease)	6.6	8.7	11.0	7.0	7.8	10.5	6.2	9.5	11.6
Proton pump inhibitors (gastrointestinal reflux, ulcers)	*	7.7	10.9	*	6.7	10.6	*	8.6	11.2
ACE inhibitors (high blood pressure, heart disease)	5.2	8.8	10.3	5.7	9.8	11.4	4.6	7.9	9.3
Antidiabetic agents (diabetes)	5.5	7.0	9.4	5.9	7.8	9.5	5.1	6.3	9.3
Thyroid drugs (hyper- and hypothyroidism)	4.7	6.6	8.5	*1.2	*2.7	*2.9	8.1	10.2	13.9
Sex hormones (contraceptives, menopause, hot flashes) . . . . .	...	...	...	...	...	...	19.9	30.3	11.2
Antihypertensive combinations (high blood pressure)	5.3	5.6	8.1	3.3	*3.7	6.3	7.1	7.3	9.7
Anxiolytics, sedatives, and hypnotics (generalized anxiety and related disorders)	6.0	6.2	7.8	4.3	4.9	6.2	7.5	7.4	9.3
Diuretics (high blood pressure, heart disease, kidney disease)	6.1	6.6	6.7	4.8	4.8	6.0	7.3	8.3	7.5
Calcium channel blocking agents (high blood pressure, heart disease)	7.0	6.7	6.1	8.2	5.9	5.3	5.9	7.5	6.9
Anticonvulsants (epilepsy, seizure, and related disorders)	2.7	4.3	6.0	*2.5	3.5	5.0	2.9	5.1	7.0
65 years and over									
Antihyperlipidemic agents (high cholesterol)	5.9	23.4	44.5	5.3	24.3	50.6	6.4	22.7	40.0
Beta-adrenergic blocking agents (high blood pressure, heart disease)	11.8	15.9	32.0	10.4	17.5	34.8	12.8	14.8	29.9
Diuretics (high blood pressure, heart disease, kidney disease)	16.2	19.2	24.5	12.2	17.1	24.6	19.1	20.7	24.4
ACE inhibitors (high blood pressure, heart disease)	9.5	16.9	21.0	9.8	18.0	25.1	9.3	16.1	18.1
Analgesics (pain relief)	13.8	18.4	18.1	11.4	15.0	17.8	15.6	20.9	18.3
Calcium channel blocking agents (high blood pressure, heart disease)	16.1	19.1	17.1	14.5	17.4	17.3	17.3	20.4	17.0
Proton pump inhibitors (gastrointestinal reflux, ulcers)	*	9.7	17.0	*	9.2	16.9	*	10.1	17.1
Antidiabetic agents (diabetes)	9.0	12.4	16.0	9.0	12.9	15.9	9.0	12.0	16.1
Thyroid drugs (hyper- and hypothyroidism)	7.1	14.3	15.5	3.5	6.7	6.2	9.8	19.9	22.4
Antidepressants (depression and related disorders)	3.0	9.3	14.2	*2.3	7.2	10.0	3.5	10.8	17.3
Antihypertensive combinations (high blood pressure)	9.6	9.8	13.2	6.0	7.4	9.6	12.2	11.6	15.8
Angiotensin II inhibitors (high blood pressure, heart disease) . . . . .	...	4.8	10.7	...	4.1	9.7	...	5.3	11.5
Anxiolytics, sedatives, and hypnotics (generalized anxiety and related disorders)	7.8	7.8	9.8	6.1	5.4	7.1	9.1	9.5	11.8
Bisphosphonates (osteoporosis and related disorders)	*	4.0	8.4	*	*	*	*	6.5	13.8
Antiadrenergic agents, peripherally acting (prostate conditions) ² . . . . .	...	...	...	2.8	12.5	15.9	...	...	...
65–74 years									
Antihyperlipidemic agents (high cholesterol)	7.3	26.2	44.3	6.2	26.6	52.1	8.1	25.9	38.2
Beta-adrenergic blocking agents (high blood pressure, heart disease)	11.3	14.8	29.0	10.6	16.0	32.2	11.9	13.9	26.4
Diuretics (high blood pressure, heart disease, kidney disease)	14.2	15.9	21.0	10.8	14.6	19.6	17.0	16.9	22.1
ACE inhibitors (high blood pressure, heart disease)	9.6	17.2	19.5	10.6	18.1	24.2	8.9	16.4	15.8
Analgesics (pain relief)	13.0	18.5	18.6	10.5	14.9	16.5	15.0	21.4	20.3
Antidiabetic agents (diabetes)	8.8	12.9	17.8	8.0	13.8	18.2	9.4	12.0	17.5
Proton pump inhibitors (gastrointestinal reflux, ulcers)	*	9.6	16.9	*	8.4	17.0	*	10.5	16.8
Antidepressants (depression and related disorders)	2.8	9.3	15.0	*2.3	5.8	9.6	3.1	12.1	19.3
Calcium channel blocking agents (high blood pressure, heart disease)	15.0	16.1	14.0	14.0	15.3	15.5	15.8	16.8	12.9
Antihypertensive combinations (high blood pressure)	8.1	8.0	13.7	4.8	*6.7	11.0	10.8	9.0	15.8
Thyroid drugs (hyper- and hypothyroidism)	6.6	13.1	13.1	*3.8	*5.0	4.3	8.9	19.9	19.9
Angiotensin II inhibitors (high blood pressure, heart disease) . . . . .	...	4.2	9.7	...	*3.5	9.2	...	4.9	10.1
Anxiolytics, sedatives, and hypnotics (generalized anxiety and related disorders)	6.9	7.7	9.4	6.0	*4.2	6.8	7.6	10.5	11.4
Antiadrenergic agents, peripherally acting (prostate conditions) ² . . . . .	...	...	...	*2.6	13.1	13.1	...	...	...
Bisphosphonates (osteoporosis and related disorders)	*	*3.1	7.2	*	*	*	*	*5.3	12.5
Anticonvulsants (epilepsy, seizure, and related disorders)	3.0	4.2	7.1	*2.7	*3.6	5.7	3.2	*4.7	8.2

See footnotes at end of table.

Table 100 (page 3 of 3). Selected prescription drug classes used in the past 30 days, by sex and age: United States, selected years 1988–1994 through 2005–2008

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#100>.

[Data are based on a sample of the civilian noninstitutionalized population]

Age group and Multum Lexicon Plus therapeutic class ¹ (primary indications for use)	Total			Male			Female		
	1988–1994	1999–2002	2005–2008	1988–1994	1999–2002	2005–2008	1988–1994	1999–2002	2005–2008
75 years and over	Percent of population with at least one prescription drug in drug class in past 30 days								
Antihyperlipidemic agents (high cholesterol)	3.8	19.9	44.8	*3.5	21.1	48.7	4.0	19.2	42.0
Beta-adrenergic blocking agents (high blood pressure, heart disease)	12.5	17.3	35.6	9.8	19.6	38.1	14.1	15.8	33.8
Diuretics (high blood pressure, heart disease, kidney disease)	19.2	23.2	28.7	14.7	20.5	31.1	21.9	24.9	27.0
ACE inhibitors (high blood pressure, heart disease)	9.3	16.4	22.9	8.5	17.7	26.2	9.8	15.6	20.6
Calcium channel blocking agents (high blood pressure, heart disease)	17.8	22.8	20.8	15.3	20.5	19.6	19.2	24.2	21.6
Thyroid drugs (hyper- and hypothyroidism)	8.0	15.8	18.5	3.0	9.2	8.7	10.9	20.0	25.2
Analgesics (pain relief)	15.1	18.4	17.5	13.0	15.1	19.5	16.3	20.4	16.1
Proton pump inhibitors (gastrointestinal reflux, ulcers)	*	9.9	17.3	*	10.2	16.8	*	9.8	17.6
Antidiabetic agents (diabetes)	9.3	11.8	13.9	10.7	11.5	12.9	8.5	12.0	14.5
Antidepressants (depression and related disorders)	3.4	9.3	13.3	*2.3	9.2	10.6	4.0	9.4	15.1
Antihypertensive combinations (high blood pressure)	11.9	12.0	12.6	8.3	*8.2	7.8	14.0	14.4	15.9
Antiplatelet agents (blood thinning, reduce or prevent blood clots)	4.4	5.0	11.7	*4.2	6.7	14.6	4.6	3.9	9.7
Angiotensin II inhibitors (high blood pressure, heart disease) . . . . .	...	5.4	11.9	...	*4.9	10.2	...	5.8	13.0
Anticoagulants (blood thinning, reduce or prevent blood clots)	2.9	7.2	10.4	3.7	7.6	14.3	*2.4	6.9	7.7
Anxiolytics, sedatives, and hypnotics (generalized anxiety and related disorders)	9.2	7.9	10.3	6.3	7.1	7.5	10.9	8.4	12.3
Bisphosphonates (osteoporosis and related disorders)	*	5.1	10.0	*	*	*	*	7.9	15.4
Minerals and electrolytes mineral deficiencies)	7.5	8.1	8.4	5.6	6.6	6.8	8.7	9.0	9.6
Antiadrenergic agents, peripherally acting (prostate conditions) ² . . . . .	...	...	...	*3.1	11.7	19.5	...	...	...

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

... Category not applicable.

¹The drug therapeutic class is based on Lexicon Plus, a proprietary database of Cerner Multum, Inc. Lexicon Plus is a comprehensive database of all prescription and some nonprescription drug products available in the U.S. drug market. Data on prescription drug use are collected by the National Health and Nutrition Examination Survey. Respondents were asked if they had taken a prescription drug in the past 30 days. Those who answered “yes” were asked to show the interviewer the medication containers for all prescriptions. If no container was available, the respondent was asked to verbally report the name of the medication. Each drug’s complete name was recorded and classified. Data presented here are based on the second level classification of prescription drugs. Up to four classes are assigned to each drug. Drugs classified into more than one class were counted in each class. For more information, see http://www.cdc.gov/nchs/nhanes/nhanes2007-2008/RXQ_DRUG.htm. See Appendix II, Multum Lexicon Plus therapeutic class.

²Although some antiadrenergic agents are used to treat high blood pressure, they are generally used currently to treat prostate hyperplasia and related conditions.

NOTES: Some drug classes were not available in 1988–1994 and are coded as not applicable. See Appendix II, Drug. Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See Appendix III.

SOURCE: CDC/NCHS, National Health and Nutrition Examination Survey. See Appendix I, National Health and Nutrition Examination Survey (NHANES).

Table 101 (page 1 of 2). Dietary supplement use among persons 20 years of age and over, by selected characteristics: United States, selected years 1988–1994 through 2005–2008

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#101>.

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

Sex, age, race and Hispanic origin ¹ , and percent of poverty level	Any supplement use in past 30 days ²			Any vitamin D supplement use in past 30 days ³			Any folic acid supplement use in past 30 days ⁴		
	1988– 1994	1999– 2002	2005– 2008	1988– 1994	1999– 2002	2005– 2008	1988– 1994	1999– 2002	2005– 2008
20 years and over, age-adjusted ⁵			Percent of population						
Both sexes ⁶	42.1	52.3	50.9	28.4	37.7	38.0	30.3	38.1	37.5
Male	35.7	46.8	44.4	24.3	32.1	32.2	26.2	33.7	32.9
Female	47.8	57.4	56.9	32.2	42.7	43.4	34.2	42.2	42.0
Not Hispanic or Latino:									
White only, male	37.5	52.1	48.7	26.1	36.1	35.8	28.2	37.8	36.6
White only, female	50.9	63.4	61.3	35.4	48.7	47.7	37.7	48.3	46.1
Black or African American only, male	29.5	30.4	31.0	18.5	19.8	22.6	18.2	20.7	23.0
Black or African American only, female	38.2	39.7	43.0	22.7	26.9	30.5	23.7	27.5	30.3
Mexican male	28.9	31.2	30.0	17.1	19.3	19.6	18.6	21.1	19.2
Mexican female	36.8	44.0	41.5	21.9	29.3	28.1	23.3	27.9	26.5
Percent of poverty level: ⁷									
Below 100%	30.0	37.8	33.5	16.8	24.5	23.2	18.3	24.1	21.7
100%–199%	36.0	42.7	43.9	23.3	27.8	30.3	24.1	27.9	30.4
200%–399%	44.0	53.6	52.5	30.2	39.0	39.4	32.5	39.8	38.8
400% or more	51.0	63.9	60.8	35.8	48.6	47.7	38.5	49.2	47.3
20 years and over, crude									
Both sexes ⁶	41.8	52.1	51.3	28.4	37.6	38.3	30.3	38.1	37.8
Male	35.3	46.2	44.2	24.2	31.9	32.1	26.0	33.5	32.8
Female	47.7	57.6	57.8	32.2	42.8	44.1	34.3	42.3	42.5
Not Hispanic or Latino:									
White only, male	37.4	52.4	49.7	26.0	36.4	36.4	28.1	38.1	37.3
White only, female	51.1	64.1	63.3	35.4	49.2	49.1	37.7	48.5	47.2
Black or African American only, male	28.9	29.7	30.3	18.8	19.6	22.6	18.5	20.5	22.7
Black or African American only, female	37.0	39.5	42.4	22.9	26.8	30.4	23.9	27.6	30.1
Mexican male	25.6	27.0	24.1	15.5	17.0	16.0	17.1	18.3	15.7
Mexican female	34.9	40.1	37.6	21.9	26.6	26.5	23.1	26.1	25.8
Percent of poverty level: ⁷									
Below 100%	29.4	36.3	31.9	17.1	23.8	22.4	18.4	23.6	21.2
100%–199%	36.8	43.5	45.2	24.0	28.2	31.3	24.9	28.1	31.1
200%–399%	43.6	53.2	53.1	30.4	38.6	39.9	32.7	39.5	39.1
400% or more	50.8	63.7	61.0	36.0	48.5	47.6	38.7	49.4	47.3
Male									
20–34 years	31.0	34.4	31.2	21.9	24.4	22.9	23.5	24.8	23.0
35–44 years	36.8	45.0	38.4	26.3	31.6	29.2	28.5	34.0	29.6
45–54 years	32.8	48.8	47.0	23.6	35.5	32.4	25.3	37.1	33.9
55–64 years	42.9	57.0	56.6	28.1	39.4	42.1	30.2	41.2	43.0
65–74 years	39.4	59.9	60.0	24.4	36.8	43.7	26.3	39.4	44.3
75 years and over	40.9	59.2	64.0	23.0	36.2	44.7	24.1	37.7	45.1
Female									
20–34 years	43.6	47.7	44.4	33.1	35.4	35.6	35.5	37.1	35.6
35–44 years	46.5	54.3	49.7	32.2	39.4	37.9	34.8	40.7	38.2
45–54 years	47.8	60.4	60.3	32.3	46.1	44.9	33.7	46.1	43.2
55–64 years	52.3	66.7	70.2	33.4	50.9	53.8	35.8	48.2	52.0
65–74 years	52.9	66.4	75.5	30.0	49.1	57.7	31.2	43.6	52.1
75 years and over	54.0	68.2	71.1	29.8	49.1	50.6	30.7	44.8	44.8

See footnotes at end of table.

Table 101 (page 2 of 2). Dietary supplement use among persons 20 years of age and over, by selected characteristics: United States, selected years 1988–1994 through 2005–2008

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#101>.

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

¹Persons of Mexican origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The two non-Hispanic race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group. Prior to data year 1999, estimates were tabulated according to the 1977 Standards. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. See [Appendix II, Hispanic origin; Race](#).

²Respondents were asked “Have you used or taken any vitamins, minerals, herbals, or other dietary supplements in the past 30 days? Include prescription and non-prescription supplements.” To facilitate their response, respondents were shown a card with some examples of different types of dietary supplements. The question wording differs slightly on the earlier, 1988–1994, survey. See [Appendix II, Dietary supplement](#).

³Includes supplements with vitamin D, cholecalciferol, calciferol, ergocalciferol, or calcitriol as an ingredient.

⁴Includes supplements with folic acid as an ingredient.

⁵Age-adjusted to the 2000 standard population using five age groups: 20–34 years, 35–44 years, 45–54 years, 55–64 years, and 65 years and over. Age-adjusted estimates may differ from other age-adjusted estimates based on the same data and presented elsewhere if different age groups are used in the adjustment procedure. See [Appendix II, Age adjustment](#).

⁶Includes persons of all races and Hispanic origins, not just those shown separately.

⁷Percent of poverty level is based on family income and family size. Persons with unknown percent of poverty level are excluded (5% in 2005–2008). See [Appendix II, Family income; Poverty](#).

NOTES: For more information see [Appendix II, Dietary supplement](#). Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See [Appendix III](#). Data have been revised and differ from previous editions of *Health, United States*.

SOURCE: CDC/NCHS, National Health and Nutrition Examination Survey. See [Appendix I, National Health and Nutrition Examination Survey \(NHANES\)](#).

Table 102 (page 1 of 4). Persons with hospital stays in the past year, by selected characteristics: United States, selected years 1997–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#102>.

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

Characteristic	One or more hospital stays ¹				Two or more hospital stays ¹			
	1997	2000	2009	2010	1997	2000	2009	2010
	Percent							
1 year and over, age-adjusted ^{2,3}	7.8	7.6	7.3	7.0	1.8	1.8	1.8	1.8
1 year and over, crude ²	7.7	7.5	7.4	7.2	1.7	1.8	1.9	1.9
Age								
1–17 years	2.8	2.5	2.2	2.4	0.5	0.4	0.4	0.5
1–5 years	3.9	3.8	3.3	3.4	0.7	0.7	0.7	0.6
6–17 years	2.3	1.9	1.8	1.9	0.4	0.3	0.3	0.5
18–44 years	7.4	7.0	6.7	6.3	1.2	1.1	1.2	1.3
18–24 years	7.9	7.0	6.3	5.7	1.3	1.1	1.1	1.1
25–44 years	7.3	7.0	6.8	6.6	1.2	1.2	1.3	1.3
45–64 years	8.2	8.4	8.5	8.3	2.2	2.2	2.4	2.5
45–54 years	6.9	7.3	7.4	7.3	1.7	1.8	2.1	2.1
55–64 years	10.2	10.0	9.9	9.5	2.9	2.8	2.8	2.9
65 years and over	18.0	18.2	17.1	16.1	5.4	5.8	5.2	4.9
65–74 years	16.1	16.1	14.3	13.6	4.8	4.9	4.2	3.8
75 years and over	20.4	20.7	20.4	19.0	6.2	6.8	6.4	6.2
75–84 years	19.8	20.1	19.0	18.3	6.1	6.2	5.8	6.1
85 years and over	22.8	23.4	24.8	20.8	6.2	9.0	7.9	6.6
1–64 years								
Total, 1–64 years ^{2,4}	6.3	6.1	5.9	5.7	1.3	1.2	1.3	1.3
Sex								
Male, crude	4.4	4.2	4.4	4.2	0.9	1.0	1.1	1.1
1–17 years	2.9	2.4	2.3	2.4	0.6	0.4	0.5	0.5
18–44 years	3.6	3.1	3.4	2.9	0.6	0.6	0.8	0.7
45–54 years	6.0	7.0	6.2	6.4	1.4	1.8	2.0	1.9
55–64 years	11.1	10.2	9.7	9.3	3.0	3.0	2.6	2.8
Female, crude	8.0	7.9	7.7	7.6	1.6	1.5	1.6	1.7
1–17 years	2.6	2.5	2.1	2.3	0.5	0.4	*0.3	0.5
18–44 years	11.2	10.8	9.9	9.8	1.8	1.7	1.7	1.9
45–54 years	7.6	7.6	8.5	8.3	2.0	1.9	2.2	2.3
55–64 years	9.4	9.8	10.1	9.7	2.9	2.7	3.0	2.9
Race ^{4,5}								
White only	6.2	5.9	5.8	5.6	1.2	1.1	1.2	1.3
Black or African American only	7.6	7.4	6.9	6.7	1.9	1.9	1.8	1.9
American Indian or Alaska Native only	7.6	7.0	8.8	*7.6	*	*	*	*2.4
Asian only	3.9	3.9	3.6	3.6	*0.5	*0.6	*0.6	*0.4
Native Hawaiian or Other Pacific Islander only	---	*	*	*	---	*	*	*
2 or more races	---	8.8	7.2	7.7	---	*1.6	*2.2	*2.4
Hispanic origin and race ^{4,5}								
Hispanic or Latino	6.8	5.5	5.7	5.2	1.3	0.9	1.4	1.1
Not Hispanic or Latino	6.2	6.1	5.9	5.8	1.3	1.3	1.3	1.4
White only	6.1	6.0	5.8	5.7	1.2	1.2	1.2	1.3
Black or African American only	7.5	7.4	6.9	6.7	1.9	1.9	1.8	1.9
Percent of poverty level ^{4,6}								
Below 100%	10.3	9.1	9.5	8.3	2.8	2.6	2.9	2.7
100%–199%	7.3	7.3	7.1	7.0	1.7	1.9	2.0	1.9
200%–399%	6.0	6.0	5.6	5.2	1.2	1.1	1.1	1.1
400% or more	4.7	5.0	4.4	4.5	0.7	0.8	0.7	0.8

See footnotes at end of table.

Table 102 (page 2 of 4). Persons with hospital stays in the past year, by selected characteristics: United States, selected years 1997–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#102>.

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

Characteristic	One or more hospital stays ¹				Two or more hospital stays ¹			
	1997	2000	2009	2010	1997	2000	2009	2010
Hispanic origin and race and percent of poverty level ^{4,5,6}								
Percent								
Hispanic or Latino:								
Below 100%	9.1	7.4	8.0	7.3	2.0	1.6	1.9	2.0
100%–199%	5.9	5.4	5.9	4.8	1.0	0.8	2.0	1.1
200%–399%	5.9	4.6	4.9	4.3	1.1	0.7	1.0	0.7
400% or more	5.5	4.7	3.8	4.4	*1.1	*0.6	*0.9	*0.8
Not Hispanic or Latino:								
White only:								
Below 100%	10.7	9.6	10.2	8.8	3.2	2.7	3.4	2.9
100%–199%	7.7	7.8	7.7	7.8	1.8	2.2	2.2	2.2
200%–399%	6.1	6.1	5.8	5.5	1.2	1.1	1.0	1.2
400% or more	4.7	5.0	4.6	4.6	0.7	0.8	0.8	0.8
Black or African American only:								
Below 100%	11.4	10.8	10.3	9.4	3.3	3.4	3.2	3.1
100%–199%	8.0	8.5	7.4	7.7	2.1	2.3	2.0	2.3
200%–399%	6.2	6.1	5.8	5.3	1.5	1.3	1.6	1.4
400% or more	4.7	5.8	4.6	4.5	*0.9	*1.3	*0.8	*1.0
Health insurance status at the time of interview ^{4,7}								
Insured	6.6	6.4	6.3	6.2	1.3	1.3	1.3	1.4
Private	5.6	5.5	4.9	5.0	1.0	1.0	0.8	0.9
Medicaid	16.1	15.9	14.5	12.7	4.9	4.7	4.6	4.5
Uninsured	4.8	4.5	4.2	4.0	1.0	0.9	1.0	0.9
Health insurance status prior to interview ^{4,7}								
Insured continuously all 12 months	6.5	6.3	6.2	6.0	1.3	1.2	1.3	1.4
Uninsured for any period up to 12 months	8.5	8.4	7.3	7.9	1.8	1.9	2.0	1.9
Uninsured more than 12 months	3.8	3.5	3.5	3.0	0.8	0.8	0.9	0.8
Percent of poverty level and health insurance status prior to interview ^{4,6,7}								
Below 100%:								
Insured continuously all 12 months	12.4	10.7	11.9	10.4	3.7	3.1	3.7	3.4
Uninsured for any period up to 12 months	13.7	13.4	11.9	10.4	3.4	*3.4	*3.1	3.0
Uninsured more than 12 months	4.9	5.0	4.6	4.0	1.0	*1.6	1.3	1.3
100%–199%:								
Insured continuously all 12 months	8.5	8.6	8.7	8.5	2.0	2.3	2.5	2.5
Uninsured for any period up to 12 months	9.3	9.1	8.0	10.1	*1.9	*2.2	2.6	1.9
Uninsured more than 12 months	3.8	3.2	3.2	2.7	*0.7	*0.7	*0.8	*0.5
200%–399%:								
Insured continuously all 12 months	6.3	6.4	6.1	5.6	1.3	1.2	1.1	1.2
Uninsured for any period up to 12 months	7.0	6.6	5.9	6.1	*1.5	*1.3	*1.4	*1.6
Uninsured more than 12 months	3.3	2.8	3.2	2.6	*0.7	*0.4	*	*0.7
400% or more:								
Insured continuously all 12 months	4.9	5.1	4.5	4.7	0.7	0.8	0.7	0.8
Uninsured for any period up to 12 months	3.9	6.0	3.8	4.1	*	*	*	*
Uninsured more than 12 months	*	*2.1	*2.4	*1.8	*	*	*	*
Disability measure among adults 18–64 years ^{4,8}								
Any basic actions difficulty or complex activity limitation	14.1	15.1	15.4	14.3	4.1	4.4	5.1	5.2
Any basic actions difficulty	13.9	15.1	15.0	14.2	4.1	4.4	5.0	5.1
Any complex activity limitation	21.5	22.6	23.0	21.2	7.7	8.8	8.7	8.6
No disability	5.8	5.6	5.2	5.4	0.6	0.7	0.6	0.8

See footnotes at end of table.

Table 102 (page 3 of 4). Persons with hospital stays in the past year, by selected characteristics: United States, selected years 1997–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#102>.

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

Characteristic	One or more hospital stays ¹				Two or more hospital stays ¹			
	1997	2000	2009	2010	1997	2000	2009	2010
Geographic region⁴					Percent			
Northeast	6.0	5.5	5.4	5.2	1.2	1.0	1.0	1.2
Midwest	6.5	6.3	6.6	6.3	1.5	1.3	1.6	1.5
South	6.8	6.6	6.2	6.0	1.4	1.5	1.4	1.5
West	5.4	5.2	4.9	4.9	0.8	0.9	1.0	1.1
Location of residence⁴								
Within MSA ⁹	6.1	5.8	5.7	5.5	1.2	1.1	1.2	1.3
Outside MSA ⁹	7.0	6.9	6.9	6.9	1.6	1.5	1.8	1.6
65 years and over								
Total 65 years and over ^{2,10}	18.1	18.3	17.2	16.2	5.4	5.8	5.2	4.9
65–74 years	16.1	16.1	14.3	13.6	4.8	4.9	4.2	3.8
75 years and over	20.4	20.7	20.4	19.0	6.2	6.8	6.4	6.2
Sex¹⁰								
Male	19.0	19.5	18.1	16.2	5.8	5.8	5.5	5.4
Female	17.5	17.4	16.6	16.2	5.1	5.7	5.0	4.6
Hispanic origin and race^{5,10}								
Hispanic or Latino	17.3	16.6	14.3	13.9	6.2	6.4	4.4	5.0
Not Hispanic or Latino	18.2	18.4	17.4	16.4	5.4	5.8	5.3	4.9
White only	18.3	18.4	17.4	16.5	5.4	5.7	5.2	4.9
Black or African American only	18.9	19.8	19.4	16.9	5.5	7.5	6.7	5.5
Percent of poverty level^{6,10}								
Below 100%	20.9	20.9	19.5	18.8	6.4	7.5	6.3	5.1
100%–199%	19.6	19.2	18.7	17.2	6.5	6.6	6.4	5.2
200%–399%	17.3	18.1	16.4	16.0	4.9	5.8	4.7	5.5
400% or more	16.6	16.0	16.7	15.0	4.7	4.2	4.8	4.1
Disability measure^{8,10}								
Any basic actions difficulty or complex activity limitation	22.6	24.7	24.3	20.2	7.2	8.6	8.4	6.4
Any basic actions difficulty	22.7	24.7	24.5	20.4	7.2	8.7	8.6	6.6
Any complex activity limitation	29.0	31.5	31.4	25.4	10.8	12.2	11.6	9.2
No disability	7.8	9.7	7.7	10.6	1.1	1.9	*1.3	*1.6
Geographic region¹⁰								
Northeast	17.2	16.6	17.5	16.5	5.1	4.5	5.1	6.1
Midwest	18.2	19.5	18.2	16.4	5.6	7.2	5.5	4.7
South	19.4	19.5	17.7	16.4	6.1	6.3	5.9	4.7
West	16.5	16.4	14.9	15.3	4.4	4.4	4.0	4.5
Location of residence¹⁰								
Within MSA ⁹	17.8	17.8	16.8	15.9	5.2	5.4	5.0	4.8
Outside MSA ⁹	19.1	19.6	18.8	17.3	6.3	6.9	6.1	5.6

See footnotes at end of table.

Table 102 (page 4 of 4). Persons with hospital stays in the past year, by selected characteristics: United States, selected years 1997–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#102>.

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

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

- - - Data not available.

¹These estimates exclude hospitalizations for institutionalized persons and those who died while hospitalized, because they are outside the scope of this survey. See [Appendix II, Hospital utilization](#).

²Includes all other races not shown separately, unknown health insurance status, and unknown disability status.

³Estimates are for persons 1 year of age and over and are age-adjusted to the year 2000 standard population using six age groups: 1–17 years, 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See [Appendix II, Age adjustment](#).

⁴Estimates are for persons 1–64 years of age and are age-adjusted to the year 2000 standard population using four age groups: 1–17 years, 18–44 years, 45–54 years, and 55–64 years. The disability measure is age-adjusted using the three adult age groups. See [Appendix II, Age adjustment](#).

⁵The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Prior to 1999, data were tabulated according to the 1977 Standards with four racial groups, and the Asian only category included Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁶Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed for 1997 and beyond. See [Appendix II, Family income; Poverty; Table VI](#).

⁷Health insurance categories are mutually exclusive. Persons who reported both Medicaid and private coverage are classified as having private coverage. Starting with 1997 data, state-sponsored health plan coverage is included as Medicaid coverage. Starting with 1999 data, coverage by the Children's Health Insurance Program (CHIP) is included with Medicaid coverage. In addition to private and Medicaid, the insured category also includes military, other government, and Medicare coverage. Persons not covered by private insurance, Medicaid, CHIP, state-sponsored or other government-sponsored health plans (starting in 1997), Medicare, or military plans are considered to have no health insurance coverage. Persons with only Indian Health Service coverage are considered to have no health insurance coverage. See [Appendix II, Health insurance coverage](#).

⁸Any basic actions difficulty or complex activity limitation is defined as having one or more of the following limitations or difficulties: movement difficulty, emotional difficulty, sensory (seeing or hearing) difficulty, cognitive difficulty, self-care (activities of daily living or instrumental activities of daily living) limitation, social limitation, or work limitation. For more information, see [Appendix II, Basic actions difficulty; Complex activity limitation](#). Starting with 2007 data, the hearing question, a component of the basic actions difficulty measure, was revised. Consequently, data prior to 2007 are not comparable with data for 2007 and beyond. For more information on the impact of the revised hearing question, see [Appendix II, Hearing trouble](#).

⁹MSA is metropolitan statistical area. Starting with 2006 data, MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2006, see [Appendix II, Metropolitan statistical area \(MSA\)](#) for the applicable standards.

¹⁰Estimates are for persons 65 years of age and over and are age-adjusted to the year 2000 standard population using two age groups: 65–74 years and 75 years and over. See [Appendix II, Age adjustment](#).

NOTES: Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Health Interview Survey, family core and sample adult questionnaires. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 103 (page 1 of 3). Discharges, days of care, and average length of stay in nonfederal short-stay hospitals, by selected characteristics: United States, selected years 1980 through 2008–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#103>.

[Data are based on a sample of hospital records]

Characteristic	1980 ¹	1985 ¹	1990	1995	2000	2005	2007	2008–2009 ²
Discharges per 10,000 population								
Total, age-adjusted ³	1,744.5	1,522.3	1,252.4	1,180.2	1,132.8	1,162.4	1,124.0	1,149.8
Total, crude	1,676.8	1,484.1	1,222.7	1,157.4	1,128.3	1,174.4	1,143.9	1,179.9
Age								
Under 18 years	756.5	614.0	463.5	423.7	402.6	411.0	376.7	341.8
Under 1 year	2,317.6	2,137.9	1,915.3	1,977.6	2,027.6	1,949.3	1,639.3	1,604.5
1–4 years	864.6	650.2	466.9	457.1	458.0	429.7	389.9	336.1
5–17 years	609.3	477.4	334.1	290.2	268.6	286.5	271.5	241.6
18–44 years	1,578.8	1,301.2	1,026.6	914.3	849.4	898.0	888.8	885.7
18–24 years	1,570.3	1,297.8	1,065.3	928.9	854.1	862.4	846.1	814.4
25–44 years	1,582.8	1,302.5	1,013.8	909.9	847.9	910.3	903.8	911.3
25–34 years	1,682.9	1,416.9	1,140.3	1,015.0	942.5	1,007.8	1,003.5	1,001.0
35–44 years	1,438.3	1,153.1	868.8	808.0	764.8	821.5	810.4	823.7
45–64 years	1,947.6	1,707.8	1,354.5	1,185.4	1,114.2	1,147.0	1,143.9	1,209.6
45–54 years	1,750.2	1,470.7	1,123.9	984.7	920.8	964.3	959.3	1,027.6
55–64 years	2,153.6	1,948.0	1,632.6	1,483.4	1,415.0	1,402.4	1,391.2	1,445.7
65 years and over	3,836.9	3,698.0	3,341.2	3,477.4	3,533.6	3,595.6	3,395.1	3,548.8
65–74 years	3,158.4	2,972.6	2,616.3	2,600.0	2,546.0	2,628.9	2,439.9	2,543.3
75 years and over	4,893.0	4,756.1	4,340.3	4,590.7	4,619.6	4,588.4	4,392.4	4,645.0
75–84 years	4,638.6	4,464.2	3,957.0	4,155.7	4,124.4	4,131.7	3,983.3	4,140.2
85 years and over	5,764.6	5,728.9	5,606.3	5,925.1	6,050.9	5,758.1	5,358.9	5,808.9
Sex ³								
Male	1,543.9	1,382.5	1,130.0	1,048.5	990.8	1,013.0	973.8	1,000.9
Female	1,951.9	1,675.6	1,389.5	1,317.3	1,277.3	1,319.6	1,280.6	1,307.6
Sex and age								
Male, all ages	1,390.4	1,240.2	1,002.2	941.7	910.6	959.0	936.7	971.9
Under 18 years	762.6	626.4	463.1	431.3	408.6	412.2	385.6	350.5
18–44 years	950.9	776.9	579.2	507.2	450.0	471.1	460.8	447.6
45–64 years	1,953.1	1,775.6	1,402.7	1,212.0	1,127.4	1,148.8	1,156.6	1,224.8
65–74 years	3,474.1	3,255.2	2,877.6	2,762.2	2,649.1	2,742.6	2,559.3	2,640.6
75–84 years	5,093.5	5,031.8	4,417.3	4,361.1	4,294.1	4,388.1	4,162.6	4,369.0
85 years and over	6,372.3	6,406.9	6,420.9	6,387.9	6,166.6	5,984.1	5,440.6	6,210.0
Female, all ages	1,944.0	1,712.2	1,431.7	1,362.9	1,336.6	1,382.2	1,344.0	1,381.2
Under 18 years	750.2	601.0	464.1	415.7	396.2	409.8	367.3	332.5
18–44 years	2,180.2	1,808.3	1,468.0	1,318.0	1,248.1	1,330.9	1,324.5	1,332.5
45–64 years	1,942.5	1,645.9	1,309.7	1,160.5	1,101.7	1,145.3	1,131.7	1,195.0
65–74 years	2,916.6	2,754.8	2,411.2	2,469.4	2,461.0	2,533.1	2,338.4	2,460.1
75–84 years	4,370.4	4,130.4	3,678.9	4,024.1	4,013.5	3,957.7	3,859.8	3,979.9
85 years and over	5,500.3	5,458.0	5,289.6	5,743.7	6,003.3	5,654.4	5,320.0	5,619.1
Geographic region ³								
Northeast	1,622.9	1,428.7	1,332.2	1,335.3	1,274.8	1,245.9	1,274.6	1,322.5
Midwest	1,925.2	1,584.7	1,287.5	1,132.8	1,109.2	1,174.9	1,125.5	1,162.8
South	1,814.1	1,569.4	1,325.0	1,252.4	1,209.2	1,202.5	1,139.9	1,164.1
West	1,519.7	1,469.6	1,006.6	967.4	894.0	1,005.9	966.0	959.7

See footnotes at end of table.

Table 103 (page 2 of 3). Discharges, days of care, and average length of stay in nonfederal short-stay hospitals, by selected characteristics: United States, selected years 1980 through 2008–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#103>.

[Data are based on a sample of hospital records]

Characteristic	1980 ¹	1985 ¹	1990	1995	2000	2005	2007	2008–2009 ²
Days of care per 10,000 population								
Total, age-adjusted ³	13,027.0	10,017.9	8,189.3	6,386.2	5,576.8	5,541.7	5,404.1	5,556.9
Total, crude	12,166.8	9,576.6	7,840.5	6,201.7	5,546.5	5,620.9	5,539.4	5,760.9
Age								
Under 18 years	3,415.1	2,812.3	2,263.1	1,846.7	1,789.7	1,918.3	1,785.0	1,487.2
Under 1 year	13,213.9	14,141.2	11,484.7	10,834.5	11,524.0	12,131.6	8,466.7	9,339.7
1–4 years	3,333.5	2,280.4	1,700.1	1,525.6	1,482.2	1,355.3	1,280.3	1,030.0
5–17 years	2,698.5	2,049.8	1,633.2	1,240.3	1,172.1	1,300.9	1,406.4	998.3
18–44 years	8,323.6	6,294.7	4,676.7	3,517.2	3,093.8	3,305.0	3,258.0	3,224.4
18–24 years	7,174.6	5,287.2	4,015.9	2,987.4	2,679.5	2,819.9	2,738.7	2,681.4
25–44 years	8,861.4	6,685.2	4,895.5	3,676.4	3,225.5	3,472.8	3,439.7	3,419.3
25–34 years	8,497.5	6,688.9	4,939.7	3,536.1	3,161.7	3,434.3	3,423.1	3,472.1
35–44 years	9,386.6	6,680.4	4,844.8	3,812.3	3,281.5	3,507.9	3,455.2	3,367.8
45–64 years	15,969.5	12,015.9	9,139.3	6,574.5	5,515.4	5,717.3	5,868.2	6,234.0
45–54 years	13,167.2	9,692.8	6,996.6	5,162.0	4,374.2	4,711.2	4,745.9	4,978.3
55–64 years	18,895.4	14,369.5	11,722.6	8,671.6	7,290.8	7,124.0	7,371.8	7,863.5
65 years and over	40,983.5	32,279.7	28,956.1	23,736.5	21,118.9	19,882.8	18,951.7	20,160.1
65–74 years	31,470.3	24,373.3	20,878.2	16,847.0	14,389.7	13,985.3	13,274.8	13,899.5
75 years and over	55,788.2	43,812.7	40,090.8	32,478.1	28,518.6	25,939.4	24,878.5	26,986.2
75–84 years	51,836.2	40,521.6	35,995.1	28,947.5	25,397.8	23,155.3	22,658.1	24,020.3
85 years and over	69,332.0	54,782.4	53,616.9	43,305.9	37,537.8	33,071.5	30,124.5	33,824.0
Sex ³								
Male	12,475.8	9,792.1	8,057.8	6,239.0	5,358.8	5,301.3	5,157.4	5,359.7
Female	13,662.9	10,340.4	8,404.5	6,548.8	5,809.7	5,828.7	5,685.1	5,808.2
Sex and age								
Male, all ages	10,674.1	8,518.8	6,943.0	5,507.5	4,860.8	4,979.7	4,937.6	5,177.0
Under 18 years	3,473.1	2,942.7	2,335.7	1,998.0	1,955.7	2,006.2	1,858.1	1,586.4
18–44 years	6,102.4	4,746.6	3,517.4	2,729.7	2,175.0	2,282.7	2,241.8	2,124.9
45–64 years	15,894.9	12,290.1	9,434.2	6,822.7	5,704.4	5,773.5	6,103.5	6,498.1
65–74 years	33,697.6	26,220.5	22,515.5	17,697.4	14,897.4	14,502.6	13,666.7	14,698.4
75–84 years	54,723.3	44,087.4	38,257.8	29,642.6	26,616.7	25,106.9	23,894.6	25,577.6
85 years and over	77,013.1	58,609.5	60,347.3	45,263.6	37,765.3	35,179.0	31,480.6	37,467.3
Female, all ages	13,560.1	10,566.3	8,691.1	6,863.4	6,202.7	6,239.5	6,121.1	6,326.0
Under 18 years	3,354.5	2,675.5	2,186.8	1,687.9	1,615.1	1,826.1	1,708.3	1,383.3
18–44 years	10,450.7	7,792.0	5,820.3	4,297.9	4,010.8	4,341.8	4,292.3	4,345.9
45–64 years	16,037.1	11,765.5	8,865.1	6,341.7	5,336.4	5,663.9	5,644.3	5,982.4
65–74 years	29,764.7	22,949.2	19,592.7	16,162.0	13,971.3	13,549.0	12,942.1	13,216.5
75–84 years	50,133.3	38,424.7	34,628.3	28,502.5	24,601.0	21,830.1	21,806.2	22,928.9
85 years and over	65,990.5	53,253.6	51,000.5	42,538.6	37,444.4	32,103.5	29,479.5	32,100.2
Geographic region ³								
Northeast	14,024.4	11,143.1	10,266.8	8,389.7	7,185.9	6,636.5	7,284.4	7,285.5
Midwest	14,871.9	10,803.6	8,306.5	5,908.8	5,005.3	4,954.3	4,775.3	5,083.1
South	12,713.5	9,642.6	8,204.1	6,659.9	5,925.1	5,830.4	5,555.7	5,639.3
West	9,635.2	8,300.7	5,755.1	4,510.6	4,082.0	4,690.3	4,184.5	4,383.6

See footnotes at end of table.

Table 103 (page 3 of 3). Discharges, days of care, and average length of stay in nonfederal short-stay hospitals, by selected characteristics: United States, selected years 1980 through 2008–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#103>.

[Data are based on a sample of hospital records]

Characteristic	1980 ¹	1985 ¹	1990	1995	2000	2005	2007	2008–2009 ²
Average length of stay in days								
Total, age-adjusted ³	7.5	6.6	6.5	5.4	4.9	4.8	4.8	4.8
Total, crude	7.3	6.5	6.4	5.4	4.9	4.8	4.8	4.9
Age								
Under 18 years	4.5	4.6	4.9	4.4	4.4	4.7	4.7	4.4
Under 1 year	5.7	6.6	6.0	5.5	5.7	6.2	5.2	5.8
1–4 years	3.9	3.5	3.6	3.3	3.2	3.2	3.3	3.1
5–17 years	4.4	4.3	4.9	4.3	4.4	4.5	5.2	4.1
18–44 years	5.3	4.8	4.6	3.8	3.6	3.7	3.7	3.6
18–24 years	4.6	4.1	3.8	3.2	3.1	3.3	3.2	3.3
25–44 years	5.6	5.1	4.8	4.0	3.8	3.8	3.8	3.8
25–34 years	5.0	4.7	4.3	3.5	3.4	3.4	3.4	3.5
35–44 years	6.5	5.8	5.6	4.7	4.3	4.3	4.3	4.1
45–64 years	8.2	7.0	6.7	5.5	5.0	5.0	5.1	5.2
45–54 years	7.5	6.6	6.2	5.2	4.8	4.9	4.9	4.8
55–64 years	8.8	7.4	7.2	5.8	5.2	5.1	5.3	5.4
65 years and over	10.7	8.7	8.7	6.8	6.0	5.5	5.6	5.7
65–74 years	10.0	8.2	8.0	6.5	5.7	5.3	5.4	5.5
75 years and over	11.4	9.2	9.2	7.1	6.2	5.7	5.7	5.8
75–84 years	11.2	9.1	9.1	7.0	6.2	5.6	5.7	5.8
85 years and over	12.0	9.6	9.6	7.3	6.2	5.7	5.6	5.8
Sex ³								
Male	8.1	7.1	7.1	6.0	5.4	5.2	5.3	5.4
Female	7.0	6.2	6.0	5.0	4.5	4.4	4.4	4.4
Sex and age								
Male, all ages	7.7	6.9	6.9	5.8	5.3	5.2	5.3	5.3
Under 18 years	4.6	4.7	5.0	4.6	4.8	4.9	4.8	4.5
18–44 years	6.4	6.1	6.1	5.4	4.8	4.8	4.9	4.7
45–64 years	8.1	6.9	6.7	5.6	5.1	5.0	5.3	5.3
65–74 years	9.7	8.1	7.8	6.4	5.6	5.3	5.3	5.6
75–84 years	10.7	8.8	8.7	6.8	6.2	5.7	5.7	5.9
85 years and over	12.1	9.1	9.4	7.1	6.1	5.9	5.8	6.0
Female, all ages	7.0	6.2	6.1	5.0	4.6	4.5	4.6	4.6
Under 18 years	4.5	4.5	4.7	4.1	4.1	4.5	4.7	4.2
18–44 years	4.8	4.3	4.0	3.3	3.2	3.3	3.2	3.3
45–64 years	8.3	7.1	6.8	5.5	4.8	4.9	5.0	5.0
65–74 years	10.2	8.3	8.1	6.5	5.7	5.3	5.5	5.4
75–84 years	11.5	9.3	9.4	7.1	6.1	5.5	5.6	5.8
85 years and over	12.0	9.8	9.6	7.4	6.2	5.7	5.5	5.7
Geographic region ³								
Northeast	8.6	7.8	7.7	6.3	5.6	5.3	5.7	5.5
Midwest	7.7	6.8	6.5	5.2	4.5	4.2	4.2	4.4
South	7.0	6.1	6.2	5.3	4.9	4.8	4.9	4.8
West	6.3	5.6	5.7	4.7	4.6	4.7	4.3	4.6

¹Comparisons of data from 1980–1985 with data from subsequent years should be made with caution because estimates of change may reflect improvements in the survey design rather than true changes in hospital use. See [Appendix I, National Hospital Discharge Survey \(NHDS\)](#).

²Starting with 2008 data, the sample of nonfederal short-stay hospitals was cut in half. This smaller sample size has increased standard errors. Therefore, caution should be exercised in interpreting trends in these data. See [Appendix I, National Hospital Discharge Survey \(NHDS\)](#).

³Estimates are age-adjusted to the year 2000 standard population using six age groups: under 18 years, 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See [Appendix II, Age adjustment](#).

NOTES: Excludes newborn infants. Rates are based on the civilian population as of July 1. Starting with *Health, United States, 2003*, rates for 2000 and beyond are based on the 2000 census. Rates for 1990–1999 use population estimates based on the 1990 census adjusted for net underenumeration using the 1990 National Population Adjustment Matrix from the U.S. Census Bureau. Rates for 1990–1999 are not strictly comparable with rates for 2000 and beyond because population estimates for 1990–1999 have not been revised to reflect the 2000 census. See [Appendix I, National Hospital Discharge Survey \(NHDS\)](#); [Population Census and Population Estimates](#). Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Hospital Discharge Survey. See [Appendix I, National Hospital Discharge Survey \(NHDS\)](#).

Table 104 (page 1 of 3). Discharges in nonfederal short-stay hospitals, by sex, age, and selected first-listed diagnosis: United States, selected years 1990 through 2008–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#104>.

[Data are based on a sample of hospital records]

Age and first-listed diagnosis	Discharges								
	Both sexes			Male			Female		
	1990	2000	2008–2009 ¹	1990	2000	2008–2009 ¹	1990	2000	2008–2009 ¹
	Number in thousands								
All ages ²	30,788	31,706	35,908	12,280	12,514	14,546	18,508	19,192	21,362
Under 18 years ²	3,072	2,912	*2,537	1,572	1,515	*1,332	1,500	1,397	*1,206
Dehydration	63	114	74	32	64	*40	31	50	34
Acute bronchitis and bronchiolitis	114	201	113	67	116	70	47	85	*43
Pneumonia	221	182	162	126	95	*90	95	87	72
Asthma	182	214	*138	111	129	*87	71	85	*51
Appendicitis	83	86	*83	50	48	*53	34	38	*31
Injury	329	243	184	210	156	*113	119	87	70
Fracture	117	100	76	76	68	51	42	32	*24
Complications of care and adverse effects	41	*52	*42	22	*29	*25	19	*23	*17
18–44 years ²	11,138	9,439	9,939	3,120	2,498	2,537	8,018	6,941	7,402
HIV/AIDS	*20	47	28	*15	32	19	*	15	*8
Cancer, all	181	117	116	64	41	41	116	76	75
Childbirth . . . . .	...	...	...	...	...	...	3,815	3,588	3,930
Uterine fibroids . . . . .	...	...	...	...	...	...	110	121	95
Diabetes	105	127	158	61	72	80	44	55	78
Alcohol and drug	284	330	208	199	217	135	84	*112	72
Schizophrenia, mood disorders, delusional disorders, nonorganic psychoses	384	*596	550	184	*296	265	200	*300	284
Schizophrenia	145	*160	151	88	*104	91	57	*56	60
Mood disorders	211	*399	369	83	*172	158	128	*227	211
Heart disease	236	242	249	163	148	150	73	95	99
Ischemic heart disease	129	109	82	95	79	54	34	31	29
Pneumonia	136	121	116	69	55	53	67	66	63
Asthma	106	100	88	27	30	25	79	70	63
Intervertebral disc disorders	222	138	115	138	81	56	84	58	59
Injury	935	509	565	641	346	379	294	164	185
Fracture	302	198	229	217	141	171	85	57	58
Poisoning and toxic effects	124	95	135	54	37	64	70	57	71
Complications of care and adverse effects	135	135	182	63	62	75	72	73	107
45–64 years ²	6,244	6,958	9,514	3,115	3,424	4,700	3,129	3,534	4,814
HIV/AIDS	*3	*20	22	*3	*15	13	*	*	*9
Cancer, all	545	393	523	236	189	255	309	204	268
Colorectal cancer	59	49	56	33	27	26	26	22	30
Lung/bronchus/tracheal cancer	101	43	65	60	26	32	41	17	34
Breast cancer ³ . . . . .	...	...	...	...	...	...	69	45	42
Prostate cancer . . . . .	...	...	...	19	29	53	...	...	...
Uterine fibroids . . . . .	...	...	...	...	...	...	70	114	100
Diabetes	134	207	234	65	114	122	70	93	112
Alcohol and drug	100	146	185	77	102	133	23	44	52
Schizophrenia, mood disorders, delusional disorders, nonorganic psychoses	152	267	391	56	*120	179	95	146	212
Schizophrenia	47	80	129	19	*44	70	28	36	59
Mood disorders	91	*168	242	32	*66	100	58	*103	142
Heart disease	1,100	1,271	1,207	704	802	765	397	470	442
Ischemic heart disease	739	789	587	502	539	402	237	251	185
Heart attack	233	242	212	165	178	149	68	64	63
Arrhythmias	131	157	203	79	97	127	53	60	76
Heart failure	122	196	249	68	102	147	54	94	102
Hypertension	75	119	156	38	53	76	37	65	80
Stroke	162	229	259	91	116	141	72	113	118
Pneumonia	154	220	259	76	104	133	79	117	126
Chronic obstructive pulmonary disease	73	192	223	39	94	92	34	99	131
Asthma	86	84	132	26	19	42	59	65	90
Osteoarthritis	87	150	435	36	63	190	51	87	245
Intervertebral disc disorders	145	132	162	82	68	81	63	64	81
Injury	334	299	451	178	155	250	157	144	201
Fracture	149	164	225	74	77	124	75	87	101
Poisoning and toxic effects	29	39	93	10	17	41	19	23	52
Internal organ injury	36	28	65	23	18	43	14	10	*22
Complications of care and adverse effects	148	215	384	79	110	193	69	105	191

See footnotes at end of table.

Table 104 (page 2 of 3). Discharges in nonfederal short-stay hospitals, by sex, age, and selected first-listed diagnosis: United States, selected years 1990 through 2008–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#104>.

[Data are based on a sample of hospital records]

Age and first-listed diagnosis	Discharges								
	Both sexes			Male			Female		
	1990	2000	2008–2009 ¹	1990	2000	2008–2009 ¹	1990	2000	2008–2009 ¹
	Number in thousands								
65–74 years ²	4,689	4,678	5,203	2,268	2,199	2,490	2,421	2,479	2,713
Septicemia	49	65	135	27	33	66	21	32	69
Cancer, all	436	292	309	222	146	165	214	146	144
Colorectal cancer	48	42	37	24	25	20	24	17	17
Lung/bronchus/tracheal cancer	77	48	56	50	23	29	26	25	27
Breast cancer ³ . . . . .	...	...	...	...	...	...	42	31	21
Prostate cancer . . . . .	...	...	...	40	31	30	...	...	...
Diabetes	93	85	102	34	39	45	59	47	57
Schizophrenia, mood disorders, delusional disorders, nonorganic psychoses	59	68	61	20	*28	23	39	40	*39
Dementia and Alzheimer's disease	10	*21	*14	4	*13	*7	*6	*7	*7
Heart disease	1,000	1,111	901	547	586	502	453	525	399
Ischemic heart disease	576	564	390	331	329	235	245	235	155
Heart attack	185	184	140	110	104	80	75	81	60
Arrhythmias	124	188	187	67	90	101	57	99	87
Heart failure	188	242	211	93	113	110	95	128	101
Hypertension	39	39	74	13	14	27	26	26	*47
Stroke	222	233	206	108	109	117	114	124	89
Pneumonia	176	223	180	90	106	86	86	117	94
Chronic obstructive pulmonary disease	81	188	202	41	85	87	40	103	115
Gallstones	79	61	56	30	25	28	49	36	27
Kidney disease	18	35	108	9	17	56	9	18	52
Urinary tract infection	54	47	81	17	16	27	37	31	54
Hyperplasia of the prostate . . . . .	...	...	...	113	45	24	...	...	...
Osteoarthritis	122	186	304	44	86	119	78	101	185
Injury	193	187	200	71	70	83	122	117	117
Fracture	120	116	124	36	39	41	85	77	83
Hip fracture	48	49	43	12	*17	15	36	32	28
Complications of care and adverse effects	125	147	207	68	79	103	57	68	104
75–84 years ²	3,949	5,119	5,418	1,660	2,107	2,356	2,289	3,013	3,062
Septicemia	54	85	179	24	38	84	30	46	94
Cancer, all	300	241	248	158	104	119	142	137	129
Colorectal cancer	50	41	41	20	18	18	29	23	23
Lung/bronchus/tracheal cancer	36	33	45	22	16	23	*15	18	22
Breast cancer ³ . . . . .	...	...	...	...	...	...	24	23	10
Prostate cancer . . . . .	...	...	...	37	13	*8	...	...	...
Diabetes	44	79	93	17	33	37	27	45	56
Schizophrenia, mood disorders, delusional disorders, nonorganic psychoses	39	51	*	*10	*15	*	28	36	*25
Dementia and Alzheimer's disease	20	45	54	9	18	26	11	27	28
Heart disease	865	1,185	1,013	377	521	478	488	664	536
Ischemic heart disease	382	517	352	177	259	182	205	258	170
Heart attack	156	207	161	83	104	75	73	103	86
Arrhythmias	133	219	237	58	86	102	76	134	135
Heart failure	261	327	289	108	133	133	153	194	156
Hypertension	23	49	55	*	*14	*18	19	35	38
Stroke	258	317	272	104	137	124	154	181	148
Pneumonia	224	327	262	112	153	120	112	175	142
Chronic obstructive pulmonary disease	55	181	188	34	88	86	22	93	102
Gallstones	48	49	52	20	20	22	28	29	29
Kidney disease	24	47	137	10	24	71	*14	23	66
Urinary tract infection	86	106	158	25	36	46	61	71	111
Hyperplasia of the prostate . . . . .	...	...	...	69	33	18	...	...	...
Osteoarthritis	69	125	201	25	38	78	44	87	123
Injury	259	284	301	58	84	97	201	200	203
Fracture	195	211	212	35	57	60	161	154	152
Hip fracture	115	123	87	20	34	24	95	89	64
Complications of care and adverse effects	81	126	160	38	67	83	43	59	78

See footnotes at end of table.

Table 104 (page 3 of 3). Discharges in nonfederal short-stay hospitals, by sex, age, and selected first-listed diagnosis: United States, selected years 1990 through 2008–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#104>.

[Data are based on a sample of hospital records]

Age and first-listed diagnosis	Discharges								
	Both sexes			Male			Female		
	1990	2000	2008–2009 ¹	1990	2000	2008–2009 ¹	1990	2000	2008–2009 ¹
	Number in thousands								
85 years and over ²	1,694	2,599	3,297	543	771	1,132	1,151	1,828	2,165
Septicemia	41	66	144	12	26	51	29	40	93
Cancer, all	77	84	90	31	31	39	45	52	51
Colorectal cancer	14	21	15	*5	*7	*5	9	14	*9
Lung/bronchus/tracheal cancer	*6	5	*9	*	*3	*4	*	*3	*
Breast cancer ³	...	...	...	...	...	...	*9	*6	*6
Prostate cancer	...	...	...	*7	*6	*4	...	...	...
Diabetes	16	28	34	*5	*7	*12	11	21	*22
Schizophrenia, mood disorders, delusional disorders, nonorganic psychoses	*8	*16	*17	*	*	*8	*7	*13	*9
Dementia and Alzheimer's disease	15	46	48	*2	12	19	13	34	30
Heart disease	335	558	613	112	176	233	223	382	380
Ischemic heart disease	128	183	147	49	67	67	79	117	80
Heart attack	60	108	91	23	37	38	37	71	54
Arrhythmias	51	100	127	16	31	38	35	69	89
Heart failure	126	206	258	39	57	97	87	149	161
Hypertension	*5	18	38	*	*2	*10	*4	15	28
Stroke	129	161	164	35	50	55	95	111	109
Pneumonia	151	221	210	64	76	82	88	145	128
Chronic obstructive pulmonary disease	13	56	84	*6	19	31	*7	37	53
Gallstones	18	17	22	*6	*4	7	13	*13	15
Kidney disease	14	21	89	8	*9	35	*6	*13	55
Urinary tract infection	65	82	164	20	19	35	45	63	129
Hyperplasia of the prostate	...	...	...	13	*9	*8	...	...	...
Osteoarthritis	13	24	40	*	*	*9	8	17	31
Injury	164	234	304	37	44	73	127	190	231
Fracture	133	194	234	28	32	52	104	162	182
Hip fracture	82	118	127	19	18	31	63	100	96
Complications of care and adverse effects	29	34	72	11	11	28	18	23	44

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

... Category not applicable.

¹Starting with 2008 data, the sample of nonfederal short-stay hospitals was cut in half. This smaller sample size has increased standard errors. Therefore, caution should be exercised in interpreting trends in these data. See [Appendix I, National Hospital Discharge Survey \(NHDS\)](#).

²Includes discharges with first-listed diagnoses not shown in table.

³Shown for women only.

NOTES: Excludes newborn infants. Diagnostic categories are based on the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD–9–CM)*. See [Appendix II, Diagnosis; Human immunodeficiency virus \(HIV\) disease; International Classification of Diseases, 9th Revision, Clinical Modification \(ICD–9–CM\); Table X](#) for ICD–9–CM codes. Additional data and diagnosis categories are available from: <http://www.cdc.gov/nchs/hdi.htm>. Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Hospital Discharge Survey. See [Appendix I, National Hospital Discharge Survey \(NHDS\)](#).

Table 105 (page 1 of 3). Discharge rate in nonfederal short-stay hospitals, by sex, age, and selected first-listed diagnosis: United States, selected years 1990 through 2008–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#105>.

[Data are based on a sample of hospital records]

Age and first-listed diagnosis	Discharges								
	Both sexes			Male			Female		
	1990	2000	2008–2009 ¹	1990	2000	2008–2009 ¹	1990	2000	2008–2009 ¹
	Number per 10,000 population								
All ages, age-adjusted ^{2,3}	1,252.4	1,132.8	1,149.8	1,130.0	990.8	1,000.9	1,389.5	1,277.3	1,307.6
All ages, crude ³	1,222.7	1,128.3	1,179.9	1,002.2	910.6	971.9	1,431.7	1,336.6	1,381.2
Under 18 years ³	463.5	402.6	*341.8	463.1	408.6	*350.5	464.1	396.2	*332.5
Dehydration	9.5	15.7	10.0	9.4	17.2	*10.6	9.7	14.2	9.3
Acute bronchitis and bronchiolitis	17.2	27.8	15.2	19.6	31.4	18.4	14.6	24.1	*11.8
Pneumonia	33.3	25.2	21.9	37.0	25.7	*23.8	29.5	24.6	19.8
Asthma	27.5	29.6	*18.6	32.7	34.8	*23.0	22.0	24.0	*14.0
Appendicitis	12.6	11.9	*11.2	14.6	13.0	*13.9	10.5	10.8	*8.4
Injury	49.7	33.6	24.7	62.0	42.0	*29.8	36.8	24.8	19.4
Fracture	17.7	13.8	10.2	22.3	18.3	13.5	12.9	9.0	*6.8
Complications of care and adverse effects	6.2	*7.3	*5.7	6.5	*7.9	*6.6	5.9	*6.6	*4.6
18–44 years ³	1,026.6	849.4	885.7	579.2	450.0	447.6	1,468.0	1,248.1	1,332.5
HIV/AIDS	*1.8	4.3	2.5	*2.8	5.8	3.4	*	2.8	*1.5
Cancer, all	16.6	10.5	10.3	11.9	7.3	7.2	21.3	13.7	13.5
Childbirth	...	...	...	...	...	...	698.6	645.2	707.4
Uterine fibroids	...	...	...	...	...	...	20.2	21.7	17.0
Diabetes	9.7	11.5	14.1	11.3	13.0	14.2	8.1	9.9	14.0
Alcohol and drug	26.2	29.7	18.5	37.0	39.1	23.9	15.5	*20.2	13.0
Schizophrenia, mood disorders, delusional disorders, nonorganic psychoses	35.4	*53.6	49.0	34.1	*53.2	46.8	36.7	*53.9	51.2
Schizophrenia	13.4	*14.4	13.4	16.4	*18.6	16.0	10.5	*10.1	10.8
Mood disorders	19.4	*35.9	32.8	15.4	*31.0	27.9	23.4	*40.9	37.9
Heart disease	21.7	21.8	22.2	30.2	26.6	26.6	13.4	17.0	17.8
Ischemic heart disease	11.9	9.9	7.3	17.7	14.2	9.5	6.3	5.6	5.2
Pneumonia	12.5	10.9	10.3	12.8	10.0	9.3	12.2	11.9	11.4
Asthma	9.8	9.0	7.9	5.1	5.4	4.5	14.4	12.6	11.3
Intervertebral disc disorders	20.5	12.5	10.3	25.6	14.5	9.9	15.4	10.4	10.7
Injury	86.2	45.8	50.3	119.0	62.3	66.9	53.8	29.4	33.4
Fracture	27.8	17.8	20.4	40.2	25.4	30.2	15.5	10.2	10.5
Poisoning and toxic effects	11.4	8.5	12.0	10.0	6.7	11.3	12.7	10.3	12.8
Complications of care and adverse effects	12.5	12.2	16.2	11.7	11.2	13.2	13.3	13.1	19.3
45–64 years ³	1,354.5	1,114.2	1,209.6	1,402.7	1,127.4	1,224.8	1,309.7	1,101.7	1,195.0
HIV/AIDS	*0.6	*3.2	2.8	*1.2	*4.9	3.4	*	*	*2.2
Cancer, all	118.3	62.9	66.5	106.3	62.1	66.4	129.5	63.6	66.6
Colorectal cancer	12.7	7.9	7.1	14.8	8.9	6.8	10.8	6.9	7.4
Lung/bronchus/tracheal cancer	21.8	6.9	8.3	26.8	8.6	8.3	17.2	5.2	8.3
Breast cancer ⁴	...	...	...	...	...	...	29.0	14.2	10.4
Prostate cancer	...	...	...	8.5	9.6	13.8	...	...	...
Uterine fibroids	...	...	...	...	...	...	29.3	35.6	24.8
Diabetes	29.1	33.1	29.8	29.1	37.4	31.9	29.2	29.0	27.7
Alcohol and drug	21.7	23.3	23.5	34.6	33.5	34.6	9.6	13.7	12.8
Schizophrenia, mood disorders, delusional disorders, nonorganic psychoses	32.9	42.7	49.7	25.4	*39.6	46.7	39.8	45.6	52.6
Schizophrenia	10.1	12.8	16.4	8.4	*14.4	18.2	11.7	11.3	14.8
Mood disorders	19.6	*26.9	30.8	14.5	*21.6	26.0	24.4	*32.0	35.3
Heart disease	238.7	203.6	153.4	316.8	264.0	199.3	166.1	146.4	109.7
Ischemic heart disease	160.3	126.4	74.6	226.1	177.3	104.7	99.2	78.2	46.0
Heart attack	50.6	38.8	26.9	74.4	58.7	38.9	28.4	19.9	15.6
Arrhythmias	28.5	25.1	25.8	35.5	31.8	33.0	22.1	18.7	18.9
Heart failure	26.4	31.4	31.6	30.7	33.5	38.3	22.4	29.3	25.3
Hypertension	16.3	19.0	19.8	16.9	17.6	19.9	15.6	20.3	19.8
Stroke	35.2	36.7	32.9	40.8	38.3	36.7	30.1	35.2	29.3
Pneumonia	33.5	35.3	32.9	34.0	34.2	34.7	33.0	36.4	31.2
Chronic obstructive pulmonary disease	15.8	30.8	28.4	17.4	30.8	24.0	14.3	30.8	32.6
Asthma	18.6	13.4	16.8	11.8	6.2	10.9	24.9	20.2	22.5
Osteoarthritis	18.9	24.0	55.3	16.3	20.8	49.5	21.2	27.0	60.7
Intervertebral disc disorders	31.5	21.2	20.7	36.8	22.5	21.2	26.5	20.0	20.1
Injury	72.5	47.9	57.4	79.9	51.2	65.1	65.6	44.7	50.0
Fracture	32.4	26.2	28.6	33.4	25.3	32.2	31.5	27.0	25.1
Poisoning and toxic effects	6.3	6.3	11.8	4.5	5.5	10.8	8.0	7.1	12.9
Internal organ injury	7.9	4.5	8.3	10.2	5.9	11.2	5.7	3.2	*5.6
Complications of care and adverse effects	32.0	34.5	48.8	35.6	36.3	50.2	28.7	32.7	47.5

See footnotes at end of table.

Table 105 (page 2 of 3). Discharge rate in nonfederal short-stay hospitals, by sex, age, and selected first-listed diagnosis: United States, selected years 1990 through 2008–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#105>.

[Data are based on a sample of hospital records]

Age and first-listed diagnosis	Discharges								
	Both sexes			Male			Female		
	1990	2000	2008–2009 ¹	1990	2000	2008–2009 ¹	1990	2000	2008–2009 ¹
	Number per 10,000 population								
65–74 years ³	2,616.3	2,546.0	2,543.3	2,877.6	2,649.1	2,640.6	2,411.2	2,461.0	2,460.1
Septicemia	27.2	35.6	66.1	34.9	40.1	70.1	21.2	32.0	62.7
Cancer, all	243.1	159.0	151.2	281.4	176.4	175.1	213.0	144.7	130.8
Colorectal cancer	27.0	22.8	18.1	30.6	29.9	21.2	24.1	16.9	15.5
Lung/bronchus/tracheal cancer	42.9	26.1	27.4	63.9	28.2	30.3	26.4	24.5	24.8
Breast cancer ⁴ . . . . .	...	...	...	...	...	...	42.3	31.2	18.9
Prostate cancer . . . . .	...	...	...	50.6	37.1	31.6	...	...	...
Diabetes	51.8	46.4	49.8	43.6	46.8	47.3	58.3	46.2	52.0
Schizophrenia, mood disorders, delusional disorders, nonorganic psychoses	32.7	37.1	30.0	25.3	*34.2	24.3	38.6	39.6	*34.9
Dementia and Alzheimer's disease	5.6	*11.2	*7.0	4.9	*16.2	*7.4	*6.1	*7.0	*6.6
Heart disease	558.1	604.8	440.6	694.2	706.4	532.6	451.3	521.0	362.0
Ischemic heart disease	321.3	307.0	190.5	419.9	396.5	249.3	243.9	233.2	140.3
Heart attack	103.3	100.3	68.6	139.8	124.7	85.4	74.6	80.2	54.2
Arrhythmias	69.1	102.6	91.5	84.7	108.3	106.7	56.9	97.9	78.5
Heart failure	105.2	131.6	103.1	118.0	136.4	117.1	95.1	127.6	91.2
Hypertension	21.8	21.5	36.0	16.2	16.5	28.7	26.2	25.5	*42.2
Stroke	123.9	127.1	100.8	137.5	131.8	124.1	113.1	123.2	80.8
Pneumonia	98.1	121.3	88.0	113.6	127.7	90.9	85.9	116.1	85.5
Chronic obstructive pulmonary disease	45.3	102.3	98.6	52.6	102.6	92.1	39.6	102.0	104.2
Gallstones	44.2	33.4	27.2	38.2	30.2	29.9	48.9	36.0	24.9
Kidney disease	9.9	19.1	52.9	11.0	21.0	59.6	9.0	17.5	47.1
Urinary tract infection	30.2	25.5	39.4	21.7	19.7	28.2	36.9	30.3	48.9
Hyperplasia of the prostate . . . . .	...	...	...	143.5	53.6	25.2	...	...	...
Osteoarthritis	68.0	101.4	148.4	55.2	103.1	125.8	78.0	100.1	167.8
Injury	107.7	101.5	97.7	90.7	83.8	87.5	121.1	116.2	106.4
Fracture	67.2	63.3	60.7	45.2	46.8	43.7	84.4	76.9	75.3
Hip fracture	26.7	26.4	21.0	15.3	*20.0	16.1	35.7	31.7	25.2
Complications of care and adverse effects	69.7	80.0	101.3	85.7	95.7	109.1	57.2	67.1	94.6
75–84 years ³	3,957.0	4,124.4	4,140.2	4,417.3	4,294.1	4,369.0	3,678.9	4,013.5	3,979.9
Septicemia	53.9	68.3	136.5	63.8	78.1	156.3	47.9	61.9	122.6
Cancer, all	300.3	194.0	189.7	420.8	211.0	221.3	227.6	182.9	167.5
Colorectal cancer	49.8	33.0	31.1	54.0	37.5	33.2	47.3	30.1	29.6
Lung/bronchus/tracheal cancer	36.5	27.0	34.7	57.2	32.2	43.2	*24.0	23.6	28.7
Breast cancer ⁴ . . . . .	...	...	...	...	...	...	38.7	30.8	13.6
Prostate cancer . . . . .	...	...	...	99.2	27.4	*15.2	...	...	...
Diabetes	44.3	63.4	71.4	44.8	68.1	68.8	44.0	60.3	73.3
Schizophrenia, mood disorders, delusional disorders, nonorganic psychoses	38.8	41.4	*	*27.3	*30.6	*	45.7	48.5	*32.2
Dementia and Alzheimer's disease	20.0	36.5	41.3	22.8	36.8	47.7	18.3	36.3	36.8
Heart disease	866.6	954.8	774.3	1,003.8	1,062.5	885.7	783.7	884.3	696.2
Ischemic heart disease	382.4	416.7	268.8	470.5	528.5	337.6	329.1	343.6	220.6
Heart attack	155.9	166.9	123.3	220.9	212.8	138.9	116.7	136.9	112.3
Arrhythmias	133.4	176.8	181.0	153.3	174.4	189.0	121.4	178.3	175.3
Heart failure	261.4	263.1	220.8	286.2	271.1	246.5	246.4	257.9	202.8
Hypertension	22.6	39.7	42.4	*	*28.4	*32.9	30.7	47.1	49.0
Stroke	259.0	255.5	208.0	277.7	278.4	230.8	247.7	240.6	191.9
Pneumonia	224.6	263.5	199.9	297.8	310.8	221.7	180.4	232.6	184.6
Chronic obstructive pulmonary disease	55.4	146.2	143.8	89.4	179.6	160.0	34.8	124.3	132.4
Gallstones	47.6	39.6	39.4	51.9	41.4	41.2	45.0	38.5	38.1
Kidney disease	24.5	37.6	104.8	27.6	48.7	132.0	*22.6	30.4	85.8
Urinary tract infection	86.0	85.6	120.7	66.6	72.5	86.2	97.8	94.2	144.8
Hyperplasia of the prostate . . . . .	...	...	...	183.3	67.2	33.1	...	...	...
Osteoarthritis	68.6	100.6	153.8	65.2	76.5	145.4	70.7	116.4	159.7
Injury	259.1	229.1	229.6	153.4	171.7	180.6	323.0	266.6	264.0
Fracture	195.8	170.2	161.7	92.6	116.4	111.4	258.1	205.4	197.0
Hip fracture	115.2	99.0	66.6	53.7	68.6	43.7	152.4	118.8	82.7
Complications of care and adverse effects	81.5	101.4	122.4	101.4	136.0	153.1	69.4	78.8	100.9

See footnotes at end of table.

Table 105 (page 3 of 3). Discharge rate in nonfederal short-stay hospitals, by sex, age, and selected first-listed diagnosis: United States, selected years 1990 through 2008–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#105>.

[Data are based on a sample of hospital records]

Age and first-listed diagnosis	Discharges								
	Both sexes			Male			Female		
	1990	2000	2008–2009 ¹	1990	2000	2008–2009 ¹	1990	2000	2008–2009 ¹
	Number per 10,000 population								
85 years and over ³	5,606.3	6,050.9	5,808.9	6,420.9	6,166.6	6,210.0	5,289.6	6,003.3	5,619.1
Septicemia	135.6	153.9	253.9	139.0	207.3	278.8	134.3	131.9	242.2
Cancer, all	254.0	194.5	159.1	370.6	250.5	215.4	208.7	171.5	132.4
Colorectal cancer	47.6	49.7	25.6	*59.1	*58.8	*29.6	43.2	45.9	*23.7
Lung/bronchus/tracheal cancer	*19.1	12.1	*16.2	*	*20.9	*24.2	*	*8.5	*
Breast cancer ⁴	...	...	...	...	...	...	*41.7	*20.5	*14.9
Prostate cancer	...	...	...	*87.8	*49.3	*20.0	...	...	...
Diabetes	53.0	65.6	60.5	*53.5	*54.2	*65.3	52.8	70.3	*58.3
Schizophrenia, mood disorders, delusional disorders, nonorganic psychoses	*27.9	*37.3	*30.6	*	*	*45.9	*30.7	*43.0	*23.3
Dementia and Alzheimer's disease	49.7	107.0	85.3	*28.9	94.3	102.0	57.7	112.2	77.4
Heart disease	1,107.0	1,298.2	1,079.2	1,320.3	1,407.4	1,277.5	1,024.1	1,253.4	985.4
Ischemic heart disease	423.0	427.2	259.4	581.6	534.4	368.8	361.3	383.2	207.6
Heart attack	199.8	251.1	160.9	274.2	296.0	206.9	170.9	232.7	139.2
Arrhythmias	167.2	232.4	224.3	189.6	247.1	209.3	158.5	226.4	231.4
Heart failure	416.7	480.4	454.0	460.5	455.7	530.1	399.7	490.5	418.1
Hypertension	*17.9	41.1	67.0	*	*18.3	*55.6	*19.3	50.4	72.3
Stroke	427.2	373.8	289.6	408.2	396.7	302.3	434.6	364.3	283.6
Pneumonia	501.0	514.9	370.1	753.7	607.8	448.3	402.8	476.8	333.0
Chronic obstructive pulmonary disease	44.1	130.9	147.6	*72.9	150.4	167.4	*32.9	123.0	138.3
Gallstones	60.7	39.2	38.9	*68.2	*29.7	39.1	57.8	*43.1	38.8
Kidney disease	47.1	49.5	157.5	92.4	*68.1	189.3	*29.4	*41.9	142.5
Urinary tract infection	216.5	191.5	289.6	239.3	153.1	194.4	207.6	207.2	334.6
Hyperplasia of the prostate	...	...	...	158.6	*69.9	*45.9	...	...	...
Osteoarthritis	44.5	56.0	70.3	*	*	*48.0	35.8	57.3	80.9
Injury	542.0	545.5	535.8	435.4	355.6	401.7	583.4	623.5	599.3
Fracture	439.0	450.9	412.7	335.7	252.4	286.0	479.2	532.4	472.7
Hip fracture	272.3	275.1	223.7	224.4	146.5	167.4	291.0	327.9	250.3
Complications of care and adverse effects	96.6	79.1	126.5	132.3	90.5	151.5	82.7	74.4	114.7

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

... Category not applicable.

¹Starting with 2008 data, the sample of nonfederal short-stay hospitals was cut in half. This smaller sample size has increased standard errors. Therefore, caution should be exercised in interpreting trends in these data. See [Appendix I, National Hospital Discharge Survey \(NHDS\)](#).

²Estimates are age-adjusted to the year 2000 standard population using six age groups: under 18 years, 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See [Appendix II, Age adjustment](#).

³Includes discharges with first-listed diagnoses not shown in table.

⁴Shown for women only.

NOTES: Excludes newborn infants. Diagnostic categories are based on the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD–9–CM)*. See [Appendix II, Diagnosis; Human immunodeficiency virus \(HIV\) disease; International Classification of Diseases, 9th Revision, Clinical Modification \(ICD–9–CM\); Table X](#) for ICD–9–CM codes. Rates are based on the civilian population as of July 1. Starting with *Health, United States, 2003*, rates for 2000 and beyond are based on the 2000 census. Rates for 1990–1999 use population estimates based on the 1990 census adjusted for net underenumeration using the 1990 National Population Adjustment Matrix from the U.S. Census Bureau. Rates for 1990–1999 are not strictly comparable with rates for 2000 and beyond because population estimates for 1990–1999 have not been revised to reflect the 2000 census. See [Appendix I, National Hospital Discharge Survey \(NHDS\); Population Census and Population Estimates](#). Additional data and diagnosis categories are available from: <http://www.cdc.gov/nchs/hdi.htm>. Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Hospital Discharge Survey. See [Appendix I, National Hospital Discharge Survey \(NHDS\)](#).

Table 106 (page 1 of 3). Average length of stay in nonfederal short-stay hospitals, by sex, age, and selected first-listed diagnosis: United States, selected years 1990 through 2008–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#106>.

[Data are based on a sample of hospital records]

Age and first-listed diagnosis	Average length of stay ¹								
	Both sexes			Male			Female		
	1990	2000	2008–2009 ²	1990	2000	2008–2009 ²	1990	2000	2008–2009 ²
	Number of days								
All ages, crude ³	6.4	4.9	4.9	6.9	5.3	5.3	6.1	4.6	4.6
Under 18 years ³	4.9	4.4	4.4	5.0	4.8	4.5	4.7	4.1	4.2
Dehydration	3.0	2.2	2.1	2.9	2.2	2.1	3.0	2.1	2.2
Acute bronchitis and bronchiolitis	3.7	3.1	3.2	3.6	3.0	3.2	3.8	*3.3	3.1
Pneumonia	4.6	3.6	3.9	4.6	3.4	4.4	4.7	3.9	3.2
Asthma	2.9	2.2	2.4	2.8	2.1	2.3	3.1	2.3	2.5
Appendicitis	4.0	3.2	2.8	3.9	2.9	2.8	4.0	3.5	2.8
Injury	4.1	3.8	3.1	4.2	4.1	3.1	3.8	*3.2	3.0
Fracture	4.5	3.5	2.8	4.2	3.9	2.8	5.0	2.5	2.8
Complications of care and adverse effects	*5.3	*5.7	5.2	*6.0	*5.5	5.7	*4.5	*5.9	4.5
18–44 years ³	4.6	3.6	3.6	6.1	4.8	4.7	4.0	3.2	3.3
HIV/AIDS	*10.7	*8.8	8.9	*10.6	*9.4	9.6	*	*7.5	7.1
Cancer, all	7.8	6.3	6.4	8.4	7.9	8.7	7.5	5.4	5.2
Childbirth							2.8	2.5	2.7
Uterine fibroids							4.2	2.5	2.3
Diabetes	5.8	3.9	3.7	6.2	3.7	3.7	5.2	4.3	3.6
Alcohol and drug	9.0	*5.0	3.6	8.9	4.8	3.7	9.1	*5.3	3.4
Schizophrenia, mood disorders, delusional disorders, nonorganic psychoses	14.3	*7.9	7.4	13.8	*8.2	7.5	14.8	*7.6	7.4
Schizophrenia	15.4	*11.0	10.3	15.3	*10.6	10.0	15.6	*11.9	10.7
Mood disorders	14.3	*6.6	6.2	*13.2	*6.6	6.2	15.0	*6.5	6.2
Heart disease	5.4	3.6	4.0	5.4	3.5	3.8	5.4	3.7	4.3
Ischemic heart disease	4.6	3.0	3.4	4.8	2.8	3.6	4.1	3.6	2.9
Pneumonia	6.9	5.1	4.1	7.8	5.0	4.3	6.0	5.2	3.9
Asthma	4.4	2.9	3.3	3.8	2.5	2.2	4.6	3.1	3.7
Intervertebral disc disorders	4.4	2.3	2.5	4.2	2.2	2.1	4.7	2.3	2.9
Injury	5.1	4.3	4.3	5.0	4.5	4.6	5.3	4.1	3.8
Fracture	6.0	4.9	4.8	5.6	5.0	4.8	6.9	4.4	4.8
Poisoning and toxic effects	2.7	2.5	2.6	2.7	2.8	2.8	2.7	2.4	2.4
Complications of care and adverse effects	5.6	4.7	4.8	5.3	4.9	5.0	*5.9	4.6	4.7
45–64 years ³	6.7	5.0	5.2	6.7	5.1	5.3	6.8	4.8	5.0
HIV/AIDS	*	*	8.1	*	*	8.1	*	*	8.0
Cancer, all	8.8	6.2	6.0	9.3	6.8	6.2	8.4	5.6	5.8
Colorectal cancer	13.3	7.4	7.2	*13.0	7.4	7.6	*13.6	7.4	6.9
Lung/bronchus/tracheal cancer	7.7	6.2	7.7	7.1	6.0	7.8	8.6	6.4	7.5
Breast cancer ⁴							4.3	2.0	2.6
Prostate cancer				7.3	3.2	1.7			
Uterine fibroids							4.5	2.8	2.2
Diabetes	8.1	5.6	5.6	7.3	6.0	6.4	8.9	5.2	4.6
Alcohol and drug	8.5	4.8	4.5	8.6	4.6	4.7	8.3	*5.0	4.0
Schizophrenia, mood disorders, delusional disorders, nonorganic psychoses	14.6	9.1	9.3	13.7	*8.8	9.2	15.2	9.4	9.3
Schizophrenia	15.6	*11.9	*13.4	14.2	*11.4	12.2	16.5	*12.5	*14.8
Mood disorders	14.7	*7.9	7.4	13.4	*7.3	7.6	15.4	*8.3	7.2
Heart disease	5.9	3.9	4.1	5.8	3.8	3.9	6.1	4.1	4.4
Ischemic heart disease	5.7	3.7	3.6	5.7	3.6	3.4	5.8	3.8	4.1
Heart attack	7.5	4.8	4.4	7.5	4.7	4.2	7.6	5.0	4.8
Arrhythmias	4.6	2.9	3.3	4.6	2.8	3.4	4.6	2.9	3.1
Heart failure	7.0	4.9	5.0	6.9	5.2	4.9	7.3	4.7	5.1
Hypertension	3.9	2.2	2.3	*4.3	2.0	2.3	3.6	2.4	2.4
Stroke	10.3	5.3	4.8	10.0	5.2	4.6	10.7	5.5	4.9
Pneumonia	8.0	5.8	5.2	8.0	6.0	5.2	7.9	5.7	5.2
Chronic obstructive pulmonary disease	6.5	4.7	5.4	6.8	5.0	4.4	6.2	4.4	6.2
Asthma	5.2	3.9	4.1	5.3	*3.2	4.2	5.2	4.0	4.1
Osteoarthritis	7.4	3.9	3.4	7.1	3.6	3.3	7.5	4.1	3.5
Intervertebral disc disorders	5.2	2.8	3.2	5.0	2.6	3.5	5.4	3.1	2.9
Injury	6.5	5.1	4.9	6.6	5.5	5.0	6.4	4.6	4.7
Fracture	7.6	5.6	5.5	7.2	6.4	5.8	7.9	4.9	5.0
Poisoning and toxic effects	4.9	3.0	3.4	*	*2.9	2.9	4.3	3.1	3.8
Internal organ injury	*8.3	7.6	5.7	*	8.3	5.4	*8.1	*	6.2
Complications of care and adverse effects	7.9	6.1	6.3	8.4	5.9	6.1	7.4	6.4	6.5

See footnotes at end of table.

Table 106 (page 2 of 3). Average length of stay in nonfederal short-stay hospitals, by sex, age, and selected first-listed diagnosis: United States, selected years 1990 through 2008–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#106>.

[Data are based on a sample of hospital records]

Age and first-listed diagnosis	Average length of stay ¹								
	Both sexes			Male			Female		
	1990	2000	2008–2009 ²	1990	2000	2008–2009 ²	1990	2000	2008–2009 ²
	Number of days								
65–74 years ³	8.0	5.7	5.5	7.8	5.6	5.6	8.1	5.7	5.4
Septicemia	*15.9	8.6	8.7	*	8.5	8.0	14.4	8.8	9.3
Cancer, all	9.4	7.0	6.7	9.9	6.9	6.8	9.0	7.1	6.5
Colorectal cancer	12.9	9.1	7.4	11.3	9.2	8.3	14.5	9.0	6.4
Lung/bronchus/tracheal cancer	9.2	7.0	7.1	8.7	6.8	7.5	10.2	*7.1	6.6
Breast cancer ⁴	...	...	...	...	...	...	4.4	*	2.7
Prostate cancer	...	...	...	6.5	3.8	2.6	...	...	...
Diabetes	8.4	5.9	5.1	9.1	6.2	5.2	8.0	5.6	5.1
Schizophrenia, mood disorders, delusional disorders, nonorganic psychoses	16.6	11.7	11.4	17.4	*11.7	11.3	16.3	11.7	11.5
Dementia and Alzheimer's disease	*12.6	*9.3	8.2	*10.4	*9.6	*8.1	*14.0	*8.9	8.4
Heart disease	7.0	4.8	4.6	7.0	4.7	4.5	7.0	4.9	4.7
Ischemic heart disease	6.6	4.6	4.1	6.8	4.3	4.1	6.3	4.9	4.1
Heart attack	8.4	5.9	5.2	8.8	5.3	5.3	7.8	6.6	5.1
Arrhythmias	5.7	3.8	3.5	5.6	3.8	3.2	5.8	3.7	3.8
Heart failure	8.4	5.5	5.3	7.9	5.7	5.2	8.8	5.4	5.5
Hypertension	4.3	2.6	2.4	*4.6	*2.7	2.1	4.1	2.4	2.5
Stroke	8.4	4.7	5.1	8.3	4.5	4.8	8.5	4.8	5.5
Pneumonia	9.5	6.4	5.8	9.5	6.4	5.9	9.5	6.3	5.7
Chronic obstructive pulmonary disease	8.2	4.8	4.6	8.6	4.5	4.3	7.7	5.0	4.8
Gallstones	6.6	4.4	4.6	6.9	*5.2	4.7	6.5	3.9	4.5
Kidney disease	10.4	7.6	6.6	8.4	6.9	6.5	*12.4	8.2	6.7
Urinary tract infection	8.0	4.8	4.3	7.2	5.1	4.3	8.4	4.7	4.4
Hyperplasia of the prostate	...	...	...	4.5	2.8	2.5	...	...	...
Osteoarthritis	9.3	4.7	3.6	8.8	4.7	3.3	9.5	4.7	3.8
Injury	9.2	5.6	5.9	8.4	5.7	6.9	9.7	5.6	5.2
Fracture	11.1	5.9	5.9	10.2	6.4	7.0	11.5	5.7	5.4
Hip fracture	*15.5	7.1	6.9	*11.8	*7.9	*8.1	*16.7	6.7	6.2
Complications of care and adverse effects	7.8	6.4	6.0	7.3	6.1	6.2	8.5	6.8	5.8
75–84 years ³	9.1	6.2	5.8	8.7	6.2	5.9	9.4	6.1	5.8
Septicemia	12.1	7.9	8.3	12.9	7.4	8.5	11.5	8.4	8.0
Cancer, all	10.4	7.2	6.8	9.3	7.2	7.1	11.7	7.2	6.5
Colorectal cancer	12.9	9.0	8.2	12.5	*9.3	8.7	13.2	8.8	7.8
Lung/bronchus/tracheal cancer	9.5	6.5	7.1	9.6	6.2	6.9	*9.4	6.9	7.3
Breast cancer ⁴	...	...	...	...	...	...	5.7	*3.2	2.6
Prostate cancer	...	...	...	6.6	*5.1	4.0	...	...	...
Diabetes	12.5	6.0	5.7	11.7	6.4	5.7	13.1	5.6	5.8
Schizophrenia, mood disorders, delusional disorders, nonorganic psychoses	15.8	10.8	11.6	*15.7	*11.6	*11.9	15.8	10.4	11.4
Dementia and Alzheimer's disease	*15.3	8.2	7.8	*12.8	7.6	6.9	*	8.6	8.6
Heart disease	8.0	5.3	5.0	8.1	5.4	5.0	7.8	5.3	5.0
Ischemic heart disease	7.9	5.1	4.8	8.5	5.2	5.0	7.4	5.1	4.6
Heart attack	9.7	6.2	5.9	10.1	5.8	6.2	9.3	6.6	5.6
Arrhythmias	6.6	4.2	4.5	6.5	4.3	4.5	6.7	4.1	4.6
Heart failure	8.0	5.9	5.2	7.7	6.1	5.0	8.2	5.8	5.4
Hypertension	6.0	2.6	3.0	*	*2.1	2.7	*5.6	2.8	3.2
Stroke	10.4	5.9	4.8	10.0	5.7	4.7	10.6	6.0	4.9
Pneumonia	10.4	6.3	6.0	9.8	6.4	6.0	11.0	6.3	5.9
Chronic obstructive pulmonary disease	8.0	4.9	4.9	6.6	4.8	4.6	*10.1	4.9	5.1
Gallstones	8.5	5.3	5.2	8.0	5.6	5.2	8.8	5.1	5.2
Kidney disease	10.5	7.4	6.3	11.0	8.2	5.9	*10.1	6.6	6.8
Urinary tract infection	11.0	5.2	4.6	8.1	5.5	4.8	12.3	5.1	4.6
Hyperplasia of the prostate	...	...	...	6.0	3.1	*	...	...	...
Osteoarthritis	10.1	4.6	3.8	9.9	4.4	3.7	10.2	4.7	3.9
Injury	10.1	6.8	5.8	8.9	*8.2	7.0	10.4	6.3	5.2
Fracture	11.0	7.4	5.8	10.0	*	6.9	11.2	6.7	5.4
Hip fracture	12.1	7.7	6.3	10.4	7.8	7.0	12.5	7.6	6.0
Complications of care and adverse effects	12.5	7.1	6.2	14.0	8.1	6.0	11.2	6.0	6.4

See footnotes at end of table.

Table 106 (page 3 of 3). Average length of stay in nonfederal short-stay hospitals, by sex, age, and selected first-listed diagnosis: United States, selected years 1990 through 2008–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#106>.

[Data are based on a sample of hospital records]

Age and first-listed diagnosis	Average length of stay ¹								
	Both sexes			Male			Female		
	1990	2000	2008–2009 ²	1990	2000	2008–2009 ²	1990	2000	2008–2009 ²
	Number of days								
85 years and over ³	9.6	6.2	5.8	9.4	6.1	6.0	9.6	6.2	5.7
Septicemia	12.6	6.9	8.2	*11.8	6.7	9.2	12.9	6.9	7.6
Cancer, all	12.1	7.5	6.9	13.4	8.6	7.2	11.3	6.8	6.6
Colorectal cancer	22.4	*10.1	9.3	*	*	8.9	*21.1	8.2	9.6
Lung/bronchus/tracheal cancer	*	*8.0	5.4	*	*5.9	4.5	*	*	6.3
Breast cancer ⁴	...	...	...	...	...	...	*5.3	*	1.9
Prostate cancer	...	...	...	*7.5	*	*4.6	...	...	...
Diabetes	9.1	5.5	4.8	*	*	*6.0	9.2	4.9	4.1
Schizophrenia, mood disorders, delusional disorders, nonorganic psychoses	*	*10.5	10.1	*	*	9.6	*	*10.8	10.5
Dementia and Alzheimer's disease	11.4	7.9	*	*	*8.8	*	*11.0	*7.6	*
Heart disease	8.1	5.2	5.1	7.8	5.1	5.1	8.2	5.3	5.1
Ischemic heart disease	7.5	5.4	4.9	6.8	5.4	4.7	7.9	5.4	5.2
Heart attack	9.8	6.7	6.1	8.9	6.4	6.1	10.3	6.9	6.1
Arrhythmias	8.3	4.4	4.3	*9.6	4.3	4.5	7.7	4.4	4.2
Heart failure	8.6	5.3	5.4	8.0	4.9	5.6	8.8	5.5	5.2
Hypertension	*	*4.2	2.6	*	*	2.6	*	*	2.6
Stroke	9.6	5.3	*6.4	9.6	5.6	5.5	9.5	5.1	*
Pneumonia	10.9	7.0	6.0	11.1	6.1	6.0	10.7	7.5	6.0
Chronic obstructive pulmonary disease	*9.0	5.7	4.8	*7.8	5.5	5.2	*	5.7	4.5
Gallstones	10.3	5.8	6.1	*9.3	*5.6	5.8	10.7	*5.9	6.2
Kidney disease	*12.6	8.5	6.7	*	*9.0	*7.5	*13.8	*8.2	6.2
Urinary tract infection	10.2	5.6	4.8	9.3	5.7	5.4	10.7	5.5	4.7
Hyperplasia of the prostate	...	...	...	6.6	*3.7	3.3	...	...	...
Osteoarthritis	10.5	4.7	3.9	*	*	3.6	*9.6	4.4	4.0
Injury	10.5	5.9	5.4	11.0	6.4	6.2	10.3	5.8	5.2
Fracture	11.1	6.1	5.5	11.2	6.4	6.3	11.1	6.0	5.3
Hip fracture	12.7	6.5	6.0	12.6	6.8	6.7	12.7	6.5	5.8
Complications of care and adverse effects	*11.7	*8.2	6.0	*10.7	*6.4	6.5	*12.3	*9.1	5.7

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

... Category not applicable.

¹Average length of stay is calculated by dividing days of care by number of discharges. See Appendix II, Average length of stay; Days of care.

²Starting with 2008 data, the sample of nonfederal short-stay hospitals was cut in half. This smaller sample size has increased standard errors. Therefore, caution should be exercised in interpreting trends in these data. See Appendix I, National Hospital Discharge Survey (NHDS).

³Includes discharges with first-listed diagnoses not shown in table.

⁴Shown for women only.

NOTES: Excludes newborn infants. Diagnostic categories are based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM). See Appendix II, Diagnosis; Human immunodeficiency virus (HIV) disease; *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM); Table X for ICD–9–CM codes. Rates are based on the civilian population as of July 1. Starting with *Health, United States, 2003*, rates for 2000 and beyond are based on the 2000 census. Rates for 1990–1999 use population estimates based on the 1990 census adjusted for net underenumeration using the 1990 National Population Adjustment Matrix from the U.S. Census Bureau. Rates for 1990–1999 are not strictly comparable with rates for 2000 and beyond because population estimates for 1990–1999 have not been revised to reflect the 2000 census. See Appendix I, National Hospital Discharge Survey (NHDS); Population Census and Population Estimates. Additional data and diagnosis categories are available from: <http://www.cdc.gov/nchs/hdi.htm>. Data for additional years are available. See Appendix III.

SOURCE: CDC/NCHS, National Hospital Discharge Survey. See Appendix I, National Hospital Discharge Survey (NHDS).

Table 107 (page 1 of 4). Discharges with at least one procedure in nonfederal short-stay hospitals, by sex, age, and selected procedures: United States, selected years 1990 through 2008–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#107>.

[Data are based on a sample of hospital records]

Age and procedure (any listed)	Both sexes			Male			Female		
	1990	2000	2008–2009 ¹	1990	2000	2008–2009 ¹	1990	2000	2008–2009 ¹
18 years and over									
Hospital discharges with at least one procedure, crude ²	67.4	62.1	63.2	65.2	59.2	59.9	68.7	63.9	65.4
Percent									
Number per 10,000 population									
Hospital discharges with at least one procedure, age-adjusted ^{2,3}	1,020.1	859.9	907.5	882.2	701.4	728.5	1,176.4	1,026.2	1,100.2
Hospital discharges with at least one procedure, crude ²	1,006.4	856.8	917.0	788.1	648.4	708.5	1,205.9	1,049.8	1,113.7
Operations on vessels of heart	28.3	41.2	36.5	41.9	56.9	50.9	15.8	26.7	22.9
Coronary angioplasty or arthroectomy	14.0	26.2	26.0	20.5	34.9	35.2	8.0	18.1	17.4
Coronary artery stent insertion . . . . .	...	21.7	22.7	...	28.7	30.5	...	15.3	15.3
Drug-eluting stent insertion . . . . .	...	...	15.6	...	...	21.0	...	...	10.5
Coronary artery bypass graft (CABG)	14.1	15.0	10.5	21.2	21.8	16.0	7.7	8.7	5.4
Cardiac catheterization	52.1	57.8	47.0	68.3	72.1	56.4	37.4	44.6	38.2
Pacemaker	8.6	8.5	9.2	10.1	8.5	9.5	7.1	8.5	9.0
Carotid (neck arteries) endarterectomy	3.6	5.9	4.6	4.1	6.6	5.3	3.1	5.3	3.9
Endoscopy of small intestine	40.8	42.5	45.4	38.6	39.1	42.4	42.8	45.6	48.2
Endoscopy of large intestine	27.9	25.0	22.0	22.5	20.2	18.8	32.8	29.4	25.1
Gall bladder removal	27.9	19.6	18.5	16.5	13.3	14.2	38.2	25.5	22.5
Laparoscopic gall bladder removal . . . . .	...	14.8	14.8	...	9.2	10.4	...	20.1	18.9
Treatment of intra-abdominal scar tissue	17.0	14.4	15.0	6.5	5.7	8.0	26.6	22.4	21.6
Reduction of fracture	27.6	24.9	24.4	27.3	22.0	22.7	27.8	27.7	26.0
Excision of intervertebral disc and spinal fusion	18.7	18.2	22.2	22.3	20.0	22.3	15.4	16.4	22.1
Total hip replacement	6.4	7.3	12.6	5.4	6.8	12.2	7.3	7.7	13.0
Partial hip replacement	4.8	5.0	13.0	2.0	2.3	10.8	7.3	7.6	15.1
Total knee replacement	6.7	13.8	27.3	4.9	11.0	20.4	8.4	16.4	33.8
CT scan	68.4	29.2	18.3	68.6	27.4	17.4	68.2	30.9	19.3
Arteriography and angiocardiology with contrast	59.7	63.0	57.1	75.6	76.2	65.8	45.2	50.7	49.0
Diagnostic ultrasound	72.3	36.9	34.7	62.1	33.1	34.0	81.7	40.4	35.3
Magnetic resonance imaging	9.5	9.2	9.6	9.4	8.2	8.9	9.6	10.2	10.3
Mechanical ventilation	17.6	23.0	32.5	18.8	23.9	35.1	16.4	22.1	30.0
18–44 years									
Hospital discharges with at least one procedure ²	73.0	71.7	72.3	62.6	55.9	54.0	77.0	77.4	78.6
Percent									
Number per 10,000 population									
Hospital discharges with at least one procedure ²	749.3	609.1	640.7	362.8	251.6	241.6	1,130.6	965.9	1,047.9
Operations on vessels of heart	3.0	3.9	3.2	4.9	5.5	4.4	*1.2	2.3	*1.9
Coronary angioplasty or arthroectomy	1.9	3.0	2.6	3.0	4.3	3.7	*0.8	1.6	*1.4
Coronary artery stent insertion . . . . .	...	2.5	2.4	...	3.6	3.4	...	1.4	*1.4
Drug-eluting stent insertion . . . . .	...	...	*1.7	...	...	*2.3	...	...	*1.0
Coronary artery bypass graft (CABG)	1.0	0.9	*0.6	*1.8	1.1	*0.9	*	*0.7	*
Cardiac catheterization	9.0	8.5	7.1	12.5	11.0	8.6	5.5	5.9	5.5
Endoscopy of small intestine	13.1	10.3	15.2	13.2	10.4	12.9	13.0	10.2	17.6
Endoscopy of large intestine	6.9	5.5	6.5	5.6	4.7	5.4	8.1	6.3	7.6
Gall bladder removal	18.7	11.9	12.9	6.2	4.3	5.7	31.0	19.4	20.3
Laparoscopic gall bladder removal . . . . .	...	9.9	11.2	...	3.0	4.2	...	16.8	18.3
Treatment of intra-abdominal scar tissue	14.1	10.8	10.5	2.0	1.5	*2.8	26.0	20.1	18.3
Hysterectomy . . . . .	...	...	...	...	...	...	63.3	55.7	41.2
Abdominal hysterectomy . . . . .	...	...	...	...	...	...	47.1	34.6	24.1
Vaginal hysterectomy . . . . .	...	...	...	...	...	...	15.8	19.1	11.7
Forceps, vacuum, and breech delivery . . . . .	...	...	...	...	...	...	77.5	59.9	44.7
Episiotomy . . . . .	...	...	...	...	...	...	293.3	160.8	59.6
Other procedures inducing or assisting delivery . . . . .	...	...	...	...	...	...	387.9	384.2	427.3
Medical induction of labor . . . . .	...	...	...	...	...	...	41.1	77.7	123.9
Cesarean section . . . . .	...	...	...	...	...	...	167.1	149.5	235.6
Reduction of fracture	19.1	13.7	14.0	27.9	19.0	20.0	10.4	8.4	7.9
Excision of intervertebral disc and spinal fusion	17.0	14.1	12.5	21.5	16.2	12.1	12.6	12.1	12.8
CT scan	27.5	10.6	6.9	32.3	11.0	7.0	22.7	10.3	6.7
Arteriography and angiocardiology with contrast	12.5	10.3	10.4	17.4	12.9	11.0	7.6	7.7	9.8
Diagnostic ultrasound	34.2	11.6	10.3	19.3	8.3	8.6	48.9	14.9	12.0
Magnetic resonance imaging	4.9	3.8	*3.8	4.9	3.6	*3.1	4.9	*4.0	*4.6
Mechanical ventilation	4.6	7.0	10.6	5.4	8.2	12.6	3.8	5.8	8.6

See footnotes at end of table.

Table 107 (page 2 of 4). Discharges with at least one procedure in nonfederal short-stay hospitals, by sex, age, and selected procedures: United States, selected years 1990 through 2008–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#107>.

[Data are based on a sample of hospital records]

Age and procedure (any listed)	Both sexes			Male			Female		
	1990	2000	2008–2009 ¹	1990	2000	2008–2009 ¹	1990	2000	2008–2009 ¹
45–64 years									
Hospital discharges with at least one procedure ²	68.2	62.3	63.1	68.9	63.4	63.4	67.6	61.3	62.9
Percent									
Number per 10,000 population									
Hospital discharges with at least one procedure ²	924.2	694.6	763.7	965.9	714.4	776.7	885.4	675.9	751.3
Operations on vessels of heart	53.0	57.7	45.1	83.2	88.5	67.9	24.8	28.4	23.4
Coronary angioplasty or arthrorectomy	29.4	37.5	32.8	45.3	55.9	48.2	14.5	20.0	18.2
Coronary artery stent insertion . . . . .	...	31.1	28.4	...	46.5	42.1	...	16.5	15.3
Drug-eluting stent insertion . . . . .	...	...	19.7	...	...	29.5	...	...	10.3
Coronary artery bypass graft (CABG).	23.4	20.3	12.2	37.5	32.5	19.6	10.3	8.6	5.2
Cardiac catheterization	98.2	83.0	59.1	136.8	113.9	78.6	62.3	53.7	40.5
Pacemaker	7.8	4.0	3.3	10.9	5.2	4.6	*4.9	2.8	*2.1
Carotid (neck arteries) endarterectomy	4.0	5.2	3.5	5.2	5.2	*3.8	3.0	*5.2	*3.3
Endoscopy of small intestine	45.0	36.4	42.3	46.3	40.7	43.7	43.8	32.3	41.0
Endoscopy of large intestine.	28.5	19.3	19.0	25.4	18.1	15.8	31.4	20.4	22.0
Gall bladder removal	36.4	20.6	17.9	22.3	16.3	14.9	49.5	24.6	20.8
Laparoscopic gall bladder removal. . . . .	...	15.3	13.9	...	12.1	11.0	...	18.5	16.6
Treatment of intra-abdominal scar tissue	17.1	15.0	15.4	9.5	7.0	9.0	24.2	22.6	21.4
Removal of prostate . . . . .	...	...	...	35.8	15.6	17.0	...	...	...
Transurethral prostatectomy . . . . .	...	...	...	30.4	7.0	*2.6	...	...	...
Hysterectomy . . . . .	...	...	...	...	...	...	76.4	78.2	61.7
Abdominal hysterectomy. . . . .	...	...	...	...	...	...	58.4	53.2	36.5
Vaginal hysterectomy . . . . .	...	...	...	...	...	...	17.6	21.6	17.6
Reduction of fracture	20.3	18.5	17.8	19.5	17.6	18.3	21.0	19.3	17.4
Excision of intervertebral disc and spinal fusion	26.1	25.7	30.0	29.4	27.1	29.5	23.1	24.4	30.4
Total hip replacement	6.2	8.1	16.1	5.7	9.1	17.1	6.5	7.2	15.2
Partial hip replacement	*	*1.3	*13.4	*	*0.8	*12.3	*	*1.7	*14.4
Total knee replacement	6.7	12.7	33.6	5.8	8.7	25.8	*7.4	16.4	41.1
Mastectomy . . . . .	...	...	...	...	...	...	21.2	10.6	7.7
CT scan	65.4	25.2	17.5	69.9	25.9	18.3	61.2	24.5	16.7
Arteriography and angiocardiology with contrast.	105.4	85.3	66.5	138.5	111.4	85.7	74.6	60.7	48.3
Diagnostic ultrasound	69.5	34.3	32.2	73.8	38.0	35.9	65.5	30.9	28.7
Magnetic resonance imaging	10.9	8.9	9.0	10.7	9.4	9.4	11.0	8.4	8.6
Mechanical ventilation	17.6	21.2	32.2	18.6	22.9	35.2	16.7	19.6	29.3
65–74 years									
Hospital discharges with at least one procedure ²	66.5	61.3	63.5	69.3	63.9	64.6	63.8	58.9	62.4
Percent									
Number per 10,000 population									
Hospital discharges with at least one procedure ²	1,739.4	1,559.8	1,614.1	1,994.1	1,692.3	1,705.7	1,539.4	1,450.6	1,535.9
Operations on vessels of heart	97.0	139.8	116.7	148.9	195.3	165.2	56.3	94.1	75.2
Coronary angioplasty or arthrorectomy	44.1	86.3	80.8	64.9	116.0	108.6	27.8	61.9	57.1
Coronary artery stent insertion . . . . .	...	71.7	70.0	...	94.9	91.5	...	52.5	51.7
Drug-eluting stent insertion . . . . .	...	...	50.4	...	...	64.0	...	...	38.7
Coronary artery bypass graft (CABG).	52.1	53.9	36.6	83.1	79.7	58.1	27.7	32.6	18.2
Cardiac catheterization	164.0	174.2	131.0	213.8	222.7	158.6	124.9	134.2	107.3
Pacemaker	24.6	22.5	20.7	32.1	22.8	22.6	18.7	22.3	19.1
Carotid (neck arteries) endarterectomy	14.6	24.1	18.5	18.0	29.5	24.1	11.9	19.6	*13.6
Endoscopy of small intestine	92.8	106.6	97.7	91.5	102.4	103.5	93.7	110.0	92.7
Endoscopy of large intestine.	70.3	64.8	46.3	62.5	59.7	44.1	76.5	69.0	48.1
Gall bladder removal	45.0	42.1	33.5	42.0	37.9	37.5	47.4	45.5	30.1
Laparoscopic gall bladder removal. . . . .	...	29.5	24.3	...	24.4	24.8	...	33.7	23.8
Treatment of intra-abdominal scar tissue	23.1	21.4	25.2	17.1	14.5	19.4	27.7	27.1	30.2
Removal of prostate . . . . .	...	...	...	201.1	83.7	57.0	...	...	...
Transurethral prostatectomy . . . . .	...	...	...	180.9	59.4	26.9	...	...	...
Hysterectomy . . . . .	...	...	...	...	...	...	37.4	35.9	27.2
Abdominal hysterectomy. . . . .	...	...	...	...	...	...	20.8	20.5	12.9
Vaginal hysterectomy . . . . .	...	...	...	...	...	...	16.5	14.7	*12.7
Reduction of fracture	36.2	36.4	34.9	24.3	26.2	21.3	45.5	44.8	46.5
Excision of intervertebral disc and spinal fusion	16.3	21.1	42.7	14.2	22.5	*47.3	18.0	20.0	38.7
Total hip replacement	24.0	25.4	36.3	23.0	26.4	34.5	24.9	24.5	37.8
Partial hip replacement	8.9	7.6	*24.1	*4.0	*	*22.2	*12.7	10.5	*25.7
Total knee replacement	33.2	65.4	104.7	26.4	64.5	82.6	38.6	66.0	123.6
Mastectomy . . . . .	...	...	...	...	...	...	30.7	22.7	15.5
CT scan	153.7	64.3	*32.3	163.4	65.7	*31.3	146.1	63.1	*33.2
Arteriography and angiocardiology with contrast.	184.5	186.2	153.7	239.0	231.9	188.4	141.7	148.5	124.1
Diagnostic ultrasound	155.2	92.7	81.4	165.2	94.1	86.5	147.4	91.6	77.1
Magnetic resonance imaging	20.6	17.2	*19.4	19.2	*14.6	*19.7	21.7	*19.3	*19.1
Mechanical ventilation	48.6	60.0	76.2	58.7	70.3	85.1	40.6	51.6	68.5

See footnotes at end of table.

Table 107 (page 3 of 4). Discharges with at least one procedure in nonfederal short-stay hospitals, by sex, age, and selected procedures: United States, selected years 1990 through 2008–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#107>.

[Data are based on a sample of hospital records]

Age and procedure (any listed)	Both sexes			Male			Female		
	1990	2000	2008–2009 ¹	1990	2000	2008–2009 ¹	1990	2000	2008–2009 ¹
75–84 years									
Hospital discharges with at least one procedure ²	59.0	53.6	56.6	61.7	56.3	59.0	57.0	51.8	54.6
Percent									
Number per 10,000 population									
Hospital discharges with at least one procedure ²	2,332.9	2,212.3	2,341.3	2,723.9	2,416.5	2,579.6	2,096.7	2,078.8	2,174.3
Operations on vessels of heart	69.1	143.2	133.8	107.6	202.5	196.7	45.8	104.5	89.8
Coronary angioplasty or arthrorectomy	22.4	84.7	88.3	33.7	109.3	124.1	15.7	68.7	63.2
Coronary artery stent insertion . . . . .	...	69.8	77.2	...	86.5	109.3	...	58.8	54.6
Drug-eluting stent insertion . . . . .	...	...	51.0	...	...	73.2	...	...	35.5
Coronary artery bypass graft (CABG)	47.0	57.7	45.1	74.7	90.5	73.0	30.3	36.2	*25.6
Cardiac catheterization	116.6	190.2	166.4	166.0	236.9	191.9	86.8	159.6	148.6
Pacemaker	50.8	58.1	58.4	70.6	72.2	75.6	38.8	48.9	46.4
Carotid (neck arteries) endarterectomy	19.8	32.8	26.0	24.2	45.5	34.4	*17.1	24.5	*20.0
Endoscopy of small intestine	171.4	189.7	169.6	188.9	193.8	178.6	160.8	187.0	163.2
Endoscopy of large intestine	131.1	123.7	101.5	126.1	113.8	103.0	134.1	130.1	100.5
Gall bladder removal	51.8	43.4	41.4	64.4	46.7	52.9	44.2	41.3	33.3
Laparoscopic gall bladder removal . . . . .	...	28.9	34.4	...	29.6	42.0	...	28.5	29.1
Treatment of intra-abdominal scar tissue	34.0	28.6	30.4	28.2	26.3	32.8	37.5	30.2	28.6
Removal of prostate . . . . .	...	...	...	273.5	98.0	41.2	...	...	...
Transurethral prostatectomy . . . . .	...	...	...	257.5	89.0	37.2	...	...	...
Hysterectomy . . . . .	...	...	...	...	...	...	28.5	25.5	23.1
Abdominal hysterectomy . . . . .	...	...	...	...	...	...	18.8	16.2	15.2
Vaginal hysterectomy . . . . .	...	...	...	...	...	...	*9.4	8.1	*6.9
Reduction of fracture	86.2	80.1	69.0	43.4	57.2	46.6	112.1	95.0	84.6
Excision of intervertebral disc and spinal fusion	12.0	17.4	34.1	*13.2	*20.4	*41.3	11.3	15.3	29.1
Total hip replacement	30.7	26.3	46.5	*26.9	*21.3	42.6	33.1	29.6	49.3
Partial hip replacement	43.6	36.6	36.0	*14.3	20.0	*27.3	61.2	47.5	42.1
Total knee replacement	28.4	59.3	94.8	*19.5	48.7	85.8	33.9	66.3	101.1
Mastectomy . . . . .	...	...	...	...	...	...	29.2	22.0	10.4
CT scan	279.7	119.2	*63.7	307.2	127.9	*66.1	263.0	113.5	*61.9
Arteriography and angiocardiology with contrast	141.0	219.2	210.2	192.3	287.9	241.1	109.9	174.3	188.5
Diagnostic ultrasound	273.5	134.1	119.4	315.7	142.8	139.8	248.0	128.4	105.1
Magnetic resonance imaging	30.5	*37.3	35.1	43.0	*33.6	*39.8	*23.0	*39.8	*31.7
Mechanical ventilation	79.8	91.1	104.5	110.3	106.5	129.5	61.3	80.9	87.0
85 years and over									
Hospital discharges with at least one procedure ²	49.3	44.6	46.6	52.4	45.4	49.8	47.8	44.3	44.9
Percent									
Number per 10,000 population									
Hospital discharges with at least one procedure ²	2,762.1	2,700.5	2,707.2	3,367.3	2,797.9	3,095.1	2,526.8	2,660.6	2,523.7
Operations on vessels of heart	*14.0	51.1	63.5	*	83.0	115.5	*	38.0	39.0
Coronary angioplasty or arthrorectomy	*	36.3	53.5	*	*52.9	*94.5	*	29.5	34.1
Coronary artery stent insertion . . . . .	...	31.6	48.4	...	*48.9	82.7	...	*24.4	32.1
Drug-eluting stent insertion . . . . .	...	...	29.1	...	...	*48.6	...	...	*19.8
Coronary artery bypass graft (CABG)	*	*15.1	*10.0	*	*30.1	*20.7	*	*9.0	*5.0
Cardiac catheterization	*23.7	87.7	92.4	*	122.8	147.3	*19.0	73.2	66.5
Pacemaker	79.5	82.9	104.8	120.4	104.3	126.1	63.5	74.2	94.7
Carotid (neck arteries) endarterectomy	*	*12.0	*10.8	*	*	*	*	*4.8	*
Endoscopy of small intestine	228.8	262.4	210.2	288.7	245.1	215.0	205.5	269.5	207.9
Endoscopy of large intestine	180.8	158.1	99.8	188.0	133.3	115.7	178.0	168.3	92.2
Gall bladder removal	46.4	40.9	29.4	*68.4	*42.9	*29.7	37.8	*40.1	*29.3
Laparoscopic gall bladder removal . . . . .	...	*30.4	18.7	...	*	*23.5	...	*30.5	*16.4
Treatment of intra-abdominal scar tissue	29.6	24.3	26.7	...	*16.4	*17.6	33.7	*27.5	31.0
Removal of prostate . . . . .	...	...	...	257.2	*113.0	*54.1	...	...	...
Transurethral prostatectomy . . . . .	...	...	...	247.1	*110.0	*50.8	...	...	...
Hysterectomy . . . . .	...	...	...	...	...	...	*	*	*
Abdominal hysterectomy . . . . .	...	...	...	...	...	...	*	*	*
Vaginal hysterectomy . . . . .	...	...	...	...	...	...	*	*	*
Reduction of fracture	196.2	200.5	179.6	150.6	93.8	134.6	213.9	244.3	200.9
Excision of intervertebral disc and spinal fusion	*	*2.3	*5.4	*	*	*	*	*	*
Total hip replacement	*27.8	*20.7	27.2	*	*	*33.2	*23.2	*26.3	*24.4
Partial hip replacement	67.4	82.2	80.3	*52.9	*44.1	71.7	73.1	97.9	84.4
Total knee replacement	*12.4	*22.9	31.8	*	*	*	*	*16.2	38.3
Mastectomy . . . . .	...	...	...	...	...	...	*28.9	*15.7	*
CT scan	378.4	158.7	*102.4	401.2	141.4	*	369.5	165.9	*102.5
Arteriography and angiocardiology with contrast	50.6	120.8	149.3	*87.6	164.4	196.3	36.2	102.8	127.0
Diagnostic ultrasound	327.7	208.5	187.9	394.5	181.4	199.1	301.7	219.6	182.7
Magnetic resonance imaging	*18.5	*40.4	*38.2	*	*	*30.5	*16.2	*	*41.9
Mechanical ventilation	91.5	106.0	146.5	97.9	116.5	197.3	89.1	101.7	122.5

See footnotes at end of table.

Table 107 (page 4 of 4). Discharges with at least one procedure in nonfederal short-stay hospitals, by sex, age, and selected procedures: United States, selected years 1990 through 2008–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#107>.

[Data are based on a sample of hospital records]

. . . Category not applicable.

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

¹Starting with 2008 data, the sample of nonfederal short-stay hospitals was cut in half. This smaller sample size has increased standard errors. Therefore, caution should be exercised in interpreting trends in these data. See [Appendix I, National Hospital Discharge Survey \(NHDS\)](#).

²Includes discharges for procedures not shown separately.

³Estimates are age-adjusted to the year 2000 standard population using five age groups: 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See [Appendix II, Age adjustment](#).

NOTES: Up to four procedures were coded for each hospital discharge. If more than one procedure with the same code (e.g., a coronary artery bypass graft) was performed during the hospital stay, it was counted only once (any listed). Procedure categories are based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM). See [Appendix II, International Classification of Diseases, 9th Revision, Clinical Modification \(ICD–9–CM\); Procedure; Table XI](#) for ICD–9–CM codes. Rates are based on the civilian population as of July 1. Starting with *Health, United States, 2003*, rates for 2000 and beyond are based on the 2000 census. Rates for 1990–1999 use population estimates based on the 1990 census adjusted for net underenumeration using the 1990 National Population Adjustment Matrix from the U.S. Census Bureau. Rates for 1990–1999 are not strictly comparable with rates for 2000 and beyond because population estimates for 1990–1999 have not been revised to reflect the 2000 census. See [Appendix I, National Hospital Discharge Survey \(NHDS\); Population Census and Population Estimates](#). Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Hospital Discharge Survey. See [Appendix I, National Hospital Discharge Survey \(NHDS\)](#).

Table 108. Hospital admissions, average length of stay, outpatient visits, and outpatient surgery by type of ownership and size of hospital: United States, selected years 1975–2009

[Data are based on reporting by a census of hospitals]

Type of ownership and size of hospital	1975	1980	1990	1995	2000	2005	2007	2009
Admissions								
Number in thousands								
All hospitals	36,157	38,892	33,774	33,282	34,891	37,006	37,120	37,480
Federal	1,913	2,044	1,759	1,559	1,034	952	981	1,047
Nonfederal ¹	34,243	36,848	32,015	31,723	33,946	36,054	36,139	36,432
Community ²	33,435	36,143	31,181	30,945	33,089	35,239	35,346	35,527
Nonprofit	23,722	25,566	22,878	22,557	24,453	25,881	25,752	25,783
For profit	2,646	3,165	3,066	3,428	4,141	4,618	4,626	4,887
State-local government	7,067	7,413	5,236	4,961	4,496	4,740	4,967	4,857
6–24 beds	174	159	95	124	141	186	200	197
25–49 beds	1,431	1,254	870	944	995	1,173	1,170	1,217
50–99 beds	3,675	3,700	2,474	2,299	2,355	2,412	2,295	2,256
100–199 beds	7,017	7,162	5,833	6,288	6,735	6,678	6,341	6,337
200–299 beds	6,174	6,596	6,333	6,495	6,702	7,075	7,009	6,684
300–399 beds	4,739	5,358	5,091	4,693	5,135	6,025	5,637	5,762
400–499 beds	3,689	4,401	3,644	3,413	3,617	3,634	4,044	4,049
500 beds or more	6,537	7,513	6,840	6,690	7,410	8,054	8,650	9,026
Average length of stay ³								
Number of days								
All hospitals	11.4	10.0	9.1	7.8	6.8	6.5	6.3	6.2
Federal	20.3	16.8	14.9	13.1	12.8	11.6	11.5	10.8
Nonfederal ¹	10.8	9.6	8.8	7.5	6.6	6.3	6.2	6.1
Community ²	7.7	7.6	7.2	6.5	5.8	5.6	5.5	5.4
Nonprofit	7.8	7.7	7.3	6.4	5.7	5.5	5.4	5.3
For profit	6.6	6.5	6.4	5.8	5.4	5.3	5.2	5.3
State-local government	7.6	7.3	7.7	7.4	6.7	6.6	6.4	6.2
6–24 beds	5.6	5.3	5.4	5.5	4.3	4.2	4.0	4.3
25–49 beds	6.0	5.8	6.1	5.7	5.1	4.9	4.9	5.2
50–99 beds	6.8	6.7	7.2	7.0	6.5	6.4	6.3	6.4
100–199 beds	7.1	7.0	7.1	6.4	5.7	5.6	5.5	5.4
200–299 beds	7.5	7.4	6.9	6.2	5.7	5.3	5.2	5.1
300–399 beds	7.8	7.6	7.0	6.1	5.5	5.4	5.3	5.2
400–499 beds	8.1	7.9	7.3	6.3	5.6	5.5	5.3	5.4
500 beds or more	9.1	8.7	8.1	7.1	6.3	6.0	5.9	5.7
Outpatient visits ⁴								
Number in thousands								
All hospitals	254,844	262,951	368,184	483,195	592,673	673,689	693,510	741,551
Federal	51,957	50,566	58,527	59,934	63,402	80,018	82,187	89,697
Nonfederal ¹	202,887	212,385	309,657	423,261	531,972	593,671	611,323	651,854
Community ²	190,672	202,310	301,329	414,345	521,405	584,429	603,300	641,953
Nonprofit	131,435	142,156	221,073	303,851	393,168	441,653	455,825	485,935
For profit	7,713	9,696	20,110	31,940	43,378	46,016	43,943	47,281
State-local government	51,525	50,459	60,146	78,554	84,858	96,760	103,532	108,738
6–24 beds	915	1,155	1,471	3,644	4,555	7,970	7,698	9,113
25–49 beds	5,855	6,227	10,812	19,465	27,007	35,172	39,176	42,461
50–99 beds	16,303	17,976	27,582	38,597	49,385	53,382	54,312	57,336
100–199 beds	35,156	36,453	58,940	91,312	114,183	121,053	119,455	127,267
200–299 beds	32,772	36,073	60,561	84,080	99,248	107,332	106,535	107,269
300–399 beds	29,169	30,495	43,699	54,277	73,444	85,366	81,671	86,684
400–499 beds	22,127	25,501	33,394	44,284	52,205	56,023	60,604	63,727
500 beds or more	48,375	48,430	64,870	78,685	101,378	118,131	133,849	148,097
Outpatient surgery								
Percent of total surgeries ⁵								
Community hospitals ²	---	16.3	50.5	58.1	62.7	63.3	62.7	63.2

--- Data not available.

¹The category of nonfederal hospitals comprises psychiatric, tuberculosis and other respiratory diseases hospitals, and long-term and short-term general and other special hospitals. See [Appendix II, Hospital](#).

²Community hospitals are nonfederal short-term general and special hospitals whose facilities and services are available to the public. See [Appendix II, Hospital](#).

³Average length of stay is calculated as the number of inpatient days divided by the number of admissions. See [Appendix II, Average length of stay](#).

⁴Outpatient visits include visits to the emergency department, outpatient department, referred visits (pharmacy, EKG, radiology), and outpatient surgery. See [Appendix II, Outpatient visit](#).

⁵Total surgeries is a measure of patients with at least one surgical procedure. Persons with multiple surgical procedures during the same outpatient visit or inpatient stay are counted only once. See [Appendix II, Outpatient surgery](#).

SOURCE: American Hospital Association Annual Survey of Hospitals. Hospital Statistics, 1976, 1981, 1991–2011 editions. Chicago, IL. (Copyright 1976, 1981, 1991–2011: Used with the permission of Health Forum LLC, an affiliate of AHA.) See [Appendix I, American Hospital Association \(AHA\) Annual Survey of Hospitals](#).

Table 109. Active physicians and physicians in patient care, by state: United States, selected years 1975–2009

[Data are based on reporting by physicians]

State	Active physicians ^{1,2}						Physicians in patient care ^{1,2,3}					
	1975	1985	1995	2000 ⁴	2008	2009	1975	1985	1995	2000	2008	2009
	Number per 10,000 civilian population											
United States	15.3	20.7	24.2	25.8	27.7	27.4	13.5	18.0	21.3	22.7	25.7	25.4
Alabama	9.2	14.2	18.4	19.8	21.6	21.5	8.6	13.1	17.0	18.2	20.6	20.5
Alaska	8.4	13.0	15.7	18.5	24.2	24.2	7.8	12.1	14.2	16.3	22.5	22.6
Arizona	16.7	20.2	21.4	20.9	22.3	22.6	14.1	17.1	18.2	17.6	20.6	21.0
Arkansas	9.1	13.8	17.3	18.8	20.4	20.4	8.5	12.8	16.0	17.3	19.4	19.4
California	18.8	23.7	23.7	23.8	26.2	26.4	17.3	21.5	21.7	21.6	24.4	24.6
Colorado	17.3	20.7	23.7	24.0	26.6	26.8	15.0	17.7	20.6	20.9	24.7	25.0
Connecticut	19.8	27.6	32.8	33.7	36.6	36.8	17.7	24.3	29.5	30.3	33.5	33.9
Delaware	14.3	19.7	23.4	24.7	26.4	26.2	12.7	17.1	19.7	21.0	24.7	24.5
District of Columbia	39.6	55.3	63.6	62.5	74.9	73.8	34.6	45.6	53.6	54.5	65.9	65.0
Florida	15.2	20.2	22.9	24.1	25.8	26.0	13.4	17.8	20.3	21.2	24.2	24.4
Georgia	11.5	16.2	19.7	20.4	21.4	21.3	10.6	14.7	18.0	18.6	20.1	19.9
Hawaii	16.2	21.5	24.8	26.4	31.8	31.8	14.7	19.8	22.8	24.0	29.6	29.7
Idaho	9.5	12.1	13.9	15.8	17.9	18.4	8.9	11.4	13.1	14.4	17.0	17.4
Illinois	14.5	20.5	24.8	26.1	27.8	28.0	13.1	18.2	22.1	23.1	25.8	26.1
Indiana	10.6	14.7	18.4	20.0	22.2	22.3	9.6	13.2	16.6	18.0	21.0	21.0
Iowa	11.4	15.6	19.2	19.8	21.5	21.6	9.4	12.4	15.1	15.5	19.5	19.7
Kansas	12.8	17.3	20.8	21.8	23.8	24.1	11.2	15.1	18.0	18.8	22.0	22.4
Kentucky	10.9	15.1	19.2	20.6	23.1	23.3	10.1	13.9	18.0	19.1	21.7	22.0
Louisiana	11.4	17.3	21.7	23.8	25.3	25.4	10.5	16.1	20.3	22.4	24.2	24.3
Maine	12.8	18.7	22.3	26.8	31.1	31.6	10.7	15.6	18.2	21.7	28.2	28.7
Maryland	18.6	30.4	34.1	35.4	40.2	40.1	16.5	24.9	29.9	31.1	35.3	35.4
Massachusetts	20.8	30.2	37.5	38.6	43.6	43.4	18.3	25.4	33.2	34.4	39.7	39.6
Michigan	15.4	20.8	24.8	26.3	28.5	29.2	12.0	16.0	19.0	20.2	25.5	26.0
Minnesota	14.9	20.5	23.4	24.9	28.8	28.9	13.7	18.5	21.5	23.0	27.0	27.2
Mississippi	8.4	11.8	13.9	16.6	18.2	18.2	8.0	11.1	13.0	15.2	17.3	17.3
Missouri	15.0	20.5	23.9	24.7	26.2	26.1	11.6	16.3	19.7	20.2	24.1	24.1
Montana	10.6	14.0	18.4	20.4	23.0	23.0	10.1	13.2	17.1	18.8	21.9	21.9
Nebraska	12.1	15.7	19.8	21.7	24.7	24.9	10.9	14.4	18.3	20.1	23.1	23.5
Nevada	11.9	16.0	16.7	18.0	19.7	19.8	10.9	14.5	14.6	15.9	18.5	18.6
New Hampshire	14.3	18.1	21.5	23.8	28.6	29.3	13.1	16.7	19.8	21.7	26.9	27.6
New Jersey	16.2	23.4	29.3	31.1	32.9	33.0	14.0	19.8	24.9	26.2	30.0	30.1
New Mexico	12.2	17.0	20.2	20.9	23.9	23.9	10.1	14.7	18.0	18.5	22.3	22.2
New York	22.7	29.0	35.3	36.2	37.8	37.9	20.2	25.2	31.6	32.3	34.8	35.0
North Carolina	11.7	16.9	21.1	22.3	25.0	25.0	10.6	15.0	19.4	20.5	23.4	23.4
North Dakota	9.7	15.8	20.5	19.2	24.7	25.2	9.2	14.9	18.9	19.8	23.6	24.1
Ohio	14.1	19.9	23.8	25.4	28.2	28.5	12.2	16.8	20.0	21.3	25.9	26.2
Oklahoma	11.6	16.1	18.8	19.4	20.9	21.3	9.4	12.9	14.7	14.8	18.9	19.3
Oregon	15.6	19.7	21.6	22.9	27.8	28.0	13.8	17.6	19.5	20.5	26.1	26.4
Pennsylvania	16.6	23.6	30.1	31.6	33.1	33.1	13.9	19.2	24.6	25.4	29.6	29.6
Rhode Island	17.8	23.3	30.4	32.5	37.0	37.2	16.1	20.2	26.7	28.8	34.5	34.6
South Carolina	10.0	14.7	18.9	21.0	22.8	22.8	9.3	13.6	17.6	19.4	21.7	21.6
South Dakota	8.2	13.4	16.7	19.2	22.8	23.2	7.7	12.3	15.7	17.7	21.8	22.2
Tennessee	12.4	17.7	22.5	23.6	26.0	26.2	11.3	16.2	20.8	21.8	24.6	24.8
Texas	12.5	16.8	19.4	20.3	21.5	21.6	11.0	14.7	17.3	17.9	20.2	20.3
Utah	14.1	17.2	19.2	19.6	20.8	21.0	13.0	15.5	17.6	17.8	19.3	19.6
Vermont	18.2	23.8	26.9	32.0	36.0	35.9	15.5	20.3	24.2	28.8	33.3	33.3
Virginia	12.9	19.5	22.5	23.9	27.2	27.5	11.9	17.8	20.8	22.0	25.5	25.8
Washington	15.3	20.2	22.5	23.7	27.0	27.0	13.6	17.9	20.2	21.2	25.1	25.1
West Virginia	11.0	16.3	21.0	23.5	25.7	26.1	10.0	14.6	17.9	19.5	23.3	23.8
Wisconsin	12.5	17.7	21.5	23.1	26.2	26.5	11.4	15.9	19.6	20.9	24.6	24.9
Wyoming	9.5	12.9	15.3	17.3	19.9	19.9	8.9	12.0	13.9	15.7	18.7	18.8

¹Includes active doctors of medicine (MDs) and active doctors of osteopathy (DOs). See [Appendix II, Physician](#).²Starting with 2003 data, federal and nonfederal physicians are included. Data prior to 2003 included nonfederal physicians only.³Prior to 2006, excludes DOs. Excludes physicians in medical teaching, administration, research, and other nonpatient care activities. Includes residents.⁴Data for DOs are as of January 2001.

NOTES: Data for MDs are as of December 31. Data for DOs are as of May 31, unless otherwise specified.

SOURCE: American Medical Association: Physician distribution and medical licensure in the U.S., 1975; Physician characteristics and distribution in the U.S., 1986 edition; 1996–1997 edition; 2009–2011 edition; Department of Physician Practice and Communication Information, Division of Survey and Data Resources, AMA. (Copyright 1976, 1986, 1997, 2004, 2008, 2009, 2010, 2011: Used with the permission of the AMA); American Osteopathic Association: 1975–1976 Yearbook and Directory of Osteopathic Physicians, 1985–1986 Yearbook and Directory of Osteopathic Physicians; American Association of Colleges of Osteopathic Medicine: Annual Statistical Report, 1996; American Osteopathic Association: Factsheet 2006, 2006; Osteopathic Medical Profession Report 2008 and 2009; and unpublished data. See [Appendix I, American Medical Association \(AMA\) Physician Masterfile](#); [American Osteopathic Association \(AOA\)](#).

Table 110. Doctors of medicine, by place of medical education and activity: United States and outlying U.S. areas, selected years 1975–2009

[Data are based on reporting by physicians]

Place of medical education and activity	1975	1985	1995	2000	2005	2007	2008	2009
Number of doctors of medicine								
Total doctors of medicine	393,742	552,716	720,325	813,770	902,053	941,304	954,224	972,376
Active doctors of medicine ¹	340,280	497,140	625,443	692,368	762,438	776,554	784,199	792,805
Place of medical education:								
U.S. medical graduates	---	392,007	481,137	527,931	571,798	580,336	586,421	591,835
International medical graduates ²	---	105,133	144,306	164,437	190,640	196,218	197,778	200,970
Activity:								
Patient care ^{3,4}	287,837	431,527	564,074	631,431	718,473	732,234	740,867	749,566
Office-based practice	213,334	329,041	427,275	490,398	563,225	562,897	556,818	560,381
General and family practice	46,347	53,862	59,932	67,534	74,999	75,952	75,443	76,514
Cardiovascular diseases	5,046	9,054	13,739	16,300	17,519	17,504	17,352	17,443
Dermatology	3,442	5,325	6,959	7,969	8,795	9,036	9,066	9,192
Gastroenterology	1,696	4,135	7,300	8,515	9,742	10,042	10,119	10,293
Internal medicine	28,188	52,712	72,612	88,699	107,028	108,552	107,943	109,305
Pediatrics	12,687	22,392	33,890	42,215	51,854	52,095	51,719	52,420
Pulmonary diseases	1,166	3,035	4,964	6,095	7,321	7,490	7,535	7,677
General surgery	19,710	24,708	24,086	24,475	26,079	25,434	24,640	24,536
Obstetrics and gynecology	15,613	23,525	29,111	31,726	34,659	34,405	33,968	34,092
Ophthalmology	8,795	12,212	14,596	15,598	16,580	15,852	15,656	15,731
Orthopedic surgery	8,148	13,033	17,136	17,367	19,115	19,299	19,110	19,205
Otolaryngology	4,297	5,751	7,139	7,581	8,206	8,177	8,034	8,025
Plastic surgery	1,706	3,299	4,612	5,308	6,011	6,100	6,093	6,110
Urological surgery	5,025	7,081	7,991	8,460	8,955	8,796	8,656	8,678
Anesthesiology	8,970	15,285	23,770	27,624	31,887	31,617	31,389	31,294
Diagnostic radiology	1,978	7,735	12,751	14,622	17,618	17,327	17,197	17,100
Emergency medicine	---	---	11,700	14,541	20,173	20,036	19,965	19,978
Neurology	1,862	4,691	7,623	8,559	10,400	10,476	10,386	10,433
Pathology, anatomical/clinical	4,195	6,877	9,031	10,267	11,747	11,191	10,738	10,554
Psychiatry	12,173	18,521	23,334	24,955	27,638	27,492	26,521	26,235
Radiology	6,970	7,355	5,994	6,674	7,049	6,913	6,809	6,837
Other specialty	15,320	28,453	29,005	35,314	39,850	39,111	38,479	38,729
Hospital-based practice	74,503	102,486	136,799	141,033	155,248	169,337	184,049	189,185
Residents and interns ⁵	53,527	72,159	93,650	95,125	95,391	98,688	108,073	109,065
Full-time hospital staff	20,976	30,327	43,149	45,908	59,857	70,649	75,976	80,120
Other professional activity ⁶	24,252	44,046	40,290	41,556	43,965	44,320	43,332	43,239
Inactive	21,449	38,646	72,326	75,168	99,823	111,551	119,239	121,704
Not classified	26,145	13,950	20,579	45,136	39,304	52,740	50,347	57,427
Unknown address	5,868	2,980	1,977	1,098	488	459	439	440

--- Data not available.

¹Doctors of medicine who are inactive, have unknown address, or primary specialty not classified are excluded. See [Appendix II, Physician](#).

²International medical graduates received their medical education in schools outside the United States and Canada.

³Specialty information is based on the physician's self-designated primary area of practice. Categories include generalists and specialists. See [Appendix II, Physician specialty](#).

⁴Starting with 2003 data, estimates include federal and nonfederal doctors of medicine. Prior to 2003, estimates were for nonfederal doctors of medicine only. See [Health, United States, 2004, Table 103](#), for data on federal doctors of medicine.

⁵Starting with 1990 data, clinical fellows are included in this category. In prior years, clinical fellows were included in the other professional activity category.

⁶Includes medical teaching, administration, research, and other. Prior to 1990, this category also included clinical fellows.

NOTES: Data for doctors of medicine are as of December 31, except for 1990–1994 data, which are as of January 1. Outlying areas include Puerto Rico, the U.S. Virgin Islands, and the Pacific islands of Canton, Caroline, Guam, Mariana, Marshall, American Samoa, and Wake.

SOURCE: American Medical Association. Distribution of physicians in the United States, 1970; Physician distribution and medical licensure in the U.S., 1975; Physician characteristics and distribution in the U.S., 1981, 1986, 1989, 1990, 1992, 1993, 1994, 1995–1996, 1996–1997, 1997–1998, 1999, 2000–2001, 2001–2002, 2002–2003, 2003–2004, 2004–2011 editions, Department of Physician Practice and Communications Information, Division of Survey and Data Resources, AMA. (Copyright 1971, 1976, 1982, 1986, 1989, 1990, 1992, 1993, 1994, 1996, 1997, 1997, 1982, 1986, 1989, 1990, 1992, 1993, 1994, 1996–2011: Used with the permission of the AMA.) See [Appendix I, American Medical Association \(AMA\) Physician Masterfile](#).

Table 111. Doctors of medicine in primary care, by specialty: United States and outlying U.S. areas, selected years 1949–2009

[Data are based on reporting by physicians]

Specialty	1949 ¹	1960 ¹	1970	1980	1990	1995	2000	2008	2009
	Number								
Total doctors of medicine ²	201,277	260,484	334,028	467,679	615,421	720,325	813,770	954,224	972,376
Active doctors of medicine ³	191,577	247,257	310,845	414,916	547,310	625,443	692,368	784,199	792,805
General primary care specialists	113,222	125,359	134,354	170,705	213,514	241,329	274,653	305,264	307,586
General practice/family medicine	95,980	88,023	57,948	60,049	70,480	75,976	86,312	93,761	94,671
Internal medicine	12,453	26,209	39,924	58,462	76,295	88,240	101,353	115,314	116,148
Obstetrics/Gynecology	---	---	18,532	24,612	30,220	33,519	35,922	38,272	38,573
Pediatrics	4,789	11,127	17,950	27,582	36,519	43,594	51,066	57,917	58,194
Primary care subspecialists	---	---	3,161	16,642	30,911	39,659	52,294	71,794	74,000
Family medicine	---	---	---	---	---	236	483	1,193	1,303
Internal medicine	---	---	1,948	13,069	22,054	26,928	34,831	47,779	49,324
Obstetrics/Gynecology	---	---	344	1,693	3,477	4,133	4,319	4,363	4,282
Pediatrics	---	---	869	1,880	5,380	8,362	12,661	18,459	19,091
	Percent of active doctors of medicine								
General primary care specialist	59.1	50.7	43.2	41.1	39.0	38.6	39.7	38.9	38.8
General practice/family medicine	50.1	35.6	18.6	14.5	12.9	12.1	12.5	12.0	11.9
Internal medicine	6.5	10.6	12.8	14.1	13.9	14.1	14.6	14.7	14.7
Obstetrics/Gynecology	---	---	6.0	5.9	5.5	5.4	5.2	4.9	4.9
Pediatrics	2.5	4.5	5.8	6.6	6.7	7.0	7.4	7.4	7.3
Primary care subspecialists	---	---	1.0	4.0	5.6	6.3	7.6	9.2	9.3
Family medicine	---	---	0.0	0.0	0.0	0.0	0.1	0.2	0.2
Internal medicine	---	---	0.6	3.1	4.0	4.3	5.0	6.1	6.2
Obstetrics/Gynecology	---	---	0.1	0.4	0.6	0.7	0.6	0.6	0.5
Pediatrics	---	---	0.3	0.5	1.0	1.3	1.8	2.4	2.4

--- Data not available.

0.0 Percentage greater than zero but less than 0.05.

¹Estimated by the Bureau of Health Professions, Health Resources Administration. Active doctors of medicine (MDs) include those with address unknown and primary specialty not classified.

²Includes MDs engaged in federal and nonfederal patient care (office-based or hospital-based) and other professional activities.

³Starting with 1970 data, MDs who are inactive, have unknown address, or primary specialty not classified are excluded. Also see [Table 107](#). See [Appendix II, Physician](#).

NOTES: See [Appendix II, Physician specialty](#). Data are as of December 31 except for 1990–1994 data, which are as of January 1, and 1949 data, which are as of midyear. Outlying areas include Puerto Rico, the U.S. Virgin Islands, and the Pacific islands of Canton, Caroline, Guam, Mariana, Marshall, American Samoa, and Wake. Data have been revised and differ from previous editions of *Health, United States*.

SOURCE: Health Manpower Source Book: Medical Specialists, USDHEW, 1962; American Medical Association (AMA). Distribution of physicians in the United States, 1970; Physician characteristics and distribution in the U.S., 1981, 1992, 1996–1997, 1997–1998, 1999, 2000–2001, 2001–2002, 2002–2003, 2003–2004, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011 editions, Department of Physician Practice and Communications Information, Division of Survey and Data Resources, AMA. (Copyright 1971, 1982, 1992, 1996, 1997, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011: Used with the permission of the AMA.) See [Appendix I, American Medical Association \(AMA\) Physician Masterfile](#).

Table 112. Active dentists, by state: United States, selected years 1993–2008

[Data are based on reporting by dentists]

State	1993	2000	2006	2007	2008	1993	2000	2006	2007	2008
	Number of dentists					Number of dentists per 10,000 civilian population				
United States	155,087	166,383	179,594	181,725	181,774	6.1	6.1	6.0	6.0	6.0
Alabama	1,779	1,912	2,032	2,032	2,032	4.3	4.3	4.4	4.4	4.4
Alaska	421	467	513	519	505	7.5	7.5	7.7	7.6	7.4
Arizona	2,032	2,322	3,107	3,225	3,302	5.3	4.5	5.0	5.1	5.1
Arkansas	1,001	1,080	1,146	1,162	1,125	4.2	4.0	4.1	4.1	3.9
California	20,909	22,963	26,887	27,654	27,922	6.8	6.8	7.4	7.6	7.6
Colorado	2,503	2,818	3,139	3,181	3,212	7.3	6.6	6.6	6.5	6.5
Connecticut	2,587	2,636	2,694	2,710	2,610	7.9	7.7	7.7	7.7	7.5
Delaware	331	357	395	403	403	4.8	4.6	4.6	4.7	4.6
District of Columbia	810	728	609	614	634	13.9	12.7	10.5	10.4	10.7
Florida	7,110	8,170	9,450	9,640	9,741	5.3	5.1	5.2	5.3	5.3
Georgia	3,251	3,611	4,167	4,295	4,260	4.9	4.4	4.5	4.5	4.4
Hawaii	976	992	1,046	1,043	1,039	8.8	8.2	8.1	8.1	8.1
Idaho	573	678	834	863	890	5.4	5.2	5.7	5.8	5.8
Illinois	7,978	8,205	8,249	8,268	8,192	6.9	6.6	6.4	6.4	6.3
Indiana	2,716	2,867	3,013	3,035	3,009	4.8	4.7	4.8	4.8	4.7
Iowa	1,545	1,564	1,583	1,610	1,600	5.5	5.3	5.3	5.4	5.3
Kansas	1,316	1,329	1,417	1,437	1,413	5.3	4.9	5.1	5.2	5.0
Kentucky	2,129	2,258	2,340	2,356	2,388	5.7	5.6	5.6	5.6	5.6
Louisiana	2,029	2,086	2,102	2,118	2,066	4.8	4.7	4.9	4.9	4.7
Maine	592	601	650	662	657	4.8	4.7	4.9	5.0	5.0
Maryland	3,753	3,986	4,132	4,212	4,138	7.7	7.5	7.4	7.5	7.3
Massachusetts	4,652	5,137	5,299	5,314	5,442	7.8	8.1	8.2	8.2	8.4
Michigan	5,884	5,913	6,141	6,126	6,060	6.2	5.9	6.1	6.1	6.1
Minnesota	2,913	2,960	3,137	3,196	3,174	6.5	6.0	6.1	6.1	6.1
Mississippi	1,040	1,115	1,173	1,190	1,160	4.0	3.9	4.0	4.1	3.9
Missouri	2,773	2,680	2,803	2,813	2,803	5.4	4.8	4.8	4.8	4.7
Montana	476	485	525	549	548	5.8	5.4	5.6	5.7	5.7
Nebraska	1,054	1,087	1,116	1,111	1,105	6.6	6.4	6.3	6.3	6.2
Nevada	570	763	1,185	1,285	1,330	4.3	3.8	4.7	5.0	5.1
New Hampshire	642	707	821	830	817	5.8	5.7	6.2	6.3	6.2
New Jersey	6,144	6,607	7,113	7,042	6,925	7.9	7.9	8.2	8.1	8.0
New Mexico	719	809	871	907	916	4.6	4.4	4.5	4.6	4.6
New York	14,395	15,159	15,110	15,184	14,980	8.0	8.0	7.8	7.9	7.7
North Carolina	2,968	3,394	4,031	4,108	4,183	4.4	4.2	4.6	4.5	4.5
North Dakota	315	300	323	326	329	5.0	4.7	5.1	5.1	5.1
Ohio	5,981	6,108	6,081	6,063	6,029	5.4	5.4	5.3	5.3	5.2
Oklahoma	1,584	1,683	1,774	1,804	1,805	5.0	4.9	5.0	5.0	5.0
Oregon	2,034	2,273	2,506	2,551	2,574	6.8	6.6	6.8	6.8	6.8
Pennsylvania	7,915	8,031	7,907	7,747	7,756	6.6	6.5	6.4	6.2	6.2
Rhode Island	581	589	596	569	573	5.8	5.6	5.6	5.4	5.5
South Carolina	1,601	1,803	2,006	2,026	2,065	4.5	4.5	4.6	4.6	4.6
South Dakota	347	359	387	397	406	4.9	4.8	4.9	5.0	5.0
Tennessee	2,748	2,993	3,031	3,076	3,015	5.5	5.3	5.0	5.0	4.9
Texas	8,860	9,873	10,758	10,981	10,936	5.1	4.7	4.6	4.6	4.5
Utah	1,162	1,398	1,671	1,713	1,743	6.4	6.3	6.6	6.5	6.4
Vermont	323	353	360	361	360	5.7	5.8	5.8	5.8	5.8
Virginia	3,686	4,036	4,489	4,563	4,640	5.9	5.7	5.9	5.9	6.0
Washington	3,271	3,860	4,510	4,528	4,579	6.4	6.5	7.1	7.0	7.0
West Virginia	816	828	854	847	844	4.5	4.6	4.7	4.7	4.7
Wisconsin	3,054	3,119	3,199	3,186	3,208	6.1	5.8	5.8	5.7	5.7
Wyoming	235	267	281	269	266	5.1	5.4	5.5	5.1	5.0

NOTES: The data include professionally active dentists only. Professionally active dentist occupation categories include active practitioners (full- or part-time); dental school faculty or staff; armed forces dentists; government-employed dentists at the federal, state, or local levels; graduate students/interns and residents; and other health or dental organization staff members. U.S. totals include dentists with unknown state of practice not shown separately. Rates were calculated using the number of dentists from ADA and civilian population data from AMA, to be consistent with [Table 109](#).

SOURCE: American Dental Association, Survey Center, Distribution of Dentists in the United States: Historical Report, 1993–2001, Table 1; p. 6 (number of dentists); Distribution of Dentists in the United States by Region and State, 2003, Table 1; p. 6–7 (number of dentists); Distribution of Dentists in the United States by Region and State, 2006, Table 1; p. 6–7 (number of dentists); Distribution of Dentists in the United States by Region and State, 2007, Table 1; p. 6–7 (number of dentists); Distribution of Dentists in the United States by Region and State, 2008, Table 1; p. 6–7 (number of dentists) (Copyright 2003, 2005, 2008, 2009, 2010 American Dental Association. Reprinted with permission. All rights reserved.) Any form of reproduction is strictly prohibited without prior written permission of American Dental Association; American Medical Association (AMA), Physician characteristics and distribution in the U.S., 2009 and previous editions (number of civilian population) (Copyright 1994, 1997, 2002, 2005, 2008, 2009, 2010: Used with the permission of the AMA). See [Appendix I, American Dental Association \(ADA\)](#).

Table 113. Health care employment and wages, by selected occupations: United States, selected years 2001–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#113>.

[Data are based on a semiannual mail survey of nonfarm establishments]

Occupation title	2001	2004	2008	2010	2001–2010	2001	2004	2008	2010	2001–2010
Health care practitioners and technical occupations										
	Employment ¹				AAPC ²	Mean hourly wage ³				AAPC ²
Audiologists	11,040	9,810	12,480	12,860	1.7	\$23.89	\$26.47	\$31.49	\$33.58	3.9
Cardiovascular technologists and technicians	40,990	43,540	48,040	48,720	1.9	17.55	19.09	23.38	24.38	3.7
Dental hygienists	149,880	155,810	173,090	177,520	1.9	27.30	28.58	32.19	33.02	2.1
Diagnostic medical sonographers	32,990	41,280	48,920	53,010	5.4	23.08	25.78	30.12	31.20	3.4
Dietetic technicians	28,940	24,630	24,620	23,890	-2.1	11.23	11.89	13.26	13.86	2.4
Dietitians and nutritionists	43,200	46,530	53,630	53,510	2.4	19.74	21.46	24.75	26.13	3.2
Emergency medical technicians and paramedics	170,690	187,900	207,610	221,760	3.0	12.24	13.30	15.38	16.01	3.0
Licensed practical and licensed vocational nurses	683,790	702,740	730,500	730,290	0.7	15.14	16.75	19.28	19.88	3.1
Nuclear medicine technologists	17,360	17,520	21,200	21,600	2.5	24.65	29.43	32.44	33.20	3.4
Occupational therapists	77,080	83,560	94,800	100,300	3.0	25.10	27.19	32.65	35.28	3.9
Opticians, dispensing	63,120	62,350	59,470	62,200	-0.2	13.49	14.37	16.85	16.73	2.4
Pharmacists	223,630	222,960	266,410	268,030	2.0	35.02	40.56	50.13	52.59	4.6
Pharmacy technicians	207,140	255,290	324,110	333,500	5.4	10.82	11.87	13.70	14.10	3.0
Physical therapists	126,450	142,940	167,300	180,280	4.0	28.43	30.00	35.77	37.50	3.1
Physician assistants	56,200	59,470	71,950	81,420	4.2	30.00	33.07	39.24	41.89	3.8
Psychiatric technicians	59,750	59,010	54,800	72,650	2.2	12.94	13.43	15.48	15.15	1.8
Radiation therapists	13,460	14,470	14,850	16,590	2.4	25.71	29.05	36.28	37.64	4.3
Radiologic technologists and technicians	168,240	177,220	208,570	216,730	2.9	18.68	21.41	25.59	26.80	4.1
Recreational therapists	26,830	23,050	22,510	20,830	-2.8	14.92	16.48	19.20	19.92	3.3
Registered nurses	2,217,990	2,311,970	2,542,760	2,655,020	2.0	23.19	26.06	31.31	32.56	3.8
Respiratory therapists	82,930	91,350	103,870	109,270	3.1	19.17	21.24	25.55	26.54	3.7
Respiratory therapy technicians	28,700	24,190	16,210	13,570	-8.0	16.93	18.00	21.00	22.28	3.1
Speech-language pathologists	83,110	89,260	107,340	112,530	3.4	24.20	26.71	31.80	33.60	3.7
Health care support occupations										
Dental assistants	267,840	264,820	293,090	294,030	1.2	13.29	13.97	15.95	16.41	2.7
Home health aides	560,190	596,330	892,410	982,840	7.3	8.90	9.13	10.31	10.46	2.0
Massage therapists	26,440	32,200	51,250	60,040	10.8	15.93	17.63	19.16	19.12	2.3
Medical assistants	345,930	380,340	475,950	523,260	5.3	11.71	12.21	13.97	14.31	2.5
Medical equipment preparers	33,540	40,380	44,340	47,310	4.4	11.29	12.14	14.08	14.59	3.3
Medical transcriptionists	94,090	92,740	86,200	78,780	-2.2	12.99	14.01	15.84	16.12	2.7
Nursing aides, orderlies, and attendants	1,307,600	1,384,120	1,422,720	1,451,090	1.3	9.54	10.39	11.84	12.09	3.0
Occupational therapy aides	7,560	5,240	7,410	7,180	-0.6	11.70	12.51	14.22	14.95	3.1
Occupational therapy assistants	17,520	20,880	25,610	27,720	5.9	17.39	18.49	23.29	24.66	4.5
Pharmacy aides	58,130	47,720	53,190	49,580	-2.0	9.22	9.52	10.34	10.98	2.2
Physical therapist aides	35,250	41,910	44,410	45,900	3.4	10.45	11.14	11.91	12.02	1.8
Physical therapist assistants	47,810	57,420	61,820	65,960	4.1	17.18	18.14	22.26	23.95	4.2
Psychiatric aides	59,640	54,520	59,050	64,730	1.0	11.42	11.70	13.10	12.84	1.5

¹Employment is the number of filled positions. This table includes both full-time and part-time wage and salary positions. Estimates do not include business establishments where persons are self-employed, owners and partners in unincorporated firms, household workers, or unpaid family workers and were rounded to the nearest 10.

²AAPC is average annual percent change. See [Appendix II, Average annual rate of change \(percent change\)](#).

³The mean hourly wage rate for an occupation is the total wages that all workers in the occupation earn in an hour divided by the total employment of the occupation. More information is available from: http://www.bls.gov/oes/current/oes_tec.htm.

NOTES: This table excludes occupations such as dentists, physicians, and chiropractors, which have a large percentage of workers who are self-employed. Challenges in using Occupational Employment Statistics (OES) data as a time series include changes in the occupational, industrial, and geographical classification systems, changes in the way data are collected, changes in the survey reference period, and changes in mean wage estimation methodology, as well as permanent features of the methodology. See [Appendix I, Occupational Employment Statistics \(OES\)](#). Data for additional years are available. See [Appendix III](#).

SOURCE: U.S. Department of Labor, Bureau of Labor Statistics. Occupational Employment Statistics. Available from: http://www.bls.gov/oes/current/oes_nat.htm#29-0000. See [Appendix I, Occupational Employment Statistics \(OES\)](#).

Table 114. First-year enrollment and graduates of health professions schools, and number of schools, by selected profession: United States, selected academic years 1980–1981 through 2008–2009

[Data are based on reporting by health professions associations]

Profession	Academic years					
	1980–1981	1990–1991	2000–2001	2006–2007	2007–2008	2008–2009
First-year enrollment						
	Number					
Dentistry	6,030	4,001	4,327	4,733	4,770	4,918
Medicine (Allopathic) ^{1,2}	17,186	16,876	16,699	17,826	18,287	18,370
Medicine (Osteopathic) ³	1,496	1,950	2,927	4,055	4,528	4,950
Optometry ¹	1,174	1,245	1,384	1,434	1,443	1,486
Pharmacy ^{1,4}	7,377	8,267	8,382	10,992	11,557	12,379
Podiatry ⁵	695	561	475	647	666	626
Public Health ^{1,6,7}	3,348	4,087	5,840	7,382	7,481	7,893
Graduates						
Dentistry	5,550	3,995	4,367	4,714	4,796	4,873
Medicine (Allopathic) ¹	15,632	15,427	15,796	16,140	16,168	16,467
Medicine (Osteopathic)	1,151	1,534	2,510	3,000	3,364	3,588
Optometry ¹	1,092	1,224	1,310	1,291	1,317	1,327
Pharmacy ^{1,8}	7,323	7,122	7,000	9,812	10,500	10,988
Podiatry	597	591	531	331	444	430
Public Health ^{1,7}	3,168	3,995	5,747	7,315	7,482	8,406
Schools						
Dentistry	60	56	55	56	56	57
Medicine (Allopathic) ^{1,9}	125	125	124	126	129	131
Medicine (Osteopathic)	14	15	19	20	25	26
Optometry ¹	13	17	17	17	17	17
Pharmacy ¹	72	74	82	100	103	112
Podiatry	5	7	7	7	8	8
Public Health ^{1,7}	21	24	28	38	40	40

¹Includes data from schools in Puerto Rico.

²Includes new entrants and those repeating the initial year.

³May also include persons enrolled in first-year classes for data years 1980–1981 and 2006–2007.

⁴Starting with 2005–2006 data, first-year enrollment for pharmacy schools include Pharm.D.1 enrollments only. Prior to 2005, first-year enrollment data include both Pharm.D.1, B.S. Pharmacy, and B.Pharm. enrollments. Includes second from last year for baccalaureate and third from last year for Pharm.D.1 and does not include first-year enrollees in accelerated programs. In 2006, one pharmacy school did not report enrollment data.

⁵First-year enrollment data for podiatry in 1980–1981 are reported as of the beginning of the academic year.

⁶Starting with 2006–2007 data, first-year enrollment data for public health schools include Spring, Summer, and Fall enrollment. All other data years include Fall enrollment only and are not directly comparable.

⁷Includes data from a school of public health in Mexico as of 2007.

⁸Data reflect the number of graduates for the previous academic year. For example, the number of pharmacy graduates reported in 2008–2009 graduated from the period September 2007 to August 2008.

⁹Includes schools with preliminary and provisional accreditation, in addition to fully accredited schools.

NOTE: Data on the number of schools and first-year enrollments are reported as of the beginning of the academic year, while data on the number of graduates are reported as of the end of the academic year.

SOURCE: American Dental Association: 2009–2010 Survey of Dental Education: Academic Programs, Enrollments, and Graduates - Vol. 1, Chicago, IL. 2010. Table 10; p. 22 (number of first-year students) and Table 22; p. 46 (number of dental school graduates and number of dental schools). Available from: <http://www.ada.org/1621.aspx> (Copyright 2011 American Dental Association. Reprinted with permission. All rights reserved.) Any form of reproduction is strictly prohibited without prior written permission of American Dental Association; Association of American Medical Colleges: FACTS - Applicants, Matriculants, Enrollment, Graduates, MD/PhD and Residency Applicants Data. Table 27 (number of graduates) Available from: <http://www.aamc.org/data/facts>. Association of American Medical Colleges: AAMC Data Book 2011 - Medical Schools and Teaching Hospitals by the Numbers, Washington, DC. 2011. Table A1 (number of schools) and Table B1 (number of first-year enrollment students and number of graduates). Used with the permission of the AAMC; American Association of Colleges of Osteopathic Medicine: A Report on a Survey of Osteopathic Medical School Growth, 2007–2008, Chevy Chase, MD. Fast Facts about Osteopathic Medical Education. Available from: http://www.aacom.org/data/graduates/Documents/Graduates_by_RaceEthnicity.xls and <http://www.aacom.org/data/studentenrollment/Documents/1st-yr-enroll-by-race-eth-2-11-11.xls>. Reprinted with permission from AACOM. All rights reserved; Association of Schools and Colleges of Optometry: Annual Student Data Report Academic Years 2000–2001, 2001–2002, 2005–2006, 2006–2007, 2007–2008, 2008–2009, 2009–2010 and unpublished data. Available from: <http://www.opted.org>; American Association of Colleges of Pharmacy: Fall 2000 and Fall 2007–2009 editions of the Profile of Pharmacy Students. Available from: <http://www.aacp.org>; American Association of Colleges of Podiatric Medicine: Applicant, Matriculant, and Graduate Statistics, 2006, 2007, and 2008. Available from: <http://www.aacpm.org>. Association of Schools of Public Health: Annual Data Reports, 2008. Washington, DC. Available from: <http://www.asph.org/>; Bureau of Health Professions: United States Health Personnel FACTBOOK. Health Resources and Services Administration. Rockville, MD. 2003. See Appendix I, American Dental Association (ADA); Association of American Medical Colleges (AAMC); American Association of Colleges of Osteopathic Medicine (AACOM); Association of Schools and Colleges of Optometry (ASCO); American Association of Colleges of Pharmacy (AACP); American Association of Colleges of Podiatric Medicine (AACPM); Association of Schools of Public Health (ASPH).

Table 115 (page 1 of 2). Total enrollment in schools for selected health occupations, by race and Hispanic origin: United States, selected academic years 1980–1981 through 2008–2009

[Data are based on reporting by health professions associations]

Occupation, race, and Hispanic origin	Academic years							
	1980–1981	1990–1991	2000–2001	2008–2009	1980–1981	1990–1991	2000–2001	2008–2009
Dentistry								
	Number of students				Percent distribution of students			
All races ¹	22,842	15,951	17,349	19,702	100.0	100.0	100.0	100.0
Not Hispanic or Latino:								
White	19,947	11,185	10,997	11,810	87.3	70.1	63.4	59.9
Black or African American	1,022	940	832	1,146	4.5	5.9	4.8	5.8
Hispanic or Latino ²	780	1,254	925	1,227	3.4	7.9	5.3	6.2
American Indian or Alaska Native	53	53	112	135	0.2	0.3	0.6	0.7
Asian or Pacific Islander	1,040	2,519	4,295	4,603	4.6	15.8	24.8	23.4
Medicine (Allopathic) ³								
All races ¹	65,189	65,163	69,414	76,002	100.0	100.0	100.0	100.0
Not Hispanic or Latino:								
White	55,434	47,893	42,154	46,899	85.0	73.5	60.7	61.7
Black or African American	3,708	4,241	4,881	5,408	5.7	6.5	7.0	7.1
Mexican	951	1,109	1,655	2,026	1.5	1.7	2.4	2.7
Puerto Rican	1,127	1,253	1,228	1,576	1.7	1.9	1.8	2.1
Other Hispanic or Latino ⁴	683	1,176	1,307	2,481	1.0	1.8	1.9	3.3
American Indian or Alaska Native	221	277	530	630	0.3	0.4	0.8	0.8
Asian or Pacific Islander ⁵	1,924	8,436	13,264	16,511	3.0	12.9	19.1	21.7
Medicine (Osteopathic) ⁶								
All races ¹	4,940	6,792	10,817	16,893	100.0	100.0	100.0	100.0
White, Non-Hispanic	4,688	5,680	7,940	11,819	94.9	83.6	73.4	70.0
Black or African American	94	217	400	595	1.9	3.2	3.7	3.5
Hispanic or Latino	52	277	381	626	1.1	4.1	3.5	3.7
American Indian or Alaska Native	19	36	72	121	0.4	0.5	0.7	0.7
Asian or Pacific Islander	87	582	1,734	2,895	1.8	8.6	16.0	17.1
Optometry ⁷								
All races ¹	4,540	4,762	5,428	5,595	100.0	100.0	100.0	100.0
Not Hispanic or Latino:								
White	4,108	3,575	3,338	3,313	90.5	75.1	61.5	59.2
Black or African American	57	135	126	169	1.3	2.8	2.3	3.0
Hispanic or Latino	80	295	268	249	1.8	6.2	4.9	4.5
American Indian or Alaska Native	12	21	27	20	0.3	0.4	0.5	0.4
Asian or Pacific Islander	243	603	1,373	1,465	5.4	12.7	25.3	26.2
Pharmacy ⁸								
All races ¹	21,628	29,797	34,481	52,685	100.0	100.0	100.0	100.0
Not Hispanic or Latino:								
White	19,153	21,717	20,409	31,010	88.6	72.9	59.2	58.9
Black or African American	945	2,103	3,132	3,395	4.4	7.1	9.1	6.4
Hispanic or Latino	459	1,118	1,255	2,186	2.1	3.8	3.6	4.1
American Indian or Alaska Native	36	85	137	263	0.2	0.3	0.4	0.5
Asian or Pacific Islander	1,035	3,346	7,392	11,638	4.8	11.2	21.4	22.1

See footnotes at end of table.

Table 115 (page 2 of 2). Total enrollment in schools for selected health occupations, by race and Hispanic origin: United States, selected academic years 1980–1981 through 2008–2009

[Data are based on reporting by health professions associations]

Occupation, race, and Hispanic origin	Academic years							
	1980–1981	1990–1991	2000–2001	2008–2009	1980–1981	1990–1991	2000–2001	2008–2009
Podiatry	Number of students				Percent distribution of students			
All races ¹	2,577	2,221	1,968	2,144	100.0	100.0	100.0	100.0
Not Hispanic or Latino:								
White	2,353	1,671	1,305	1,320	91.3	75.2	66.3	61.6
Black or African American	110	235	177	193	4.3	10.6	9.0	9.0
Hispanic or Latino	39	149	103	111	1.5	6.7	5.2	5.2
American Indian or Alaska Native	6	7	12	9	0.2	0.3	0.6	0.4
Asian or Pacific Islander	69	159	272	286	2.7	7.2	14.0	13.3
Public Health⁹								
All races ¹	8,486	11,386	16,019	23,357	100.0	100.0	100.0	100.0
Not Hispanic or Latino:								
White	4,892	7,386	8,569	11,418	80.9	77.9	53.5	58.9
Black or African American	379	599	1,280	2,222	6.3	6.3	8.0	11.5
Hispanic or Latino	242	748	1,037	1,729	4.0	7.9	6.5	8.9
American Indian or Alaska Native	88	81	97	141	1.5	0.9	0.6	0.7
Asian or Pacific Islander	393	500	1,660	2,425	6.5	5.3	10.4	12.5

¹Includes other and unknown races; may also include foreign students.

²Includes students from the University of Puerto Rico.

³Starting with 2002–2003 data, allopathic medical students had the option of reporting both their race and ethnicity alone or in combination with some other race or ethnicity, allowing multiple responses. Therefore, the data prior to 2002 are not directly comparable to later data. Total enrollments include unduplicated number of enrollments only. Therefore, the data for 2007–2008 and subsequent years are not directly comparable to earlier years.

⁴Includes Cuban students.

⁵Starting with 2000–2001, data include Asian students and Native Hawaiian students; for previous years data included Asian students only.

⁶Starting with 2006, students could be reported in multiple race/ethnicity categories. All racial/ethnic groups will not add to the total enrollment. Percentages do not total to 100%. Other/unknown are not listed, and students designating multiple race/ethnicity may be counted in more than one category.

⁷Data include full-time students only.

⁸Prior to 2000–2001, total enrollment data were only for students in the final 3 years of pharmacy education. Starting with 2000–2001, pharmacy data are for all students. Starting in 2005, enrollments include PharmD.1. only. In 2006–2007, one pharmacy school did not report enrollment data.

⁹Data from 2007 on, include a school of public health in Mexico and Puerto Rico.

NOTES: Total enrollment data are collected at the beginning of the academic year. The race categories' summed totals may not add up to the total number of students for all races. Some numbers have been revised and differ from previous editions of *Health, United States*.

SOURCE: American Dental Association: 2008–2009 Survey of Dental Education: Academic Programs, Enrollments, and Graduates - Vol. 1, Chicago, IL. 2008. Table 19; p.42 (total enrollment by ethnicity/race) (Copyright 2010 American Dental Association. Reprinted with permission. All rights reserved.) Any form of reproduction is strictly prohibited without prior written permission of American Dental Association; Association of American Medical Colleges: FACTS - Applicants, Matriculants, Graduates, MD/PhD, and Residency Applicants data. Table 28 (enrollment data) Available from: <http://www.aamc.org/data/facts>. Association of American Medical Colleges: AAMC Data Book 2011 - Medical Schools and Teaching Hospitals by the Numbers, Washington, DC. 2011. Table B7 - Archive of U.S. Medical School Total Enrollment by Race and Ethnicity (enrollment data). Used with the permission of the AAMC; American Association of Colleges of Osteopathic Medicine. A Report on a Survey of Osteopathic Medical School Growth, 2007–2008, Chevy Chase, MD. Fast Facts about Osteopathic Medical Education. Available from: <http://www.aacom.org/data/studentenrollment/Pages/default.aspx> and <http://www.aacom.org/data/studentenrollment/Documents/Total-enroll-by-race-eth-2-11-11.xls>. Reprinted with permission from AACOM. All rights reserved; Association of Schools and Colleges of Optometry: Annual Student Data Report Academic Years 1980–1981, 1990–1991, 2000–2001, 2007–2008, and 2008–2009. Available from: <http://www.opted.org>; American Association of Colleges of Pharmacy: Fall 2000 and Fall 2007–2009 editions of the Profile of Pharmacy Students, Available from: <http://www.aacp.org>; American Association of Colleges of Podiatric Medicine: Applicant, Matriculant, and Graduate Statistics, 2006, 2007, and 2008. Available from: <http://www.aacpm.org>; Association of Schools of Public Health: Annual Data Reports, 2008. Washington, DC. Available from: <http://www.asph.org>; Bureau of Health Professions: United States Health Personnel FACTBOOK. Health Resources and Services Administration. Rockville, MD. 2003. See Appendix I, American Dental Association (ADA); Association of American Medical Colleges (AAMC); American Association of Colleges of Osteopathic Medicine (AACOM); Association of Schools and Colleges of Optometry (ASCO); American Association of Colleges of Pharmacy (AACP); American Association of Colleges of Podiatric Medicine (AACPM); Association of Schools of Public Health (ASPH).

Table 116. Hospitals, beds, and occupancy rates, by type of ownership and size of hospital: United States, selected years 1975–2009

[Data are based on reporting by a census of hospitals]

Type of ownership and size of hospital	1975	1980	1990	1995	2000	2008	2009
Hospitals							
Number							
All hospitals	7,156	6,965	6,649	6,291	5,810	5,815	5,795
Federal	382	359	337	299	245	213	211
Nonfederal ¹	6,774	6,606	6,312	5,992	5,565	5,602	5,584
Community ²	5,875	5,830	5,384	5,194	4,915	5,010	5,008
Nonprofit	3,339	3,322	3,191	3,092	3,003	2,923	2,918
For profit	775	730	749	752	749	982	998
State-local government	1,761	1,778	1,444	1,350	1,163	1,105	1,092
6–24 beds	299	259	226	278	288	389	402
25–49 beds	1,155	1,029	935	922	910	1,151	1,164
50–99 beds	1,481	1,462	1,263	1,139	1,055	995	991
100–199 beds	1,363	1,370	1,306	1,324	1,236	1,070	1,063
200–299 beds	678	715	739	718	656	596	582
300–399 beds	378	412	408	354	341	355	348
400–499 beds	230	266	222	195	182	184	192
500 beds or more	291	317	285	264	247	270	266
Beds							
All hospitals	1,465,828	1,364,516	1,213,327	1,080,601	983,628	951,045	944,277
Federal	131,946	117,328	98,255	77,079	53,067	45,992	44,772
Nonfederal ¹	1,333,882	1,247,188	1,115,072	1,003,522	930,561	905,053	899,505
Community ²	941,844	988,387	927,360	872,736	823,560	808,069	805,593
Nonprofit	658,195	692,459	656,755	609,729	582,988	556,651	556,406
For profit	73,495	87,033	101,377	105,737	109,883	120,887	122,071
State-local government	210,154	208,895	169,228	157,270	130,689	130,531	127,116
6–24 beds	5,615	4,932	4,427	5,085	5,156	6,726	6,894
25–49 beds	41,783	37,478	35,420	34,352	33,333	37,142	37,338
50–99 beds	106,776	105,278	90,394	82,024	75,865	71,477	71,012
100–199 beds	192,438	192,892	183,867	187,381	175,778	153,488	152,655
200–299 beds	164,405	172,390	179,670	175,240	159,807	144,895	141,920
300–399 beds	127,728	139,434	138,938	121,136	117,220	122,363	120,201
400–499 beds	101,278	117,724	98,833	86,459	80,763	80,815	84,783
500 beds or more	201,821	218,259	195,811	181,059	175,638	191,163	190,790
Occupancy rate ³							
Percent							
All hospitals	76.7	77.7	69.5	65.7	66.1	68.2	67.8
Federal	80.7	80.1	72.9	72.6	68.2	67.9	69.1
Nonfederal ¹	76.3	77.4	69.2	65.1	65.9	68.2	67.8
Community ²	75.0	75.6	66.8	62.8	63.9	66.4	65.5
Nonprofit	77.5	78.2	69.3	64.5	65.5	68.4	67.4
For profit	65.9	65.2	52.8	51.8	55.9	57.8	57.7
State-local government	70.4	71.1	65.3	63.7	63.2	66.1	65.0
6–24 beds	48.0	46.8	32.3	36.9	31.7	33.8	33.6
25–49 beds	56.7	52.8	41.3	42.6	41.3	46.7	46.0
50–99 beds	64.7	64.2	53.8	54.1	54.8	56.6	55.9
100–199 beds	71.2	71.4	61.5	58.8	60.0	61.9	61.3
200–299 beds	77.1	77.4	67.1	63.1	65.0	66.4	65.5
300–399 beds	79.7	79.7	70.0	64.8	65.7	69.4	67.9
400–499 beds	81.1	81.2	73.5	68.1	69.1	74.2	70.1
500 beds or more	80.9	82.1	77.3	71.4	72.2	74.9	74.0

¹The category of nonfederal hospitals comprises psychiatric hospitals, tuberculosis and other respiratory diseases hospitals, and long-term and short-term general and other special hospitals. See [Appendix II, Hospital](#).

²Community hospitals are nonfederal short-term general and special hospitals whose facilities and services are available to the public. See [Appendix II, Hospital](#).

³Estimated percentage of staffed beds that are occupied. Occupancy rate is calculated as the average daily census (from the American Hospital Association) divided by the number of hospital beds. See [Appendix II, Occupancy rate](#).

SOURCE: American Hospital Association Annual Survey of Hospitals. Hospital Statistics, 1976, 1981, 1991–2011 editions. Chicago, IL. (Copyright 1976, 1981, 1991–2011: Used with the permission of Health Forum LLC, an affiliate of the AHA.) See [Appendix I, American Hospital Association \(AHA\) Annual Survey of Hospitals](#).

Table 117. Mental health organizations and beds for 24-hour hospital and residential treatment, by type of organization: United States, selected years 1986–2008

Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#117>.

[Data are based on inventories of mental health organizations]

Type of organization	1986	1990	1994	2000	2002	2004	2008 ¹
Number of mental health organizations							
All organizations	3,512	3,942	3,853	3,211	3,044	2,891	3,130
State psychiatric hospitals	285	278	270	229	227	237	241
Private psychiatric hospitals	314	464	432	271	255	264	256
Nonfederal general hospitals with psychiatric services	1,351	1,577	1,539	1,325	1,231	1,230	1,292
Department of Veterans Affairs medical centers ²	139	131	136	134	132	---	130
Residential treatment centers for children with emotional disturbance	437	501	472	476	510	458	538
All other organizations ³	986	991	1,004	776	689	702	673
Number of beds							
All organizations	267,613	325,529	293,139	214,186	211,040	212,231	239,014
State psychiatric hospitals	119,033	102,307	84,063	61,833	57,314	57,034	37,450
Private psychiatric hospitals	30,201	45,952	42,742	26,402	24,996	28,422	25,406
Nonfederal general hospitals with psychiatric services	45,808	53,576	53,455	40,410	40,520	41,403	54,390
Department of Veterans Affairs medical centers ²	26,874	24,779	21,346	8,989	9,581	---	11,991
Residential treatment centers for children with emotional disturbance	24,547	35,170	32,691	33,508	39,407	33,835	50,063
All other organizations ³	21,150	63,745	58,842	43,044	39,222	51,536	59,715
Beds per 100,000 civilian population ⁴							
All organizations	111.7	128.5	110.9	74.8	72.2	71.2	78.6
State psychiatric hospitals	49.7	40.4	31.8	21.6	19.6	19.1	12.3
Private psychiatric hospitals	12.6	18.1	16.2	9.2	8.6	9.5	8.4
Nonfederal general hospitals with psychiatric services	19.1	21.2	20.2	14.1	13.9	13.9	17.9
Department of Veterans Affairs medical centers ²	11.2	9.8	8.1	3.1	3.3	---	3.9
Residential treatment centers for children with emotional disturbance	10.3	13.9	12.4	11.7	13.5	11.4	16.5
All other organizations ³	8.8	25.2	22.2	15.0	13.4	17.3	19.6

--- Data not available.

¹Data for 2008 are not strictly comparable with data for earlier years due to the survey redesign, including a new name, National Survey of Mental Health Treatment Facilities.

²Department of Veterans Affairs medical centers (VA general hospital psychiatric services and VA psychiatric outpatient clinics) were not included in the 2004 survey.

³Includes residential treatment facilities for adults, freestanding psychiatric outpatient clinics, partial care organizations, and multiservice mental health organizations.

⁴Civilian population estimates for 2000 and beyond are based on the 2000 census as of July 1; population estimates for 1992–1998 are 1990 postcensal estimates.

NOTES: See [Appendix II, Mental health organization](#). Data for additional years are available. See [Appendix III](#).

SOURCE: Substance Abuse and Mental Health Services Administration, Center for Mental Health Services (CMHS), Inventory/Survey of Mental Health Organizations (1986–2004); National Survey of Mental Health Treatment Facilities (2008). See [Appendix I, Inventory/Survey of Mental Health Organizations \(IMHO/SMHO\)](#) and [National Survey of Mental Health Treatment Facilities \(NSMHTF\)](#).

Table 118. Community hospital beds and average annual percent change, by state: United States, selected years 1960–2009

[Data are based on reporting by a census of hospitals]

State	1960	1970	1980	1990	2000	2009	1960–1970	1970–1980	1980–1990	1990–2000	2000–2009	
	Beds per 1,000 resident population						Average annual percent change ¹					
United States	3.6	4.3	4.5	3.7	2.9	2.6	1.8	0.5	-1.9	-2.4	-1.2	
Alabama	2.8	4.3	5.1	4.6	3.7	3.2	4.4	1.7	-1.0	-2.2	-1.6	
Alaska	2.4	2.3	2.7	2.3	2.3	2.2	-0.4	1.6	-1.6	-	-0.5	
Arizona	3.0	4.1	3.6	2.7	2.1	2.0	3.2	-1.3	-2.8	-2.5	-0.5	
Arkansas	2.9	4.2	5.0	4.6	3.7	3.3	3.8	1.8	-0.8	-2.2	-1.3	
California	3.0	3.8	3.6	2.7	2.1	1.9	2.4	-0.5	-2.8	-2.5	-1.1	
Colorado	3.8	4.6	4.2	3.2	2.2	2.1	1.9	-0.9	-2.7	-3.7	-0.5	
Connecticut	3.4	3.4	3.5	2.9	2.3	2.3	-	0.3	-1.9	-2.3	-	
Delaware	3.7	3.7	3.6	3.0	2.3	2.4	-	-0.3	-1.8	-2.6	0.5	
District of Columbia	5.9	7.4	7.3	7.6	5.8	5.8	2.3	-0.1	0.4	-2.7	-	
Florida	3.1	4.4	5.1	3.9	3.2	2.9	3.6	1.5	-2.6	-2.0	-1.1	
Georgia	2.8	3.8	4.6	4.0	2.9	2.6	3.1	1.9	-1.4	-3.2	-1.2	
Hawaii	3.7	3.4	3.1	2.7	2.5	2.3	-0.8	-0.9	-1.4	-0.8	-0.9	
Idaho	3.2	4.0	3.7	3.2	2.7	2.2	2.3	-0.8	-1.4	-1.7	-2.2	
Illinois	4.0	4.7	5.1	4.0	3.0	2.6	1.6	0.8	-2.4	-2.8	-1.6	
Indiana	3.1	4.0	4.5	3.9	3.2	2.7	2.6	1.2	-1.4	-2.0	-1.9	
Iowa	3.9	5.6	5.7	5.1	4.0	3.4	3.7	0.2	-1.1	-2.4	-1.8	
Kansas	4.2	5.4	5.8	4.8	4.0	3.6	2.5	0.7	-1.9	-1.8	-1.2	
Kentucky	3.0	4.0	4.5	4.3	3.7	3.3	2.9	1.2	-0.5	-1.5	-1.3	
Louisiana	3.9	4.2	4.8	4.6	3.9	3.5	0.7	1.3	-0.4	-1.6	-1.2	
Maine	3.4	4.7	4.7	3.7	2.9	2.7	3.3	-	-2.4	-2.4	-0.8	
Maryland	3.3	3.1	3.6	2.8	2.1	2.1	-0.6	1.5	-2.5	-2.8	-	
Massachusetts	4.2	4.4	4.4	3.6	2.6	2.3	0.5	-	-2.0	-3.2	-1.4	
Michigan	3.3	4.3	4.4	3.7	2.6	2.6	2.7	0.2	-1.7	-3.5	-	
Minnesota	4.8	6.1	5.7	4.4	3.4	3.0	2.4	-0.7	-2.6	-2.5	-1.4	
Mississippi	2.9	4.4	5.3	5.0	4.8	4.4	4.3	1.9	-0.6	-0.4	-1.0	
Missouri	3.9	5.1	5.7	4.8	3.6	3.2	2.7	1.1	-1.7	-2.8	-1.3	
Montana	5.1	5.8	5.9	5.8	4.7	3.9	1.3	0.2	-0.2	-2.1	-2.1	
Nebraska	4.4	6.2	6.0	5.5	4.8	4.1	3.5	-0.3	-0.9	-1.4	-1.7	
Nevada	3.9	4.2	4.2	2.8	1.9	1.9	0.7	-	-4.0	-3.8	-	
New Hampshire	4.4	4.0	3.9	3.1	2.3	2.2	-0.9	-0.3	-2.3	-2.9	-0.5	
New Jersey	3.1	3.6	4.2	3.7	3.0	2.4	1.5	1.6	-1.3	-2.1	-2.4	
New Mexico	2.9	3.5	3.1	2.8	1.9	1.9	1.9	-1.2	-1.0	-3.8	-	
New York	4.3	4.6	4.5	4.1	3.5	3.1	0.7	-0.2	-0.9	-1.6	-1.3	
North Carolina	3.4	3.8	4.2	3.3	2.9	2.4	1.1	1.0	-2.4	-1.3	-2.1	
North Dakota	5.2	6.8	7.4	7.0	6.0	5.2	2.7	0.8	-0.6	-1.5	-1.6	
Ohio	3.4	4.2	4.7	4.0	3.0	2.9	2.1	1.1	-1.6	-2.8	-0.4	
Oklahoma	3.2	4.5	4.6	4.0	3.2	3.1	3.5	0.2	-1.4	-2.2	-0.4	
Oregon	3.5	4.0	3.5	2.8	1.9	1.7	1.3	-1.3	-2.2	-3.8	-1.2	
Pennsylvania	4.1	4.7	4.8	4.4	3.4	3.1	1.4	0.2	-0.9	-2.5	-1.0	
Rhode Island	3.7	4.0	3.8	3.2	2.3	2.4	0.8	-0.5	-1.7	-3.2	0.5	
South Carolina	2.9	3.7	3.9	3.3	2.9	2.7	2.5	0.5	-1.7	-1.3	-0.8	
South Dakota	4.5	5.6	5.5	6.1	5.7	5.1	2.2	-0.2	1.0	-0.7	-1.2	
Tennessee	3.4	4.7	5.5	4.8	3.6	3.3	3.3	1.6	-1.4	-2.8	-1.0	
Texas	3.3	4.3	4.7	3.5	2.7	2.5	2.7	0.9	-2.9	-2.6	-0.9	
Utah	2.8	3.6	3.1	2.6	1.9	1.8	2.5	-1.5	-1.7	-3.1	-0.6	
Vermont	4.5	4.5	4.4	3.0	2.7	2.1	-	-0.2	-3.8	-1.0	-2.8	
Virginia	3.0	3.7	4.1	3.3	2.4	2.2	2.1	1.0	-2.1	-3.1	-1.0	
Washington	3.3	3.5	3.1	2.5	1.9	1.7	0.6	-1.2	-2.1	-2.7	-1.2	
West Virginia	4.1	5.4	5.5	4.7	4.4	4.1	2.8	0.2	-1.6	-0.7	-0.8	
Wisconsin	4.3	5.2	4.9	3.8	2.9	2.4	1.9	-0.6	-2.5	-2.7	-2.1	
Wyoming	4.6	5.5	3.6	4.8	3.9	3.7	1.8	-4.1	2.9	-2.1	-0.6	

- Quantity zero.

¹See [Appendix II, Average annual rate of change \(percent change\)](#).

NOTES: The types of facilities included in the community hospitals category have changed over time. See [Appendix II, Hospital](#).

SOURCE: American Hospital Association: Hospitals. JAHA 35(15):383–430, 1961 (Copyright 1961: Used with permission of AHA); AHA Annual Survey of Hospitals for 1970 and 1980 unpublished; Hospital Statistics 1991–1992, 2001–2011 editions. Chicago, IL. (Copyright 1971, 1981, 1991, 2001–2011: Used with permission of Health Forum LLC, an affiliate of AHA.) See [Appendix I, American Hospital Association \(AHA\) Annual Survey of Hospitals](#).

Table 119. Occupancy rates in community hospitals and average annual percent change, by state: United States, selected years 1960–2009

[Data are based on reporting by a census of hospitals]

State	1960	1970	1980	1990	2000	2009	1960–1970	1970–1980	1980–1990	1990–2000	2000–2009
	Occupancy rate ¹						Average annual percent change ²				
United States	75	77	75	67	64	66	0.3	-0.3	-1.1	-0.5	0.3
Alabama	71	80	73	63	60	62	1.2	-0.9	-1.5	-0.5	0.4
Alaska	54	59	58	50	57	61	0.9	-0.2	-1.5	1.3	0.8
Arizona	74	73	74	62	63	65	-0.1	0.1	-1.8	0.2	0.3
Arkansas	70	74	70	62	59	56	0.6	-0.6	-1.2	-0.5	-0.6
California	74	71	69	64	66	70	-0.4	-0.3	-0.7	0.3	0.7
Colorado	81	74	72	64	58	59	-0.9	-0.3	-1.2	-1.0	0.2
Connecticut	78	83	80	77	75	81	0.6	-0.4	-0.4	-0.3	0.9
Delaware	70	79	82	77	75	77	1.2	0.4	-0.6	-0.3	0.3
District of Columbia	81	78	83	75	74	74	-0.4	0.6	-1.0	-0.1	-
Florida	74	76	72	62	61	63	0.3	-0.5	-1.5	-0.2	0.4
Georgia	72	77	70	66	63	65	0.7	-0.9	-0.6	-0.5	0.3
Hawaii	62	76	75	85	76	71	2.1	-0.1	1.3	-1.1	-0.8
Idaho	56	66	65	56	53	51	1.7	-0.2	-1.5	-0.5	-0.4
Illinois	76	79	75	66	60	63	0.4	-0.5	-1.3	-0.9	0.5
Indiana	80	80	78	61	56	58	-	-0.3	-2.4	-0.9	0.4
Iowa	73	72	69	62	58	58	-0.1	-0.4	-1.1	-0.7	-
Kansas	69	71	69	56	53	54	0.3	-0.3	-2.1	-0.5	0.2
Kentucky	73	80	77	62	62	60	0.9	-0.4	-2.1	-	-0.4
Louisiana	68	74	70	57	56	61	0.8	-0.6	-2.0	-0.2	1.0
Maine	73	73	75	72	64	63	-	0.3	-0.4	-1.2	-0.2
Maryland	74	79	84	79	73	75	0.7	0.6	-0.6	-0.8	0.3
Massachusetts	76	80	82	74	71	74	0.5	0.2	-1.0	-0.4	0.5
Michigan	81	81	78	66	65	67	-	-0.4	-1.7	-0.2	0.3
Minnesota	72	74	74	67	67	65	0.3	-	-1.0	-	-0.3
Mississippi	63	74	71	59	59	55	1.6	-0.4	-1.8	-	-0.8
Missouri	76	79	75	62	58	61	0.4	-0.5	-1.9	-0.7	0.6
Montana	60	66	66	61	67	62	1.0	-	-0.8	0.9	-0.9
Nebraska	66	70	67	58	59	57	0.6	-0.4	-1.4	0.2	-0.4
Nevada	71	73	69	60	71	70	0.3	-0.6	-1.4	1.7	-0.2
New Hampshire	67	73	73	67	59	63	0.9	-	-0.9	-1.3	0.7
New Jersey	78	83	83	80	69	72	0.6	-	-0.4	-1.5	0.5
New Mexico	65	70	66	58	58	59	0.7	-0.6	-1.3	-	0.2
New York	79	83	86	86	79	79	0.5	0.4	-	-0.8	-
North Carolina	74	79	78	73	70	69	0.7	-0.1	-0.7	-0.4	-0.2
North Dakota	71	67	69	64	60	61	-0.6	0.3	-0.7	-0.6	0.2
Ohio	81	82	79	65	61	62	0.1	-0.4	-1.9	-0.6	0.2
Oklahoma	71	73	68	58	56	58	0.3	-0.7	-1.6	-0.4	0.4
Oregon	66	69	69	57	59	61	0.4	-	-1.9	0.3	0.4
Pennsylvania	76	82	80	73	68	69	0.8	-0.2	-0.9	-0.7	0.2
Rhode Island	76	83	86	79	72	71	0.9	0.4	-0.8	-0.9	-0.2
South Carolina	77	76	77	71	69	65	-0.1	0.1	-0.8	-0.3	-0.7
South Dakota	66	66	61	62	65	66	-	-0.8	0.2	0.5	0.2
Tennessee	76	78	76	64	56	63	0.3	-0.3	-1.7	-1.3	1.3
Texas	68	73	70	57	59	60	0.7	-0.4	-2.0	0.3	0.2
Utah	70	74	70	59	56	55	0.6	-0.6	-1.7	-0.5	-0.2
Vermont	69	76	74	67	67	68	1.0	-0.3	-1.0	-	0.2
Virginia	78	81	78	67	68	68	0.4	-0.4	-1.5	0.1	-
Washington	63	70	72	63	60	64	1.1	0.3	-1.3	-0.5	0.7
West Virginia	75	79	76	63	61	61	0.5	-0.4	-1.9	-0.3	-
Wisconsin	74	73	74	65	60	63	-0.1	0.1	-1.3	-0.8	0.5
Wyoming	61	63	57	54	56	56	0.3	-1.0	-0.5	0.4	-

- Quantity zero.

¹Estimated percent of staffed beds that are occupied. Occupancy rate is calculated as the average daily census (inpatient days divided by 365) divided by the number of hospital beds. See [Appendix II, Occupancy rate](#).

²See [Appendix II, Average annual rate of change \(percent change\)](#).

NOTES: The types of facilities included in the category of community hospitals have changed over time. See [Appendix II, Hospital](#).

SOURCE: American Hospital Association: Hospitals. JAHA 35(15):383–430, 1961. (Copyright 1961: Used with permission of AHA); AHA Annual Survey of Hospitals, 1970 and 1980 unpublished; Hospital Statistics 1991–1992, 2001–2011 editions. Chicago, IL. (Copyright 1971, 1981, 1991, 2001–2011: Used with permission of Health Forum LLC, an affiliate of AHA.) See [Appendix I, American Hospital Association \(AHA\) Annual Survey of Hospitals](#).

Table 120 (page 1 of 2). Nursing homes, beds, residents, and occupancy rates, by state: United States, selected years 1995–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#120>.

[Data are based on a census of certified nursing facilities]

State	Nursing homes				Beds			
	1995	2000	2009	2010	1995	2000	2009	2010
United States	16,389	16,886	15,700	15,690	1,751,302	1,795,388	1,705,808	1,703,398
Alabama	221	225	231	227	23,353	25,248	26,854	26,656
Alaska	15	15	15	15	814	821	716	682
Arizona	152	150	135	139	16,162	17,458	16,073	16,460
Arkansas	256	255	230	232	29,952	25,715	24,413	24,548
California	1,382	1,369	1,252	1,239	140,203	131,762	121,699	121,167
Colorado	219	225	210	213	19,912	20,240	19,867	20,259
Connecticut	267	259	240	239	32,827	32,433	29,306	29,255
Delaware	42	43	46	47	4,739	4,906	4,953	4,990
District of Columbia	19	20	19	19	3,206	3,078	2,765	2,775
Florida	627	732	676	678	72,656	83,365	81,887	82,226
Georgia	352	363	360	360	38,097	39,817	39,993	39,960
Hawaii	34	45	47	48	2,513	4,006	4,241	4,303
Idaho	76	84	79	79	5,747	6,181	6,176	6,153
Illinois	827	869	794	787	103,230	110,766	102,123	101,061
Indiana	556	564	504	506	59,538	56,762	57,450	57,721
Iowa	419	467	447	443	39,959	37,034	33,301	32,842
Kansas	429	392	341	340	30,016	27,067	25,732	25,598
Kentucky	288	307	287	285	23,221	25,341	25,996	26,063
Louisiana	337	337	282	281	37,769	39,430	35,602	36,098
Maine	132	126	109	109	9,243	8,248	7,113	7,127
Maryland	218	255	231	231	28,394	31,495	29,100	29,004
Massachusetts	550	526	429	427	54,532	56,030	49,126	49,175
Michigan	432	439	428	428	49,473	50,696	47,271	47,054
Minnesota	432	433	385	385	43,865	42,149	32,956	32,339
Mississippi	183	190	202	203	16,059	17,068	18,458	18,589
Missouri	546	551	513	514	52,679	54,829	55,361	55,393
Montana	100	104	90	88	7,210	7,667	7,053	6,991
Nebraska	231	236	225	222	18,169	17,877	16,214	16,065
Nevada	42	51	49	50	3,998	5,547	5,719	5,856
New Hampshire	74	83	80	79	7,412	7,837	7,742	7,692
New Jersey	300	361	360	360	43,967	52,195	51,159	51,101
New Mexico	83	80	70	70	6,969	7,289	6,760	6,769
New York	624	665	640	635	107,750	120,514	121,769	117,984
North Carolina	391	410	423	424	38,322	41,376	44,106	44,392
North Dakota	87	88	84	85	7,125	6,954	6,339	6,438
Ohio	943	1,009	961	960	106,884	105,038	93,359	93,043
Oklahoma	405	392	316	314	33,918	33,903	29,269	28,932
Oregon	161	150	137	137	13,885	13,500	12,313	12,218
Pennsylvania	726	770	711	710	92,625	95,063	88,861	88,829
Rhode Island	94	99	86	86	9,612	10,271	8,818	8,802
South Carolina	166	178	177	184	16,682	18,102	19,085	19,474
South Dakota	114	114	109	110	8,296	7,844	6,900	7,932
Tennessee	322	349	318	318	37,074	38,593	37,185	37,279
Texas	1,266	1,215	1,165	1,173	123,056	125,052	128,984	130,665
Utah	91	93	96	99	7,101	7,651	8,027	8,255
Vermont	23	44	40	40	1,862	3,743	3,293	3,276
Virginia	271	278	281	286	30,070	30,595	31,972	32,152
Washington	285	277	233	229	28,464	25,905	22,050	21,837
West Virginia	129	139	128	127	10,903	11,413	10,843	10,840
Wisconsin	413	420	391	392	48,754	46,395	36,482	36,113
Wyoming	37	40	38	38	3,035	3,119	2,974	2,965

See footnotes at end of table.

Table 120 (page 2 of 2). Nursing homes, beds, residents, and occupancy rates, by state: United States, selected years 1995–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#120>.

[Data are based on a census of certified nursing facilities]

State	Residents				Occupancy rate ¹			
	1995	2000	2009	2010	1995	2000	2009	2010
United States	1,479,550	1,480,076	1,401,718	1,396,473	84.5	82.4	82.2	82.0
Alabama	21,691	23,089	23,186	22,968	92.9	91.4	86.3	86.2
Alaska	634	595	633	641	77.9	72.5	88.4	94.0
Arizona	12,382	13,253	11,908	11,878	76.6	75.9	74.1	72.2
Arkansas	20,823	19,317	17,801	17,864	69.5	75.1	72.9	72.8
California	109,805	106,460	102,747	102,591	78.3	80.8	84.4	84.7
Colorado	17,055	17,045	16,288	16,302	85.7	84.2	82.0	80.5
Connecticut	29,948	29,657	26,253	25,972	91.2	91.4	89.6	88.8
Delaware	3,819	3,900	4,256	4,145	80.6	79.5	85.9	83.1
District of Columbia	2,576	2,858	2,531	2,595	80.3	92.9	91.5	93.5
Florida	61,845	69,050	71,657	71,907	85.1	82.8	87.5	87.5
Georgia	35,933	36,559	34,899	34,704	94.3	91.8	87.3	86.8
Hawaii	2,413	3,558	3,841	3,880	96.0	88.8	90.6	90.2
Idaho	4,697	4,640	4,419	4,388	81.7	75.1	71.6	71.3
Illinois	83,696	83,604	75,673	75,224	81.1	75.5	74.1	74.4
Indiana	44,328	42,328	39,190	39,167	74.5	74.6	68.2	67.9
Iowa	27,506	29,204	25,814	25,463	68.8	78.9	77.5	77.5
Kansas	25,140	22,230	19,029	18,985	83.8	82.1	74.0	74.2
Kentucky	20,696	22,730	23,318	23,252	89.1	89.7	89.7	89.2
Louisiana	32,493	30,735	25,077	25,198	86.0	77.9	70.4	69.8
Maine	8,587	7,298	6,485	6,417	92.9	88.5	91.2	90.0
Maryland	24,716	25,629	25,025	24,816	87.0	81.4	86.0	85.6
Massachusetts	49,765	49,805	43,227	42,880	91.3	88.9	88.0	87.2
Michigan	43,271	42,615	40,306	39,894	87.5	84.1	85.3	84.8
Minnesota	41,163	38,813	30,073	29,434	93.8	92.1	91.3	91.0
Mississippi	15,247	15,815	16,294	16,489	94.9	92.7	88.3	88.7
Missouri	39,891	38,586	37,588	37,839	75.7	70.4	67.9	68.3
Montana	6,415	5,973	5,077	4,943	89.0	77.9	72.0	70.7
Nebraska	16,166	14,989	12,627	12,630	89.0	83.8	77.9	78.6
Nevada	3,645	3,657	4,699	4,735	91.2	65.9	82.2	80.9
New Hampshire	6,877	7,158	6,941	6,932	92.8	91.3	89.7	90.1
New Jersey	40,397	45,837	45,788	45,917	91.9	87.8	89.5	89.9
New Mexico	6,051	6,503	5,569	5,555	86.8	89.2	82.4	82.1
New York	103,409	112,957	109,867	109,044	96.0	93.7	90.2	92.4
North Carolina	35,511	36,658	37,587	37,199	92.7	88.6	85.2	83.8
North Dakota	6,868	6,343	5,777	5,629	96.4	91.2	91.1	87.4
Ohio	79,026	81,946	80,185	79,234	73.9	78.0	85.9	85.2
Oklahoma	26,377	23,833	19,209	19,227	77.8	70.3	65.6	66.5
Oregon	11,673	9,990	7,708	7,549	84.1	74.0	62.6	61.8
Pennsylvania	84,843	83,880	80,562	81,014	91.6	88.2	90.7	91.2
Rhode Island	8,823	9,041	8,040	8,043	91.8	88.0	91.2	91.4
South Carolina	14,568	15,739	17,148	17,133	87.3	86.9	89.9	88.0
South Dakota	7,926	7,059	6,476	6,497	95.5	90.0	93.9	81.9
Tennessee	33,929	34,714	31,876	31,927	91.5	89.9	85.7	85.6
Texas	89,354	85,275	90,534	91,099	72.6	68.2	70.2	69.7
Utah	5,832	5,703	5,358	5,361	82.1	74.5	66.8	64.9
Vermont	1,792	3,349	2,980	2,931	96.2	89.5	90.5	89.5
Virginia	28,119	27,091	28,392	28,314	93.5	88.5	88.8	88.1
Washington	24,954	21,158	18,188	18,065	87.7	81.7	82.5	82.7
West Virginia	10,216	10,334	9,613	9,557	93.7	90.5	88.7	88.2
Wisconsin	43,998	38,911	31,619	30,618	90.2	83.9	86.7	84.8
Wyoming	2,661	2,605	2,380	2,427	87.7	83.5	80.0	81.9

--- Data not available.

¹Percentage of beds occupied (number of nursing home residents per 100 nursing home beds).

NOTES: Annual numbers of nursing homes, beds, and residents are based on the Online Survey Certification and Reporting Database reporting cycle. Data for additional years are available. See [Appendix III](#).

SOURCE: Cowles CM ed., 2010 Nursing Home Statistical Yearbook. McMinnville, OR: Cowles Research Group, 2011 and previous editions; and Cowles Research Group, unpublished data. Based on data from the Centers for Medicare & Medicaid Services' Online Survey Certification and Reporting (OSCAR) database. See [Appendix I, Online Survey Certification and Reporting Database \(OSCAR\)](#).

Table 121 (page 1 of 2). Certified intermediate care facilities and specialty hospitals, number of facilities and beds, by state: United States, selected years 1995–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#121>.

[Data are based on a census of certified facilities]

State	Facilities											
	Hospitals											CAH ²
	ICF/MR ¹		Long-term		Psychiatric		Rehabilitation		Children's			
	1995	2010	1995	2010	1995	2010	1995	2010	1995	2010	2000		2010
Number												
United States	7,106	6,424	175	438	689	508	190	233	70	76	285	1,325
Alabama	8	5	2	7	10	11	5	7	1	2	0	3
Alaska	6	0	0	1	3	2	0	0	0	0	1	13
Arizona	12	12	3	8	11	8	4	7	1	2	0	14
Arkansas	40	40	0	8	9	9	6	8	1	1	9	29
California	687	1,164	8	20	64	32	12	5	7	10	0	31
Colorado	7	16	5	8	9	9	5	3	2	1	7	29
Connecticut	145	115	5	3	10	6	1	1	1	1	0	0
Delaware	6	2	0	1	3	4	1	0	1	1	0	0
District of Columbia	122	81	0	2	2	3	1	1	1	1	0	0
Florida	110	101	10	19	43	25	13	13	2	2	3	13
Georgia	12	9	5	15	28	15	2	3	1	2	11	34
Hawaii	15	18	1	1	1	1	1	1	1	1	0	9
Idaho	48	67	0	3	6	5	1	1	0	0	13	27
Illinois	315	309	4	6	19	14	3	4	2	2	7	51
Indiana	578	529	5	14	30	23	6	6	0	0	6	35
Iowa	116	141	0	2	4	4	0	0	0	0	10	82
Kansas	47	32	2	5	10	4	4	4	0	1	28	83
Kentucky	9	14	0	6	13	11	4	5	0	0	5	30
Louisiana	454	534	13	39	40	39	9	21	1	1	2	27
Maine	42	17	0	0	4	4	1	1	0	0	5	16
Maryland	5	3	4	4	14	9	3	2	2	2	0	0
Massachusetts	8	6	21	16	18	14	5	8	2	2	0	3
Michigan	503	1	2	19	15	11	4	4	1	1	12	36
Minnesota	348	215	1	2	6	8	0	0	3	3	8	79
Mississippi	12	14	1	10	4	5	1	0	0	0	1	28
Missouri	26	17	3	12	17	13	2	5	3	3	6	36
Montana	3	1	0	1	2	2	0	0	0	0	15	48
Nebraska	4	3	1	2	5	3	1	1	2	2	44	65
Nevada	14	9	2	6	5	7	2	3	0	0	2	11
New Hampshire	7	1	0	0	3	2	2	2	0	0	0	13
New Jersey	10	8	3	7	14	17	8	8	1	2	0	0
New Mexico	32	42	2	3	6	2	5	5	1	0	3	7
New York	892	569	7	4	35	28	4	0	2	1	5	13
North Carolina	320	332	2	9	15	10	1	2	0	0	6	23
North Dakota	65	66	1	2	1	3	1	0	0	0	10	36
Ohio	416	429	5	25	19	14	0	3	8	6	0	34
Oklahoma	37	86	4	13	18	10	3	2	2	2	14	34
Oregon	2	1	0	1	4	3	0	0	0	0	3	25
Pennsylvania	252	199	5	23	31	24	17	16	5	5	0	13
Rhode Island	55	5	2	1	3	2	1	1	0	0	0	0
South Carolina	174	85	1	6	9	8	3	6	0	0	0	5
South Dakota	10	1	0	1	2	1	0	0	0	1	16	38
Tennessee	74	113	2	9	16	11	5	6	3	2	2	17
Texas	879	860	35	77	52	37	28	49	7	8	8	78
Utah	14	15	1	3	7	3	1	1	1	1	0	11
Vermont	6	1	0	0	2	1	0	0	0	0	0	8
Virginia	20	41	3	5	19	9	4	9	2	3	0	7
Washington	28	14	2	2	4	5	1	1	2	2	7	38
West Virginia	63	66	0	2	5	4	6	5	0	0	10	18
Wisconsin	44	14	1	5	17	11	2	2	1	2	6	59
Wyoming	4	1	1	0	2	2	1	1	0	0	0	16

See footnotes at end of table.

Table 121 (page 2 of 2). Certified intermediate care facilities and specialty hospitals, number of facilities and beds, by state: United States, selected years 1995–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#121>.

[Data are based on a census of certified facilities]

State	Beds											
	Hospitals											
	ICF/MR ¹		Long-term		Psychiatric		Rehabilitation		Children's		CAH ²	
	1995	2010	1995	2010	1995	2010	1995	2010	1995	2010	2000	2010
United States	159,557	108,427	21,373	29,388	105,165	68,531	13,731	14,999	12,719	13,204	6,120	32,844
Alabama	981	281	341	429	1,760	1,056	289	392	225	434	0	75
Alaska	121	0	0	60	244	205	0	0	0	0	15	217
Arizona	690	242	203	557	955	874	211	396	15	250	0	299
Arkansas	1,802	1,590	0	283	730	919	446	463	280	280	212	763
California	14,334	10,998	1,477	1,825	7,737	4,922	838	367	1,346	1,980	0	1,054
Colorado	382	188	1,264	430	1,375	943	271	226	378	253	133	600
Connecticut	1,350	1,134	796	715	1,990	1,032	60	60	98	129	0	0
Delaware	405	170	0	35	514	483	60	0	97	180	0	0
District of Columbia	797	492	0	171	583	800	160	160	279	279	0	0
Florida	3,495	2,955	745	1,119	5,385	2,925	833	1,042	376	467	65	344
Georgia	2,240	1,647	372	713	4,103	2,797	108	168	235	483	302	857
Hawaii	207	91	13	9	88	88	100	100	232	207	0	88
Idaho	541	555	0	140	221	263	54	56	0	0	204	555
Illinois	13,001	10,413	1,385	805	3,172	2,321	371	448	351	339	218	1,190
Indiana	7,387	4,129	265	649	2,213	1,555	388	316	0	0	146	946
Iowa	3,679	3,127	0	74	522	287	0	0	0	0	236	2,401
Kansas	2,233	994	54	167	1,717	718	217	257	0	34	502	1,928
Kentucky	1,203	930	0	546	2,086	1,695	225	288	0	0	108	737
Louisiana	6,847	6,347	797	1,852	3,868	2,098	435	549	188	201	50	685
Maine	555	192	0	0	551	392	80	100	0	0	100	398
Maryland	1,042	238	465	465	3,846	1,788	352	131	165	150	0	0
Massachusetts	2,707	1,674	4,218	3,561	2,137	1,449	636	1,064	458	421	0	69
Michigan	3,556	272	249	1,012	3,280	1,308	340	240	260	228	253	836
Minnesota	5,162	1,871	264	356	1,432	458	0	0	329	339	178	2,190
Mississippi	2,131	2,739	25	393	316	1,741	110	0	0	0	25	800
Missouri	1,659	1,020	317	675	1,969	1,792	120	297	592	432	150	867
Montana	188	56	0	40	54	194	0	0	0	0	125	998
Nebraska	761	261	192	148	767	488	60	72	142	200	919	1,418
Nevada	229	121	79	413	407	644	122	189	0	0	19	231
New Hampshire	78	25	0	0	423	341	152	152	0	0	0	316
New Jersey	4,637	3,622	476	442	3,486	3,249	848	783	60	120	0	0
New Mexico	604	272	86	106	397	124	194	212	37	0	71	174
New York	15,379	8,860	1,351	1,010	14,199	6,327	428	0	404	92	107	301
North Carolina	5,294	5,173	182	490	2,941	3,435	80	213	0	0	165	775
North Dakota	721	635	68	72	328	303	88	0	0	0	225	795
Ohio	8,936	7,268	683	1,693	3,079	1,448	0	199	2,535	1,356	0	840
Oklahoma	3,132	2,078	194	636	1,726	638	219	107	168	160	340	777
Oregon	546	76	0	28	670	742	0	0	0	0	51	830
Pennsylvania	7,412	4,536	369	1,355	7,334	3,472	1,574	1,395	721	1,103	0	337
Rhode Island	297	51	1,062	495	371	177	82	82	0	0	0	0
South Carolina	3,550	1,828	166	308	1,089	1,093	213	355	0	0	0	125
South Dakota	558	240	0	24	145	320	0	0	0	114	271	766
Tennessee	2,590	1,247	125	335	1,721	1,215	350	370	395	200	50	395
Texas	15,868	12,659	1,803	4,068	6,561	4,299	1,838	2,769	1,447	1,631	202	1,746
Utah	965	855	34	111	741	486	50	84	194	232	0	236
Vermont	36	6	0	0	164	149	0	0	0	0	0	194
Virginia	2,758	1,715	892	236	1,677	1,345	231	353	250	296	0	175
Washington	1,482	940	97	73	1,541	1,417	102	102	276	276	175	1,130
West Virginia	782	511	0	60	564	485	246	280	0	0	360	722
Wisconsin	4,083	961	34	204	1,720	1,133	135	121	186	338	143	1,321
Wyoming	164	142	230	0	266	98	15	41	0	0	0	343

... Category not applicable.

¹ICF/MR is intermediate care facilities for persons with mental retardation.

²CAH is critical access hospital. CAHs were created as part of the Balanced Budget Act of 1997.

NOTES: Facilities are surveyed based on the Online Survey Certification and Reporting Database reporting cycle. Data for additional years are available. See Appendix III.

SOURCE: Centers for Medicare & Medicaid Services' Online Survey Certification and Reporting (OSCAR) database. See Appendix I, Online Survey Certification and Reporting Database (OSCAR).

Table 122. Medicare-certified providers and suppliers: United States, selected years 1975–2009Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#122>.

[Data are compiled from various Centers for Medicare & Medicaid Services data systems]

Providers or suppliers	1975	1980	1985	1990	1996	2000	2003	2005	2007	2009
	Number of providers or suppliers									
Skilled nursing facilities	---	5,052	6,451	8,937	---	14,841	14,838	15,006	15,054	15,071
Home health agencies	2,242	2,924	5,679	5,730	8,437	7,857	6,928	8,090	9,024	10,184
Clinical Laboratory Improvement Amendments facilities	---	---	---	---	159,907	171,018	176,947	196,296	206,065	218,139
End-stage renal disease facilities	---	999	1,393	1,937	2,876	3,787	4,309	4,755	5,095	5,476
Outpatient physical therapy	117	419	854	1,195	2,302	2,867	2,961	2,962	2,915	2,640
Portable X-ray	132	216	308	443	555	666	641	553	550	546
Rural health clinics	---	391	428	551	2,775	3,453	3,306	3,661	3,781	3,752
Comprehensive outpatient rehabilitation facilities	---	---	72	186	307	522	587	634	539	406
Ambulatory surgical centers	---	---	336	1,197	2,112	2,894	3,597	4,445	4,964	5,260
Hospices	---	---	164	825	1,927	2,326	2,323	2,872	3,255	3,405

--- Data not available.

NOTES: Data for 1975–1990 are as of July 1. Data for 1996–1999 and 2004–2009 are as of December 31. Data for 2001, 2002, and 2003 are as of December 2000, December 2001, and December 2002, respectively. Data for additional years are available. See [Appendix III](#).SOURCE: Centers for Medicare & Medicaid Services (CMS). 2010 CMS Statistics. Baltimore, MD: CMS; 2010 and previous editions. Available from: <http://www.cms.gov/DataCompendium/>, Table VI.3.

Table 123 (page 1 of 2). Number of magnetic resonance imaging (MRI) units and computed tomography (CT) scanners: Selected countries, selected years 1990–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#123>.

[Data are based on reporting by Organisation for Economic Co-operation and Development (OECD) countries]

Country	1990	1995	2000	2007	2008	2009	1990	1995	2000	2007	2008	2009
	Number of MRI units per million population						Number of CT scanners per million population					
Australia ¹	0.6	2.9	†3.5	5.1	5.6	5.9	13.8	††20.5	††26.1	---	---	††38.7
Austria	---	---	11.0	17.7	18.0	18.4	---	---	26.1	30.0	29.6	29.3
Canada ²	0.7	1.4	2.5	6.7	---	8.0	7.2	8.0	---	12.7	---	13.9
Czech Republic ³	---	1.0	1.7	4.4	5.0	5.7	---	6.7	9.6	12.9	13.3	14.1
Denmark	---	---	5.4	---	---	15.4	---	---	11.4	18.5	21.5	23.7
Estonia	---	---	---	5.2	8.2	7.5	---	---	---	11.2	14.9	14.9
Finland	1.8	4.3	9.9	15.3	16.2	16.9	9.8	11.8	13.5	16.5	---	20.4
France	---	---	1.7	5.5	6.1	6.5	---	---	7.0	10.4	10.9	11.1
Greece	---	---	---	17.9	19.6	21.7	---	---	---	29.0	30.6	33.8
Hungary ⁴	0.1	1.0	1.8	2.8	2.8	2.8	1.9	4.6	5.7	7.3	7.1	7.2
Iceland	3.9	7.5	10.7	19.3	18.8	21.9	11.8	18.7	21.3	32.1	31.3	34.5
Ireland	---	---	---	8.5	9.0	†11.9	4.3	---	---	14.3	14.5	15.3
Israel ⁵	---	0.9	1.4	2.0	2.1	1.9	---	1.6	5.7	8.5	8.8	9.4
Italy ⁶	---	---	7.8	18.5	20.1	21.6	---	---	21.1	30.1	30.9	31.7
Japan ⁷	6.1	---	---	---	43.1	---	55.2	---	---	---	---	97.3
Luxembourg	2.6	2.5	2.3	10.4	12.4	14.2	5.2	26.9	25.2	27.1	26.9	26.3
Mexico	---	---	---	1.5	1.7	1.9	---	---	---	4.0	4.2	4.3
Netherlands ⁸	0.9	3.9	---	7.6	10.4	11.0	7.3	---	---	7.8	10.3	11.3
New Zealand	---	---	---	8.8	9.6	9.7	3.5	---	8.8	12.3	12.4	14.6
Poland	---	---	---	2.7	2.9	3.7	---	---	4.4	9.7	10.9	12.4
Portugal ⁹	---	---	---	8.9	---	---	---	---	---	26.0	---	---
Republic of Korea	---	3.9	5.4	16.0	17.6	19.0	---	15.5	28.4	37.1	36.8	37.1
Slovak Republic ¹⁰	---	---	1.1	5.7	6.1	6.1	---	---	---	13.7	13.7	13.3
Slovenia	---	---	---	3.5	4.5	4.5	---	---	---	10.9	12.4	11.9
Switzerland	---	---	---	---	---	---	---	---	---	††31.4	††32.0	††32.8
Turkey	---	---	---	5.4	†7.2	8.9	1.6	---	---	7.7	†10.6	11.6
United Kingdom ¹¹	---	---	††5.6	---	††5.6	---	---	---	††5.3	---	††7.4	---
United States ¹²	---	12.3	---	25.9	---	---	---	---	---	34.3	---	---
	Number of MRI units						Number of CT scanners					
Australia ¹	11	52	†67	108	120	129	235	††370	††500	---	---	†849
Austria	---	---	88	147	150	154	---	---	209	249	247	245
Canada ²	19	40	76	222	---	266	198	234	---	419	---	464
Czech Republic ³	---	10	17	45	52	60	---	69	99	133	139	148
Denmark	---	---	29	---	---	85	---	---	61	101	118	131
Estonia	---	---	---	7	11	10	---	---	---	15	20	20
Finland	9	22	51	81	86	90	49	60	70	87	---	109
France	---	---	100	350	389	415	---	---	426	659	696	715
Greece	---	---	---	200	220	245	---	---	---	324	344	381
Hungary ⁴	1	10	18	28	28	28	20	47	58	73	71	72
Iceland	1	2	3	6	6	7	3	5	6	10	10	11
Ireland	---	---	---	37	40	†53	15	---	---	62	64	68
Israel ⁵	---	5	9	14	15	14	---	9	36	61	64	70
Italy ⁶	---	---	442	1,097	1,180	1,272	---	---	1,203	1,785	1,821	1,870
Japan ⁷	756	---	---	---	5,503	---	6,821	---	---	---	12,420	---
Luxembourg	1	1	1	5	6	7	2	11	11	13	13	13
Mexico	---	---	---	161	180	209	---	---	---	422	447	467
Netherlands ⁸	13	60	---	125	171	181	109	---	---	128	168	186
New Zealand	---	---	---	37	41	42	---	---	34	52	53	63
Poland	---	---	---	103	112	141	---	---	169	368	414	473
Portugal ⁹	---	---	---	94	---	---	---	---	---	276	---	---
Republic of Korea	---	174	254	777	855	924	---	699	1,334	1,799	1,788	1,810
Slovak Republic ¹⁰	---	---	6	31	33	33	---	---	---	74	74	72
Slovenia	---	---	---	7	9	9	---	---	---	22	25	24
Switzerland	---	---	---	---	---	---	---	---	---	††237	††245	††254
Turkey	---	---	---	395	517	647	89	---	---	569	†759	838
United Kingdom ¹¹	---	---	††331	---	††340	---	---	---	---	---	---	---
United States ¹²	---	3,265	---	7,810	---	---	---	---	---	10,335	---	---

See footnotes at end of table.

Table 123 (page 2 of 2). Number of magnetic resonance imaging (MRI) units and computed tomography (CT) scanners: Selected countries, selected years 1990–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#123>.

[Data are based on reporting by Organisation for Economic Co-operation and Development (OECD) countries]

-- - Data not available.

† Break in series. See OECD website for updated data and additional information. Available at: <http://www.oecd.org/home/>.

†† Data are estimated. See OECD website for updated data and additional information. Available at: <http://www.oecd.org/home/>.

¹Starting with 2000 data, the number of MRI units includes only those that are approved for billing to Medicare (Australia's national health program). In 1999, approved units represented approximately 60% of total units.

²The number of units in freestanding imaging facilities was imputed for years prior to 2003 based on data collected in the 2003 National Survey of Selected Medical Imaging Equipment, conducted by the Canadian Institute for Health Information. MRI units in Quebec are not included in 2000.

³Prior to 2000, the data include only equipment of Health Sector establishments.

⁴Equipment used in military hospitals and the health institutes of Hungarian State Railways are not included.

⁵The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem, and Israeli settlements in the West Bank under the terms of international law.

⁶1990 data include only equipment in public and private hospitals.

⁷Prior to 2000, the data include only equipment in hospitals.

⁸2005 data are the number of hospitals reporting having an MRI unit.

⁹Prior to 2006, numbers are incomplete for the private sector. Starting with 2006, numbers are for equipment installed in both the public and private sectors.

¹⁰Data include devices in hospitals and do not include equipment in other health care facilities.

¹¹Data include devices in public sector establishments only.

¹²Data are from the MRI Census and are comparable with the OECD definition. Devices in U.S. territories are not included.

NOTES: Data for additional years are available. Countries use different methods for collecting data. Therefore, estimates may not be directly comparable across countries and comparisons among them should be made with caution. Data for additional years are available. See [Appendix III](#).

SOURCE: Organisation for Economic Co-operation and Development (OECD) Health Data 2011, incorporating revisions to the annual update. Available from: <http://www.oecd.org/home/>; 2007 Computed Tomography (CT) and Magnetic Resonance Imaging (MRI) Census. Benchmark Report: IMV, Limited, Medical Information Division. See [Appendix I](#), [Organisation for Economic Co-operation and Development \(OECD\) Health Data; Computed Tomography \(CT\) and Magnetic Resonance Imaging \(MRI\) Census](#).

Table 124 (page 1 of 2). Total health expenditures as a percentage of gross domestic product and per capita health expenditures in dollars, by selected countries: Selected years 1960–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#124>.

[Data compiled by Organisation for Economic Co-operation and Development (OECD)]

Country	1960	1970	1980	1990	1995	2000	2005	2006	2007	2008	2009
Health expenditures as a percentage of gross domestic product											
Australia	3.6	---	6.1	6.7	7.2	8.0	8.4	8.5	8.5	8.7	---
Austria	4.3	5.2	7.4	†8.3	9.5	9.9	10.4	10.3	10.3	10.4	11.0
Belgium	---	3.9	6.3	7.2	††7.6	††8.1	††10.1	††9.6	††9.7	††10.1	††10.9
Canada	5.4	6.9	7.0	8.9	†9.0	8.8	9.8	10.0	10.0	10.3	11.4
Chile	---	---	---	---	5.3	6.6	6.9	6.6	6.9	7.5	8.4
Czech Republic	---	---	---	4.7	†7.0	†6.5	7.2	7.0	6.8	7.1	8.2
Estonia	---	---	---	---	---	5.3	5.0	5.0	5.2	6.1	7.0
Denmark	---	---	8.9	8.3	8.1	8.7	9.8	9.9	10.0	10.3	11.5
Finland	3.8	5.5	6.3	7.7	†7.9	7.2	8.4	8.4	8.1	8.4	9.2
France	3.8	5.4	7.0	8.4	†10.4	10.1	11.1	11.0	11.0	11.1	11.8
Germany	---	6.0	8.4	8.3	10.1	10.3	10.7	10.6	10.5	10.7	11.6
Greece	---	5.4	5.9	6.6	8.6	7.9	9.6	9.6	9.6	---	---
Hungary	---	---	---	---	7.3	7.0	8.3	8.1	7.5	7.2	7.4
Iceland	3.0	4.7	6.3	7.8	8.2	9.5	9.4	9.1	9.1	9.1	9.7
Ireland	3.7	5.1	8.2	6.1	6.6	6.1	7.6	7.5	7.7	8.8	9.5
Israel ¹	---	---	7.7	7.1	7.6	7.5	7.8	7.6	7.6	7.7	7.9
Italy	---	---	---	7.7	7.3	8.1	8.9	9.0	8.7	9.0	9.5
Japan	3.0	4.5	6.4	5.9	6.9	7.7	8.2	8.2	8.2	8.5	---
Luxembourg	---	3.1	5.2	5.4	5.6	7.5	7.9	7.7	7.1	6.8	7.8
Mexico	---	---	---	4.4	5.2	5.1	5.9	5.7	5.8	5.8	6.4
Netherlands	---	---	7.4	8.0	8.3	8.0	9.8	9.7	9.7	9.9	†\$12.0
New Zealand	---	5.2	5.8	6.8	7.1	7.6	8.7	9.1	8.8	9.6	10.3
Norway	2.9	4.4	7.0	7.6	7.9	8.4	9.1	8.6	8.9	§8.6	§9.6
Poland	---	---	---	4.8	5.5	5.5	6.2	6.2	6.4	7.0	7.4
Portugal	---	2.4	5.1	5.7	†7.5	9.3	10.4	10.1	10.0	10.1	---
Republic of Korea	---	---	3.7	4.0	3.8	4.5	5.7	6.0	6.3	6.5	6.9
Slovak Republic	---	---	---	---	---	5.5	7.0	7.3	7.7	8.0	9.1
Slovenia	---	---	---	---	7.5	8.3	8.4	8.3	7.8	8.4	9.3
Spain	1.5	3.5	5.3	6.5	7.4	7.2	8.3	8.4	8.5	9.0	9.5
Sweden	---	6.8	8.9	8.2	8.0	8.2	9.1	8.9	8.9	9.2	10.0
Switzerland	4.9	5.5	7.4	8.2	†9.6	10.2	11.2	10.8	10.6	10.7	11.4
Turkey	---	---	2.4	2.7	2.5	4.9	5.4	5.8	6.0	6.1	---
United Kingdom	3.9	4.5	5.6	5.9	6.8	7.0	8.2	8.5	8.4	8.8	9.8
United States ²	5.1	7.1	9.0	12.4	13.7	13.7	15.7	15.8	16.0	16.4	17.4

See footnotes at end of table.

Table 124 (page 2 of 2). Total health expenditures as a percentage of gross domestic product and per capita health expenditures in dollars, by selected countries: Selected years 1960–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#124>.

[Data compiled by Organisation for Economic Co-operation and Development (OECD)]

Country	1960	1970	1980	1990	1995	2000	2005	2006	2007	2008	2009
	Per capita health expenditures ³										
Australia	\$90	---	\$632	\$1,194	\$1,607	\$2,266	\$2,980	\$3,164	\$3,353	\$3,445	---
Austria	77	\$196	785	†1,623	2,239	2,862	3,472	3,629	3,792	4,128	\$4,289
Belgium	---	149	641	1,353	††1,710	††2,245	††3,23	††3,27	††3,43	††3,71	††3,946
Canada	123	294	777	1,735	†2,056	2,519	3,442	3,665	3,844	4,024	4,363
Chile	---	---	---	---	39	615	843	863	959	1,092	1,186
Czech Republic	---	---	---	558	†897	†981	1,475	1,556	1,661	1,839	2,108
Estonia	---	---	---	---	---	522	831	960	1,113	1,331	1,393
Denmark	---	---	893	1,540	1,86	2,508	3,245	3,577	3,770	4,052	4,348
Finland	63	184	569	1,363	†1,475	1,853	2,589	2,764	2,910	3,158	3,226
France	69	193	666	1,445	†2,100	2,553	3,306	3,493	3,679	3,809	3,978
Germany	---	268	967	1,764	2,26	2,669	3,364	3,565	3,724	3,963	4,218
Greece	---	160	489	844	1,26	1,451	2,352	2,608	2,724	---	---
Hungary	---	---	---	---	65	853	1,411	1,486	1,433	1,495	1,511
Iceland	57	175	752	1,662	1,90	2,740	3,304	3,193	3,320	3,571	3,538
Ireland	43	116	511	788	1,19	1,768	2,959	3,200	3,494	3,784	3,781
Israel ¹	---	---	---	---	1,43	1,766	1,829	1,897	2,012	2,142	2,165
Italy	---	---	---	1,355	1,53	2,064	2,516	2,725	2,771	3,059	3,137
Japan	30	140	541	1,115	1,55	1,974	2,491	2,609	2,750	2,878	---
Luxembourg	---	---	---	---	1,90	3,268	4,152	4,603	4,494	4,451	4,808
Mexico	---	---	---	296	38	508	731	776	842	892	918
Netherlands	---	---	732	1,412	1,79	2,340	3,450	3,613	3,944	4,241	\$4,914
New Zealand	---	214	498	983	1,24	1,607	2,197	2,467	2,525	2,784	2,983
Norway	49	143	665	1,366	1,85	3,043	4,301	4,507	4,885	\$5,230	\$5,352
Poland	---	---	---	289	41	583	857	934	1,078	1,265	1,394
Portugal	---	47	277	628	†1,014	1,654	2,212	2,303	2,419	2,508	---
Republic of Korea	---	---	89	325	48	771	1,291	1,469	1,651	1,736	1,879
Slovak Republic	---	---	---	---	---	604	1,139	1,350	1,619	1,859	2,084
Slovenia	---	---	---	---	98	1,453	1,974	2,106	2,129	2,451	2,579
Spain	16	95	362	870	1,19	1,537	2,269	2,536	2,735	2,971	3,067
Sweden	---	311	942	1,592	1,74	2,286	2,963	3,193	3,432	3,644	3,722
Switzerland	166	344	1,013	2,028	†2,563	3,221	4,015	4,150	4,469	4,930	5,144
Turkey	---	---	70	155	17	433	591	712	798	902	---
United Kingdom	84	159	466	960	1,34	1,828	2,735	3,006	3,051	3,281	3,487
United States ²	148	355	1,101	2,850	3,78	4,793	6,700	7,073	7,437	7,720	7,960

--- Data not available.

†Break in series. See OECD website for updated data and additional information. Available at: <http://www.oecd.org/home/>.

††Difference in methodology. See OECD website for updated data and additional information. Available at: <http://www.oecd.org/home/>.

§Data are estimated. See OECD website for updated data and additional information. Available at: <http://www.oecd.org/home/>.

¹The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem, and Israeli settlements in the West Bank under the terms of international law.

²OECD estimates for the United States differ from the National Health Expenditures estimates shown in Table 125 because of differences in methodology.

³Per capita health expenditures for each country have been adjusted to U.S. dollars using gross domestic product purchasing power parities for each year. See Appendix II, Gross domestic product (GDP); Purchasing power parities (PPPs).

NOTES: These data include revisions in health expenditures and differ from previous editions of *Health, United States*. Trends should be interpreted with caution due to data series breaks and changes in methodology. Data for additional years are available. See Appendix III.

SOURCE: Organisation for Economic Co-operation and Development Health Data File 2008, incorporating revisions to the annual update. Available from: http://stats.oecd.org/index.aspx?DataSetCode=HEALTH_STAT. See Appendix I, Organisation for Economic Co-operation and Development (OECD) Health Data.

Table 125. Gross domestic product, national health expenditures, per capita amounts, percent distribution, and average annual percent change: United States, selected years 1960–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#125>.

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

<i>Gross domestic product and national health expenditures</i>	1960	1970	1980	1990	2000	2005	2008	2009
Amount in billions								
Gross domestic product (GDP)	\$526	\$1,038	\$2,788	\$5,801	\$9,952	\$12,638	\$14,369	\$14,119
Deflator (2005 = 100.0)								
Implicit price deflator for GDP ¹	18.6	24.3	47.8	72.2	88.6	100.0	108.6	109.6
Amount in billions								
National health expenditures	\$27.3	\$74.8	\$255.7	\$724.0	\$1,378.0	\$2,021.0	\$2,391.4	\$2,486.3
Health consumption expenditures	24.8	67.0	235.6	675.3	1,288.5	1,890.3	2,234.2	2,330.1
Personal health care	23.3	63.1	217.1	616.6	1,164.4	1,692.6	1,997.2	2,089.9
Administration and net cost of								
private health insurance	1.1	2.6	12.0	38.7	81.1	141.6	164.0	163.0
Public health	0.4	1.4	6.4	20.0	43.0	56.2	72.9	77.2
Investment ²	2.6	7.8	20.1	48.7	89.6	130.7	157.2	156.2
Per capita amount in dollars								
National health expenditures	\$147	\$356	\$1,110	\$2,853	\$4,878	\$6,827	\$7,845	\$8,086
Health consumption expenditures	133	319	1,022	2,661	4,561	6,385	7,329	7,578
Personal health care	125	300	942	2,430	4,122	5,717	6,552	6,797
Administration and net cost of								
private health insurance	6	12	52	153	287	478	538	530
Public health	2	6	28	79	152	190	239	251
Investment ²	14	37	87	192	317	441	516	508
Percent								
National health expenditures as percent of GDP	5.2	7.2	9.2	12.5	13.8	16.0	16.6	17.6
Percent distribution								
National health expenditures	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Health consumption expenditures	90.6	89.6	92.1	93.3	93.5	93.5	93.4	93.7
Personal health care	85.4	84.3	84.9	85.2	84.5	83.7	83.5	84.1
Administration and net cost of								
private health insurance	3.9	3.5	4.7	5.4	5.9	7.0	6.9	6.6
Public health	1.4	1.8	2.5	2.8	3.1	2.8	3.1	3.1
Investment ²	9.4	10.4	7.9	6.7	6.5	6.5	6.6	6.3
Average annual percent change from previous year shown ³								
GDP . . . . .	...	7.0	10.4	7.6	5.5	4.9	4.4	-1.7
National health expenditures . . . . .	...	10.6	13.1	11.0	6.6	8.0	5.8	4.0
Health consumption expenditures . . . . .	...	10.5	13.4	11.1	6.7	8.0	5.7	4.3
Personal health care . . . . .	...	10.4	13.2	11.0	6.6	7.8	5.7	4.6
Administration and net cost of								
private health insurance . . . . .	...	9.4	16.4	12.4	7.7	11.8	5.0	-0.6
Public health . . . . .	...	13.8	16.9	12.0	8.0	5.5	9.1	5.9
Investment ² . . . . .	...	11.7	10.0	9.2	6.3	7.9	6.3	-0.6
National health expenditures, per capita . . . . .	...	9.3	12.0	9.9	5.5	7.0	4.7	3.1
Health consumption expenditures . . . . .	...	9.1	12.4	10.0	5.5	7.0	4.7	3.4
Personal health care . . . . .	...	9.1	12.1	9.9	5.4	6.8	4.6	3.7
Administration and net cost of								
private health insurance . . . . .	...	8.1	15.4	11.3	6.5	10.8	4.0	-1.5
Public health . . . . .	...	12.5	15.8	10.9	6.8	4.5	8.0	4.9
Investment ² . . . . .	...	10.4	8.9	8.2	5.2	6.8	5.3	-1.5

... Category not applicable.

¹Year 2005 = 100. Last revised July 30, 2010, by the Bureau of Economic Analysis.

²Investment consists of research and structures and equipment.

³See [Appendix II, Average annual rate of change \(percent change\)](#).

NOTES: Dollar amounts shown are in current dollars. The data reflect U.S. Census Bureau resident population estimates as of July 1, 2009, excluding the Armed Forces overseas. See [Appendix II, Gross domestic product \(GDP\); Health expenditures, national](#). Percents are calculated using unrounded data. Estimates may not add to totals because of rounding. Starting with *Health, United States, 2010*, estimates are based on a revised methodology that incorporates available source data and various methodological and definitional changes. These revisions are due to a comprehensive change in the classification structure of how estimates are defined and presented. For more information on the impact of these revisions, see: <http://www.cms.gov/NationalHealthExpendData/downloads/benchmark2009.pdf>. Data have been revised and differ from previous editions of *Health, United States*.

SOURCE: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group, National Health Expenditure Accounts, National health expenditures aggregate, 1960–2009. Available from: Table 1 of <http://www.cms.gov/NationalHealthExpendData/downloads/tables.pdf>; U.S. Department of Commerce, Bureau of Economic Analysis, National Economic Accounts, National Income and Product Accounts Tables 1.1.9, 3.2, 3.3 accessed on July 31, 2010. Available from: <http://www.bea.gov/national/nipaweb/SelectTable.asp?Selected=N/>. See [Appendix I, National Health Expenditure Accounts \(NHEA\); National Income and Product Accounts \(NIPA\)](#).

Table 126 (page 1 of 2). Consumer Price Index and average annual percent change for all items, selected items, and medical care components: United States, selected years 1960–2010

Excel and PDF: <http://www.cdc.gov/nchs/hus/contents2011.htm#126>.

[Data are based on reporting by samples of providers and other retail outlets]

<i>Items and medical care components</i>	1960	1970	1980	1990	1995	2000	2005	2009	2010
Consumer Price Index (CPI)									
All items	29.6	38.8	82.4	130.7	152.4	172.2	195.3	214.5	218.1
All items less medical care	30.2	39.2	82.8	128.8	148.6	167.3	188.7	206.6	209.7
Services	24.1	35.0	77.9	139.2	168.7	195.3	230.1	259.2	261.3
Food	30.0	39.2	86.8	132.4	148.4	167.8	190.7	218.0	219.6
Apparel	45.7	59.2	90.9	124.1	132.0	129.6	119.5	120.1	119.5
Housing	---	36.4	81.1	128.5	148.5	169.6	195.7	217.1	216.3
Energy	22.4	25.5	86.0	102.1	105.2	124.6	177.1	193.1	211.4
Medical care	22.3	34.0	74.9	162.8	220.5	260.8	323.2	375.6	388.4
Components of medical care									
Medical care services	19.5	32.3	74.8	162.7	224.2	266.0	336.7	397.3	411.2
Professional services	---	37.0	77.9	156.1	201.0	237.7	281.7	319.4	328.2
Physicians' services	21.9	34.5	76.5	160.8	208.8	244.7	287.5	320.8	331.3
Dental services	27.0	39.2	78.9	155.8	206.8	258.5	324.0	388.1	398.8
Eyeglasses and eye care ¹	---	---	---	117.3	137.0	149.7	163.2	175.5	176.7
Services by other medical professionals ¹	---	---	---	120.2	143.9	161.9	186.8	209.8	214.4
Hospital and related services	---	---	69.2	178.0	257.8	317.3	439.9	567.9	607.7
Hospital services ²	---	---	---	---	---	115.9	161.6	210.7	227.2
Inpatient hospital services ^{2,3}	---	---	---	---	---	113.8	156.6	203.6	221.5
Outpatient hospital services ^{1,3}	---	---	---	138.7	204.6	263.8	373.0	490.6	520.6
Hospital rooms	9.3	23.6	68.0	175.4	251.2	---	---	---	---
Other inpatient services ¹	---	---	---	142.7	206.8	---	---	---	---
Nursing homes and adult day care ²	---	---	---	---	---	117.0	145.0	171.6	177.0
Health insurance ⁴	---	---	---	---	---	---	---	110.5	106.6
Medical care commodities	46.9	46.5	75.4	163.4	204.5	238.1	276.0	305.1	314.7
Medicinal drugs ⁵	---	---	---	---	---	---	---	---	102.3
Prescription drugs ⁶	54.0	47.4	72.5	181.7	235.0	285.4	349.0	391.1	407.8
Nonprescription drugs ⁵	---	---	---	---	---	---	---	---	100.0
Medical equipment and supplies ⁵	---	---	---	---	---	---	---	---	99.1
Nonprescription drugs and medical supplies ^{1,7}	---	---	---	120.6	140.5	149.5	151.7	161.4	---
Internal and respiratory over-the-counter drugs ⁸	---	42.3	74.9	145.9	167.0	176.9	179.7	193.0	---
Nonprescription medical equipment and supplies ⁹	---	---	79.2	138.0	166.3	178.1	180.6	188.2	---
Average annual percent change from previous year shown									
All items	2.7	7.8	4.7	3.1	2.5	2.5	2.5	2.4	1.6
All items less medical care	2.6	7.8	4.5	2.9	2.4	2.4	2.4	2.3	1.5
Services	3.8	8.3	6.0	3.9	3.0	3.0	3.0	3.0	0.8
Food	2.7	8.3	4.3	2.3	2.5	2.6	3.4	0.8	0.8
Apparel	2.6	4.4	3.2	1.2	-0.4	-1.6	0.1	-0.5	-0.5
Housing	---	8.3	4.7	2.9	2.7	2.9	2.6	-0.4	-0.4
Energy	1.3	12.9	1.7	0.6	3.4	7.3	2.2	9.5	9.5
Medical care	4.3	8.2	8.1	6.3	3.4	4.4	3.8	3.4	3.4
Components of medical care									
Medical care services	5.2	8.8	8.1	6.6	3.5	4.8	4.2	3.5	3.5
Professional services	---	7.7	7.2	5.2	3.4	3.5	3.2	2.8	2.8
Physicians' services	4.6	8.3	7.7	5.4	3.2	3.3	2.8	3.3	3.3
Dental services	3.8	7.2	7.0	5.8	4.6	4.6	4.6	2.7	2.7
Eyeglasses and eye care ¹	---	---	---	3.2	1.8	1.7	1.8	0.7	0.7
Services by other medical professionals ¹	---	---	---	3.7	2.4	2.9	2.9	2.2	2.2
Hospital and related services	---	---	9.9	7.7	4.2	6.8	6.6	7.0	7.0
Hospital services ²	---	---	---	---	---	6.9	6.9	7.8	7.8
Inpatient hospital services ^{2,3}	---	---	---	---	---	6.6	6.8	8.8	8.8
Outpatient hospital services ^{1,3}	---	---	---	8.1	5.2	7.2	7.1	6.1	6.1
Hospital rooms	9.8	11.2	9.9	7.4	---	---	---	---	---
Other inpatient services ¹	---	---	---	7.7	---	---	---	---	---
Nursing homes and adult day care ²	---	---	---	---	---	4.4	4.3	3.1	3.1
Health insurance ⁴	---	---	---	---	---	---	---	-3.5	-3.5
Medical care commodities	-0.1	5.0	8.0	4.6	3.1	3.0	2.5	3.1	3.1
Medicinal drugs ⁵	---	---	---	---	---	---	---	---	---
Prescription drugs ⁶	-1.3	4.3	9.6	5.3	4.0	4.1	2.9	4.3	4.3
Nonprescription drugs ⁵	---	---	---	---	---	---	---	---	---
Medical equipment and supplies ⁵	---	---	---	---	---	---	---	---	---
Nonprescription drugs and medical supplies ^{1,7}	---	---	---	3.1	1.2	0.3	1.6	---	---
Internal and respiratory over-the-counter drugs ⁸	---	---	5.9	6.9	2.7	1.2	1.8	---	---
Nonprescription medical equipment and supplies ⁹	---	---	---	5.7	3.8	1.4	1.0	---	---

See footnotes at end of table.

Table 126 (page 2 of 2). Consumer Price Index and average annual percent change for all items, selected items, and medical care components: United States, selected years 1960–2010

Excel and PDF: <http://www.cdc.gov/nchs/hus/contents2011.htm#126>.

[Data are based on reporting by samples of providers and other retail outlets]

- - - Data not available.

. . . Category not applicable.

¹December 1986 = 100.

²December 1996 = 100.

³Special index based on a substantially smaller sample.

⁴December 2005 = 100.

⁵December 2009 = 100.

⁶Prior to 2006, this category included medical supplies.

⁷Starting with 2010 updates, this index series will no longer be published.

⁸Starting with 2010 updates, replaced by the series, Nonprescription drugs.

⁹Starting with 2010 updates, replaced by the series, Medical equipment and supplies.

NOTES: CPI for all urban consumers (CPI-U) U.S. city average, detailed expenditure categories. 1982–1984 = 100, except where noted. Data are not seasonally adjusted. See [Appendix II, Consumer Price Index \(CPI\)](#). Data for additional years are available. See [Appendix III](#).

SOURCE: U.S. Department of Labor, Bureau of Labor Statistics, Consumer Price Index. Various releases. 2010 data available from Tables 1A and 3A: <http://www.bls.gov/cpi/cpid10av.pdf>. See [Appendix I, Consumer Price Index \(CPI\)](#).

Table 127. Growth in personal health care expenditures and percent distribution of factors affecting growth: United States, 1960–2009

Excel and PDF: <http://www.cdc.gov/nchs/hsu/contents2011.htm#127>.

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

Period	Average annual percent increase	Factors affecting personal health care expenditure growth				
		All factors	Inflation ¹		Population growth	Intensity growth ⁴
			Economy-wide inflation ²	Excess medical price inflation ³		
Percent distribution of factors affecting growth ⁵						
1960–2009	9.6	100	39	13	11	36
1960–1965	8.3	100	17	9	18	56
1965–1970	12.7	100	33	11	8	47
1970–1975	12.4	100	55	0	8	37
1975–1980	13.9	100	54	12	7	27
1980–1985	11.7	100	46	30	9	15
1985–1990	10.4	100	32	21	10	37
1990–1995	7.2	100	35	17	16	32
1995–2000	5.9	100	29	10	17	43
1995–1996	5.6	100	35	5	18	42
1996–1997	5.7	100	31	1	19	49
1997–1998	5.5	100	21	17	19	43
1998–1999	5.9	100	26	17	17	40
1999–2000	6.9	100	32	11	14	43
2000–2005	7.8	100	32	11	13	44
2000–2001	8.6	100	27	17	12	44
2001–2002	8.5	100	20	17	12	52
2002–2003	7.8	100	28	11	12	49
2003–2004	7.2	100	40	10	14	36
2004–2005	6.8	100	50	–4	14	40
2005–2006	6.3	100	53	–3	16	34
2006–2007	5.9	100	51	7	18	24
2007–2008	4.9	100	45	9	19	26
2008–2009	4.6	100	20	40	19	21

¹Two measures of inflation are presented: economy-wide and excess medical inflation (changes in medical-specific prices in excess of those included in economy-wide inflation).

²Economy-wide inflation is calculated using the implicit price deflator (IDP) for gross domestic product (GDP). The IDP is a broad measure of the prices of the goods and services that the U.S. produces.

³Excess medical price inflation is the measured amount of medical price growth above general economy-wide price growth. This excess rate captures if medical prices have tended to rise more or less quickly than general economy-wide prices.

⁴Intensity is the residual percentage of growth that cannot be attributed to inflation or population growth. It includes changes in the use or kinds of services and supplies and captures any errors in measuring prices or total spending.

⁵Percents may not sum to 100 due to rounding.

NOTES: The inflation rates used to calculate the factors affecting growth have a base year of 2005. Starting with *Health, United States, 2010*, estimates are based on a revised methodology that incorporates available source data and methodological and definitional changes. These revisions are due to a comprehensive change in the classification structure of how estimates are defined and presented. For more information on the impact of these revisions, see:

<http://www.cms.gov/NationalHealthExpendData/downloads/benchmark2009.pdf>. See [Appendix I, National Health Expenditure Accounts \(NHEA\)](#) and [Appendix II, Health expenditures, national; Gross domestic product \(GDP\)](#). These data include revisions in health expenditures for all years and population for 2000 and subsequent years. Data have been revised and differ from previous editions of *Health, United States*.

SOURCE: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group, National Health Expenditure Accounts, National health expenditures and unpublished data. Available from: http://www.cms.gov/NationalHealthExpendData/02_NationalHealthAccountsHistorical.asp#TopOfPage/. See [Appendix I, National Health Expenditure Accounts \(NHEA\)](#).

Table 128 (page 1 of 2). National health expenditures, average annual percent change, and percent distribution, by type of expenditure: United States, selected years 1960–2009

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2011.htm#128>.

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

Type of national health expenditure	1960	1970	1980	1990	2000	2005	2006	2007	2008	2009
Amount in billions										
National health expenditures	\$27.3	\$74.8	\$255.7	\$724.0	\$1,378.0	\$2,021.0	\$2,152.1	\$2,283.5	\$2,391.4	\$2,486.3
Health consumption expenditures	24.8	67.0	235.6	675.3	1,288.5	1,890.3	2,016.9	2,135.1	2,234.2	2,330.1
Personal health care	23.3	63.1	217.1	616.6	1,164.4	1,692.6	1,798.8	1,904.3	1,997.2	2,089.9
Hospital care	9.0	27.2	100.5	250.4	415.5	606.5	648.3	686.8	722.1	759.1
Professional services	8.0	19.7	64.5	207.9	389.0	559.4	588.4	619.4	652.2	674.9
Physician and clinical services	5.6	14.3	47.7	158.9	290.0	419.6	441.6	462.6	486.5	505.9
Other professional services	0.4	0.7	3.5	17.4	37.0	53.1	55.4	59.5	63.4	66.8
Dental services	2.0	4.7	13.3	31.5	62.0	86.8	91.4	97.3	102.3	102.2
Other health, residential, and personal care	0.5	1.3	8.5	24.3	64.7	96.5	102.1	108.3	113.3	122.6
Home health care ¹	0.1	0.2	2.4	12.6	32.4	48.7	52.6	57.8	62.1	68.3
Nursing care facilities and continuing care retirement communities ¹	0.8	4.0	15.3	44.9	85.1	112.1	117.0	126.5	132.8	137.0
Retail outlet sales of medical products	5.0	10.6	25.9	76.5	177.6	269.3	290.4	305.6	314.7	328.0
Prescription drugs	2.7	5.5	12.0	40.3	120.9	201.7	219.8	230.2	237.2	249.9
Durable medical equipment	0.7	1.7	4.1	13.8	25.1	30.4	31.9	34.4	35.1	34.9
Other nondurable medical products	1.6	3.3	9.8	22.4	31.6	37.2	38.7	41.1	42.3	43.3
Government administration ²	0.1	0.3	2.5	6.2	17.1	26.8	28.3	29.2	29.2	29.8
Net cost of health insurance ³	1.0	2.0	9.5	32.5	64.0	114.7	127.2	132.8	134.8	133.2
Government public health activities ⁴	0.4	1.4	6.4	20.0	43.0	56.2	62.6	68.8	72.9	77.2
Investment	2.6	7.8	20.1	48.7	89.6	130.7	135.2	148.4	157.2	156.2
Research ⁵	0.7	2.0	5.4	12.7	25.5	40.3	41.4	41.9	43.2	45.3
Structures and equipment	1.9	5.8	14.7	36.0	64.1	90.4	93.8	106.4	114.0	110.9
Average annual percent change from previous year shown										
National health expenditures . . . . .	...	10.6	13.1	11.0	6.6	8.0	6.5	6.1	4.7	4.0
Health consumption expenditures . . . . .	...	10.5	13.4	11.1	6.7	8.0	6.7	5.9	4.6	4.3
Personal health care . . . . .	...	10.4	13.2	11.0	6.6	7.8	6.3	5.9	4.9	4.6
Hospital care . . . . .	...	11.7	14.0	9.6	5.2	7.9	6.9	5.9	5.2	5.1
Professional services . . . . .	...	9.5	12.6	12.4	6.5	7.5	5.2	5.3	5.3	3.5
Physician and clinical services . . . . .	...	9.8	12.8	12.8	6.2	7.7	5.3	4.8	5.2	4.0
Other professional services . . . . .	...	6.3	17.0	17.5	7.8	7.5	4.4	7.4	6.6	5.3
Dental services . . . . .	...	9.1	11.1	9.0	7.0	7.0	5.3	6.5	5.1	-0.1
Other health, residential, and personal care . . . . .	...	11.4	20.4	11.1	10.3	8.3	5.8	6.1	4.6	8.3
Home health care ¹ . . . . .	...	14.5	26.9	18.1	9.9	8.5	8.0	9.9	7.5	10.0
Nursing care facilities and continuing care retirement communities ¹ . . . . .	...	17.4	14.2	11.4	6.6	5.7	4.3	8.1	5.0	3.1
Retail outlet sales of medical products . . . . .	...	7.7	9.4	11.4	8.8	8.7	7.8	5.2	3.0	4.2
Prescription drugs . . . . .	...	7.5	8.2	12.8	11.6	10.8	9.0	4.7	3.1	5.3
Durable medical equipment . . . . .	...	9.0	8.8	13.0	6.2	3.9	5.2	7.6	2.3	-0.8
Other nondurable medical products . . . . .	...	7.4	11.4	8.6	3.5	3.4	4.0	6.0	3.1	2.2
Government administration ² . . . . .	...	16.7	25.9	9.5	10.6	9.4	5.6	3.1	0.1	2.0
Net cost of health insurance ³ . . . . .	...	6.9	17.0	13.1	7.0	12.4	10.9	4.4	1.5	-1.2
Government public health activities ⁴ . . . . .	...	13.8	16.9	12.0	8.0	5.5	11.4	9.9	6.0	5.9
Investment . . . . .	...	11.7	10.0	9.2	6.3	7.9	3.4	9.8	6.0	-0.6
Research ⁵ . . . . .	...	10.9	10.8	8.9	7.2	9.6	2.6	1.3	3.1	4.8
Structures and equipment . . . . .	...	12.0	9.7	9.4	5.9	7.1	3.7	13.5	7.1	-2.7

See footnotes at end of table.

Table 128 (page 2 of 2). National health expenditures, average annual percent change, and percent distribution, by type of expenditure: United States, selected years 1960–2009

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2011.htm#128>.

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

Type of national health expenditure	1960	1970	1980	1990	2000	2005	2006	2007	2008	2009
	Percent distribution									
National health expenditures	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Health consumption expenditures	90.6	89.6	92.1	93.3	93.5	93.5	93.7	93.5	93.4	93.7
Personal health care	85.4	84.3	84.9	85.2	84.5	83.7	83.6	83.4	83.5	84.1
Hospital care	32.9	36.3	39.3	34.6	30.2	30.0	30.1	30.1	30.2	30.5
Professional services	29.2	26.4	25.2	28.7	28.2	27.7	27.3	27.1	27.3	27.1
Physician and clinical services	20.6	19.2	18.7	22.0	21.0	20.8	20.5	20.3	20.3	20.3
Other professional services	1.4	1.0	1.4	2.4	2.7	2.6	2.6	2.6	2.7	2.7
Dental services	7.2	6.2	5.2	4.4	4.5	4.3	4.2	4.3	4.3	4.1
Other health, residential, and personal care	1.6	1.8	3.3	3.4	4.7	4.8	4.7	4.7	4.7	4.9
Home health care ¹	0.2	0.3	0.9	1.7	2.4	2.4	2.4	2.5	2.6	2.7
Nursing care facilities and continuing care retirement communities ¹	3.0	5.4	6.0	6.2	6.2	5.5	5.4	5.5	5.6	5.5
Retail outlet sales of medical products	18.4	14.1	10.1	10.6	12.9	13.3	13.5	13.4	13.2	13.2
Prescription drugs	9.8	7.3	4.7	5.6	8.8	10.0	10.2	10.1	9.9	10.1
Durable medical equipment	2.7	2.3	1.6	1.9	1.8	1.5	1.5	1.5	1.5	1.4
Other nondurable medical products	5.9	4.4	3.8	3.1	2.3	1.8	1.8	1.8	1.8	1.7
Government administration ²	0.2	0.3	1.0	0.9	1.2	1.3	1.3	1.3	1.2	1.2
Net cost of health insurance ³	3.7	2.6	3.7	4.5	4.6	5.7	5.9	5.8	5.6	5.4
Government public health activities ⁴	1.4	1.8	2.5	2.8	3.1	2.8	2.9	3.0	3.1	3.1
Investment	9.4	10.4	7.9	6.7	6.5	6.5	6.3	6.5	6.6	6.3
Research ⁵	2.5	2.6	2.1	1.8	1.8	2.0	1.9	1.8	1.8	1.8
Structures and equipment	6.8	7.8	5.7	5.0	4.7	4.5	4.4	4.7	4.8	4.5

. . . Category not applicable.

¹Includes expenditures for care in freestanding facilities only. Additional services of this type are provided in hospital-based facilities and are considered hospital care.

²Includes all administrative costs (federal and state and local employees' salaries, contracted employees including fiscal intermediaries, rent and building costs, computer systems and programs, other materials and supplies, and other miscellaneous expenses) associated with insuring individuals enrolled in the following health insurance programs: Medicare, Medicaid, Children's Health Insurance Program, Department of Defense, Department of Veterans Affairs, Indian Health Service, workers' compensation, maternal and child health, vocational rehabilitation, Substance Abuse and Mental Health Services Administration, and other federal programs.

³Net cost of health insurance is calculated as the difference between calendar year incurred premiums earned and benefits paid for private health insurance. This includes administrative costs, and in some cases, additions to reserves, rate credits and dividends, premium taxes, and plan profits or losses. Also included in this category is the difference between premiums earned and benefits paid for the private health insurance companies that insure the enrollees of the following programs: Medicare, Medicaid, Children's Health Insurance Program, and workers' compensation (health portion only).

⁴Includes personal care services delivered by government public health agencies.

⁵Research and development expenditures of drug companies and other manufacturers and providers of medical equipment and supplies are excluded. They are included in the expenditure class in which the product falls because such expenditures are covered by the payment received for that product.

NOTES: Percents are calculated using unrounded data. Starting with *Health, United States, 2010*, estimates are based on a revised methodology that incorporates available source data and various methodological and definitional changes. These revisions are due to a comprehensive change in the classification structure of how estimates are defined and presented. For more information on the impact of these revisions, see: <http://www.cms.gov/NationalHealthExpendData/downloads/benchmark2009.pdf>. See Appendix I, National Health Expenditure Accounts (NHEA). Data have been revised and differ from previous editions of *Health, United States*.

SOURCE: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group, National Health Expenditure Accounts, National health expenditures, 2009. Available from: <http://www.cms.hhs.gov/NationalHealthExpendData/>. See Appendix I, National Health Expenditure Accounts (NHEA).

Table 129 (page 1 of 3). Personal health care expenditures, by source of funds and type of expenditure: United States, selected years 1960–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#129>.

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

Type of personal health care expenditures and source of funds	1960	1970	1980	1990	2000	2007	2008	2009
Amount								
Per capita	\$125	\$300	\$942	\$2,430	\$4,122	\$6,305	\$6,552	\$6,797
Amount in billions								
All personal health care expenditures ¹	\$23.3	\$63.1	\$217.1	\$616.6	\$1,164.4	\$1,904.3	\$1,997.2	\$2,089.9
Out-of-pocket payments	13.0	25.0	58.4	138.8	202.1	289.4	298.2	299.3
Health insurance	6.6	29.6	131.9	403.0	843.5	1444.7	1528.1	1615.0
Private health insurance	4.9	14.0	61.4	204.8	405.8	663.8	692.7	712.2
Medicare . . . . .	...	7.3	36.3	107.3	215.9	407.4	440.8	471.3
Medicaid . . . . .	...	5.0	24.7	69.7	186.9	302.5	316.5	345.7
Federal . . . . .	...	2.7	13.7	40.3	109.3	172.7	187.4	230.2
State and local . . . . .	...	2.3	11.0	29.4	77.6	129.8	129.0	115.4
CHIP ² . . . . .	...	...	...	...	2.5	7.6	8.7	9.5
Other health insurance programs ³	1.7	3.3	9.6	21.2	32.3	63.4	69.5	76.3
Other third-party payers and programs ⁴	3.7	8.5	26.7	74.8	118.8	170.3	170.9	175.6
Deflator (2005 = 100.0)								
Personal health care implicit price deflator ⁵	10.1	14.7	31.4	63.1	85.0	106.5	109.3	112.2
Percent distribution								
All sources of funds	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Out-of-pocket payments	55.9	39.6	26.9	22.5	17.4	15.2	14.9	14.3
Health insurance	28.3	46.9	60.8	65.4	72.4	75.9	76.5	77.3
Private health insurance	21.1	22.2	28.3	33.2	34.9	34.9	34.7	34.1
Medicare . . . . .	...	11.5	16.7	17.4	18.5	21.4	22.1	22.5
Medicaid . . . . .	...	8.0	11.4	11.3	16.1	15.9	15.8	16.5
Federal . . . . .	...	4.3	6.3	6.5	9.4	9.1	9.4	11.0
State and local . . . . .	...	3.7	5.1	4.8	6.7	6.8	6.5	5.5
CHIP ² . . . . .	...	...	...	...	0.2	0.4	0.4	0.5
Other health insurance programs ³	7.2	5.2	4.4	3.4	2.8	3.3	3.5	3.7
Other third-party payers and programs ⁴	15.8	13.5	12.3	12.1	10.2	8.9	8.6	8.4
Amount in billions								
Hospital expenditures ⁶	\$9.0	\$27.2	\$100.5	\$250.4	\$415.5	\$686.8	\$722.1	\$759.1
Percent distribution								
All sources of funds	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Out-of-pocket payments	20.6	9.0	5.4	4.5	3.2	3.2	3.2	3.2
Health insurance	50.7	71.4	79.7	82.6	86.2	87.2	87.8	88.2
Private health insurance	35.6	32.5	36.6	38.6	33.9	35.7	35.8	35.0
Medicare . . . . .	...	19.7	26.2	27.1	29.9	28.4	28.8	29.0
Medicaid . . . . .	...	9.7	9.2	10.6	17.1	17.4	17.1	17.9
Federal . . . . .	...	5.2	5.0	6.3	10.3	10.0	10.1	11.9
State and local . . . . .	...	4.5	4.2	4.3	6.8	7.4	7.0	6.1
CHIP ² . . . . .	...	...	...	...	0.2	0.4	0.4	0.4
Other health insurance programs ³	15.1	9.5	7.7	6.3	5.0	5.3	5.6	5.8
Other third-party payers and programs ⁴	28.7	19.5	15.0	12.9	10.5	9.7	9.0	8.6
Amount in billions								
Physician and clinical expenditures	\$5.6	\$14.3	\$47.7	\$158.9	\$290.0	\$462.6	\$486.5	\$505.9
Percent distribution								
All sources of funds	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Out-of-pocket payments	60.2	45.1	30.0	19.0	11.2	10.2	10.0	9.5
Health insurance	32.6	48.8	59.7	67.7	76.4	79.3	80.0	80.5
Private health insurance	28.2	29.4	35.0	42.3	47.5	48.2	48.0	47.0
Medicare . . . . .	...	11.5	17.2	18.9	20.0	20.4	21.0	21.6
Medicaid . . . . .	...	4.5	5.1	4.4	6.6	7.2	7.3	7.9
Federal . . . . .	...	2.4	2.9	2.6	3.9	4.2	4.5	5.5
State and local . . . . .	...	2.1	2.2	1.8	2.7	2.9	2.8	2.4
CHIP ² . . . . .	...	...	...	...	0.3	0.5	0.5	0.6
Other health insurance programs ³	4.3	3.4	2.4	2.1	2.1	3.0	3.2	3.4
Other third-party payers and programs ⁴	7.3	6.1	10.3	13.4	12.4	10.5	10.1	10.0

See footnotes at end of table.

Table 129 (page 2 of 3). Personal health care expenditures, by source of funds and type of expenditure: United States, selected years 1960–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#129>.

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

Type of personal health care expenditures and source of funds	1960	1970	1980	1990	2000	2007	2008	2009
Amount in billions								
Nursing care facilities and continuing care retirement communities expenditures ⁷	\$0.8	\$4.0	\$15.3	\$44.9	\$85.1	\$126.5	\$132.8	\$137.0
Percent distribution								
All sources of funds	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Out-of-pocket payments	74.8	49.5	40.7	40.3	32.5	30.4	30.4	29.1
Health insurance	0.0	28.5	51.9	48.8	60.5	61.6	62.6	63.9
Private health insurance	0.0	0.2	1.3	6.2	8.9	7.3	7.5	7.7
Medicare . . . . .	...	3.5	2.0	3.8	11.9	18.5	19.6	20.4
Medicaid . . . . .	...	23.3	46.2	36.6	37.4	33.3	32.8	32.8
Federal . . . . .	...	12.5	26.1	20.6	21.7	18.8	19.3	21.9
State and local . . . . .	...	10.8	20.1	16.0	15.7	14.5	13.6	10.9
CHIP ² . . . . .	...	...	...	...	0.0	0.0	0.0	0.0
Other health insurance programs ³	0.0	1.5	2.4	2.2	2.2	2.6	2.8	2.9
Other third-party payers and programs ⁴	25.2	21.9	7.4	10.9	7.0	7.9	6.9	7.1
Amount in billions								
Home health care expenditures	\$0.1	\$0.2	\$2.4	\$12.6	\$32.4	\$57.8	\$62.1	\$68.3
Percent distribution								
All sources of funds	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Out-of-pocket payments	12.5	9.4	15.2	17.9	19.6	9.5	8.7	8.8
Health insurance	5.6	37.9	53.7	66.2	71.4	86.3	87.6	87.5
Private health insurance	2.5	3.0	14.7	22.9	23.8	8.9	7.7	7.4
Medicare . . . . .	...	26.7	26.8	26.0	26.4	41.9	43.3	43.7
Medicaid . . . . .	...	6.7	11.7	17.1	20.9	34.8	35.8	35.6
Federal . . . . .	...	3.3	6.2	9.1	11.3	18.8	20.3	23.1
State and local . . . . .	...	3.4	5.4	7.9	9.6	16.0	15.6	12.5
CHIP ² . . . . .	...	...	...	...	0.0	0.0	0.0	0.0
Other health insurance programs ³	3.1	1.4	0.5	0.3	0.3	0.6	0.7	0.9
Other third-party payers and programs ⁴	81.9	52.7	31.1	16.0	9.0	4.3	3.7	3.7
Amount in billions								
Prescription drug expenditures	\$2.7	\$5.5	\$12.0	\$40.3	\$120.9	\$230.2	\$237.2	\$249.9
Percent distribution								
All sources of funds	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Out-of-pocket payments	96.0	82.4	71.3	56.7	28.1	22.8	21.9	21.2
Health insurance	1.5	16.5	26.9	40.2	70.0	75.5	76.6	77.4
Private health insurance	1.3	8.8	15.0	27.0	50.2	44.1	43.6	43.4
Medicare . . . . .	...	0.0	0.0	0.5	1.7	19.9	21.2	21.9
Medicaid . . . . .	...	7.6	11.7	12.6	16.3	7.9	8.0	8.0
Federal . . . . .	...	4.1	6.8	7.2	9.3	4.5	4.7	5.3
State and local . . . . .	...	3.5	4.9	5.4	7.0	3.4	3.2	2.7
CHIP ² . . . . .	...	...	...	...	0.3	0.5	0.5	0.6
Other health insurance programs ³	0.1	0.1	0.2	0.2	1.5	3.2	3.3	3.4
Other third-party payers and programs ⁴	2.5	1.1	1.8	3.0	1.9	1.6	1.5	1.4
Amount in billions								
Dental services expenditures	\$2.0	\$4.7	\$13.3	\$31.5	\$62.0	\$97.3	\$102.3	\$102.2
Percent distribution								
All sources of funds	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Out-of-pocket payments	95.9	89.9	65.8	48.4	44.4	43.9	43.9	41.6
Health insurance	3.3	9.6	33.4	51.1	55.0	55.7	55.7	58.0
Private health insurance	1.9	4.5	28.4	47.8	50.3	49.2	48.0	48.9
Medicare . . . . .	...	0.0	0.0	0.0	0.1	0.2	0.2	0.3
Medicaid . . . . .	...	3.5	3.8	2.4	3.7	4.9	5.7	7.0
Federal . . . . .	...	1.9	2.1	1.3	2.1	2.8	3.4	4.7
State and local . . . . .	...	1.6	1.7	1.0	1.6	2.1	2.3	2.3
CHIP ² . . . . .	...	...	...	...	0.4	0.7	0.7	0.7
Other health insurance programs ³	1.3	1.6	1.2	0.9	0.5	0.9	1.0	1.1
Other third-party payers and programs ⁴	0.8	0.4	0.8	0.6	0.6	0.4	0.4	0.5

See footnotes at end of table.

Table 129 (page 3 of 3). Personal health care expenditures, by source of funds and type of expenditure: United States, selected years 1960–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#129>.

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

Type of personal health care expenditures and source of funds	1960	1970	1980	1990	2000	2007	2008	2009
	Amount in billions							
All other personal health care expenditures ⁸ . . .	\$3.2	\$7.1	\$25.8	\$77.9	\$158.4	\$243.2	\$254.2	\$267.5
	Percent distribution							
All sources of funds	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Out-of-pocket payments	84.8	74.5	57.2	50.1	38.3	33.5	33.0	32.0
Health insurance	3.5	8.3	25.0	33.4	44.3	50.5	50.7	51.8
Private health insurance	2.0	3.4	6.7	12.2	12.7	13.1	13.1	12.9
Medicare . . . . .	...	1.0	2.8	5.5	8.0	10.0	10.7	10.7
Medicaid . . . . .	...	2.9	14.7	14.9	22.6	26.5	26.2	27.4
Federal . . . . .	...	1.6	8.1	8.5	12.9	15.0	15.4	18.1
State and local . . . . .	...	1.4	6.7	6.4	9.7	11.5	10.8	9.2
CHIP ² . . . . .	...	...	...	...	0.2	0.3	0.4	0.4
Other health insurance programs ³	1.4	0.9	0.8	0.9	0.8	0.6	0.3	0.4
Other third-party payers and programs ⁴	11.7	17.2	17.7	16.5	17.4	16.0	16.3	16.2

... Category not applicable.

0.0 Quantity more than zero but less than 0.05.

¹Includes all expenditures for specified health services and supplies other than expenses for government administration, net cost of health insurance, public health activities, research, and structures and equipment.

²Children's Health Insurance Program (CHIP). Medicaid CHIP expansions are included.

³Includes Department of Defense and Department of Veterans Affairs.

⁴Includes worksite health care, other private revenues, Indian Health Service, workers' compensation, general assistance, maternal and child health, vocational rehabilitation, other federal programs, Substance Abuse and Mental Health Services Administration, other state and local programs, and school health.

⁵Constructed from the Producer Price Indexes for hospitals, offices of physicians, medical and diagnostic laboratories, home health care services, and nursing care facilities; and Consumer Price Indices specific to each of the remaining personal health care components.

⁶Includes expenditures for hospital-based nursing home and home health agency care.

⁷Includes expenditures for care in freestanding nursing homes. Expenditures for care in hospital-based nursing homes are included with hospital care.

⁸Includes expenditures for other professional services, other nondurable medical products, durable medical equipment, and other health, residential, and personal care, not shown separately. See [Appendix II, Health expenditures, national](#).

NOTES: Percents may not add to totals because of rounding. The Medicare and Medicaid programs began coverage in 1965. The Children's Health Insurance Program began coverage in 1997. Starting with *Health, United States, 2010*, estimates are based on a revised methodology that incorporates available source data and various methodological and definitional changes. These revisions are due to a comprehensive change in the classification structure of how estimates are defined and presented. For more information on the impact of these revisions, see: <http://www.cms.gov/NationalHealthExpendData/downloads/benchmark2009.pdf>. See [Appendix I, National Health Expenditure Accounts \(NHEA\)](#). Data have been revised and differ from previous editions of *Health, United States*. Data for additional years are available. See [Appendix III](#).

SOURCE: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group, National Health Expenditure Accounts, National health expenditures. Available from: http://www.cms.gov/NationalHealthExpendData/02_NationalHealthAccountsHistorical.asp#TopOfPage. See [Appendix I, National Health Expenditure Accounts \(NHEA\)](#).

Table 130. National health expenditures for mental health services, average annual percent change and percent distribution, by type of expenditure: United States, selected years 1986–2005

Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#130>.

[Data are compiled from various sources by the Substance Abuse and Mental Health Services Administration]

Type of expenditure	1986	1990	1995	2000	2004	2005
Amount in millions						
Total expenditures	\$31,764	\$45,200	\$60,602	\$79,295	\$106,910	\$112,787
Total, all service providers	27,860	39,130	50,927	57,528	70,624	74,429
General nonspecialty hospitals	5,345	7,377	10,380	12,444	15,919	16,750
General hospital specialty units	3,026	6,015	7,251	9,131	11,197	11,540
General hospital nonspecialty units	2,320	1,362	3,129	3,313	4,723	5,210
Specialty hospitals	8,251	11,069	11,473	10,999	12,932	13,416
All physicians	3,814	5,887	8,971	11,193	14,903	16,266
Psychiatrists	2,755	4,361	6,473	8,100	10,400	11,403
Nonpsychiatric physicians	1,058	1,525	2,498	3,093	4,502	4,864
Other professionals	1,519	2,770	3,956	4,765	5,541	5,812
Freestanding nursing homes	4,903	5,658	5,294	5,313	6,535	6,855
Freestanding home health	112	221	592	609	944	1,070
Specialty mental health centers	3,916	6,148	10,260	12,205	13,849	14,259
Retail prescription drug	2,362	3,718	5,958	16,697	28,398	29,974
Insurance administration	1,542	2,353	3,717	5,071	7,888	8,384
Amount in inflation-adjusted millions						
Total expenditures, inflation-adjusted dollars	\$50,470	\$62,604	\$74,326	\$89,450	\$110,478	\$112,787
Deflator (2005 = 1.00)						
GDP implicit price deflator ¹	0.63	0.72	0.82	0.89	0.97	1.00
Average annual percent change from previous year shown						
Total expenditures . . . . .	...	9.2	6.0	5.5	7.8	5.5
Total, all service providers . . . . .	...	8.9	5.4	2.5	5.3	5.4
General nonspecialty hospitals . . . . .	...	8.4	7.1	3.7	6.4	5.2
General hospital specialty units . . . . .	...	18.7	3.8	4.7	5.2	3.1
General hospital nonspecialty units . . . . .	...	-12.5	18.1	1.1	9.3	10.3
Specialty hospitals . . . . .	...	7.6	0.7	-0.8	4.1	3.7
All physicians . . . . .	...	11.5	8.8	4.5	7.4	9.1
Psychiatrists . . . . .	...	12.2	8.2	4.6	6.4	9.6
Nonpsychiatric physicians . . . . .	...	9.6	10.4	4.4	9.8	8.0
Other professionals . . . . .	...	16.2	7.4	3.8	3.8	4.9
Freestanding nursing homes . . . . .	...	3.6	-1.3	0.1	5.3	4.9
Freestanding home health . . . . .	...	18.4	21.8	0.6	11.6	13.4
Specialty mental health centers . . . . .	...	11.9	10.8	3.5	3.2	3.0
Retail prescription drug . . . . .	...	12.0	9.9	22.9	14.2	5.6
Insurance administration . . . . .	...	11.1	9.6	6.4	11.7	6.3
Percent distribution						
Total expenditures	100.0	100.0	100.0	100.0	100.0	100.0
Total, all service providers	87.7	86.6	84.0	72.5	66.1	66.0
General nonspecialty hospitals	16.8	16.3	17.1	15.7	14.9	14.9
General hospital specialty units	9.5	13.3	12.0	11.5	10.5	10.2
General hospital nonspecialty units	7.3	3.0	5.2	4.2	4.4	4.6
Specialty hospitals	26.0	24.5	18.9	13.9	12.1	11.9
All physicians	12.0	13.0	14.8	14.1	13.9	14.4
Psychiatrists	8.7	9.6	10.7	10.2	9.7	10.1
Nonpsychiatric physicians	3.3	3.4	4.1	3.9	4.2	4.3
Other professionals	4.8	6.1	6.5	6.0	5.2	5.2
Freestanding nursing homes	15.4	12.5	8.7	6.7	6.1	6.1
Freestanding home health	0.4	0.5	1.0	0.8	0.9	0.9
Specialty mental health centers	12.3	13.6	16.9	15.4	13.0	12.6
Retail prescription drug	7.4	8.2	9.8	21.1	26.6	26.6
Insurance administration	4.9	5.2	6.1	6.4	7.4	7.4

--- Data not available.

... Category not applicable.

¹Gross Domestic Product (GDP) implicit price deflator developed by the U.S. Department of Commerce, Bureau of Economic Analysis. Table 1.1.9, Implicit price deflator for GDP is available from: <http://www.bea.gov/national/nipaweb/SelectTable.asp?Selected=N>, accessed on May 25, 2010.

NOTES: Specialty providers include general hospital specialty units, specialty hospitals, psychiatrists, other professionals, specialty mental health centers, and specialty substance abuse centers. Nonspecialty providers include general hospital nonspecialty units, nonpsychiatric physicians, freestanding nursing homes, and freestanding home health providers. Additional data on specialty and nonspecialty providers are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See Appendix III.

SOURCE: National Expenditures for Mental Health Services and Substance Abuse Treatment, 1986–2005. DHHS Publication No. (SMA) 10–4612. Rockville, MD: Center for Mental Health Services and Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 2010. Available from: <http://store.samhsa.gov/shin/content/SMA10-46/12SMA10-4612.pdf>. See Appendix I, National Expenditures for Mental Health Services and Substance Abuse Treatment.

Table 131. National health expenditures for substance abuse treatment, average annual percent change and percent distribution, by type of expenditure: United States, selected years 1986–2005

Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#131>.

[Data are compiled from various sources by the Substance Abuse and Mental Health Services Administration]

Type of expenditure	1986	1990	1995	2000	2004	2005
Amount in millions						
Total expenditures	\$9,147	\$11,718	\$15,369	\$16,756	\$20,849	\$22,175
Total, all service providers	8,634	11,109	14,464	15,779	19,401	20,557
General nonspecialty hospitals	3,254	3,333	3,942	3,436	4,186	4,343
General hospital specialty units	2,505	2,275	3,236	2,592	2,846	2,842
General hospital nonspecialty units	748	1,058	706	844	1,340	1,502
Specialty hospitals	1,409	1,346	1,315	1,000	1,187	1,214
All physicians	1,091	1,090	1,156	1,287	1,355	1,391
Psychiatrists	237	294	435	434	441	482
Nonpsychiatric physicians	854	796	722	853	914	909
Other professionals	651	1,056	1,242	1,378	1,648	1,760
Freestanding nursing homes	114	134	177	248	257	273
Freestanding home health	2	3	15	10	3	4
Specialty mental health centers	325	657	1,012	1,570	1,875	1,951
Specialty substance abuse centers	1,788	3,490	5,605	6,851	8,889	9,621
Retail prescription drug	6	9	12	21	69	141
Insurance administration	507	599	893	956	1,378	1,477
Amount in inflation-adjusted millions						
Total expenditures, inflation-adjusted dollars	\$14,533	\$16,230	\$18,849	\$18,902	\$21,544	\$22,175
Deflator (2005 = 1.00)						
GDP implicit price deflator ¹	0.63	0.72	0.82	0.89	0.97	1.00
Average annual percent change from previous year shown						
Total expenditures . . . . .	...	6.4	5.6	1.7	5.6	6.4
Total, all service providers . . . . .	...	6.5	5.4	1.8	5.3	6.0
General nonspecialty hospitals . . . . .	...	0.6	3.4	-2.7	5.1	3.7
General hospital specialty units . . . . .	...	-2.4	7.3	-4.3	2.4	-0.1
General hospital nonspecialty units . . . . .	...	9.0	-7.8	3.6	12.3	12.0
Specialty hospitals . . . . .	...	-1.1	-0.5	-5.3	4.4	2.2
All physicians . . . . .	...	0.0	1.2	2.2	1.3	2.6
Psychiatrists . . . . .	...	5.5	8.1	0.0	0.4	9.4
Nonpsychiatric physicians . . . . .	...	-1.7	-2.0	3.4	1.7	-0.6
Other professionals . . . . .	...	12.9	3.3	2.1	4.6	6.8
Freestanding nursing homes . . . . .	...	4.1	5.7	6.9	0.9	6.0
Freestanding home health . . . . .	...	15.9	35.9	-9.0	-23.2	8.0
Specialty mental health centers . . . . .	...	19.3	9.0	9.2	4.5	4.1
Specialty substance abuse centers . . . . .	...	18.2	9.9	4.1	6.7	8.2
Retail prescription drug . . . . .	...	11.1	6.0	11.6	34.1	104.8
Insurance administration . . . . .	...	4.3	8.3	1.4	9.6	7.2
Percent distribution						
Total expenditures	100.0	100.0	100.0	100.0	100.0	100.0
Total, all service providers	94.4	94.8	94.1	94.2	93.1	92.7
General nonspecialty hospitals	35.6	28.4	25.6	20.5	20.1	19.6
General hospital specialty units	27.4	19.4	21.1	15.5	13.7	12.8
General hospital nonspecialty units	8.2	9.0	4.6	5.0	6.4	6.8
Specialty hospitals	15.4	11.5	8.6	6.0	5.7	5.5
All physicians	11.9	9.3	7.5	7.7	6.5	6.3
Psychiatrists	2.6	2.5	2.8	2.6	2.1	2.2
Nonpsychiatric physicians	9.3	6.8	4.7	5.1	4.4	4.1
Other professionals	7.1	9.0	8.1	8.2	7.9	7.9
Freestanding nursing homes	1.3	1.1	1.2	1.5	1.2	1.2
Freestanding home health	0.0	0.0	0.1	0.1	0.0	0.0
Specialty mental health centers	3.6	5.6	6.6	9.4	9.0	8.8
Specialty substance abuse centers	19.5	29.8	36.5	40.9	42.6	43.4
Retail prescription drug	0.1	0.1	0.1	0.1	0.3	0.6
Insurance administration	5.5	5.1	5.8	5.7	6.6	6.7

--- Data not available.

... Category not applicable.

0.0 Quantity more than zero but less than 0.05.

¹Gross Domestic Product (GDP) implicit price deflator developed by the U.S. Department of Commerce, Bureau of Economic Analysis. Table 1.1.9, Implicit price deflator for GDP is available from: <http://www.bea.gov/national/nipaweb/SelectTable.asp?Selected=N>, accessed on May 25, 2010.

NOTES: Specialty providers include general hospital specialty units, specialty hospitals, psychiatrists, other professionals, specialty mental health centers, and specialty substance abuse centers. Nonspecialty providers include general hospital nonspecialty units, nonpsychiatric physicians, freestanding nursing homes, and freestanding home health providers. Additional data on specialty and nonspecialty providers are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See Appendix III.

SOURCE: National Expenditures for Mental Health Services and Substance Abuse Treatment, 1986–2005. DHHS Publication No. (SMA) 10–4612. Rockville, MD: Center for Mental Health Services and Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 2010. Available from: <http://store.samhsa.gov/shin/content/SMA10-4612/SMA10-4612.pdf>. See Appendix I, National Expenditures for Mental Health Services and Substance Abuse Treatment.

Table 132 (page 1 of 3). Cost of hospital discharges with common hospital operating room procedures in nonfederal community hospitals, by age and selected principal procedure: United States, selected years 2000–2009

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2011.htm#132>.

[Data are compiled by the Agency for Healthcare Research and Quality using discharge data from participating states]

Age and principal operating room procedure ¹	2000	2005	2009	2000	2005	2009	2000	2005	2009
All ages	Mean inflation-adjusted cost per hospitalization: 2009 dollars ²			Number of discharges with operating room principal procedure			Total inflation-adjusted national costs: 2009 dollars (in millions of dollars)		
Hospital discharges with an operating room principal procedure ³	\$12,858	\$15,375	\$16,175	9,022,288	10,285,810	10,275,152	\$115,295	\$158,291	\$166,312
Laminectomy (back surgery)	7,916	8,923	9,842	294,345	255,955	210,788	2,340	2,286	2,076
Heart valve procedures	41,564	50,759	48,661	82,826	96,715	118,623	3,437	4,929	5,781
Coronary artery bypass graft (CABG)	30,295	36,770	35,864	349,967	227,774	209,382	10,642	8,389	7,513
Percutaneous coronary angioplasty (PTCA) (balloon angioplasty of heart)	14,512	17,826	17,234	601,832	749,572	638,113	8,735	13,368	11,000
Insertion, revision, replacement, removal of cardiac pacemaker or cardioverter/defibrillator	26,822	34,163	32,798	68,723	165,619	159,013	1,858	5,651	5,215
Colorectal resection (removal of part of the bowel)	18,869	21,872	22,058	261,519	283,453	282,162	5,036	6,207	6,220
Appendectomy	7,100	8,205	8,444	277,029	308,634	298,273	1,945	2,532	2,518
Cholecystectomy (gall bladder removal)	10,078	11,675	11,765	400,818	388,252	406,329	4,005	4,534	4,783
Hysterectomy	6,334	7,017	7,965	596,889	567,964	459,954	3,752	3,993	3,669
Cesarean section	5,268	5,289	5,351	927,397	1,301,770	1,378,721	4,770	6,888	7,381
Treatment, fracture or dislocation of hip and femur	12,193	14,744	15,571	244,706	259,071	254,382	3,034	3,817	3,964
Arthroplasty knee (knee replacement)	13,375	15,068	15,254	328,118	549,867	679,260	4,363	8,289	10,361
Hip replacement	14,508	16,494	16,370	304,709	381,318	435,926	4,475	6,283	7,133
Spinal fusion	16,890	23,940	26,026	210,677	331,912	432,406	3,475	7,954	11,258
Under 18 years									
Hospital discharges with an operating room principal procedure ³	12,892	18,645	17,603	394,504	551,952	382,434	4,917	10,249	6,772
Incision and excision of CNS (a type of brain surgery)	27,959	33,814	35,191	6,581	11,786	7,751	177	399	273
Tonsillectomy and/or adenoidectomy	4,267	5,517	5,457	12,524	16,842	11,444	56	93	63
Small bowel resection (removal of part of the small bowel)	35,082	48,773	43,225	1,769	3,075	1,914	61	148	82
Appendectomy	6,371	7,833	7,734	77,676	88,563	78,996	482	694	612
Cesarean section	5,847	5,552	5,587	24,419	29,549	28,116	129	165	157
Spinal fusion	28,351	44,452	48,772	7,704	13,305	9,227	215	586	450
18–44 years									
Hospital discharges with an operating room principal procedure ³	8,498	9,573	10,172	2,894,835	3,202,648	3,079,014	24,070	30,692	31,369
Incision and excision of CNS (a type of brain surgery)	24,678	29,462	32,678	20,221	18,779	19,465	480	556	636
Laminectomy	7,122	8,310	8,970	98,649	69,320	46,182	707	577	414
Appendectomy	6,540	7,467	7,774	137,667	140,028	135,219	888	1,046	1,051
Cholecystectomy	8,256	9,084	9,382	136,587	133,060	149,542	1,083	1,209	1,405
Oophorectomy (removal of one or both ovaries)	6,153	7,135	7,879	39,388	34,430	27,381	245	246	216
Ligation of fallopian tubes ("tying" of fallopian tubes)	4,557	4,392	4,783	77,428	77,073	52,555	333	339	251
Hysterectomy	5,871	6,371	7,172	299,858	262,861	199,340	1,736	1,677	1,431
Cesarean section	5,250	5,278	5,342	900,964	1,267,786	1,345,340	4,629	6,696	7,190
Treatment, fracture or dislocation of lower extremity (other than hip or femur)	9,047	11,426	12,296	70,112	61,369	58,209	623	700	715
Spinal fusion	15,875	22,161	24,255	75,502	89,893	92,222	1,159	1,993	2,239

See footnotes at end of table.

Table 132 (page 2 of 3). Cost of hospital discharges with common hospital operating room procedures in nonfederal community hospitals, by age and selected principal procedure: United States, selected years 2000–2009

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2011.htm#132>.

[Data are compiled by the Agency for Healthcare Research and Quality using discharge data from participating states]

Age and principal operating room procedure ¹	2000	2005	2009	2000	2005	2009	2000	2005	2009
	Mean inflation-adjusted cost per hospitalization: 2009 dollars ²			Number of discharges with operating room principal procedure			Total inflation-adjusted national costs: 2009 dollars (in millions of dollars)		
45–64 years									
Hospital discharges with an operating room principal procedure ³	\$14,064	\$16,859	\$18,204	2,513,848	3,001,674	3,208,533	\$35,198	\$50,676	\$58,465
Laminectomy	7,984	8,808	9,977	111,022	98,847	81,411	888	871	813
Heart valve procedures	39,047	46,496	46,981	23,731	27,467	34,437	921	1,284	1,621
Coronary artery bypass graft (CABG)	28,302	33,674	33,939	144,812	97,449	90,787	4,119	3,289	3,082
Percutaneous coronary angioplasty (PTCA)	14,045	17,211	16,941	261,110	328,248	284,284	3,661	5,654	4,818
Insertion, revision, replacement, removal of cardiac pacemaker or cardioverter/defibrillator	32,824	37,069	34,805	16,558	45,357	45,860	540	1,680	1,597
Colorectal resection	16,977	19,482	20,140	78,937	98,142	105,593	1,367	1,915	2,127
Cholecystectomy	9,504	11,238	11,477	120,985	121,446	128,619	1,150	1,367	1,476
Oophorectomy	7,371	8,388	9,215	21,888	23,172	18,588	161	194	171
Hysterectomy	6,461	7,155	8,142	238,417	249,676	211,505	1,538	1,790	1,724
Arthroplasty knee (knee replacement)	13,683	15,121	15,328	98,691	205,869	278,621	1,343	3,113	4,270
Hip replacement	15,074	16,728	16,294	67,121	108,449	143,104	1,019	1,811	2,330
Spinal fusion	16,210	22,246	24,740	90,101	154,618	212,111	1,422	3,443	5,247
65–74 years									
Hospital discharges with an operating room principal procedure ³	15,757	18,771	19,466	1,559,874	1,653,945	1,773,788	24,709	31,095	34,528
Laminectomy	8,368	8,895	9,675	47,332	47,031	43,981	396	418	426
Heart valve procedures	42,531	51,641	48,709	24,127	25,535	32,650	1,018	1,322	1,593
Coronary artery bypass graft (CABG)	30,830	37,503	36,144	116,648	72,447	69,216	3,595	2,719	2,503
Percutaneous coronary angioplasty (PTCA)	14,450	17,659	17,086	172,403	202,718	170,259	2,487	3,582	2,909
Insertion, revision, replacement, removal of cardiac pacemaker or cardioverter/defibrillator	29,298	35,256	34,162	19,805	46,292	43,646	583	1,630	1,491
Endarterectomy (plaque removal from artery lining brain, head, neck)	8,428	9,003	9,223	52,875	41,903	40,638	457	379	376
Colorectal resection	18,967	22,151	22,289	65,640	64,326	65,169	1,283	1,428	1,449
Cholecystectomy	11,142	13,326	13,972	67,897	57,382	56,178	769	765	786
Arthroplasty knee	13,625	15,023	15,129	114,150	182,838	228,078	1,540	2,749	3,451
Hip replacement	14,452	16,224	16,086	74,103	89,657	105,649	1,087	1,454	1,699
Spinal fusion	17,862	25,714	27,734	24,143	48,299	79,402	430	1,242	2,202
75–84 years									
Hospital discharges with an operating room principal procedure ³	15,996	19,411	19,798	1,263,420	1,405,406	1,336,418	20,504	27,313	26,444
Laminectomy	9,031	9,764	10,119	31,988	32,853	30,263	292	320	307
Heart valve procedures	43,868	54,396	50,711	21,844	25,893	33,181	969	1,415	1,684
Coronary artery bypass graft (CABG)	33,424	41,690	39,271	71,235	46,557	38,995	2,400	1,942	1,533
Percutaneous coronary angioplasty (PTCA)	15,297	18,875	17,800	115,128	149,285	121,029	1,773	2,818	2,156
Insertion, revision, replacement, removal of cardiac pacemaker or cardioverter/defibrillator	24,042	33,138	32,541	20,711	50,092	44,201	508	1,657	1,438
Endarterectomy (plaque removal from artery lining brain, head, neck)	8,754	9,338	9,630	46,719	39,208	34,965	422	368	337
Colorectal resection	20,687	24,575	25,275	63,982	63,255	54,308	1,359	1,555	1,369
Cholecystectomy	12,755	15,703	15,960	54,014	51,443	46,298	703	807	738
Treatment, fracture or dislocation of hip and femur	11,480	13,740	14,511	75,452	75,221	71,552	891	1,035	1,039
Arthroplasty knee	13,618	15,117	15,181	81,404	125,729	136,235	1,110	1,901	2,069
Hip replacement	14,278	16,366	16,552	95,401	108,919	108,377	1,384	1,781	1,793
Spinal fusion	18,600	26,826	28,246	12,139	23,530	35,562	224	631	1,006

See footnotes at end of table.

Table 132 (page 3 of 3). Cost of hospital discharges with common hospital operating room procedures in nonfederal community hospitals, by age and selected principal procedure: United States, selected years 2000–2009

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2011.htm#132>.

[Data are compiled by the Agency for Healthcare Research and Quality using discharge data from participating states]

Age and principal operating room procedure ¹	2000	2005	2009	2000	2005	2009	2000	2005	2009
	Mean inflation-adjusted cost per hospitalization: 2009 dollars ²			Number of discharges with operating room principal procedure			Total inflation-adjusted national costs: 2009 dollars (in millions of dollars)		
85 years and over									
Hospital discharges with an operating room principal procedure ³	\$14,668	\$17,881	\$17,883	394,256	450,122	477,971	\$5,873	\$8,056	\$8,546
Heart valve procedures	46,148	58,334	49,523	3,114	4,088	6,614	144	238	328
Coronary artery bypass graft (CABG)	37,608	48,038	44,790	5,483	4,315	3,867	204	209	173
Percutaneous coronary angioplasty (PTCA)	17,370	21,050	18,566	17,268	29,810	29,715	297	627	552
Insertion, revision, replacement, removal of cardiac pacemaker or cardioverter/defibrillator	14,274	24,156	24,347	7,301	14,121	15,422	106	340	375
Colorectal resection	22,365	26,306	25,718	21,347	21,140	19,773	488	556	508
Cholecystectomy	15,540	17,445	16,787	16,163	17,286	17,749	254	301	298
Treatment, fracture or dislocation of hip and femur	11,177	13,196	13,949	79,202	80,284	79,574	911	1,061	1,112
Arthroplasty knee	13,810	15,878	15,809	10,414	16,274	18,992	145	258	300
Hip replacement	13,891	16,432	16,560	51,469	55,699	59,883	727	914	992
Amputation of lower extremity (amputation of leg, foot or toe)	12,826	16,603	15,964	13,260	10,403	9,224	173	173	148

¹Data are based on valid operating room procedures. Operating room procedures were identified using the Centers for Medicare & Medicaid Services' Diagnosis Related Groups (DRGs). For DRGs, physician panels identified *International Classification of Diseases* (ICD–9-CM) procedure codes which would be performed in operating rooms in most hospitals. Operating room procedures, as defined by DRGs, are classified by the Clinical Classifications Software (CCS) into 1 of 231 clinically meaningful categories. Mean costs per hospitalization are based on the principal procedure as determined by the CCS. The number of discharges is based on the first-listed (principal) major procedure. See [Appendix II, Procedure](#).

²Charges (the amount billed by the hospital) were converted to costs using cost-charge ratios from the Centers for Medicare & Medicaid Services. Costs are for the entire hospitalization including the principal procedure. Costs were adjusted to 2009 dollars for inflation using the gross domestic product deflator (<http://www.bea.gov/national/nipaweb/SelectTable.asp>, Table 1.1.4. Price Indexes for Gross Domestic Product). See [Appendix II, Cost-charge ratio](#).

³Includes discharges for operating room principal procedures not shown separately.

NOTES: Excludes newborn infants. The number of states participating in the sample varied over time from 28 states in 2000 to 44 states in 2009. See [Appendix I, Healthcare Cost and Utilization Project \(HCUP\), Nationwide Inpatient Sample](#), for a list of states available in each year. The estimates are weighted to provide national estimates. Because of sampling frame and methodological differences between the Healthcare Cost and Utilization Project, Nationwide Inpatient Sample, and the National Hospital Discharge Survey (NHDS), estimates from these data sources are not directly comparable. Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See [Appendix III](#).

SOURCE: Agency for Healthcare Research and Quality, Healthcare Cost and Utilization Project, Nationwide Inpatient Sample. See [Appendix I, Healthcare Cost and Utilization Project \(HCUP\), Nationwide Inpatient Sample](#).

Table 133 (page 1 of 3). Expenses for health care and prescribed medicine, by selected population characteristics: United States, selected years 1987–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#133>.

[Data are based on household interviews of a sample of the civilian noninstitutionalized population and a sample of medical providers]

Characteristic	Total expenses ¹										
	Population in millions ²			Percent of persons with expense				Mean annual expense per person with expense ³			
	1997	2000	2008	1987	1997	2000	2008	1987	1997	2000	2008
All ages	271.3	278.4	304.4	84.5	84.1	83.5	84.4	\$2,960	\$3,252	\$3,376	\$4,470
Under 65 years:											
Total	237.1	243.6	264.6	83.2	82.5	81.8	82.6	2,305	2,466	2,659	3,571
Under 6 years	23.8	24.1	24.7	88.9	88.0	86.7	88.8	1,958	1,151	1,405	2,049
6–17 years	48.1	48.4	49.6	80.2	81.7	80.0	82.5	1,291	1,292	1,397	1,699
18–44 years	108.9	109.0	111.0	81.5	78.3	77.7	76.5	2,026	2,235	2,382	2,974
45–64 years	56.3	62.1	79.4	87.0	89.2	88.5	89.1	3,923	4,327	4,454	5,843
Sex											
Male	118.0	120.9	132.2	78.8	77.6	76.6	77.5	2,174	2,228	2,546	3,299
Female	119.1	122.7	132.4	87.5	87.4	87.0	87.6	2,416	2,675	2,758	3,811
Hispanic origin and race ⁴											
Hispanic or Latino	29.4	32.0	45.0	71.0	69.5	69.0	69.9	1,838	2,052	1,812	2,472
Not Hispanic or Latino:											
White	166.2	169.2	167.3	86.9	87.2	86.6	87.6	2,312	2,645	2,782	3,936
Black or African American	31.3	32.1	33.5	72.2	72.1	71.3	75.7	2,788	1,977	2,824	3,268
Asian ⁵	...	...	11.7	...	...	...	78.1	...	...	...	1,871
American Indian, Alaska Native, Native Hawaiian, Other Pacific Islander, and Multiple Race ⁵	10.2	10.2	7.1	72.8	75.8	76.0	83.7	1,529	1,639	2,267	4,312
Insurance status ⁶											
Any private insurance	174.0	181.6	178.2	86.5	86.5	85.9	88.1	2,210	2,513	2,533	3,613
Public insurance only	29.8	29.7	45.8	82.4	83.3	83.6	85.0	3,707	2,997	4,037	4,391
Uninsured all year	33.3	32.3	40.7	61.8	61.1	57.3	55.7	1,440	1,473	1,875	1,870
65 years and over:											
Total	34.2	34.8	39.7	93.7	95.2	95.5	96.6	7,312	7,978	7,677	9,585
Sex											
Male	14.6	15.0	17.2	92.0	94.5	93.4	95.7	7,482	8,965	8,232	9,433
Female	19.6	19.8	22.6	94.9	95.7	97.1	97.3	7,192	7,250	7,273	9,698
Hispanic origin and race ⁴											
Hispanic or Latino	1.7	1.9	2.8	82.5	94.2	92.5	93.3	6,963	8,348	6,889	9,437
Not Hispanic or Latino:											
White	28.8	28.9	31.5	94.9	95.9	95.9	97.5	7,198	8,018	7,793	9,603
Black or African American	2.8	2.9	3.5	88.5	92.2	94.0	93.8	8,813	7,857	7,383	10,414
Asian ⁵	...	...	1.3	...	...	...	94.9	...	...	...	6,037
American Indian, Alaska Native, Native Hawaiian, Other Pacific Islander, and Multiple Race ⁵	*	*	*	*	*	*	*	*	*	*	*
Insurance status ⁷											
Medicare only	8.8	12.0	15.8	85.9	92.1	94.8	95.8	5,760	7,350	6,592	8,886
Medicare and private insurance	21.7	19.2	18.6	95.4	97.0	96.0	98.2	7,234	7,780	7,872	9,425
Medicare and other public coverage	3.2	3.2	4.8	94.4	93.2	96.3	96.4	11,235	11,244	10,534	12,486

See footnotes at end of table.

Table 133 (page 2 of 3). Expenses for health care and prescribed medicine, by selected population characteristics: United States, selected years 1987–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#133>.

[Data are based on household interviews of a sample of the civilian noninstitutionalized population and a sample of medical providers]

Characteristic	Prescribed medicine expenses ⁸							
	Percent of persons with expense				Mean annual out-of-pocket expense per person with out-of-pocket expense ³			
	1987	1997	2000	2008	1987	1997	2000	2008
All ages	57.3	62.1	62.3	62.3	\$174	\$271	\$343	\$340
Under 65 years:								
Total	54.0	58.7	58.5	58.1	129	192	249	273
Under 6 years	61.8	61.3	56.9	50.0	45	47	46	38
6–17 years	44.3	48.2	46.2	44.8	85	72	88	92
18–44 years	51.3	55.9	56.0	54.1	100	164	189	229
45–64 years	65.3	71.8	73.3	74.5	244	357	469	435
Sex								
Male	46.5	51.5	51.3	52.1	119	170	219	258
Female	61.4	65.8	65.6	64.1	136	208	273	285
Hispanic origin and race ⁴								
Hispanic or Latino	41.6	47.7	45.0	43.7	93	127	183	181
Not Hispanic or Latino:								
White	57.7	63.1	63.8	64.4	135	208	268	306
Black or African American	44.1	50.0	47.6	51.5	114	154	205	217
Asian ⁵ . . . . .	...	...	...	41.3	...	...	...	175
American Indian, Alaska Native, Native Hawaiian, Other Pacific Islander, and Multiple Race ⁵	41.1	44.8	47.8	58.0	95	166	175	209
Insurance status ⁶								
Any private insurance	56.5	61.6	61.6	62.5	133	182	214	258
Public insurance only	56.5	62.0	62.4	59.2	89	189	356	209
Uninsured all year	35.1	40.2	37.6	37.3	142	276	413	495
65 years and over:								
Total	81.6	86.0	88.3	90.4	402	648	779	628
Sex								
Male	78.0	82.8	83.9	88.2	373	584	584	559
Female	84.0	88.3	91.5	92.1	419	692	914	678
Hispanic origin and race ⁴								
Hispanic or Latino	74.7	87.5	83.9	87.6	*511	529	656	493
Not Hispanic or Latino:								
White	82.3	86.7	89.0	91.2	409	669	808	673
Black or African American	79.5	85.3	85.3	87.5	315	538	665	463
Asian ⁵ . . . . .	...	...	...	86.0	...	...	...	301
American Indian, Alaska Native, Native Hawaiian, Other Pacific Islander, and Multiple Race ⁵	*	*	*	*	*	*	*	*
Insurance status ⁷								
Medicare only	70.6	82.1	87.7	89.2	443	749	930	673
Medicare and private insurance	83.4	88.1	89.0	92.4	417	657	720	701
Medicare and other public coverage	88.2	85.0	88.5	91.3	152	362	616	202

See footnotes at end of table.

Table 133 (page 3 of 3). Expenses for health care and prescribed medicine, by selected population characteristics: United States, selected years 1987–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#133>.

[Data are based on household interviews of a sample of the civilian noninstitutionalized population and a sample of medical providers]

. . . Category not applicable.

* Estimates are considered unreliable. Data preceded by an asterisk have a relative standard error equal to or greater than 30%. Data not shown if based on fewer than 100 sample cases.

¹Includes expenses for inpatient hospital and physician services, ambulatory physician and nonphysician services, prescribed medicines, home health services, dental services, and other medical equipment, supplies, and services that were purchased or rented during the year. Excludes expenses for over-the-counter medications, phone contacts with health providers, and premiums for health insurance.

²Includes persons in the civilian noninstitutionalized population for all or part of the year. Expenditures for persons in this population for only part of the year are restricted to those incurred during periods of eligibility (e.g., expenses incurred during periods of institutionalization and military service are not included in estimates).

³Estimates of expenses were converted to 2008 dollars using the Consumer Price Index (all items) and differ from previous editions of *Health, United States*. See [Appendix II, Consumer Price Index \(CPI\)](#).

⁴Persons of Hispanic origin may be of any race. Starting with 2002 data, Medical Expenditure Panel Survey (MEPS) respondents were allowed to report multiple races and these persons are included in the American Indian, Alaska Native, Native Hawaiian, Other Pacific Islander, and Multiple Race category. As a result, there is a slight increase in percentage of persons classified in this category in 2002 compared with prior years.

⁵Starting with 2002 data, MEPS respondents were allowed to report as non-Hispanic Asian-only. Prior to 2002, Asian respondents were reported with the American Indian, Alaska Native, Native Hawaiian, Other Pacific Islander, and Multiple Race category.

⁶Any private insurance includes individuals with insurance that provided coverage for hospital and physician care at any time during the year, other than Medicare, Medicaid, or other public coverage for hospital or physician services. Public insurance only includes individuals who were not covered by private insurance at any time during the year but were covered by Medicare, Medicaid, other public coverage for hospital or physician services, and/or CHAMPUS/CHAMPVA (TRICARE) at any point during the year. Uninsured includes persons not covered by either private or public insurance throughout the entire year or period of eligibility for the survey. Individuals with Indian Health Service coverage only are considered uninsured.

⁷Populations do not add to total because uninsured persons and persons with unknown insurance status were excluded.

⁸Includes expenses for all prescribed medications that were purchased or refilled during the survey year.

NOTES: 1987 estimates are based on the National Medical Expenditure Survey (NMES); estimates for other years are based on the Medical Expenditure Panel Survey (MEPS). Because expenditures in NMES were based primarily on charges and those for MEPS were based on payments, NMES data were adjusted to be more comparable to MEPS using estimated charge to payment ratios for 1987. Overall, this resulted in an approximate 11% reduction from the unadjusted 1987 NMES expenditure estimates. For a detailed explanation of this adjustment, see Zuvekas S, Cohen J. A guide to comparing health care expenditures in the 1996 MEPS to the 1987 NMES. *Inquiry* 2002;39(1):76–86. See [Appendix I, Medical Expenditure Panel Survey \(MEPS\)](#). Data for additional years are available. See [Appendix III](#).

SOURCE: Agency for Healthcare Research and Quality, Center for Financing, Access, and Cost Trends. 1987 National Medical Expenditure Survey and 1996–2008 Medical Expenditure Panel Surveys. See [Appendix I, Medical Expenditure Panel Survey \(MEPS\)](#).

Table 134 (page 1 of 3). Sources of payment for health care, by selected population characteristics: United States, selected years 1987–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#134>.

[Data are based on household interviews of a sample of the civilian noninstitutionalized population and a sample of medical providers]

Characteristic	All sources	Source of payment for health care							
		Out of pocket				Private insurance ¹			
		1987	1997	2000	2008	1987	1997	2000	2008
		Percent distribution							
All ages	100.0	24.8	19.4	19.4	16.7	36.6	40.3	40.3	41.1
Under 65 years:									
Total	100.0	26.2	21.1	20.3	17.7	46.6	53.1	52.5	53.9
Under 6 years	100.0	18.5	14.2	10.3	7.3	39.5	49.3	51.2	37.2
6–17 years	100.0	35.7	29.0	27.7	23.2	47.3	53.2	48.8	48.8
18–44 years	100.0	27.4	21.1	19.9	19.4	46.8	52.9	51.2	55.7
45–64 years	100.0	24.0	20.1	20.2	16.8	47.8	53.6	54.5	55.5
Sex									
Male	100.0	24.5	21.3	18.1	17.1	44.6	50.3	52.2	52.5
Female	100.0	27.5	21.0	22.1	18.1	48.1	55.1	52.7	54.9
Hispanic origin and race ²									
Hispanic or Latino	100.0	22.0	18.8	20.5	15.1	36.1	42.3	45.8	39.0
Not Hispanic or Latino:									
White	100.0	28.2	21.8	21.7	18.9	50.1	55.8	55.1	57.7
Black or African American	100.0	15.5	17.1	11.8	11.6	30.0	42.3	40.5	39.0
Asian ³	100.0	...	...	...	24.1	...	...	...	60.1
American Indian, Alaska Native, Native Hawaiian, Other Pacific Islander, and Multiple Race ³	100.0	27.2	21.2	17.0	12.0	46.7	45.2	51.2	48.0
Insurance status									
Any private insurance ⁴	100.0	29.0	21.6	21.2	18.9	60.0	67.6	70.2	74.0
Public insurance only ⁵	100.0	8.9	10.6	9.8	6.6	...	...	...	...
Uninsured all year ⁶	100.0	40.6	41.3	40.4	46.0	...	...	...	...
65 years and over	100.0	22.0	16.3	17.5	14.6	15.8	16.5	14.9	14.1
Sex									
Male	100.0	21.7	14.2	14.2	13.6	17.6	20.1	16.8	15.9
Female	100.0	22.2	18.1	20.2	15.3	14.4	13.2	13.3	12.7
Hispanic origin and race ²									
Hispanic or Latino	100.0	*13.5	13.6	13.9	8.9	*4.7	5.9	8.4	*12.3
Not Hispanic or Latino:									
White	100.0	23.7	17.0	18.3	15.8	16.7	17.9	15.2	14.8
Black or African American	100.0	11.2	11.4	13.6	8.4	*11.9	8.8	9.3	9.2
Asian ³	100.0	...	...	...	16.6	...	...	...	10.9
American Indian, Alaska Native, Native Hawaiian, Other Pacific Islander, and Multiple Race ³	100.0	*	*	*	*	*	*	*	*
Insurance status									
Medicare only	100.0	29.8	19.8	22.2	16.9	...	...	...	...
Medicare and private insurance	100.0	23.4	17.3	17.0	16.2	18.9	25.7	25.3	28.9
Medicare and other public coverage	100.0	*6.2	5.2	9.1	4.2	...	...	...	...

See footnotes at end of table.

Table 134 (page 2 of 3). Sources of payment for health care, by selected population characteristics: United States, selected years 1987–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#134>.

[Data are based on household interviews of a sample of the civilian noninstitutionalized population and a sample of medical providers]

Characteristic	Source of payment for health care							
	Public sources ⁷				Other ⁸			
	1987	1997	2000	2008	1987	1997	2000	2008
	Percent distribution							
All ages	34.1	34.4	35.4	37.2	4.5	5.9	5.0	5.0
Under 65 years:								
Total	21.3	18.1	21.3	22.9	6.0	7.7	6.0	5.6
Under 6 years	35.8	25.4	33.6	47.7	6.2	11.2	4.9	*7.8
6–17 years	11.8	14.1	20.1	25.8	5.2	3.7	3.4	2.1
18–44 years	19.4	15.7	21.1	18.9	6.4	10.3	7.8	6.1
45–64 years	22.4	20.3	20.2	22.2	5.8	6.0	5.2	5.5
Sex								
Male	23.9	19.5	23.5	23.7	7.1	8.9	6.3	6.7
Female	19.2	17.0	19.5	22.3	5.2	6.8	5.7	4.7
Hispanic origin and race ²								
Hispanic or Latino	35.8	28.9	27.5	33.0	6.0	10.0	6.2	9.4
Not Hispanic or Latino:								
White	15.9	15.3	18.0	19.1	5.8	7.1	5.2	4.4
Black or African American	47.2	30.7	38.8	40.2	7.3	9.9	8.8	9.2
Asian ³ . . . . .	...	...	...	11.8	...	...	...	4.0
American Indian, Alaska Native, Native Hawaiian, Other Pacific Islander, and Multiple Race ³	21.0	23.7	19.0	30.1	5.1	9.9	*12.8	*10.0
Insurance status								
Any private insurance ⁴	6.2	6.6	5.3	4.8	4.8	4.2	3.3	2.4
Public insurance only ⁵	87.2	80.7	84.4	86.4	3.9	8.7	5.8	7.0
Uninsured all year ⁶	28.6	7.5	*21.2	*9.5	30.9	51.1	38.4	44.5
65 years and over	60.8	64.8	64.7	67.5	1.5	2.5	2.9	3.8
Sex								
Male	58.8	63.4	66.9	67.2	*1.9	2.3	2.2	3.3
Female	62.3	65.9	63.0	67.8	1.1	2.7	3.5	4.2
Hispanic origin and race ²								
Hispanic or Latino	80.2	77.8	75.6	76.1	*1.6	*2.7	*2.2	2.7
Not Hispanic or Latino:								
White	58.0	62.6	64.1	65.4	1.6	2.5	2.4	3.9
Black or African American	76.3	77.6	68.3	77.7	0.6	2.2	*8.9	*4.7
Asian ³ . . . . .	...	...	...	70.9	...	...	...	*1.5
American Indian, Alaska Native, Native Hawaiian, Other Pacific Islander, and Multiple Race ³	*	*	*	*	*	*	*	*
Insurance status								
Medicare only	68.8	72.4	72.2	74.5	1.4	7.7	5.7	8.6
Medicare and private insurance	56.1	56.3	57.1	54.7	1.6	0.6	*0.6	*0.3
Medicare and other public coverage	92.9	92.7	87.3	93.4	1.0	*2.1	*3.6	*2.0

See footnotes at end of table.

Table 134 (page 3 of 3). Sources of payment for health care, by selected population characteristics: United States, selected years 1987–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#134>.

[Data are based on household interviews of a sample of the civilian noninstitutionalized population and a sample of medical providers]

. . . Category not applicable.

* Estimates are considered unreliable. Data preceded by an asterisk have a relative standard error equal to or greater than 30%. Data not shown if based on fewer than 100 sample cases.

¹Private insurance includes any type of private insurance payments reported for people with private health insurance coverage during the year.

²Persons of Hispanic origin may be of any race. Starting with 2002 data, Medical Expenditure Panel Survey (MEPS) respondents were allowed to report multiple races and these persons are included in the American Indian, Alaska Native, Native Hawaiian, Other Pacific Islander, and Multiple Race category. As a result, there is a slight increase in percentage of persons classified in this category in 2002 compared with prior years.

³Starting with 2002 data, MEPS respondents were allowed to report as non-Hispanic Asian-only. Prior to 2002, Asian respondents were reported with the American Indian, Alaska Native, Native Hawaiian, Other Pacific Islander, and Multiple Race category.

⁴Includes individuals with insurance that provided coverage for hospital and physician care at any time during the year, other than Medicare, Medicaid, or other public coverage for hospital or physician services.

⁵Includes individuals who were not covered by private insurance at any time during the year but were covered by Medicare, Medicaid, other public coverage for hospital or physician services, and/or CHAMPUS/CHAMPVA (TRICARE) at any point during the year.

⁶Includes individuals not covered by either private or public insurance throughout the entire year or period of eligibility for the survey. However, some expenses for the uninsured were paid by sources that were not defined as health insurance coverage, such as the Department of Veterans Affairs, community and neighborhood clinics, the Indian Health Service, state and local health departments, state programs other than Medicaid, Workers' Compensation, and other unclassified sources (e.g., automobile, home, or liability insurance). Individuals with Indian Health Service coverage only are considered uninsured.

⁷Public sources include payments made by Medicare, Medicaid, the Department of Veterans Affairs, other federal sources (e.g., Indian Health Service, military treatment facilities, and other care provided by the federal government), CHAMPUS/CHAMPVA (TRICARE), and various state and local sources (e.g., community and neighborhood clinics, state and local health departments, and state programs other than Medicaid).

⁸Other sources includes Workers' Compensation, unclassified sources (automobile, home, or liability insurance, and other miscellaneous or unknown sources), Medicaid payments reported for people who were not enrolled in the program at any time during the year, and any type of private insurance payments reported for people without private health insurance coverage during the year.

NOTES: 1987 estimates are based on the National Medical Expenditure Survey (NMES); estimates for other years are based on the Medical Expenditure Panel Survey (MEPS). Because expenditures in NMES were based primarily on charges and those for MEPS were based on payments, NMES data were adjusted to be more comparable to MEPS using estimated charge to payment ratios for 1987. Overall, this resulted in an approximate 11% reduction from the unadjusted 1987 NMES expenditure estimates. For a detailed explanation of this adjustment, see Zuvekas S, Cohen J. A guide to comparing health care expenditures in the 1996 MEPS to the 1987 NMES. *Inquiry* 2002;39(1):76–86. Percents sum to 100 across sources within years. See [Appendix I, Medical Expenditure Panel Survey \(MEPS\)](#). Data for additional years are available. See [Appendix III](#).

SOURCE: Agency for Healthcare Research and Quality, Center for Financing, Access, and Cost Trends. 1987 National Medical Expenditure Survey and 1996–2008 Medical Expenditure Panel Surveys. See [Appendix I, Medical Expenditure Panel Survey \(MEPS\)](#).

Table 135. Out-of-pocket health care expenses among persons with medical expenses, by age: United States, selected years 1987–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#135>.

[Data are based on household interviews for a sample of the civilian noninstitutionalized population and a sample of medical providers]

Age and year	Percent of persons with expenses	Amount paid out of pocket among persons with expenses ¹						
		Total	\$0	\$1–99	\$100–499	\$500–999	\$1,000–1,999	\$2,000+
All ages		Percent distribution						
1987	84.5	100.0	10.4	19.9	36.6	15.3	10.0	7.7
1997	84.1	100.0	8.5	26.1	35.1	14.3	9.4	6.6
2000	83.5	100.0	6.9	26.6	34.4	14.4	9.8	7.8
2005	84.7	100.0	8.7	21.2	31.5	15.8	11.9	10.8
2007	84.9	100.0	9.8	22.6	31.6	15.3	11.5	9.2
2008	84.4	100.0	9.9	22.9	32.1	14.8	11.2	9.1
Under 6 years								
1987	88.9	100.0	19.2	28.0	39.8	8.5	2.5	2.0
1997	88.0	100.0	20.0	44.5	28.7	4.0	2.2	0.7
2000	86.7	100.0	16.7	51.4	25.9	4.1	1.4	0.5
2005	88.9	100.0	27.2	36.6	27.5	6.1	1.9	0.7
2007	88.7	100.0	30.2	36.5	24.7	5.1	2.0	1.4
2008	88.8	100.0	31.4	36.1	25.9	3.9	1.9	0.8
6–17 years								
1987	80.2	100.0	15.5	27.4	37.4	9.0	5.7	5.0
1997	81.7	100.0	16.5	36.2	32.1	7.5	3.6	4.1
2000	80.0	100.0	14.7	37.2	33.0	6.5	4.1	4.5
2005	83.0	100.0	18.6	32.4	31.1	9.2	4.6	4.0
2007	84.0	100.0	21.6	33.0	29.4	7.6	4.2	4.1
2008	82.5	100.0	22.4	33.0	28.3	7.4	4.0	4.9
18–44 years								
1987	81.5	100.0	10.1	22.0	39.4	14.9	8.3	5.4
1997	78.3	100.0	7.3	28.4	39.4	14.0	6.9	3.9
2000	77.7	100.0	5.8	29.4	39.8	13.8	6.9	4.4
2005	77.1	100.0	7.0	24.8	37.9	15.0	9.0	6.2
2007	77.3	100.0	7.7	26.7	37.1	14.2	8.8	5.5
2008	76.5	100.0	7.9	27.1	36.6	14.0	8.3	6.1
45–64 years								
1987	87.0	100.0	5.7	12.5	35.7	20.9	14.7	10.5
1997	89.2	100.0	3.4	16.8	36.3	19.6	14.8	9.2
2000	88.5	100.0	2.6	15.7	35.2	20.4	15.1	11.0
2005	89.7	100.0	2.4	12.9	29.5	21.7	18.6	14.8
2007	89.2	100.0	2.9	14.3	30.6	21.2	17.0	14.1
2008	89.1	100.0	2.8	15.2	33.2	20.0	16.4	12.3
65–74 years								
1987	92.8	100.0	5.3	10.0	27.3	21.8	19.4	16.2
1997	94.6	100.0	3.2	10.7	31.6	23.6	17.0	14.0
2000	94.7	100.0	1.5	10.0	27.2	22.1	21.0	18.3
2005	95.9	100.0	1.7	6.5	24.8	20.8	21.5	24.6
2007	95.8	100.0	2.7	8.8	28.9	23.0	20.8	15.9
2008	95.8	100.0	1.5	9.6	28.8	22.0	20.4	17.7
75 years and over								
1987	95.1	100.0	5.6	7.6	24.7	20.0	19.7	22.4
1997	95.8	100.0	2.4	9.8	27.5	19.5	21.2	19.7
2000	96.5	100.0	2.6	10.0	25.2	21.5	19.8	20.9
2005	97.4	100.0	1.6	6.3	21.2	19.7	19.7	31.4
2007	97.3	100.0	1.9	8.7	25.9	19.8	21.8	21.9
2008	97.6	100.0	1.9	10.0	25.9	20.5	22.0	19.7

¹Estimates of expenses were converted to 2008 dollars using the Consumer Price Index (all items) and differ from previous editions of *Health, United States*. See [Appendix II, Consumer Price Index \(CPI\)](#).

NOTES: Includes persons in the civilian noninstitutionalized population for all or part of the year. Expenses for persons in this population for only part of the year are restricted to those incurred during periods of eligibility (e.g., expenses incurred during periods of institutionalization and military service are not included in estimates). Out-of-pocket expenses include expenditures for inpatient hospital and physician services, ambulatory physician and nonphysician services, prescribed medicines, home health services, dental services, and various other medical equipment, supplies, and services that were purchased or rented during the year. Out-of-pocket expenses for over-the-counter medications, phone contacts with health providers, and premiums for health insurance policies are not included in these estimates. 1987 estimates are based on the National Medical Expenditure Survey (NMES); estimates for other years are based on the Medical Expenditure Panel Survey (MEPS). Because expenditures in NMES were based primarily on charges and those for MEPS were based on payments, NMES data were adjusted to be more comparable to MEPS using estimated charge to payment ratios for 1987. Overall, this resulted in an approximate 11% reduction from the unadjusted 1987 NMES expenditure estimates. For a detailed explanation of this adjustment, see Zuvekas S, Cohen J. A guide to comparing health care expenditures in the 1996 MEPS to the 1987 NMES. *Inquiry* 2002;39(1):76–86. See [Appendix I, Medical Expenditure Panel Survey \(MEPS\)](#). Data for additional years are available. See [Appendix III](#).

SOURCE: Agency for Healthcare Research and Quality, Center for Financing, Access, and Cost Trends. 1987 National Medical Expenditure Survey and 1997–2008 Medical Expenditure Panel Surveys. See [Appendix I, Medical Expenditure Panel Survey \(MEPS\)](#).

Table 136 (page 1 of 2). Expenditures for health services and supplies and percent distribution, by sponsor: United States, selected years 1987–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#136>.

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

Type of sponsor	1987	1990	1995	2000	2005	2007	2008	2009
Amount in billions								
National health expenditures	\$518.9	\$724.0	\$1,027.3	\$1,378.0	\$2,021.0	\$2,283.5	\$2,391.4	\$2,486.3
Business, households and other private revenues . .	353.9	488.0	642.2	889.5	1,219.4	1,358.8	1,406.0	1,403.1
Private business	122.2	178.1	243.6	345.5	478.3	511.4	521.0	518.3
Employer contribution to private health insurance premiums ¹	84.2	129.4	176.2	254.1	367.3	390.6	395.9	397.5
Employer contribution to Medicare hospital insurance trust fund	24.6	29.4	43.1	62.3	72.6	81.7	82.7	77.7
Workers compensation and temporary disability insurance and worksite health care	13.4	19.3	24.2	29.1	38.4	39.1	42.4	43.1
Household	189.9	253.0	319.0	434.2	595.5	671.2	707.2	708.4
Employee contribution to private health insurance premiums and individual policy premiums ²	43.9	68.4	100.3	133.1	205.9	228.1	247.1	247.6
Employee and self-employment contributions and voluntary premiums paid to Medicare hospital insurance trust fund ³	29.5	35.6	56.0	82.6	96.5	109.3	112.3	108.5
Premiums paid by individuals to Medicare supplementary medical insurance trust fund	6.2	10.2	16.4	16.4	29.3	44.5	49.6	53.0
Out-of-pocket health spending	110.3	138.8	146.4	202.1	263.8	289.4	298.2	299.3
Other private revenues	41.9	56.9	79.6	109.9	145.7	176.2	177.8	176.4
Governments	164.9	236.0	385.1	488.5	801.6	924.7	985.4	1,083.2
Federal government	86.1	125.3	217.2	261.1	452.6	525.0	575.5	678.4
Employer contributions to private health insurance premiums	4.9	9.9	11.4	14.3	23.1	24.6	25.1	26.8
Employer contributions to Medicare hospital insurance trust fund	1.7	2.0	2.3	2.7	3.3	3.6	3.7	3.9
Adjusted Medicare ⁴	17.4	27.7	57.6	48.8	120.5	168.6	192.3	233.1
Medicaid ⁵	28.2	43.3	87.9	119.3	182.4	192.0	208.8	254.3
Other programs ⁶	33.9	42.5	58.1	76.0	123.2	136.2	145.6	160.3
State and local government	78.9	110.7	167.8	227.4	349.0	399.7	410.0	404.8
Employer contributions to private health insurance premiums	16.0	26.3	38.9	56.6	100.9	116.6	118.6	123.4
Employer contributions to Medicare hospital insurance trust fund	3.1	4.1	5.6	7.5	9.4	10.6	11.3	11.6
Medicaid ⁵	22.7	31.5	60.3	85.3	135.4	145.1	145.0	130.5
Other programs ⁷	37.1	48.7	63.0	78.0	103.3	127.3	135.0	139.3
Percent distribution								
National health expenditures	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Business, households and other private revenues . .	68.2	67.4	62.5	64.6	60.3	59.5	58.8	56.4
Private business	23.5	24.6	23.7	25.1	23.7	22.4	21.8	20.8
Employer contribution to private health insurance premiums ¹	16.2	17.9	17.2	18.4	18.2	17.1	16.6	16.0
Employer contribution to Medicare hospital insurance trust fund	4.7	4.1	4.2	4.5	3.6	3.6	3.5	3.1
Workers compensation and temporary disability insurance and worksite health care	2.6	2.7	2.4	2.1	1.9	1.7	1.8	1.7
Household	36.6	34.9	31.1	31.5	29.5	29.4	29.6	28.5
Employee contribution to private health insurance premiums and individual policy premiums ²	8.5	9.4	9.8	9.7	10.2	10.0	10.3	10.0
Employee and self-employment contributions and voluntary premiums paid to Medicare hospital insurance trust fund ³	5.7	4.9	5.4	6.0	4.8	4.8	4.7	4.4
Premiums paid by individuals to Medicare supplementary medical insurance trust fund	1.2	1.4	1.6	1.2	1.4	1.9	2.1	2.1
Out-of-pocket health spending	21.3	19.2	14.3	14.7	13.1	12.7	12.5	12.0
Other private revenues	8.1	7.9	7.7	8.0	7.2	7.7	7.4	7.1

See footnotes at end of table.

Table 136 (page 2 of 2). Expenditures for health services and supplies and percent distribution, by sponsor: United States, selected years 1987–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#136>.

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

Type of sponsor	1987	1990	1995	2000	2005	2007	2008	2009
	Percent distribution							
Governments	31.8	32.6	37.5	35.4	39.7	40.5	41.2	43.6
Federal government	16.6	17.3	21.1	18.9	22.4	23.0	24.1	27.3
Employer contributions to private health insurance premiums	0.9	1.4	1.1	1.0	1.1	1.1	1.1	1.1
Employer contributions to Medicare hospital insurance trust fund	3.3	2.8	2.2	2.0	1.6	1.6	1.6	1.6
Adjusted Medicare ⁴	3.4	3.8	5.6	3.5	6.0	7.4	8.0	9.4
Medicaid ⁵	5.4	6.0	8.6	8.7	9.0	8.4	8.7	10.2
Other programs ⁶	6.5	5.9	5.7	5.5	6.1	6.0	6.1	6.4
State and local government	15.2	15.3	16.3	16.5	17.3	17.5	17.1	16.3
Employer contributions to private health insurance premiums	3.1	3.6	3.8	4.1	5.0	5.1	5.0	5.0
Employer contributions to Medicare hospital insurance trust fund	0.6	0.6	0.5	0.5	0.5	0.5	0.5	0.5
Medicaid ⁵	4.4	4.4	5.9	6.2	6.7	6.4	6.1	5.2
Other programs ⁷	7.1	6.7	6.1	5.7	5.1	5.6	5.6	5.6

¹Estimates for 2006–2009 exclude Retiree Drug Subsidy (RDS) payments.

²Estimates for 2009 exclude subsidized Consolidated Omnibus Budget Reconciliation Act (COBRA) payments.

³Includes one-half of self-employment contribution to Medicare hospital insurance trust fund and taxation of Social Security benefits.

⁴Excludes Medicaid buy-in premiums for Medicare. Estimates for 2006–2009, include RDS payments to private and state and local plans.

⁵Includes Medicaid buy-in premiums for Medicare.

⁶Includes maternal and child health, vocational rehabilitation, Substance Abuse and Mental Health Services Administration, Indian Health Service, federal workers' miscellaneous general hospital and medical programs, public health activities, Department of Defense, Department of Veterans Affairs, and Children's Health Insurance Program (CHIP).

⁷Includes other public and general assistance, maternal and child health, vocational rehabilitation, public health activities, hospital subsidies, and state phase-down payments and investment (research, structures, and equipment). See [Appendix II, Health expenditures, national](#).

NOTES: This table disaggregates health expenditures according to four classes of sponsors: businesses, households (individuals), federal government, and state and local governments, with a small amount of revenue coming from nonpatient revenue sources such as philanthropy. Where businesses or households pay dedicated funds into government health programs (for example, Medicare) or employers and employees share in the cost of health premiums, these costs are assigned to businesses or households accordingly. This results in a lower share of expenditures being assigned to the federal government than for tabulations of expenditures by source of funds. Estimates of national health expenditure by source of funds aim to track government-sponsored health programs over time and do not delineate the role of business employers in paying for health care. See [Appendix I, National Health Expenditure Accounts \(NHEA\)](#). Estimates may not sum to totals because of rounding. Starting with *Health, United States, 2010*, estimates are based on a revised methodology that incorporates available source data and various methodological and definitional changes. These revisions are due to a comprehensive change in the classification structure of how estimates are defined and presented. For more information on the impact of these revisions, see: <http://www.cms.gov/NationalHealthExpendData/downloads/benchmark2009.pdf>. Data have been revised and differ from previous editions of *Health, United States*. Data for additional years are available. See [Appendix III](#).

SOURCE: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group. Businesses, Households, and Governments, 1987–2009. National Health Expenditure Accounts, National health expenditures. Available from: <http://www.cms.hhs.gov/NationalHealthExpendData/>. See [Appendix I, National Health Expenditure Accounts \(NHEA\)](#).

Table 137 (page 1 of 2). Employers' costs per employee-hour worked for total compensation, wages and salaries, and health insurance, by selected characteristics: United States, selected years 1991–2011

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#137>.

[Data are based on surveys of a sample of employers]

Characteristic	1991	1994	1996	2000	2007	2008	2009	2010	2011
Total compensation per employee-hour worked									
State and local government	\$22.31	\$25.27	\$25.73	\$29.05	\$38.66	\$37.84	\$39.51	\$39.81	\$40.54
Total private industry	15.40	17.08	17.49	19.85	25.91	26.76	27.46	27.73	28.10
Industry:									
Goods producing	18.48	20.85	21.27	23.55	30.12	31.38	32.29	32.42	32.91
Service providing	14.31	15.82	16.28	18.72	24.84	25.63	26.37	26.77	27.11
Occupational group: ¹									
White collar	18.15	20.26	21.10	24.19	---	---	---	---	---
Blue collar	15.15	16.92	17.04	18.73	---	---	---	---	---
Service	7.82	8.38	8.61	9.72	---	---	---	---	---
Management, professional, and related	---	---	---	---	46.05	47.55	48.82	48.80	50.08
Sales and office	---	---	---	---	20.55	21.15	21.40	21.77	22.02
Service	---	---	---	---	12.87	13.27	13.53	13.71	13.98
Natural resources, construction, and maintenance	---	---	---	---	28.96	30.13	30.97	31.10	30.93
Production, transportation, and material moving	---	---	---	---	22.22	23.07	23.28	23.72	23.70
Census region:									
Northeast	17.56	20.03	20.57	22.67	29.56	30.56	31.73	32.13	32.16
Midwest	15.05	16.26	16.30	19.22	25.16	25.98	26.44	26.75	27.47
South	13.68	15.05	15.62	17.81	23.17	23.90	24.45	24.72	24.93
West	15.97	18.08	18.78	20.88	27.77	28.70	29.53	29.52	29.95
Union status:									
Union	19.76	23.26	23.31	25.88	35.27	36.28	36.59	37.16	37.68
Nonunion	14.56	16.04	16.61	19.07	24.82	25.64	26.39	26.67	27.08
Establishment employment size:									
1–99 employees	13.38	14.58	14.85	17.16	21.29	22.23	22.56	22.84	23.21
100 or more	17.34	19.45	20.09	22.81	30.86	31.68	32.83	33.33	33.69
100–499	14.31	15.88	16.61	19.30	26.31	26.80	28.19	28.55	28.69
500 or more	20.60	23.35	24.03	26.93	36.48	37.60	38.71	39.76	40.53
Wages and salaries as a percent of total compensation									
State and local government	69.6	69.5	69.8	70.8	67.0	65.9	65.7	65.9	65.5
Total private industry	72.3	71.1	71.9	73.0	70.8	70.6	70.8	70.6	70.7
Industry:									
Goods producing	68.7	66.5	67.6	69.0	66.8	66.7	66.9	66.7	66.5
Service providing	74.0	73.1	73.7	74.5	72.0	71.8	71.9	71.6	71.7
Occupational group: ¹									
White collar	73.8	72.7	73.2	74.0	---	---	---	---	---
Blue collar	68.4	66.8	68.1	69.4	---	---	---	---	---
Service	76.3	75.5	75.9	77.9	---	---	---	---	---
Management, professional, and related	---	---	---	---	71.1	71.0	71.1	70.7	70.8
Sales and office	---	---	---	---	72.1	72.0	71.8	71.6	71.6
Service	---	---	---	---	75.0	74.8	75.3	75.4	75.4
Natural resources, construction, and maintenance	---	---	---	---	68.3	68.3	68.2	68.0	68.3
Production, transportation, and material moving	---	---	---	---	66.8	66.6	67.0	66.8	66.7
Census region:									
Northeast	72.1	70.5	70.9	72.2	69.7	69.8	69.6	69.0	69.5
Midwest	71.1	69.8	71.1	72.4	69.9	69.8	70.3	70.0	69.8
South	73.3	72.1	72.7	73.5	72.0	71.8	71.9	71.8	71.9
West	72.8	72.0	73.1	74.0	71.0	70.8	71.1	71.1	71.0
Union status:									
Union	65.9	63.4	64.1	65.2	62.2	61.9	62.2	61.6	61.1
Nonunion	74.0	72.9	73.6	74.4	72.2	72.1	72.2	72.0	72.1
Establishment employment size:									
1–99 employees	74.7	73.5	74.7	75.5	73.8	73.8	74.0	73.6	74.0
100 or more	70.5	69.3	69.9	71.0	68.5	68.2	68.4	68.2	68.0
100–499	72.1	71.6	71.6	72.8	70.1	69.8	70.0	70.0	69.9
500 or more	69.3	67.6	68.6	69.4	67.1	66.9	67.0	66.5	66.2

See footnotes at end of table.

Table 137 (page 2 of 2). Employers' costs per employee-hour worked for total compensation, wages and salaries, and health insurance, by selected characteristics: United States, selected years 1991–2011

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#137>.

[Data are based on surveys of a sample of employers]

Characteristic	1991	1994	1996	2000	2007	2008	2009	2010	2011
Health insurance as a percent of total compensation									
State and local government	6.9	8.2	7.7	7.8	10.9	11.0	10.9	11.4	11.7
Total private industry	6.0	6.7	5.9	5.5	7.1	7.2	7.3	7.5	7.5
Industry:									
Goods producing	6.9	8.1	7.2	6.9	8.4	8.5	8.7	8.9	8.9
Service providing	5.5	6.0	5.4	4.9	6.7	6.8	6.9	7.2	7.2
Occupational group: ¹									
White collar	5.6	6.2	5.5	5.0	---	---	---	---	---
Blue collar	7.0	8.0	7.2	6.8	---	---	---	---	---
Service	4.6	5.4	4.8	4.3	---	---	---	---	---
Management, professional, and related	---	---	---	---	5.8	5.8	6.0	6.2	6.3
Sales and office	---	---	---	---	7.8	7.9	8.3	8.6	8.6
Service	---	---	---	---	6.7	6.8	6.7	6.7	6.5
Natural resources, construction, and maintenance	---	---	---	---	7.6	7.6	7.9	8.0	8.0
Production, transportation, and material moving	---	---	---	---	9.3	9.6	9.7	9.9	10.1
Census region:									
Northeast	6.2	6.9	6.2	5.6	6.9	6.9	7.2	7.5	7.8
Midwest	6.3	7.3	6.3	5.8	7.8	7.9	8.1	8.3	8.3
South	5.5	6.3	5.9	5.4	6.9	6.9	7.0	7.2	7.2
West	5.8	6.1	5.2	5.0	6.7	6.9	6.9	7.1	7.1
Union status:									
Union	8.2	9.8	8.8	8.4	10.8	10.9	11.4	11.8	12.3
Nonunion	5.4	5.9	5.3	5.0	6.4	6.5	6.6	6.8	6.8
Establishment employment size:									
1–99 employees	5.1	5.7	5.0	4.8	6.1	6.1	6.3	6.4	6.3
100 or more	6.6	7.3	6.6	6.0	7.8	8.0	8.1	8.4	8.6
100–499	6.3	6.5	6.3	5.6	7.7	7.9	7.9	8.3	8.4
500 or more	6.8	7.9	6.9	6.4	7.9	8.0	8.2	8.5	8.7

--- Data not available.

¹Starting with 2004 data, sample establishments were classified by industry categories based on the North American Industry Classification System (NAICS), as defined by the U.S. Office of Management and Budget. Within a sample establishment, specific job categories were selected and classified into about 840 occupational classifications according to the 2000 Standard Occupational Classification (SOC) system. Individual occupations were combined to represent one of five higher-level aggregations, such as management, professional, and related occupations. NAICS and SOC have replaced the 1987 Standard Industrial Classification System and the Occupational Classification System. For more detailed information on NAICS and SOC, including background and definitions, see [Appendix I, National Compensation Survey \(NCS\)](#) and <http://www.bls.gov/soc/home.htm>.

NOTES: Costs are calculated annually from March survey data. Total compensation includes wages and salaries and benefits. See [Appendix II, Employer costs for employee compensation; Industry of employment](#). Data for additional years are available. See [Appendix III](#).

SOURCE: U.S. Department of Labor, Bureau of Labor Statistics, National Compensation Survey: Employer Costs for Employee Compensation Historical Listing (Annual), 1986–2001 Available from: <ftp://ftp.bls.gov/pub/special.requests/ocwc/ect/ecechist.pdf> Employer Costs for Employee Compensation Historical Listing (Quarterly), 2002–2003 Available from: <ftp://ftp.bls.gov/pub/special.requests/ocwc/ect/ececqrtn.pdf> Employer Costs for Employee Compensation Historical Listing March 2004–September 2011 Available from: <ftp://ftp.bls.gov/pub/special.requests/ocwc/ect/ececqrtn.pdf> See [Appendix I, National Compensation Survey \(NCS\)](#).

Table 138 (page 1 of 3). Private health insurance coverage among persons under 65 years of age, by selected characteristics: United States, selected years 1984–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#138>.

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

Characteristic	Private health insurance ¹									
	1984 ²	1989 ²	1995 ²	1997	2000 ³	2005	2008	2009	2010	
	Number in millions									
Total ⁴	157.5	162.7	164.2	165.8	174.0	174.7	171.9	166.7	163.9	
	Percent of population									
Total ⁴	76.8	75.9	71.3	70.7	71.5	68.2	65.6	63.3	61.7	
Age										
Under 19 years	72.6	71.9	65.4	66.1	66.7	62.3	58.6	56.1	54.3	
Under 6 years	68.1	67.9	59.5	61.3	62.7	56.6	53.2	50.1	48.3	
6–18 years	74.8	73.9	68.3	68.4	68.5	64.9	61.1	59.0	57.2	
Under 18 years	72.6	71.8	65.2	66.1	66.6	62.1	58.4	55.8	54.1	
6–17 years	74.9	74.0	68.3	68.5	68.5	64.7	61.1	58.8	57.2	
18–64 years	78.6	77.6	73.9	72.7	73.5	70.7	68.5	66.2	64.7	
18–44 years	76.5	75.5	70.9	69.4	70.5	66.6	64.4	61.7	60.0	
18–24 years	67.4	64.5	60.8	59.3	60.3	58.0	56.2	54.4	52.3	
19–25 years	67.4	63.8	60.1	58.3	59.1	56.3	55.8	53.0	51.8	
25–34 years	77.4	75.9	70.1	68.1	70.1	65.1	62.7	60.0	58.7	
35–44 years	83.9	82.7	77.7	76.4	77.0	73.7	71.7	68.4	66.9	
45–64 years	83.3	82.5	80.1	79.0	78.7	76.9	74.3	72.6	71.3	
45–54 years	83.3	83.4	80.9	80.4	80.0	77.4	74.8	72.6	70.9	
55–64 years	83.3	81.6	79.0	76.9	76.7	76.2	73.6	72.6	71.8	
Sex										
Male	77.3	76.1	71.6	70.9	71.6	68.0	65.3	62.9	61.1	
Female	76.2	75.7	70.9	70.5	71.3	68.4	65.9	63.7	62.4	
Sex and marital status ⁵										
Male:										
Married	85.0	84.2	80.2	81.6	81.5	79.6	77.7	75.8	75.1	
Divorced, separated, widowed	65.5	64.6	62.4	59.9	62.2	56.7	56.0	52.9	50.6	
Never married	71.3	68.3	65.4	63.3	63.8	60.2	57.9	54.9	52.5	
Female:										
Married	83.8	83.5	79.3	81.0	81.0	79.3	77.7	76.7	75.6	
Divorced, separated, widowed	63.1	63.6	61.7	59.1	63.2	59.9	56.3	54.2	53.9	
Never married	72.2	70.0	66.2	63.8	64.2	61.5	58.8	56.4	54.1	
Race ⁶										
White only	79.9	79.1	74.5	74.2	75.7	70.9	68.5	66.3	64.9	
Black or African American only	58.1	57.7	53.0	54.7	55.9	52.9	50.0	47.4	44.8	
American Indian or Alaska Native only	49.1	45.5	45.3	39.4	43.7	43.0	30.7	35.9	31.7	
Asian only	69.9	71.9	68.4	68.0	72.1	72.2	74.3	71.3	68.1	
Native Hawaiian or Other Pacific Islander only	---	---	---	---	*	*	*	*	*	
2 or more races	---	---	---	---	61.4	57.6	58.0	47.8	52.4	
Hispanic origin and race ⁶										
Hispanic or Latino	55.7	51.5	46.4	46.4	47.8	42.4	39.9	37.3	36.8	
Mexican	53.3	46.8	42.6	42.3	45.4	39.7	36.8	34.7	33.4	
Puerto Rican	48.4	45.6	47.6	47.0	51.1	48.5	48.2	46.2	46.0	
Cuban	72.5	70.3	63.6	71.0	63.9	58.1	57.9	54.3	53.8	
Other Hispanic or Latino	61.6	61.0	51.4	49.9	50.7	45.6	43.5	39.7	40.9	
Not Hispanic or Latino	78.7	78.5	74.4	74.0	75.2	73.0	70.8	68.6	67.0	
White only	82.4	82.5	78.6	78.1	79.5	77.3	75.3	73.3	72.0	
Black or African American only	58.2	57.7	53.4	54.9	56.0	53.1	50.6	48.0	45.1	
Age and percent of poverty level ⁷										
Under 65 years:										
Below 100%	32.2	27.0	22.6	23.3	25.2	21.4	19.2	15.3	16.0	
100%–199%	70.3	64.3	55.3	53.5	50.1	44.7	38.1	37.4	34.8	
100%–133%	59.4	52.8	41.7	39.7	39.3	36.0	27.3	26.1	24.4	
134%–199%	75.2	69.5	62.7	60.1	55.3	49.4	43.7	43.3	40.3	
200%–399%	89.3	89.2	86.4	80.8	78.1	74.8	72.3	70.6	70.7	
400% or more	95.4	94.6	93.2	91.8	91.9	90.6	90.1	90.2	89.9	

See footnotes at end of table.

Table 138 (page 2 of 3). Private health insurance coverage among persons under 65 years of age, by selected characteristics: United States, selected years 1984–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#138>.

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

Characteristic	Private health insurance ¹								
	1984 ²	1989 ²	1995 ²	1997	2000 ³	2005	2008	2009	2010
Percent of population									
Under 19 years:									
Below 100%	29.6	24.1	19.0	19.3	20.3	15.0	12.4	9.7	9.8
100%–199%	73.6	68.5	55.8	54.7	49.5	41.6	34.1	34.0	31.5
100%–133%	63.8	56.9	42.5	39.3	37.1	32.6	23.2	21.3	20.1
134%–199%	78.4	74.0	64.4	62.4	56.1	47.0	40.1	41.3	38.1
200%–399%	91.1	92.1	89.1	83.5	80.8	76.6	73.7	73.2	72.6
400% or more	96.2	96.2	93.3	93.3	93.0	92.5	92.0	91.8	91.2
Under 18 years:									
Below 100%	28.5	22.3	16.9	18.3	19.5	14.2	11.3	9.3	9.2
100%–199%	73.9	68.9	56.1	54.7	49.4	41.4	34.1	34.0	31.5
100%–133%	63.9	57.3	42.3	38.7	36.8	32.0	23.2	21.1	19.9
134%–199%	78.6	74.5	64.9	62.8	56.2	47.0	40.1	41.3	38.3
200%–399%	91.3	92.3	89.2	83.7	81.1	76.6	73.8	73.0	72.6
400% or more	96.1	96.5	93.1	93.5	93.1	92.5	92.2	91.8	91.4
18–64 years:									
Below 100%	35.0	30.8	27.0	26.8	29.1	25.9	24.0	19.2	20.4
100%–199%	68.3	61.5	54.8	52.8	50.5	46.5	40.2	39.1	36.4
100%–133%	56.6	50.0	41.4	40.3	40.9	38.3	29.6	28.8	26.9
134%–199%	73.3	66.6	61.5	58.6	54.9	50.7	45.7	44.3	41.3
200%–399%	88.3	87.6	85.0	79.4	76.7	74.0	71.7	69.6	70.0
400% or more	95.2	94.4	93.2	91.3	91.6	90.1	89.6	89.8	89.5
Disability measure among adults 18–64 years ⁸									
Any basic actions difficulty or complex activity limitation	---	---	---	61.6	63.1	58.1	53.2	51.6	53.0
Any basic actions difficulty	---	---	---	62.3	63.9	58.8	54.3	52.3	53.8
Any complex activity limitation	---	---	---	47.9	48.4	44.0	37.0	36.0	38.6
No disability	---	---	---	77.4	77.2	73.7	73.3	70.4	69.3
Geographic region									
Northeast	80.5	82.0	75.4	74.2	76.3	74.0	71.3	69.7	68.2
Midwest	80.6	81.5	77.3	77.1	78.8	74.6	69.9	67.5	66.7
South	74.3	71.4	66.9	67.3	66.8	62.5	62.1	59.3	57.5
West	71.9	71.2	67.5	65.4	66.5	65.6	62.8	60.6	58.9
Location of residence									
Within MSA ⁹	77.5	76.5	72.1	71.2	72.3	69.0	66.5	64.6	62.9
Outside MSA ⁹	75.2	73.8	67.9	68.4	67.8	64.6	61.1	56.2	55.1

See footnotes at end of table.

Table 138 (page 3 of 3). Private health insurance coverage among persons under 65 years of age, by selected characteristics: United States, selected years 1984–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#138>.

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

-- Data not available.

*Estimates are considered unreliable. Data not shown have a relative standard error of greater than 30%.

¹Any private health insurance coverage (both individual and insurance obtained through the workplace) at the time of interview; includes those who also had another type of coverage.

²Data prior to 1997 are not strictly comparable with data for later years due to the 1997 questionnaire redesign. See [Appendix I, National Health Interview Survey \(NHIS\)](#) and [Appendix II, Health insurance coverage](#).

³Estimates for 2000–2002 were calculated using 2000-based sample weights and may differ from estimates in other reports that used 1990-based sample weights for 2000–2002 estimates.

⁴Includes all other races not shown separately, those with unknown marital status, unknown disability status, and, in 1984 and 1989, persons with unknown poverty level.

⁵Includes persons 14–64 years of age.

⁶The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Prior to 1999, data were tabulated according to the 1977 Standards with four racial groups, and the Asian only category including Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁷Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Poverty level was unknown for 10%–11% of persons under 65 years of age in 1984 and 1989. Missing family income data were imputed for 1995 and beyond. Some data have been revised and may differ from previous versions of *Health, United States*. Revised rates are due to the addition of a third decimal place to the poverty ratio estimate. See [Appendix II, Family income; Poverty; Table VI](#).

⁸Any basic actions difficulty or complex activity limitation is defined as having one or more of the following limitations or difficulties: movement difficulty, emotional difficulty, sensory (seeing or hearing) difficulty, cognitive difficulty, self-care (activities of daily living or instrumental activities of daily living) limitation, social limitation, or work limitation. For more information, see [Appendix II, Basic actions difficulty; Complex activity limitation](#). Starting with 2007 data, the hearing question, a component of the basic actions difficulty measure, was revised. Consequently, data prior to 2007 are not comparable with data for 2007 and beyond. For more information on the impact of the revised hearing question, see [Appendix II, Hearing trouble](#).

⁹MSA is metropolitan statistical area. Starting with 2006 data, MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2006, see [Appendix II, Metropolitan statistical area \(MSA\)](#) for the applicable standards.

NOTES: Private health insurance coverage is at the time of interview. The number of persons with private coverage was calculated by multiplying the percentage with private coverage by the number of persons under 65 years of age in the civilian noninstitutionalized U.S. population. Percentages were calculated with unknown values excluded from denominators. See [Appendix II, Health insurance coverage](#). Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Health Interview Survey, health insurance supplements (1984, 1989, 1994–1996). Starting with 1997, data are from the family core and the sample adult questionnaires. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 139 (page 1 of 3). Private health insurance coverage obtained through the workplace among persons under 65 years of age, by selected characteristics: United States, selected years 1984–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#139>.

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

Characteristic	Private insurance obtained through workplace ¹								
	1984 ²	1989 ²	1995 ²	1997	2000 ³	2005	2008	2009	2010
	Number in millions								
Total ⁴	141.8	146.3	150.7	153.6	160.8	160.1	155.6	150.2	147.6
	Percent of population								
Total ⁴	69.1	68.3	65.4	66.4	67.1	63.6	60.5	58.0	56.6
Age									
Under 19 years	66.4	65.6	60.5	62.8	63.1	58.7	54.5	52.0	50.9
Under 6 years	62.1	62.3	55.1	58.3	58.9	53.4	49.6	46.3	44.9
6–18 years	68.4	67.3	63.1	64.9	64.9	61.1	56.9	54.8	53.8
Under 18 years	66.5	65.8	60.4	62.8	63.0	58.6	54.4	51.8	50.7
6–17 years	68.7	67.7	63.3	65.1	65.0	61.1	56.9	54.7	53.8
18–64 years	70.3	69.4	67.6	68.0	68.8	65.7	62.9	60.4	58.9
18–44 years	69.6	68.4	65.3	65.7	66.5	62.2	59.4	56.6	54.6
18–24 years	58.7	55.3	53.5	54.9	55.5	52.1	49.5	47.4	45.3
19–25 years	59.0	55.0	53.0	53.7	54.2	50.6	48.9	45.9	44.1
25–34 years	71.2	69.5	65.0	64.6	66.4	61.1	58.4	55.5	53.3
35–44 years	77.4	76.2	72.7	72.7	73.2	69.9	67.0	64.3	62.8
45–64 years	71.8	71.6	72.2	72.8	72.9	70.9	68.0	65.7	64.8
45–54 years	74.6	74.4	74.7	75.6	75.6	72.6	69.5	67.1	65.9
55–64 years	69.0	68.3	68.4	68.4	68.6	68.6	66.2	64.0	63.4
Sex									
Male	69.8	68.7	65.9	66.7	67.3	63.6	60.3	57.6	56.1
Female	68.4	67.9	64.9	66.2	66.9	63.6	60.8	58.4	57.1
Sex and marital status ⁵									
Male:									
Married	77.9	76.9	74.9	77.4	77.5	75.3	72.7	70.6	70.1
Divorced, separated, widowed	58.0	57.3	56.4	55.2	57.4	51.9	51.0	48.0	45.3
Never married	61.5	58.8	58.2	58.4	58.8	54.9	51.9	48.8	46.2
Female:									
Married	76.1	75.5	73.2	76.4	76.3	74.2	72.2	70.7	69.8
Divorced, separated, widowed	51.9	54.9	54.6	53.8	57.8	54.3	51.4	48.6	48.1
Never married	63.5	60.9	59.2	59.6	60.1	56.3	53.0	50.6	48.2
Race ⁶									
White only	72.0	71.2	68.4	69.7	71.0	66.1	63.0	60.6	59.3
Black or African American only	52.4	52.8	49.3	52.6	53.4	50.6	47.7	45.3	42.3
American Indian or Alaska Native only	45.8	40.9	40.2	37.2	41.7	39.9	29.4	33.6	*29.4
Asian only	59.0	61.1	59.6	61.7	65.8	64.4	66.2	62.5	60.6
Native Hawaiian or Other Pacific Islander only	---	---	---	---	*	*	*	*	*
2 or more races	---	---	---	---	59.8	54.8	54.3	45.0	49.5
Hispanic origin and race ⁶									
Hispanic or Latino	52.0	47.3	43.4	43.9	45.3	40.0	37.6	34.9	34.6
Mexican	50.5	44.2	40.9	40.8	43.6	37.6	35.2	32.6	31.6
Puerto Rican	45.9	42.3	44.5	45.1	49.4	46.2	45.9	42.9	43.6
Cuban	57.4	56.5	54.0	58.4	53.6	53.5	49.2	46.4	47.4
Other Hispanic or Latino	57.4	54.7	46.7	47.0	47.3	42.6	39.8	36.9	37.8
Not Hispanic or Latino	70.7	70.5	68.2	69.5	70.6	68.0	65.2	62.8	61.3
White only	74.0	74.1	72.1	73.3	74.5	71.9	69.0	66.8	65.7
Black or African American only	52.5	52.8	49.8	52.9	53.6	50.9	48.2	45.9	42.6
Age and percent of poverty level ⁷									
Under 65 years:									
Below 100%	24.1	19.8	17.5	20.0	21.0	17.8	15.5	11.9	12.4
100%–199%	61.7	56.1	49.3	48.9	45.4	40.1	33.8	33.3	30.2
100%–133%	50.0	44.3	36.0	35.4	35.0	31.3	23.8	22.6	20.6
134%–199%	66.9	61.5	56.6	55.4	50.5	44.8	39.1	39.0	35.3
200%–399%	82.8	82.2	80.5	76.5	73.4	69.8	66.8	64.7	65.3
400% or more	88.8	87.8	86.7	87.4	87.9	86.1	84.6	84.1	84.2

See footnotes at end of table.

Table 139 (page 2 of 3). Private health insurance coverage obtained through the workplace among persons under 65 years of age, by selected characteristics: United States, selected years 1984–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#139>.

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

Characteristic	Private insurance obtained through workplace ¹								
	1984 ²	1989 ²	1995 ²	1997	2000 ³	2005	2008	2009	2010
	Percent of population								
Under 19 years:									
Below 100%	23.6	18.6	15.1	17.0	17.1	13.3	11.3	7.9	8.2
100%–199%	67.0	62.1	50.5	51.2	45.8	38.3	31.4	31.9	28.8
100%–133%	56.1	49.9	37.4	35.8	33.6	29.1	21.0	19.8	17.9
134%–199%	72.3	67.9	58.8	59.0	52.2	43.7	37.1	38.9	35.1
200%–399%	85.7	86.0	83.9	80.0	76.9	72.4	68.3	67.7	68.7
400% or more	90.8	90.3	87.5	89.7	89.5	88.3	86.9	86.0	86.5
Under 18 years:									
Below 100%	23.0	17.5	13.6	16.2	16.6	12.5	10.3	7.5	7.8
100%–199%	67.5	62.5	50.9	51.2	45.8	38.2	31.4	32.0	28.8
100%–133%	56.3	50.3	37.2	35.2	33.5	28.6	21.0	19.8	17.8
134%–199%	72.8	68.4	59.6	59.4	52.4	43.9	37.1	38.9	35.2
200%–399%	85.9	86.4	84.1	80.2	77.1	72.4	68.4	67.6	68.7
400% or more	90.7	90.5	87.1	89.8	89.7	88.5	87.1	86.0	86.6
18–64 years:									
Below 100%	24.8	21.8	20.5	22.7	24.0	21.2	18.7	14.8	15.4
100%–199%	58.3	52.3	48.4	47.6	45.2	41.1	35.1	34.0	30.9
100%–133%	46.0	40.4	35.3	35.5	35.9	32.9	25.5	24.2	22.1
134%–199%	63.6	57.5	55.0	53.2	49.5	45.3	40.1	39.0	35.3
200%–399%	81.4	80.2	78.8	74.7	71.7	68.7	66.1	63.6	63.9
400% or more	88.5	87.5	86.7	86.8	87.5	85.4	83.9	83.6	83.6
Disability measure among adults 18–64 years ⁸									
Any basic actions difficulty or complex activity limitation	---	---	---	57.3	58.5	53.3	49.1	46.7	48.0
Any basic actions difficulty	---	---	---	58.0	59.1	54.0	49.9	47.4	48.9
Any complex activity limitation	---	---	---	43.3	43.5	38.9	33.5	31.1	32.8
No disability	---	---	---	72.5	72.5	68.5	67.5	64.8	63.5
Geographic region									
Northeast	74.0	75.0	69.8	71.0	72.5	70.6	68.0	65.3	64.4
Midwest	72.0	73.3	71.2	72.6	74.9	70.1	64.7	62.0	61.8
South	66.2	63.6	61.8	62.9	62.5	58.0	56.7	54.1	52.2
West	64.7	63.9	60.4	60.7	61.1	59.7	56.8	54.5	52.7
Location of residence									
Within MSA ⁹	70.9	69.6	66.6	67.3	68.2	64.5	61.5	59.3	57.9
Outside MSA ⁹	65.3	63.5	60.7	62.8	62.6	59.6	55.1	50.8	49.4

See footnotes at end of table.

Table 139 (page 3 of 3). Private health insurance coverage obtained through the workplace among persons under 65 years of age, by selected characteristics: United States, selected years 1984–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#139>.

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

-- Data not available.

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

¹Any private insurance at the time of interview that was originally obtained through a present or former employer or union, or, starting with 1997 data, through the workplace, self-employment, or a professional association; includes those who also had another type of coverage.

²Data prior to 1997 are not strictly comparable with data for later years due to the 1997 questionnaire redesign. See [Appendix I, National Health Interview Survey \(NHIS\)](#) and [Appendix II, Health insurance coverage](#).

³Estimates for 2000–2002 were calculated using 2000-based sample weights and may differ from estimates in other reports that used 1990-based sample weights for 2000–2002 estimates.

⁴Includes all other races not shown separately, those with unknown marital status, unknown disability status, and, in 1984 and 1989, persons with unknown poverty level.

⁵Includes persons 14–64 years of age.

⁶The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Prior to 1999, data were tabulated according to the 1977 Standards with four racial groups, and the Asian only category included Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁷Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Poverty level was unknown for 10%–11% of persons under 65 years of age in 1984 and 1989. Missing family income data were imputed for 1995 and beyond. Some data have been revised and may differ from previous versions of *Health, United States*. Revised rates are due to the addition of a third decimal place to the poverty ratio estimate. See [Appendix II, Family income; Poverty; Table VI](#).

⁸Any basic actions difficulty or complex activity limitation is defined as having one or more of the following limitations or difficulties: movement difficulty, emotional difficulty, sensory (seeing or hearing) difficulty, cognitive difficulty, self-care (activities of daily living or instrumental activities of daily living) limitation, social limitation, or work limitation. For more information, see [Appendix II, Basic actions difficulty; Complex activity limitation](#). Starting with 2007 data, the hearing question, a component of the basic actions difficulty measure, was revised. Consequently, data prior to 2007 are not comparable with data for 2007 and beyond. For more information on the impact of the revised hearing question, see [Appendix II, Hearing trouble](#).

⁹MSA is metropolitan statistical area. Starting with 2006 data, MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2006, see [Appendix II, Metropolitan statistical area \(MSA\)](#) for the applicable standards.

NOTES: Private coverage through the workplace is at the time of interview. The number of persons with private coverage through the workplace was calculated by multiplying the percentage with private coverage through the workplace by the number of persons under 65 years of age in the civilian noninstitutionalized U.S. population. Percentages were calculated with unknown values excluded from denominators. See [Appendix II, Health insurance coverage](#). Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Health Interview Survey, health insurance supplements (1984, 1989, 1994–1996). Starting with 1997, data are from the family core and the sample adult questionnaires. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 140 (page 1 of 3). Medicaid coverage among persons under 65 years of age, by selected characteristics: United States, selected years 1984–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#140>.

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

Characteristic	1984 ¹	1989 ¹	1995 ¹	1997	2000 ²	2004(1) ³	2004(2) ³	2008 ³	2009 ³	2010 ³
Number in millions										
Total ⁴	14.0	15.4	26.6	22.9	23.2	31.1	31.6	38.4	42.4	44.8
Percent of population										
Total ⁴	6.8	7.2	11.5	9.7	9.5	12.3	12.5	14.7	16.1	16.9
Age										
Under 19 years	11.7	12.2	21.1	18.0	19.2	25.4	25.8	30.6	33.9	35.7
Under 6 years	15.5	15.7	29.3	24.7	24.7	31.8	32.4	38.1	41.4	43.7
6–18 years	9.8	10.5	17.0	14.9	16.8	22.5	22.9	27.1	30.3	31.8
Under 18 years	11.9	12.6	21.5	18.4	19.6	25.9	26.4	31.3	34.5	36.4
6–17 years	10.1	10.9	17.4	15.2	17.2	23.1	23.4	27.9	30.9	32.5
18–64 years	4.5	4.9	7.1	5.9	5.2	6.7	6.8	8.1	8.9	9.2
18–44 years	5.1	5.2	7.8	6.6	5.6	7.5	7.7	9.2	10.3	10.9
18–24 years	6.4	6.8	10.4	8.8	8.1	10.3	10.4	12.2	14.0	14.5
19–25 years	6.3	6.6	10.2	8.5	7.3	9.0	9.1	10.6	12.2	12.6
25–34 years	5.3	5.2	8.2	6.8	5.5	7.6	7.8	9.3	10.1	11.1
35–44 years	3.5	4.0	5.9	5.2	4.3	5.7	5.8	7.1	7.7	8.1
45–64 years	3.4	4.3	5.6	4.6	4.5	5.4	5.5	6.4	6.9	6.8
45–54 years	3.2	3.8	5.1	4.0	4.2	5.4	5.5	6.2	7.0	7.0
55–64 years	3.6	4.9	6.4	5.6	4.9	5.4	5.5	6.8	6.8	6.6
Sex										
Male	5.4	5.7	9.6	8.4	8.2	10.8	11.0	13.4	14.4	15.2
Female	8.1	8.6	13.4	11.1	10.8	13.7	13.9	15.9	17.8	18.5
Sex and marital status ⁵										
Male:										
Married	1.9	1.8	2.9	2.5	2.2	2.9	3.0	3.6	4.1	4.0
Divorced, separated, widowed	4.9	5.4	7.7	5.7	6.1	6.7	6.8	8.1	8.3	9.3
Never married	4.8	5.6	8.1	7.0	7.2	10.2	10.4	12.1	13.1	13.5
Female:										
Married	2.6	3.0	5.2	3.5	3.1	4.2	4.3	5.2	5.3	5.7
Divorced, separated, widowed	16.0	16.1	19.0	14.7	12.7	14.9	15.2	17.2	18.7	17.6
Never married	10.7	11.9	16.5	14.2	13.2	16.9	17.1	18.7	20.9	22.2
Race ⁶										
White only	4.6	5.1	8.9	7.4	7.1	10.2	10.4	12.1	13.7	14.5
Black or African American only	20.5	19.0	28.5	22.4	21.2	24.5	24.9	28.3	29.5	30.4
American Indian or Alaska Native only	*28.2	29.7	19.0	19.6	15.1	18.0	18.4	37.0	29.7	21.6
Asian only	*8.7	*8.8	10.5	9.6	7.5	9.6	9.8	9.2	9.9	12.0
Native Hawaiian or Other Pacific Islander only	---	---	---	---	*	*	*	*	*	*
2 or more races	---	---	---	---	19.1	19.0	19.3	24.7	30.1	27.4
Hispanic origin and race ⁶										
Hispanic or Latino	13.3	13.5	21.9	17.6	15.5	21.9	22.5	24.9	27.6	28.6
Mexican	12.2	12.4	21.6	17.2	14.0	21.9	22.4	25.4	28.4	29.5
Puerto Rican	31.5	27.3	33.4	31.0	29.4	28.5	29.1	31.0	32.1	35.7
Cuban	*4.8	*7.7	13.4	7.3	9.2	17.9	17.9	13.0	16.7	17.3
Other Hispanic or Latino	7.9	11.1	18.2	15.3	14.5	19.9	20.8	22.3	24.6	24.5
Not Hispanic or Latino	6.2	6.5	10.2	8.7	8.5	10.5	10.7	12.6	13.7	14.4
White only	3.7	4.1	7.1	6.1	6.1	7.8	7.9	9.2	10.4	11.0
Black or African American only	20.7	19.0	28.1	22.1	21.0	24.1	24.6	27.9	29.1	30.0
Age and percent of poverty level ⁷										
Under 65 years:										
Below 100%	33.0	37.6	48.4	40.5	38.4	44.2	45.0	49.1	51.2	50.8
100%–199%	5.3	7.5	14.4	13.0	16.2	21.6	22.0	27.4	29.0	28.5
100%–133%	8.7	11.9	23.1	20.1	22.4	28.5	29.1	36.1	39.3	36.3
134%–199%	3.7	5.6	9.7	9.5	13.1	18.2	18.6	22.9	23.6	24.4
200%–399%	0.8	1.3	2.3	2.7	4.0	6.1	6.1	7.8	8.0	8.4
400% or more	0.2	0.5	0.4	0.8	0.9	1.5	1.5	1.6	1.7	2.0

See footnotes at end of table.

Table 140 (page 2 of 3). Medicaid coverage among persons under 65 years of age, by selected characteristics: United States, selected years 1984–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#140>.

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

Characteristic	1984 ¹	1989 ¹	1995 ¹	1997	2000 ²	2004(1) ³	2004(2) ³	2008 ³	2009 ³	2010 ³
Percent of population										
Under 19 years:										
Below 100%	42.0	45.8	63.5	56.4	56.9	67.5	68.9	73.4	77.5	78.4
100%–199%	6.5	8.6	21.3	20.3	27.8	38.7	39.5	48.5	52.7	53.5
100%–133%	10.3	13.4	32.4	31.1	36.4	48.3	49.2	60.0	65.6	63.5
134%–199%	4.7	6.3	14.3	14.8	23.3	33.9	34.6	42.3	45.3	47.7
200%–399%	1.0	1.7	3.5	4.4	7.6	12.1	12.2	16.4	16.4	17.7
400% or more	*	*1.2	*	1.3	2.1	3.2	3.2	3.5	3.6	4.3
Under 18 years:										
Below 100%	43.3	47.8	66.0	58.0	58.5	69.2	70.7	75.3	78.3	79.8
100%–199%	6.6	8.7	21.6	20.8	28.4	39.5	40.2	49.5	53.5	54.3
100%–133%	10.4	13.5	32.9	32.0	36.9	48.9	49.8	61.1	66.9	64.6
134%–199%	4.8	6.4	14.4	15.1	23.8	34.7	35.4	43.2	45.9	48.2
200%–399%	1.0	1.7	3.5	4.5	7.6	12.2	12.3	16.8	16.8	18.0
400% or more	*	*1.1	*	1.3	2.2	3.3	3.3	3.6	3.7	4.3
18–64 years:										
Below 100%	25.3	29.1	34.8	28.0	24.9	28.6	28.9	33.0	33.6	32.4
100%–199%	4.5	6.8	10.2	8.6	9.1	11.9	12.2	15.3	16.2	15.7
100%–133%	7.6	10.8	16.3	13.0	13.2	17.0	17.4	21.9	23.7	21.0
134%–199%	3.1	5.1	7.2	6.5	7.2	9.5	9.7	11.8	12.4	13.0
200%–399%	0.7	1.1	1.7	1.9	2.4	3.4	3.4	4.1	4.6	4.8
400% or more	0.2	0.4	0.4	0.7	0.6	1.0	1.0	1.1	1.2	1.3
Disability measure among adults 18–64 years ⁸										
Any basic actions difficulty or complex activity limitation	---	---	---	13.2	12.8	14.7	14.9	18.6	18.2	17.8
Any basic actions difficulty	---	---	---	12.7	12.2	14.0	14.2	17.7	17.8	16.7
Any complex activity limitation	---	---	---	22.9	23.2	23.9	24.1	31.0	30.2	30.0
No disability	---	---	---	3.5	3.0	4.5	4.7	4.9	6.4	6.8
Geographic region										
Northeast	8.6	6.6	11.7	11.3	10.6	12.8	13.0	16.1	17.3	17.9
Midwest	7.4	7.6	10.5	8.4	8.0	10.2	10.4	14.5	16.4	17.3
South	5.1	6.5	11.3	8.7	9.4	12.2	12.4	13.5	14.8	16.0
West	7.0	8.5	12.9	11.7	10.4	14.2	14.4	15.7	16.8	17.1
Location of residence										
Within MSA ⁹	7.1	7.0	11.3	9.7	8.9	11.7	11.9	14.2	15.2	16.1
Outside MSA ⁹	6.1	7.9	12.3	10.1	11.9	14.8	15.0	17.2	20.8	21.4

See footnotes at end of table.

Table 140 (page 3 of 3). Medicaid coverage among persons under 65 years of age, by selected characteristics: United States, selected years 1984–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#140>.

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

-- Data not available.

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

¹Data prior to 1997 are not strictly comparable with data for later years due to the 1997 questionnaire redesign. See [Appendix I, National Health Interview Survey \(NHIS\)](#) and [Appendix II, Health insurance coverage](#).

²Estimates for 2000–2002 were calculated using 2000-based sample weights and may differ from estimates in other reports that used 1990-based sample weights for 2000–2002 estimates.

³Beginning in quarter 3 of the 2004 NHIS, persons under 65 years of age with no reported coverage were asked explicitly about Medicaid coverage. Estimates were calculated without and with the additional information from this question in the columns labeled 2004(1) and 2004(2), respectively, and estimates were calculated with the additional information starting with 2005 data.

⁴Includes all other races not shown separately, those with unknown marital status, unknown disability status, and, in 1984 and 1989, persons with unknown poverty level.

⁵Includes persons 14–64 years of age.

⁶The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Prior to 1999, data were tabulated according to the 1977 Standards with four racial groups, and the Asian only category included Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁷Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Poverty level was unknown for 10%–11% of persons under 65 years of age in 1984 and 1989. Missing family income data were imputed for 1995 and beyond. Some data have been revised and may differ from previous versions of *Health, United States*. Revised rates are due to the addition of a third decimal place to the poverty ratio estimate. See [Appendix II, Family income; Poverty; Table VI](#).

⁸Any basic actions difficulty or complex activity limitation is defined as having one or more of the following limitations or difficulties: movement difficulty, emotional difficulty, sensory (seeing or hearing) difficulty, cognitive difficulty, self-care (activities of daily living or instrumental activities of daily living) limitation, social limitation, or work limitation. For more information, see [Appendix II, Basic actions difficulty; Complex activity limitation](#). Starting with 2007 data, the hearing question, a component of the basic actions difficulty measure, was revised. Consequently, data prior to 2007 are not comparable with data for 2007 and beyond. For more information on the impact of the revised hearing question, see [Appendix II, Hearing trouble](#).

⁹MSA is metropolitan statistical area. Starting with 2006 data, MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2006, see [Appendix II, Metropolitan statistical area \(MSA\)](#) for the applicable standards.

NOTES: The category Medicaid coverage includes persons who had any of the following at the time of interview: Medicaid, other public assistance through 1996, state-sponsored health plan starting in 1997, or Children's Health Insurance Program (CHIP) starting in 1999; it includes those who also had another type of coverage in addition to one of these. In 2007, 11.2% of persons under 65 years of age reported being covered by Medicaid, 1.2% by state-sponsored health plans, and 1.5% by CHIP. The number of persons with Medicaid coverage was calculated by multiplying the percentage with Medicaid coverage by the number of persons under 65 years of age in the civilian noninstitutionalized U.S. population. Percentages were calculated with unknown values excluded from denominators. See [Appendix II, Health insurance coverage](#). Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Health Interview Survey, health insurance supplements (1984, 1989, 1994–1996). Starting with 1997, data are from the family core and the sample adult questionnaires. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 141 (page 1 of 3). No health insurance coverage among persons under 65 years of age, by selected characteristics: United States, selected years 1984–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#141>.

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

Characteristic	1984 ¹	1989 ¹	1995 ¹	1997	2000 ²	2004(1) ³	2004(2) ³	2008 ³	2009 ³	2010 ³
	Number in millions									
Total ⁴	29.8	33.4	37.1	41.0	41.4	42.1	41.6	44.1	46.2	48.3
	Percent of population									
Total ⁴	14.5	15.6	16.1	17.5	17.0	16.6	16.4	16.8	17.5	18.2
Age										
Under 19 years	14.1	15.0	13.7	14.4	12.9	10.1	9.6	9.5	8.5	8.3
Under 6 years	14.9	15.1	11.8	12.5	11.8	8.9	8.2	7.6	6.6	6.3
6–18 years	13.8	15.0	14.6	15.2	13.4	10.6	10.3	10.5	9.4	9.2
Under 18 years	13.9	14.7	13.4	14.0	12.6	9.7	9.2	9.0	8.2	7.8
6–17 years	13.4	14.5	14.3	14.7	13.0	10.0	9.7	9.8	9.0	8.6
18–64 years	14.8	16.0	17.3	19.0	18.9	19.4	19.3	19.9	21.2	22.3
18–44 years	17.1	18.4	20.4	22.4	22.4	23.6	23.5	24.4	25.9	27.1
18–24 years	25.0	27.1	28.0	30.1	30.4	30.1	30.0	29.0	29.6	31.4
19–25 years	25.1	27.9	28.8	31.5	32.3	32.3	32.2	31.1	32.8	33.8
25–34 years	16.2	18.3	21.1	23.8	23.3	25.7	25.5	26.6	27.8	28.3
35–44 years	11.2	12.3	15.1	16.7	16.9	17.6	17.5	19.1	21.4	22.6
45–64 years	9.6	10.5	10.9	12.4	12.6	12.9	12.8	13.6	14.6	15.7
45–54 years	10.5	11.0	11.6	12.8	12.8	13.7	13.6	14.9	16.5	17.9
55–64 years	8.7	10.0	9.9	11.8	12.4	11.7	11.6	11.8	12.2	12.8
Sex										
Male	15.3	16.8	17.4	18.7	18.1	18.1	17.9	18.3	19.4	20.3
Female	13.8	14.4	14.8	16.3	15.9	15.2	14.9	15.4	15.7	16.1
Sex and marital status ⁵										
Male:										
Married	11.1	12.5	15.0	13.9	14.1	14.5	14.4	15.4	16.3	17.2
Divorced, separated, widowed	24.9	25.0	24.0	28.8	25.8	27.1	27.0	27.0	29.8	31.4
Never married	22.4	25.0	25.6	27.9	27.2	27.6	27.5	27.6	29.4	31.1
Female:										
Married	11.2	11.8	13.6	13.0	13.3	13.2	13.1	13.5	14.2	14.7
Divorced, separated, widowed	19.2	19.1	18.1	23.2	21.3	23.3	23.0	22.1	22.8	23.6
Never married	16.3	18.0	17.5	20.5	21.1	19.6	19.3	20.7	21.0	21.9
Race ⁶										
White only	13.6	14.5	15.5	16.4	15.4	16.3	16.1	16.7	17.1	17.6
Black or African American only	19.9	21.6	18.0	20.1	19.5	18.1	17.6	18.0	18.9	20.6
American Indian or Alaska Native only	22.5	28.4	34.3	38.1	38.4	35.0	34.6	28.4	32.5	44.0
Asian only	18.5	16.9	18.6	19.5	17.6	16.7	16.5	13.9	16.2	17.1
Native Hawaiian or Other Pacific Islander only	---	---	---	---	*	*	*	*	*	*
2 or more races	---	---	---	---	16.8	12.6	12.3	15.8	18.2	15.8
Hispanic origin and race ⁶										
Hispanic or Latino	29.5	33.7	31.4	34.5	35.6	35.1	34.4	33.3	32.9	32.0
Mexican	33.8	39.9	35.6	39.4	39.9	38.1	37.6	36.1	35.0	34.8
Puerto Rican	18.3	24.7	17.6	19.0	16.4	21.0	20.4	16.8	17.8	13.7
Cuban	21.6	20.6	22.3	21.1	25.4	22.8	22.8	28.1	27.8	26.5
Other Hispanic or Latino	27.4	25.8	30.2	33.0	33.4	33.3	32.3	32.5	33.4	32.4
Not Hispanic or Latino	13.2	13.7	14.2	15.2	14.0	13.3	13.2	13.5	14.4	15.2
White only	11.9	12.1	13.0	13.8	12.5	12.1	12.0	12.5	13.2	13.7
Black or African American only	19.7	21.5	17.9	20.0	19.5	17.8	17.3	17.9	18.8	20.7
Age and percent of poverty level ⁷										
Under 65 years:										
Below 100%	33.9	35.2	29.6	33.7	34.2	31.8	31.0	29.0	30.4	30.3
100%–199%	21.8	25.6	28.3	30.6	31.0	29.4	29.0	30.6	29.8	32.4
100%–133%	28.8	32.3	34.1	36.6	35.7	32.3	31.7	32.8	30.1	34.9
134%–199%	18.7	22.6	25.1	27.7	28.7	28.0	27.6	29.5	29.6	31.0
200%–399%	7.6	8.3	10.0	14.2	15.4	15.7	15.6	16.6	17.8	17.4
400% or more	3.2	4.2	5.4	6.1	5.9	5.9	5.9	6.2	5.8	5.6

See footnotes at end of table.

Table 141 (page 2 of 3). No health insurance coverage among persons under 65 years of age, by selected characteristics: United States, selected years 1984–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#141>.

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

Characteristic	1984 ¹	1989 ¹	1995 ¹	1997	2000 ²	2004(1) ³	2004(2) ³	2008 ³	2009 ³	2010 ³
Percent of population										
Under 19 years:										
Below 100%	29.0	31.7	20.4	23.8	22.6	17.2	15.7	14.0	12.2	11.3
100%–199%	18.0	20.7	22.6	23.7	22.1	16.5	15.8	16.3	13.0	13.5
100%–133%	24.4	27.6	26.4	28.2	26.5	18.4	17.6	17.3	12.9	15.9
134%–199%	14.9	17.4	20.1	21.4	19.7	15.5	14.9	15.8	13.1	12.0
200%–399%	5.1	4.9	6.7	9.7	9.6	8.1	8.0	8.0	8.0	7.4
400% or more	1.8	2.1	4.4	4.0	3.5	2.8	2.8	2.8	2.4	2.3
Under 18 years:										
Below 100%	28.9	31.6	20.0	23.2	22.0	16.5	15.0	13.3	11.8	10.6
100%–199%	17.5	20.2	22.0	23.2	21.7	15.8	15.1	15.5	12.3	12.7
100%–133%	24.0	27.1	26.1	28.1	26.4	17.9	17.1	16.4	11.8	15.1
134%–199%	14.4	16.9	19.5	20.7	19.1	14.7	14.1	15.0	12.6	11.3
200%–399%	4.9	4.7	6.6	9.4	9.3	7.7	7.6	7.5	7.8	7.0
400% or more	1.8	1.9	4.6	3.9	3.3	2.6	2.6	2.7	2.3	2.1
18–64 years:										
Below 100%	37.6	38.2	37.0	41.2	42.4	41.4	41.0	38.6	42.5	42.7
100%–199%	24.4	28.8	32.0	34.7	36.4	36.7	36.5	38.9	38.9	42.1
100%–133%	31.9	35.6	39.7	41.7	41.7	40.4	40.0	42.1	40.4	45.7
134%–199%	21.1	25.9	28.2	31.5	34.0	35.0	34.8	37.3	38.1	40.3
200%–399%	8.9	10.0	11.7	16.4	18.2	19.1	19.1	20.2	21.7	21.3
400% or more	3.4	4.4	5.5	6.7	6.6	6.8	6.8	7.1	6.7	6.5
Disability measure among adults 18–64 years ⁸										
Any basic actions difficulty or complex activity limitation	---	---	---	20.1	17.6	19.8	19.6	19.5	21.4	20.8
Any basic actions difficulty	---	---	---	20.1	17.6	20.0	19.8	19.4	21.2	20.9
Any complex activity limitation	---	---	---	20.2	16.1	18.1	17.9	15.8	19.2	17.2
No disability	---	---	---	17.6	18.5	19.3	19.2	19.8	21.2	21.6
Geographic region										
Northeast	10.2	10.9	13.3	13.5	12.2	11.9	11.8	11.4	11.4	12.4
Midwest	11.3	10.7	12.2	13.2	12.3	12.6	12.4	13.9	14.6	14.1
South	17.7	19.7	19.4	20.9	20.5	20.2	19.9	20.1	21.2	21.9
West	18.2	18.8	17.9	20.6	20.7	19.1	18.9	18.8	19.4	20.6
Location of residence										
Within MSA ⁹	13.6	15.2	15.5	16.9	16.6	16.4	16.2	16.4	17.1	17.8
Outside MSA ⁹	16.6	17.0	18.6	19.8	18.6	17.4	17.2	19.1	20.2	20.4

See footnotes at end of table.

Table 141 (page 3 of 3). No health insurance coverage among persons under 65 years of age, by selected characteristics: United States, selected years 1984–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2011.htm#141>.

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

-- Data not available.

*Estimates are considered unreliable. Data not shown have a relative standard error of greater than 30%.

¹Data prior to 1997 are not strictly comparable with data for later years due to the 1997 questionnaire redesign. See [Appendix I, National Health Interview Survey \(NHIS\)](#) and [Appendix II, Health insurance coverage](#).

²Estimates for 2000–2002 were calculated using 2000-based sample weights and may differ from estimates in other reports that used 1990-based sample weights for 2000–2002 estimates.

³Beginning in quarter 3 of the 2004 NHIS, persons under 65 years of age with no reported coverage were asked explicitly about Medicaid coverage. Estimates were calculated without and with the additional information from this question in the columns labeled 2004(1) and 2004(2), respectively, and estimates were calculated with the additional information starting with 2005 data.

⁴Includes all other races not shown separately, those with unknown marital status, unknown disability status, and, in 1984 and 1989, persons with unknown poverty level.

⁵Includes persons 14–64 years of age.

⁶The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Prior to 1999, data were tabulated according to the 1977 Standards with four racial groups, and the Asian only category included Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁷Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Poverty level was unknown for 10%–11% of persons under 65 years of age in 1984 and 1989. Missing family income data were imputed for 1995 and beyond. Some data have been revised and may differ from previous versions of *Health, United States*. Revised rates are due to the addition of a third decimal place to the poverty ratio estimate. See [Appendix II, Family income; Poverty; Table VI](#).

⁸Any basic actions difficulty or complex activity limitation is defined as having one or more of the following limitations or difficulties: movement difficulty, emotional difficulty, sensory (seeing or hearing) difficulty, cognitive difficulty, self-care (activities of daily living or instrumental activities of daily living) limitation, social limitation, or work limitation. For more information, see [Appendix II, Basic actions difficulty; Complex activity limitation](#). Starting with 2007 data, the hearing question, a component of the basic actions difficulty measure, was revised. Consequently, data prior to 2007 are not comparable with data for 2007 and beyond. For more information on the impact of the revised hearing question, see [Appendix II, Hearing trouble](#).

⁹MSA is metropolitan statistical area. Starting with 2006 data, MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2006, see [Appendix II, Metropolitan statistical area \(MSA\)](#) for the applicable standards.

NOTES: Persons not covered by private insurance, Medicaid, Children's Health Insurance Program (CHIP), public assistance (through 1996), state-sponsored or other government-sponsored health plans (starting in 1997), Medicare, or military plans are considered to have no health insurance coverage. Persons with only Indian Health Service coverage are considered to have no health insurance coverage. Health insurance coverage is at the time of interview. The number of persons with no health insurance coverage was calculated by multiplying the percentage with no coverage by the number of persons under 65 years of age in the civilian noninstitutionalized U.S. population. Percentages were calculated with unknown values excluded from denominators. See [Appendix II, Health insurance coverage](#). Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See [Appendix III](#).

SOURCE: CDC/NCHS, National Health Interview Survey, health insurance supplements (1984, 1989, 1994–1996). Starting with 1997, data are from the family core and the sample adult questionnaires. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 142 (page 1 of 2). Health insurance coverage of Medicare beneficiaries 65 years of age and over, by type of coverage and selected characteristics: United States, selected years 1992–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#142>.

[Data are based on household interviews of a sample of noninstitutionalized Medicare beneficiaries]

Characteristic	Medicare Risk Health Maintenance Organization ¹					Medicaid ²				
	1992	1995	2000	2007	2008	1992	1995	2000	2007	2008
Age										
Number in millions										
65 years and over	1.1	2.6	5.9	7.3	8.1	2.7	2.8	2.7	3.3	3.2
Percent of population										
65 years and over	3.9	8.9	19.3	20.4	22.1	9.4	9.6	9.0	9.2	8.8
65–74 years	4.2	9.5	20.6	21.0	22.9	7.9	8.8	8.5	8.8	8.2
75–84 years	3.7	8.3	18.5	20.8	23.0	10.6	9.6	8.9	9.3	9.1
85 years and over	*	7.3	16.3	17.0	16.5	16.6	13.6	11.2	11.4	10.3
Sex										
Male	4.6	9.2	19.3	21.9	23.6	6.3	6.2	6.3	6.6	5.8
Female	3.4	8.6	19.3	19.2	20.9	11.6	12.0	10.9	11.4	11.2
Race and Hispanic origin										
White, not Hispanic or Latino . . .	3.6	8.4	18.4	18.5	20.2	5.6	5.4	5.1	5.7	5.4
Black, not Hispanic or Latino . . .	*	7.9	20.7	27.9	28.5	28.5	30.3	23.6	18.8	20.0
Hispanic	*	15.5	27.5	36.7	37.5	39.0	40.5	28.7	24.4	21.1
Percent of poverty level ³										
Below 100%	3.6	7.7	18.4	---	---	22.3	17.2	15.9	---	---
100%–less than 200%	3.7	9.5	23.4	---	---	6.7	6.3	8.4	---	---
200% or more	4.2	10.1	18.0	---	---	*	*	*	---	---
Marital status										
Married	4.6	9.5	18.7	22.2	24.2	4.0	4.3	4.3	4.1	4.0
Widowed	2.3	7.7	19.4	15.8	17.1	14.9	15.0	13.6	14.3	13.9
Divorced	*	9.7	24.4	24.5	25.5	23.4	24.5	20.2	18.0	16.8
Never married	*	*	15.8	21.1	20.7	19.2	19.0	17.0	22.1	18.2
Employer-sponsored plan ⁴										
Medigap ⁵										
Characteristic	1992	1995	2000	2007	2008	1992	1995	2000	2007	2008
Age										
Number in millions										
65 years and over	12.5	11.3	10.7	12.1	12.0	9.9	9.5	7.6	7.9	7.9
Percent of population										
65 years and over	42.8	38.6	35.2	33.8	32.7	33.9	32.5	25.0	22.0	21.5
65–74 years	46.9	41.1	36.6	35.1	34.0	31.4	29.9	21.7	20.4	19.6
75–84 years	38.2	37.1	35.0	33.1	31.2	37.5	35.2	27.8	22.9	22.7
85 years and over	31.6	30.2	29.4	30.2	31.1	38.3	37.6	31.1	26.2	26.3
Sex										
Male	46.3	42.1	37.7	36.5	35.3	30.6	30.0	23.4	20.2	20.1
Female	40.4	36.0	33.4	31.6	30.7	36.2	34.4	26.2	23.4	22.7
Race and Hispanic origin										
White, not Hispanic or Latino . . .	45.9	41.3	38.6	36.8	35.4	37.2	36.2	28.3	25.3	24.9
Black, not Hispanic or Latino . . .	25.9	26.7	22.0	25.8	23.2	13.6	10.2	7.5	7.3	6.5
Hispanic	20.7	16.9	15.8	16.2	19.7	15.8	10.1	11.3	7.7	7.8
Percent of poverty level ³										
Below 100%	29.0	32.1	28.1	---	---	30.8	29.8	22.6	---	---
100%–less than 200%	37.5	32.0	27.0	---	---	39.3	39.1	28.4	---	---
200% or more	58.4	52.8	49.0	---	---	32.8	32.2	26.2	---	---
Marital status										
Married	49.9	44.6	41.0	39.1	38.3	33.0	32.6	25.6	22.1	21.4
Widowed	34.1	30.3	28.7	28.7	27.6	37.5	35.2	26.7	24.3	23.6
Divorced	27.3	26.6	22.4	22.3	19.3	27.9	24.1	16.9	16.1	18.5
Never married	38.0	35.1	28.5	28.1	28.9	29.1	26.2	21.9	17.4	14.6

See footnotes at end of table.

Table 142 (page 2 of 2). Health insurance coverage of Medicare beneficiaries 65 years of age and over, by type of coverage and selected characteristics: United States, selected years 1992–2008

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#142>.

[Data are based on household interviews of a sample of noninstitutionalized Medicare beneficiaries]

Characteristic	Medicare fee-for-service only or Other ⁶				
	1992	1995	2000	2007	2008
Age					
Number in millions					
65 years and over	2.9	3.1	3.5	5.2	5.5
Percent of population					
65 years and over	9.9	10.5	11.5	14.6	14.9
65–74 years	9.7	10.7	12.6	14.8	15.2
75–84 years	10.1	9.9	9.9	14.0	14.0
85 years and over	10.8	11.3	12.1	15.2	15.8
Sex					
Male	12.2	12.6	13.3	14.8	15.1
Female	8.3	8.9	10.2	14.4	14.7
Race and Hispanic origin					
White, not Hispanic or Latino . . .	7.7	8.7	9.6	13.7	14.1
Black, not Hispanic or Latino . . .	26.7	25.0	26.1	20.2	21.7
Hispanic	18.3	17.1	16.7	15.0	13.9
Percent of poverty level ³					
Below 100%	14.3	13.3	15.1	---	---
100%–less than 200%	12.9	13.1	12.7	---	---
200% or more	4.0	4.5	6.3	---	---
Marital status					
Married	8.5	9.0	10.5	12.6	12.1
Widowed	11.2	11.9	11.6	16.8	17.7
Divorced	15.7	15.1	16.1	19.1	20.0
Never married	*	13.1	16.8	11.4	17.7

* Estimates are considered unreliable if the sample cell size is 50 or fewer.

--- Data not available.

¹Enrollee has Medicare Risk Health Maintenance Organization (HMO) regardless of other insurance. See [Appendix II, Managed care](#).

²Enrolled in Medicaid and not enrolled in a Medicare risk HMO. See [Appendix II, Managed care](#).

³Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. See [Appendix II, Family income; Poverty](#).

⁴Private insurance plans purchased through employers (own, current, or former employer, family business, union, or former employer or union of spouse) and not enrolled in a Medicare risk HMO or Medicaid.

⁵Supplemental insurance purchased privately or through organizations such as American Association of Retired Persons or professional organizations, and not enrolled in a Medicare risk HMO, Medicaid, or employer-sponsored plan.

⁶Medicare fee-for-service only or other public plans (except Medicaid).

NOTES: Data for noninstitutionalized Medicare beneficiaries. Insurance categories are mutually exclusive. Persons with more than one type of coverage are categorized according to the order in which the health insurance categories appear. See [Appendix I, Medicare Current Beneficiary Survey \(MCBS\)](#). Data for additional years are available. See [Appendix III](#).

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Access to Care file. See [Appendix I, Medicare Current Beneficiary Survey \(MCBS\)](#).

Table 143 (page 1 of 2). Medicare enrollees and expenditures and percent distribution, by Medicare program and type of service: United States and other areas, selected years 1970–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#143>.

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

Medicare program and type of service	1970	1980	1990	1995	2000	2003	2004	2005	2008	2009 ¹	2010 ¹
Enrollees											
Number in millions											
Total Medicare ²	20.4	28.4	34.3	37.6	39.7	41.2	41.9	42.6	45.5	46.6	47.5
Hospital insurance	20.1	28.0	33.7	37.2	39.3	40.7	41.5	42.2	45.1	46.2	47.1
Supplementary medical insurance (SMI) ³	19.5	27.3	32.6	35.6	37.3	38.6	---	---	---	---	---
Part B	19.5	27.3	32.6	35.6	37.3	38.6	39.1	39.8	42.0	42.9	43.8
Part D ⁴	---	---	---	---	---	---	1.2	1.8	32.4	33.5	34.5
Expenditures											
Amount in billions											
Total Medicare	\$7.5	\$36.8	\$111.0	\$184.2	\$221.8	\$280.8	\$308.9	\$336.4	\$468.1	\$509.0	\$522.8
Total hospital insurance (HI)	5.3	25.6	67.0	117.6	131.1	154.6	170.6	182.9	235.6	242.5	247.9
HI payments to managed care organizations ⁵	---	0.0	2.7	6.7	21.4	19.5	20.8	24.9	50.6	59.4	60.7
HI payments for fee-for-service utilization	5.1	25.0	63.4	109.5	105.1	134.5	146.5	156.6	172.8	179.5	183.3
Inpatient hospital	4.8	24.1	56.9	82.3	87.1	109.1	117.0	123.3	130.2	134.0	136.1
Skilled nursing facility	0.2	0.4	2.5	9.1	11.1	14.8	17.2	19.3	24.6	26.3	26.9
Home health agency	0.1	0.5	3.7	16.2	4.0	4.9	5.4	6.0	6.7	7.0	7.0
Hospice	---	---	0.3	1.9	2.9	5.7	6.8	8.0	11.3	12.2	13.2
Other ⁶	---	---	---	---	---	---	---	---	---	---	0.1
Home health agency transfer ⁷	---	---	---	---	1.7	-2.2	---	---	---	---	---
Medicare Advantage premiums ⁸	---	---	---	---	---	---	---	---	0.1	0.1	0.2
Accounting error (CY 2005–2008) ⁹	---	---	---	---	---	---	---	-1.9	8.5	---	---
Administrative expenses ¹⁰	0.2	0.5	0.9	1.4	2.9	2.8	3.3	3.3	3.6	3.5	3.8
Total supplementary medical insurance (SMI) ³	2.2	11.2	44.0	66.6	90.7	126.1	138.3	153.5	232.6	266.5	274.9
Total Part B	2.2	11.2	44.0	66.6	90.7	126.1	137.9	152.4	183.3	205.7	212.9
Part B payments to managed care organizations ⁵	0.0	0.2	2.8	6.6	18.4	17.3	18.7	22.0	48.1	53.4	55.2
Part B payments for fee-for-service utilization ¹¹	1.9	10.4	39.6	58.4	72.2	104.3	116.2	125.0	140.5	149.0	154.3
Physician/supplies ¹²	1.8	8.2	29.6	---	---	---	---	---	---	---	---
Outpatient hospital ¹³	0.1	1.9	8.5	---	---	---	---	---	---	---	---
Independent laboratory ¹⁴	0.0	0.1	1.5	---	---	---	---	---	---	---	---
Physician fee schedule	---	---	---	31.7	37.0	48.3	54.1	57.7	60.6	62.4	64.5
Durable medical equipment	---	---	---	3.7	4.7	7.5	7.7	8.0	8.6	8.0	8.3
Laboratory ¹⁵	---	---	---	4.3	4.0	5.5	6.1	6.3	7.2	8.1	8.4
Other ¹⁶	---	---	---	9.9	13.6	22.6	25.0	26.7	29.6	31.9	32.6
Hospital ¹⁷	---	---	---	8.7	8.4	15.3	17.4	19.3	24.2	27.0	28.4
Home health agency	0.0	0.2	0.1	0.2	4.5	5.1	5.9	7.1	10.3	11.6	12.1
Home health agency transfer ⁷	---	---	---	---	-1.7	2.2	---	---	---	---	---
Medicare Advantage premiums ⁸	---	---	---	---	---	---	---	---	0.1	0.1	0.2
Accounting error (CY 2005–2008) ⁹	---	---	---	---	---	---	---	1.9	-8.5	---	---
Administrative expenses ¹⁰	0.2	0.6	1.5	1.6	1.8	2.4	2.8	2.8	3.1	3.2	3.2
Part D start-up costs ¹⁸	---	---	---	---	---	---	0.2	0.7	0.0	---	---
Total Part D ⁴	---	---	---	---	---	---	0.4	1.1	49.3	60.8	62.0
Percent distribution of expenditures											
Total hospital insurance (HI)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
HI payments to managed care organizations ⁵	---	0.0	4.0	5.7	16.3	12.6	12.2	13.6	21.5	24.5	24.5
HI payments for fee-for-service utilization	97.0	97.9	94.6	93.1	80.2	87.0	85.9	85.6	73.4	74.0	73.9
Inpatient hospital	91.4	94.3	85.0	70.0	66.4	70.6	68.6	67.4	55.3	55.3	54.9
Skilled nursing facility	4.7	1.5	3.7	7.8	8.5	9.6	10.1	10.6	10.5	10.9	10.8
Home health agency	1.0	2.1	5.5	13.8	3.1	3.1	3.2	3.3	2.8	2.9	2.8
Hospice	---	---	0.5	1.6	2.2	3.7	4.0	4.4	4.8	5.0	5.3
Other	---	---	---	---	---	---	---	---	---	---	0.1
Home health agency transfer ⁷	---	---	---	---	1.3	-1.4	---	---	---	---	---
Medicare Advantage premiums ⁸	---	---	---	---	---	---	---	---	0.0	0.1	0.1
Accounting error (CY 2005–2008) ⁹	---	---	---	---	---	---	---	-1.0	3.6	---	---
Administrative expenses ¹⁰	3.0	2.1	1.4	1.2	2.2	1.8	2.0	1.8	1.5	1.4	1.5

See footnotes at end of table.

Table 143 (page 2 of 2). Medicare enrollees and expenditures and percent distribution, by Medicare program and type of service: United States and other areas, selected years 1970–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#143>.

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

Medicare program and type of service	1970	1980	1990	1995	2000	2003	2004	2005	2008	2009 ¹	2010 ¹
Percent distribution of expenditures											
Total supplementary medical insurance (SMI) ³	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total Part B	100.0	100.0	100.0	100.0	100.0	100.0	99.7	99.3	78.8	77.2	77.4
Part B payments to managed care organizations ⁵	1.2	1.8	6.4	9.9	20.2	13.7	13.5	14.3	20.7	20.0	20.1
Part B payments for fee-for-service utilization ¹¹	88.1	92.8	90.1	87.6	79.6	82.7	84.0	81.5	60.4	55.9	56.1
Physician/supplies ¹²	80.9	72.8	67.3	---	---	---	---	---	---	---	---
Outpatient hospital ¹³	5.2	16.9	19.3	---	---	---	---	---	---	---	---
Independent laboratory ¹⁴	0.5	1.0	3.4	---	---	---	---	---	---	---	---
Physician fee schedule	---	---	---	47.5	40.8	38.3	39.1	37.6	26.0	23.4	23.5
Durable medical equipment	---	---	---	5.5	5.2	6.0	5.6	5.2	3.7	3.0	3.0
Laboratory ¹⁵	---	---	---	6.4	4.4	4.3	4.4	4.1	3.1	3.0	3.1
Other ¹⁶	---	---	---	14.8	15.0	17.9	18.1	17.4	12.7	12.0	11.8
Hospital ¹⁷	---	---	---	13.0	9.3	12.1	12.6	12.5	10.4	10.1	10.3
Home health agency	1.5	2.1	0.2	0.3	4.9	4.0	4.2	4.6	4.4	4.4	4.4
Home health agency transfer ⁷	---	---	---	---	-1.9	1.7	---	---	---	---	---
Medicare Advantage premiums ⁸	---	---	---	---	---	---	---	---	0.0	0.0	0.1
Accounting error (CY 2005–2008) ⁹	---	---	---	---	---	---	---	1.2	-3.6	---	---
Administrative expenses ¹⁰	10.7	5.4	3.5	2.4	2.0	1.9	2.0	1.8	1.3	1.2	1.2
Part D start-up costs ¹⁸	---	---	---	---	---	---	0.1	0.4	0.0	---	---
Total Part D ⁴	---	---	---	---	---	---	0.3	0.7	21.2	22.8	22.6

--- Category not applicable or data not available. 0.0 Quantity more than zero but less than 0.05.

¹Preliminary estimates.

²Average number enrolled in the hospital insurance (HI) and/or supplementary medical insurance (SMI) programs for the period. See [Appendix II, Medicare](#).

³Starting with 2004 data, the SMI trust fund consists of two separate accounts: Part B (which pays for a portion of the costs of physicians' services, outpatient hospital services, and other related medical and health services for voluntarily enrolled individuals) and Part D (Medicare Prescription Drug Account, which pays private plans to provide prescription drug coverage).

⁴The Medicare Modernization Act, enacted on December 8, 2003, established within SMI two Part D accounts related to prescription drug benefits: the Medicare Prescription Drug Account and the Transitional Assistance Account. The Medicare Prescription Drug Account is used in conjunction with the broad, voluntary prescription drug benefits that began in 2006. The Transitional Assistance Account was used to provide transitional assistance benefits, beginning in 2004 and extending through 2005, for certain low-income beneficiaries prior to the start of the new prescription drug benefit. The amounts shown for Total Part D expenditures—and thus for total SMI expenditures and total Medicare expenditures—for 2006 and later years include estimated amounts for premiums paid directly from Part D beneficiaries to Part D prescription drug plans.

⁵Medicare-approved managed care organizations. See [Appendix II, Managed care](#).

⁶Reflects Community Based Care Transition Program (\$25 million in 2010) and Electronic Health Records Incentive Program (\$113 million in 2010).

⁷For 1998 to 2003 data, reflects annual home health HI to SMI transfer amounts.

⁸When a beneficiary chooses a Medicare Advantage plan whose monthly premium exceeds the benchmark amount, the additional premiums (that is, amounts beyond those paid by Medicare to the plan) are the responsibility of the beneficiary. Beneficiaries subject to such premiums may choose to either reimburse the plans directly or have the additional premiums deducted from their Social Security checks. The amounts shown here are only those additional premiums deducted from Social Security checks. These amounts are transferred to the HI trust and SMI trust funds and then transferred from the trust funds to the plans.

⁹Represents misallocation of benefit payments between the HI trust fund and the Part B account of the SMI trust fund from May 2005 to September 2007, and the transfer made in June 2008 to correct the misallocation.

¹⁰Includes expenditures for research, experiments and demonstration projects, peer review activity (performed by Peer Review Organizations from 1983 to 2001 and by Quality Review Organizations from 2002 to present), and to combat and prevent fraud and abuse.

¹¹Type-of-service reporting categories for fee-for-service reimbursement differ before and after 1991.

¹²Includes payment for physicians, practitioners, durable medical equipment, and all suppliers other than independent laboratory through 1990. Starting with 1991 data, physician services subject to the physician fee schedule are shown. Payments for laboratory services paid under the laboratory fee schedule and performed in a physician office are included under Laboratory beginning in 1991. Payments for durable medical equipment are shown separately beginning in 1991. The remaining services from the Physician/supplies category are included in Other.

¹³Includes payments for hospital outpatient department services, skilled nursing facility outpatient services, Part B services received as an inpatient in a hospital or skilled nursing facility setting, and other types of outpatient facilities. Starting with 1991 data, payments for hospital outpatient department services, except for laboratory services, are listed under Hospital. Hospital outpatient laboratory services are included in the Laboratory line.

¹⁴Starting with 1991 data, those independent laboratory services that were paid under the laboratory fee schedule (most of the independent laboratory category) are included in the Laboratory line; the remaining services are included in the Physician fee schedule and Other lines.

¹⁵Payments for laboratory services paid under the laboratory fee schedule performed in a physician office, independent laboratory, or in a hospital outpatient department.

¹⁶Includes payments for physician-administered drugs; freestanding ambulatory surgical center facility services; ambulance services; supplies; freestanding end-stage renal disease (ESRD) dialysis facility services; rural health clinics; outpatient rehabilitation facilities; psychiatric hospitals; and federally qualified health centers.

¹⁷Includes the hospital facility costs for Medicare Part B services that are predominantly in the outpatient department, with the exception of hospital outpatient laboratory services, which are included on the Laboratory line. Physician reimbursement is included on the Physician fee schedule line.

¹⁸Part D start-up costs were funded through the SMI Part B account in 2004–2008.

NOTES: All data shown are estimates and are subject to revision. Percents may not sum to totals because of rounding. See [Appendix I, Medicare Administrative Data](#). Estimates are for Medicare-covered services furnished to Medicare enrollees residing in the United States, Puerto Rico, Virgin Islands, Guam, other outlying areas, foreign countries, and unknown residence. Data for additional years are available. See [Appendix III](#). Estimates in this table have been revised and differ from previous editions of *Health, United States*.

SOURCE: Centers for Medicare & Medicaid Services (CMS), Office of the Actuary, Medicare and Medicaid Cost Estimates Group. Estimates are based on unpublished data from CMS, the Office of the Actuary, and Treasury Department financial statements. Estimates are subject to change as more recent data become available. See [Appendix I, Medicare Administrative Data](#).

Table 144. Medicare enrollees and program payments among fee-for-service Medicare beneficiaries, by sex and age: United States and other areas, selected years 1994–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#144>.

[Data are compiled from administrative data by the Centers for Medicare & Medicaid Services]

Sex and age	1994	1995	1999	2000	2002	2005	2007	2008	2009
Fee-for-service enrollees in thousands									
Total	34,076	34,062	32,179	32,740	34,977	36,685	35,490	35,320	35,360
Sex									
Male	14,533	14,563	13,872	14,195	15,314	16,251	15,879	15,890	15,968
Female	19,543	19,499	18,307	18,545	19,664	20,433	19,611	19,430	19,392
Age									
Under 65 years	4,031	4,239	4,742	4,907	5,448	6,286	6,318	6,359	6,435
65–74 years	16,713	16,373	14,072	14,230	15,107	15,587	15,041	15,182	15,336
75–84 years	9,845	9,911	9,748	9,919	10,533	10,689	9,947	9,592	9,335
85 years and over	3,486	3,540	3,618	3,684	3,889	4,123	4,184	4,187	4,254
Fee-for-service program payments in billions									
Total	\$146.6	\$159.0	\$166.7	\$174.3	\$215.4	\$274.1	\$288.5	\$301.1	\$318.0
Sex									
Male	63.9	68.8	73.2	76.2	94.3	121.0	126.5	131.5	139.1
Female	82.6	90.2	93.5	98.0	121.1	153.2	162.1	169.7	178.9
Age									
Under 65 years	18.8	21.0	24.3	25.8	33.2	46.7	50.9	54.2	59.7
65–74 years	55.1	58.1	56.0	57.5	70.0	86.6	89.1	92.9	98.1
75–84 years	50.7	55.3	59.5	62.7	77.1	95.2	96.4	97.9	100.2
85 years and over	21.8	24.6	26.9	28.3	35.1	45.6	52.1	56.1	60.0
Percent distribution of fee-for-service program payments									
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Sex									
Male	43.6	43.2	43.9	43.7	43.8	44.1	43.8	43.7	43.7
Female	56.4	56.8	56.1	56.3	56.2	55.9	56.2	56.3	56.3
Age									
Under 65 years	12.9	13.2	14.6	14.8	15.4	17.0	17.6	18.0	18.8
65–74 years	37.6	36.5	33.6	33.0	32.5	31.6	30.9	30.9	30.9
75–84 years	34.6	34.8	35.7	36.0	35.8	34.7	33.4	32.5	31.5
85 years and over	14.9	15.5	16.1	16.2	16.3	16.6	18.0	18.6	18.9
Average fee-for-service payment per enrollee ¹									
Total	\$4,301	\$4,667	\$5,180	\$5,323	\$6,159	\$7,473	\$8,129	\$8,526	\$8,993
Sex									
Male	4,397	4,721	5,275	5,370	6,157	7,443	7,964	8,274	8,711
Female	4,229	4,627	5,108	5,286	6,159	7,497	8,263	8,732	9,226
Age									
Under 65 years	4,673	4,960	5,117	5,252	6,102	7,435	8,058	8,530	9,280
65–74 years	3,300	3,548	3,982	4,040	4,635	5,558	5,924	6,119	6,398
75–84 years	5,152	5,576	6,106	6,320	7,317	8,904	9,696	10,206	10,731
85 years and over	6,267	6,950	7,428	7,684	9,019	11,061	12,440	13,396	14,103

¹Medicare enrollees in managed care plans are not included in the denominator used to calculate average payments.

NOTES: Table includes data for Medicare enrollees residing in Puerto Rico, U.S. Virgin Islands, Guam, other outlying areas, foreign countries, and unknown residence. Prior to 2004, number of fee-for-service enrollees, fee-for-service program payments, and fee-for-service billing reimbursement were based on a 5% annual Denominator File derived from the Centers for Medicare & Medicaid Services' (CMS) Enrollment Database and the fee-for-service claims for a 5% sample of beneficiaries as recorded in CMS' National Claims History File. Starting with 2004 data, the 100% Denominator File was used. See [Appendix I, Medicare Administrative Data](#); [Appendix II, Medicare](#). The 2009 payment data reported in this table have not been finalized and are subject to revision. Data for additional years are available. See [Appendix III](#).

SOURCE: Centers for Medicare & Medicaid Services, Office of Research, Development, and Information. Health Care Financing Review: Medicare and Medicaid Statistical Supplements for publication years 1996 to 2010. Available from: <http://www.cms.hhs.gov/MedicareMedicaidStatSupp/LT/list.asp>. See [Appendix I, Medicare Administrative Data](#).

Table 145 (page 1 of 2). Medicare beneficiaries, by race, Hispanic origin, and selected characteristics: United States, selected years 1992–2007

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#145>.

[Data are based on household interviews of a sample of Medicare beneficiaries and Medicare administrative records]

Characteristic	Not Hispanic or Latino											
	All			White			Black or African American			Hispanic or Latino		
	1992	2006	2007	1992	2006	2007	1992	2006	2007	1992	2006	2007
	Number of beneficiaries in millions											
All Medicare beneficiaries	36.8	43.8	45.0	30.9	34.4	35.2	3.3	4.0	4.1	1.9	3.4	3.5
	Percent distribution of beneficiaries											
All Medicare beneficiaries	100.0	100.0	100.0	84.2	78.4	78.3	8.9	9.1	9.0	5.2	7.8	7.8
	Percent of beneficiaries with at least one service											
Medical care use												
All Medicare beneficiaries:												
Long-term care facility stay . . .	7.7	8.9	9.0	8.0	9.6	9.7	6.2	8.8	7.7	4.2	5.1	5.6
Community-only residents:												
Inpatient hospital	17.9	16.7	16.6	18.1	16.2	16.4	18.4	20.0	19.2	16.6	17.1	16.6
Outpatient hospital	57.9	74.7	74.4	57.8	74.9	75.0	61.1	76.8	74.4	53.1	71.4	69.2
Physician/supplier ¹	92.4	97.0	97.2	93.0	97.3	97.6	89.1	96.3	96.3	87.9	95.4	95.2
Dental	40.4	45.6	46.1	43.1	50.0	50.1	23.5	25.2	24.4	29.1	33.1	36.3
Prescription medicine	85.2	94.0	94.6	85.5	94.2	94.7	83.1	92.6	95.9	84.6	94.2	93.2
	Expenditures per beneficiary											
Expenditures												
All Medicare beneficiaries:												
Total health care ²	\$6,716	\$15,622	\$15,636	\$6,816	\$15,587	\$15,460	\$7,043	\$17,865	\$16,891	\$5,784	\$13,503	\$17,019
Long-term care facility ³	1,581	2,566	2,785	1,674	2,729	2,969	1,255	3,035	2,924	*758	986	1,374
Community-only residents:												
Total personal health care	5,054	11,756	11,431	4,988	11,483	11,033	5,530	13,370	13,060	4,938	11,814	13,470
Inpatient hospital	2,098	2,504	2,468	2,058	2,410	2,339	2,493	3,299	3,089	1,999	2,764	2,844
Outpatient hospital	504	1,233	1,315	478	1,172	1,230	668	1,577	1,709	511	1,482	2,370
Physician/supplier ¹	1,524	3,375	3,124	1,525	3,289	3,163	1,398	3,601	3,078	1,587	2,927	3,194
Dental	142	355	379	153	391	412	70	164	206	97	285	367
Prescription medicine	468	3,002	2,652	481	3,014	2,589	417	2,896	2,860	389	2,999	3,190
Long-term care facility residents only:												
Long-term care facility ⁴	23,054	39,361	43,253	23,177	38,681	42,207	21,272	43,841	50,810	*25,026	*49,417	*48,911
	Percent distribution of beneficiaries											
Sex												
Both sexes	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Male	42.9	44.4	44.6	42.7	44.5	44.6	42.0	40.2	43.2	46.7	46.9	45.4
Female	57.1	55.6	55.4	57.3	55.5	55.4	58.0	59.8	56.8	53.3	53.1	54.6
	Eligibility criteria and age											
All Medicare beneficiaries ⁵	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Disabled	10.2	16.0	16.0	8.6	13.7	13.9	19.1	29.5	30.5	16.5	21.7	20.9
Under 45 years	3.5	3.8	3.8	2.9	3.1	3.1	7.6	7.9	7.6	6.9	4.9	5.7
45–64 years	6.5	12.2	12.2	5.8	10.6	10.8	11.5	21.6	22.9	9.6	16.8	15.2
Aged	89.8	84.1	84.0	91.4	86.2	86.1	81.0	70.5	69.5	83.5	78.4	79.1
65–74 years	51.5	43.2	44.2	52.0	42.6	43.9	48.0	40.2	39.7	49.4	47.7	47.1
75–84 years	28.8	29.4	28.3	29.5	31.2	29.8	24.0	21.3	22.0	27.1	23.0	22.4
85 years and over	9.7	11.5	11.5	9.9	12.4	12.4	9.0	9.0	7.8	6.9	7.7	9.6
	Living arrangement											
All living arrangements	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Alone	27.0	28.4	29.7	27.5	29.0	30.2	27.7	32.4	32.9	20.2	22.8	24.2
With spouse	51.2	49.1	47.3	53.3	51.8	49.6	33.3	27.6	28.3	50.4	44.3	43.2
With children	9.1	10.0	10.3	7.7	7.8	8.3	16.8	19.0	18.3	16.6	17.5	18.6
With others	7.6	8.0	7.8	6.2	6.6	6.5	18.1	15.5	15.2	10.8	13.1	11.6
Long-term care facility	5.1	4.5	5.0	5.3	4.8	5.4	4.0	5.4	5.4	*2.0	*2.2	*2.5

See footnotes at end of table.

Table 145 (page 2 of 2). Medicare beneficiaries, by race, Hispanic origin, and selected characteristics: United States, selected years 1992–2007

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#145>.

[Data are based on household interviews of a sample of Medicare beneficiaries and Medicare administrative records]

Characteristic	Not Hispanic or Latino											
	All			White			Black or African American			Hispanic or Latino		
	1992	2006	2007	1992	2006	2007	1992	2006	2007	1992	2006	2007
Age and limitation of activity ⁶	Percent distribution of beneficiaries											
Disabled, under age 65	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
None	22.7	30.5	29.1	21.8	30.2	28.7	26.2	37.4	36.0	21.2	25.0	19.1
IADL only	39.0	36.6	36.7	38.9	36.2	38.1	35.8	37.0	33.0	46.1	37.1	37.8
1 or 2 ADL	21.2	19.6	21.1	21.5	20.3	20.3	21.2	16.3	19.8	*20.9	*19.2	*26.7
3–5 ADL	17.2	13.3	13.1	17.9	13.4	12.9	*16.8	*9.3	*11.1	*11.9	*18.7	*16.4
65–74 years	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
None	67.0	72.2	71.6	68.7	74.1	74.1	55.1	66.5	66.9	59.2	64.6	58.9
IADL only	17.8	14.9	16.4	17.0	14.6	15.4	22.9	16.0	16.5	*20.9	13.8	20.5
1 or 2 ADL	10.4	8.6	8.4	9.6	8.0	7.8	14.4	*11.3	*9.9	*15.7	*11.4	*12.0
3–5 ADL	4.8	4.2	3.6	4.6	3.3	2.7	*7.6	*6.2	*6.7	*4.2	*10.2	*8.6
75–84 years	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
None	46.6	55.0	55.3	47.5	55.9	56.5	42.0	51.0	47.4	44.3	51.5	51.8
IADL only	23.9	21.8	22.2	23.6	22.0	22.3	26.7	17.0	19.3	*27.8	21.8	22.6
1 or 2 ADL	16.5	13.4	12.6	16.8	13.1	12.3	15.3	*14.7	*13.3	*14.9	*13.6	*13.8
3–5 ADL	13.0	9.8	9.9	12.2	9.0	8.9	*15.9	*17.3	20.0	*13.0	*13.1	*11.7
85 years and over	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
None	19.9	29.5	28.0	20.2	30.7	29.3	*19.6	*25.1	*22.0	*19.7	*20.8	*19.7
IADL only	20.9	24.4	26.5	20.2	23.8	26.2	*22.1	*32.2	*27.4	*24.7	*23.7	*29.8
1 or 2 ADL	23.5	20.2	19.0	23.5	20.6	19.2	*24.3	*12.1	*21.6	*23.7	*22.8	*15.1
3–5 ADL	35.8	25.8	26.5	36.1	24.9	25.3	*34.0	*30.7	*29.0	*31.8	*32.7	*35.4

* Estimates are based on 50 persons or fewer or with a relative standard error of 30% or higher and are considered unreliable.
¹Physician/supplier services include medical and osteopathic doctor and health practitioner visits, diagnostic laboratory and radiology services, medical and surgical services, and durable medical equipment and nondurable medical supplies.
²Total health care expenditures by Medicare beneficiaries, including expenses paid by Medicare and all other sources of payment for the following services: inpatient hospital, outpatient hospital, physician/supplier, dental, prescription medicine, home health, and hospice and long-term care facility care. Does not include health insurance premiums.
³Expenditures for long-term care in facilities for all beneficiaries include facility room and board expenses for beneficiaries who resided in a facility for the full year, for beneficiaries who resided in a facility for part of the year and in the community for part of the year, and expenditures for short-term facility stays for full-year or part-year community residents. See [Appendix II, Long-term care facility](#).
⁴Expenditures for facility-based long-term care for facility-based beneficiaries include facility room and board expenses for beneficiaries who resided in a facility for the full year and for beneficiaries who resided in a facility for part of the year and in the community for part of the year. They do not include expenditures for short-term facility stays for full-year community residents. See [Appendix II, Long-term care facility](#).
⁵Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups Aged and Disabled. In 2007, less than 1% of Medicare beneficiaries qualified because of ESRD.
⁶IADL is instrumental activities of daily living; ADL is activities of daily living. Includes data for both community and long-term care facility residents. See [Appendix II, Activities of daily living \(ADL\); Instrumental activities of daily living \(IADL\)](#).

NOTES: Percentages and percent distributions are calculated using unrounded numbers. Expenditures include expenses for Medicare beneficiaries paid by Medicare and all other sources of payment. Data for additional years are available. See [Appendix III](#).

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Cost and Use file, Health and Health Care of the Medicare Population. Available from: <http://www.cms.hhs.gov/mcbs> and unpublished data. See [Appendix I, Medicare Current Beneficiary Survey \(MCBS\)](#).

Table 146 (page 1 of 2). Medicaid beneficiaries and payments, by basis of eligibility, and race and Hispanic origin: United States, selected fiscal years 1999–2009

Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#146>.

[Data are compiled by the Centers for Medicare & Medicaid Services from the Medicaid Data System]

<i>Basis of eligibility and race and Hispanic origin</i>	1999	2000	2003	2004	2005	2006	2007	2008	2009
Beneficiaries¹									
All beneficiaries	40.1	42.8	52.0	55.6	57.7	57.8	56.8	58.8	56.0
Number in millions									
Percent of beneficiaries									
Basis of eligibility:									
Aged (65 years and over)	9.4	8.7	7.8	7.8	7.6	7.6	7.1	7.1	6.5
Blind and disabled	16.7	16.1	14.8	14.6	14.2	14.4	14.8	14.8	14.0
Adults in families with dependent children ²	18.7	20.5	22.5	22.5	21.5	21.9	21.8	21.8	22.6
Children under age 21 ³	46.9	46.1	47.8	47.8	47.5	48.0	48.4	48.0	48.4
Other Title XIX ⁴	8.4	8.6	7.2	7.3	9.1	8.1	7.8	8.4	8.5
Race and Hispanic origin:⁵									
White	---	---	41.2	41.1	39.3	39.1	38.6	38.1	36.5
Black or African American	---	---	22.4	22.1	21.5	21.8	21.6	21.1	21.1
American Indian or Alaska Native	---	---	1.4	1.3	1.2	1.2	1.2	1.3	1.3
Asian or Pacific Islander	---	---	3.3	3.3	3.5	3.5	3.5	3.5	3.5
Asian	---	---	2.4	2.4	2.5	2.6	2.6	2.6	2.6
Pacific Islander	---	---	0.9	0.9	0.9	0.9	0.9	0.9	0.8
Hispanic or Latino	---	---	19.3	19.4	20.6	21.0	21.6	21.7	23.6
Multiple race or unknown	---	---	12.5	12.7	13.9	13.3	13.5	14.3	14.1
Payments⁶									
All payments	\$153.5	\$168.3	\$233.2	\$257.7	\$274.9	\$269.0	\$276.2	\$294.2	\$287.1
Amount in billions									
Percent distribution									
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Basis of eligibility:									
Aged (65 years and over)	27.7	26.4	23.7	23.1	23.1	21.6	20.7	20.6	19.2
Blind and disabled	42.9	43.2	43.7	43.3	43.4	43.3	43.3	43.5	43.5
Adults in families with dependent children ²	10.3	10.6	11.5	12.0	11.7	12.3	12.4	12.6	13.9
Children under age 21 ³	15.7	15.9	17.1	17.2	17.3	18.8	19.4	19.4	19.9
Other Title XIX ⁴	3.4	3.9	4.0	4.5	4.6	3.9	4.2	4.0	3.5
Race and Hispanic origin:⁵									
White	---	---	53.8	53.4	53.0	52.1	50.7	50.2	48.6
Black or African American	---	---	19.7	19.8	19.8	20.4	20.8	20.6	21.3
American Indian or Alaska Native	---	---	1.2	1.2	1.2	1.2	1.2	1.3	1.3
Asian or Pacific Islander	---	---	2.4	2.5	2.7	2.8	2.8	2.9	3.0
Asian	---	---	1.6	1.7	1.9	2.0	2.0	2.1	2.2
Pacific Islander	---	---	0.8	0.8	0.8	0.8	0.8	0.8	0.8
Hispanic or Latino	---	---	10.6	10.7	12.2	12.8	13.1	13.7	15.2
Multiple race or unknown	---	---	12.2	12.3	11.1	10.8	11.4	11.4	10.5

See footnotes at end of table.

Table 146 (page 2 of 2). Medicaid beneficiaries and payments, by basis of eligibility, and race and Hispanic origin: United States, selected fiscal years 1999–2009

Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#146>.

[Data are compiled by the Centers for Medicare & Medicaid Services from the Medicaid Data System]

<i>Basis of eligibility and race and Hispanic origin</i>	1999	2000	2003	2004	2005	2006	2007	2008	2009
Payments per beneficiary ⁶					Amount				
All beneficiaries	\$3,819	\$3,936	\$4,487	\$4,639	\$4,768	\$4,657	\$4,862	\$5,051	\$5,122
Basis of eligibility:									
Aged (65 years and over)	11,268	11,929	13,677	13,687	14,427	13,276	14,141	14,742	15,141
Blind and disabled	9,832	10,559	13,303	13,714	14,531	13,982	14,194	14,843	15,921
Adults in families with dependent children ²	2,104	2,030	2,292	2,471	2,587	2,622	2,753	2,917	3,156
Children under age 21 ³	1,282	1,358	1,606	1,664	1,735	1,825	1,951	2,038	2,107
Other Title XIX ⁴	1,532	1,778	2,474	2,896	2,380	2,255	2,622	2,407	2,087
Race and Hispanic origin: ⁵									
White	---	---	5,870	6,026	6,422	6,199	6,390	6,657	6,832
Black or African American	---	---	3,944	4,158	4,397	4,358	4,669	4,928	5,184
American Indian or Alaska Native	---	---	4,001	4,320	4,626	4,489	4,826	5,218	5,439
Asian or Pacific Islander	---	---	3,327	3,513	3,710	3,696	3,863	4,133	4,445
Asian	---	---	2,993	3,198	3,624	3,657	3,847	4,123	4,389
Pacific Islander	---	---	4,223	4,366	3,947	3,799	3,907	4,161	4,619
Hispanic or Latino	---	---	2,463	2,563	2,822	2,831	2,960	3,175	3,298
Multiple race or unknown	---	---	4,396	4,493	3,816	3,770	4,106	4,014	3,804

--- Data not available.

¹Beneficiaries include those who received services through Medicaid.

²Includes adults who meet the requirements for the Aid to Families with Dependent Children (AFDC) program that were in effect in their state on July 16, 1996, or, at state option, more liberal criteria (with some exceptions). Includes adults in the Temporary Assistance for Needy Families (TANF) program. Starting with 2001 data, includes women in the Breast and Cervical Cancer Prevention and Treatment Program and unemployed adults. For more information on the eligibility requirements, see [Appendix II, Medicaid](#).

³Includes children (including those in the foster care system) in the TANF program. For more information on the eligibility requirements, see [Appendix II, Medicaid](#).

⁴Includes some participants in the Supplemental Security Income program and other people deemed medically needy in participating states. Prior to 2001, includes unemployed adults. Excludes foster care children and includes unknown eligibility.

⁵Race and Hispanic origin are as determined on initial Medicaid application. Categories are mutually exclusive. Starting with 2001 data, the Hispanic category included Hispanic persons, regardless of race. Persons indicating more than one race were included in the multiple race category.

⁶Medicaid payments exclude disproportionate share hospital (DSH) payments (\$14.7 billion in FY2009) and DSH mental health facility payments (\$3.1 billion in FY2009).

NOTES: Data are for fiscal year ending September 30. See [Appendix II, Medicaid; Medicaid payments](#). For more information, see:

<http://www.cms.hhs.gov/MSIS/Downloads/msisdd2010.pdf>. Hawaii, Massachusetts, Missouri, Pennsylvania, Utah, and Wisconsin had not reported 2009 data as of the date accessed. Some data have been revised and differ from previous editions of *Health, United States*. Data for additional years are available. See [Appendix III](#).

SOURCE: Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations, Medicaid Statistical Information System (MSIS). MSIS data for 2009 were accessed on July 29, 2011. See [Appendix I, Medicaid Statistical Information System \(MSIS\)](#).

Table 147. Medicaid beneficiaries and payments, by type of service: United States, selected fiscal years 1999–2009

Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#147>.

[Data are compiled by the Centers for Medicare & Medicaid Services from the Medicaid Data System]

Type of service	1999	2000	2003	2004	2005	2006	2007	2008	2009
Beneficiaries¹									
Number in millions									
All beneficiaries	40.2	42.8	52.0	55.6	57.7	57.5	56.8	58.8	56.0
Percent of beneficiaries									
Inpatient hospital	11.2	11.5	10.0	9.8	9.5	10.9	9.0	8.9	9.0
Mental health facility	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2
Intermediate care facility for the mentally retarded	0.3	0.3	0.2	0.2	0.2	0.2	0.2	0.2	0.2
Nursing facility	4.0	4.0	3.3	3.1	3.0	3.0	2.9	2.7	2.6
Physician	45.7	44.7	44.0	43.1	42.0	40.2	38.8	36.9	38.2
Dental	14.0	13.8	16.4	16.2	16.2	16.4	16.8	16.7	17.8
Other practitioner	9.9	11.1	11.1	10.7	10.2	10.1	9.5	8.8	8.9
Outpatient hospital	30.9	30.9	29.8	28.7	28.2	27.6	26.2	25.2	27.0
Clinic	16.8	17.9	19.6	20.0	20.7	20.5	20.6	20.2	20.3
Laboratory and radiological	25.4	26.6	28.3	28.9	27.7	28.0	27.8	26.6	26.4
Home health	2.0	2.3	2.3	2.1	2.1	2.1	2.1	1.9	1.8
Prescribed drugs	49.4	48.0	50.2	50.3	49.2	47.1	42.1	41.8	43.1
Capitated care	51.5	49.7	53.1	54.2	58.1	61.0	64.5	64.9	64.7
Primary care case management	9.7	13.0	14.5	15.4	15.1	14.8	12.5	14.9	14.0
Personal support	10.1	10.6	11.6	11.3	11.8	11.8	11.6	10.8	11.2
Other care ²	21.6	21.4	23.1	22.9	21.9	21.6	21.5	21.3	21.1
Payments³									
Amount in billions									
All payments	\$153.5	\$168.3	\$233.2	\$257.7	\$274.9	\$267.4	\$276.2	\$294.2	\$287.1
Percent distribution									
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Inpatient hospital	14.5	14.4	13.5	13.5	12.8	13.5	13.4	12.5	12.4
Mental health facility	1.1	1.1	0.9	0.9	0.8	0.9	0.9	0.8	0.8
Intermediate care facility for the mentally retarded	6.1	5.6	4.7	4.3	4.3	4.4	4.3	4.2	4.0
Nursing facility	21.7	20.5	17.3	16.3	16.3	17.0	16.8	16.1	14.5
Physician	4.3	4.0	3.9	4.0	4.1	3.9	3.6	3.5	3.8
Dental	0.8	0.8	1.1	1.1	1.1	1.2	1.2	1.3	1.5
Other practitioner	0.3	0.4	0.4	0.4	0.4	0.4	0.3	0.3	0.3
Outpatient hospital	4.0	4.2	4.0	4.0	3.6	3.8	3.7	3.7	3.8
Clinic	3.8	3.7	3.1	3.2	3.2	3.2	3.1	3.1	3.2
Laboratory and radiological	0.8	0.8	1.0	1.0	1.1	1.1	1.1	1.0	1.0
Home health	1.9	1.9	1.9	1.8	2.0	2.2	2.3	2.2	2.1
Prescribed drugs	10.8	11.9	14.5	15.3	15.6	10.4	8.0	7.9	8.0
Capitated care	14.0	14.5	16.0	16.5	16.9	18.8	21.2	23.0	23.7
Primary care case management	0.3	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.1
Personal support	6.9	6.9	7.4	7.2	7.5	8.0	8.4	8.3	8.6
Other care ²	8.6	8.8	10.2	10.3	10.2	11.1	11.6	12.0	12.2
Payments per beneficiary³									
Amount									
Total payment per beneficiary	\$3,819	\$3,936	\$4,487	\$4,639	\$4,768	\$4,654	\$4,862	\$5,051	\$5,122
Inpatient hospital	4,943	4,919	6,047	6,424	6,411	5,781	7,191	7,083	7,047
Mental health facility	18,094	17,800	20,503	19,928	19,252	17,156	21,407	21,975	22,172
Intermediate care facility for the mentally retarded	76,443	79,330	95,287	97,497	107,028	110,340	113,735	123,053	125,236
Nursing facility	20,568	20,220	23,882	24,475	26,185	26,531	28,282	29,533	29,070
Physician	357	356	403	426	465	456	457	485	506
Dental	214	238	305	318	326	329	340	389	423
Other practitioner	118	139	154	160	200	196	170	171	174
Outpatient hospital	491	533	596	639	617	642	695	736	713
Clinic	860	805	720	750	749	731	741	772	808
Laboratory and radiological	114	113	161	168	183	185	185	188	194
Home health	3,571	3,135	3,720	3,978	4,487	4,977	5,334	5,789	5,823
Prescribed drugs	837	975	1,293	1,411	1,509	1,030	926	957	950
Capitated care	1,040	1,148	1,357	1,415	1,386	1,431	1,598	1,786	1,879
Primary care case management	119	30	28	58	27	29	33	32	41
Personal support	2,583	2,543	2,864	2,946	3,035	3,160	3,534	3,852	3,961
Other care ²	1,508	1,600	1,975	2,086	2,228	2,388	2,611	2,856	2,967

¹Beneficiaries include those who received services through Medicaid.

²Unknown services (0.3% of beneficiaries and 0.3% of payments in 2009) are included with Other care.

³Medicaid payments exclude disproportionate share hospital (DSH) payments (\$14.7 billion in FY2009) and DSH mental health facility payments (\$3.1 billion in FY2009).

NOTES: Data are for fiscal year ending September 30. See [Appendix II, Medicaid; Medicaid payments](#). Beneficiaries receiving more than one type of service are included in each category. Hawaii, Massachusetts, Missouri, Pennsylvania, Utah, and Wisconsin had not reported 2009 data as of the date accessed. For more information, see: <http://www.cms.hhs.gov/MSIS/Downloads/msisdd2010.pdf>. Data for additional years are available. See [Appendix III](#).

SOURCE: Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations, Medicaid Statistical Information System (MSIS). MSIS data for 2009 were accessed on July 29, 2011. See [Appendix I, Medicaid Statistical Information System \(MSIS\)](#).

Table 148 (page 1 of 2). Department of Veterans Affairs health care expenditures and use, and persons treated, by selected characteristics: United States, selected fiscal years 1970–2010

Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#148>.

[Data are compiled from patient records, enrollment information, and budgetary data by the Department of Veterans Affairs]

Type of expenditure and use	1970	1980	1990	1995	2000	2005 ¹	2008 ¹	2009 ¹	2010 ¹
Health care expenditures									
Amount in millions									
All expenditures ²	\$1,689	\$5,981	\$11,500	\$16,126	\$19,327	\$30,291	\$38,282	\$42,955	\$47,280
Percent distribution									
All services	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Inpatient hospital	71.3	64.3	57.5	49.0	37.3	24.3	23.5	22.7	21.4
Outpatient care	14.0	19.1	25.3	30.2	45.7	53.4	53.2	53.5	52.5
Nursing home care	5.5	7.1	9.5	10.0	8.2	8.4	8.1	7.8	7.4
All other ³	9.1	9.6	7.7	10.8	8.8	13.9	15.2	16.0	18.8
Health care use									
Number in thousands									
Inpatient hospital discharges ^{4,5}	787	1,248	1,029	879	579	614	622	640	656
Outpatient visits ⁶	7,312	17,971	22,602	27,527	38,370	57,169	66,484	73,969	79,457
Nursing home discharges ^{5,7}	47	57	75	79	91	61	64	65	67
Inpatients ⁸									
Total	---	---	598	527	417	488	492	512	532
Percent distribution									
Total	---	---	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Veterans with service-connected disability	---	---	38.9	39.3	34.4	37.6	41.1	42.6	43.5
Veterans without service-connected disability	---	---	60.3	59.9	64.7	61.5	58.0	56.4	55.6
Low income	---	---	54.8	56.2	41.7	39.9	35.4	34.8	34.6
Veterans receiving aid and attendance or housebound benefits or who are catastrophically disabled ⁹	---	---	---	---	16.0	12.1	11.1	10.5	10.1
Veterans receiving medical care subject to copayments ¹⁰	---	---	2.8	2.8	5.2	8.6	10.0	9.5	9.3
Other and unknown ¹¹	---	---	2.7	0.9	1.8	1.0	1.6	1.6	1.6
Nonveterans	---	---	0.8	0.8	0.9	0.9	0.9	1.0	0.9
Outpatients ⁸									
Number in thousands									
Total	---	---	2,564	2,790	3,657	5,077	5,291	5,439	5,631
Percent distribution									
Total	---	---	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Veterans with service-connected disability	---	---	38.3	37.5	30.7	31.6	34.7	37.1	38.6
Veterans without service-connected disability	---	---	49.8	50.5	60.8	62.7	59.7	57.2	56.4
Low income	---	---	41.1	42.2	37.6	31.8	27.2	25.9	25.7
Veterans receiving aid and attendance or housebound benefits or who are catastrophically disabled ⁹	---	---	---	---	3.8	3.5	3.5	3.4	3.4
Veterans receiving medical care subject to copayments ¹⁰	---	---	3.6	4.2	15.4	25.4	25.2	23.8	23.0
Other and unknown ¹¹	---	---	5.1	4.1	4.0	2.0	3.8	4.0	4.3
Nonveterans	---	---	11.8	12.0	8.5	5.7	5.7	5.7	5.1

See footnotes at end of table.

Table 148 (page 2 of 2). Department of Veterans Affairs health care expenditures and use, and persons treated, by selected characteristics: United States, selected fiscal years 1970–2010

Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#148>.

[Data are compiled from patient records, enrollment information, and budgetary data by the Department of Veterans Affairs]

- - - Data not available.

¹Starting with FY2005, the cost report data are taken from a different report than earlier years. The major impact of this change was to assign more cost to outpatient care than inpatient hospital. Also in FY2005, the responsibility for residential rehabilitation programs including domiciliary care was reassigned from extended care to mental health care.

²Health care expenditures exclude construction, medical administration, and miscellaneous operating expenses at Department of Veterans Affairs headquarters.

³Includes miscellaneous benefits and services, contract hospitals, education and training, subsidies to state veterans hospitals, nursing homes and residential rehabilitation treatment programs (formerly domiciliaries), and the Civilian Health and Medical Program of the Department of Veterans Affairs.

⁴Discharges from medicine, surgery, psychiatry, rehabilitation medicine, spinal cord, and neurology units. Starting with FY2005 data, includes domiciliary care. Does not include long-term stays. One-day dialysis patients were included in 1980. Interfacility transfers were included starting with 1990 data.

⁵Until FY2004, includes Department of Veterans Affairs nursing home and residential rehabilitation treatment programs (formerly domiciliary) stays, and community nursing home care stays.

⁶Hospital outpatient care. Includes the following services: physicians, laboratory tests, home-based primary care, or outpatient fee-basis care.

⁷Includes state nursing home veteran patients.

⁸Individuals receiving services. Individuals with multiple discharges or visits are only counted once in the inpatient or outpatient category. The inpatient and outpatient totals are not additive because most inpatients are also treated as outpatients.

⁹Includes veterans who are receiving aid and attendance or housebound benefit and veterans who have been determined by the Department of Veterans Affairs to be catastrophically disabled.

¹⁰Includes veterans who receive medical care subject to copayments according to income level, based on financial means testing.

¹¹Includes expenditures for services for veterans who were prisoners of war, exposed to Agent Orange, and other. Prior to FY1994, veterans who reported exposure to Agent Orange were classified as having a service-connected disability. Beginning in FY1994, those veterans reporting Agent Orange exposure but not treated for it were means tested and placed in the low income or other group depending on income.

NOTES: Estimates relate only to health care use paid for by the Veteran's Administration. In 1980 and subsequent years, the FY ended September 30. Starting with FY1995 data, categories for health care expenditures and health care use were revised. In FY1999, a new data reporting system was introduced. At the end of FY2010, the veteran population was estimated at 22.7 million, with 40% age 65 years and over, compared with 11% in FY1980. Of all living veterans, 9% had served during World War II, 11% during the Korean conflict, 33% during the Vietnam era, 25% during the Persian Gulf War (service from August 2, 1990 to present), and 26% during peacetime. These percentages sum to more than 100% because some veterans serve during more than one war. These data are from the U.S. Department of Veterans Affairs. See [Appendix I, Department of Veterans Affairs National Enrollment and Patient Databases](#). Data for additional years are available. See [Appendix III](#).

SOURCE: Department of Veterans Affairs (VA), Office of the Assistant Deputy Under Secretary for Health, National Patient Care Database, National Enrollment Database, budgetary data, and unpublished data. Veteran population estimates were provided by the VA's Office of the Actuary. See [Appendix I, Department of Veterans Affairs National Enrollment and Patient Databases](#).

Table 149 (page 1 of 2). Medicare enrollees, enrollees in managed care, payment per enrollee, and short-stay hospital utilization, by state: United States, selected years 1994–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hs/content2011.htm#149>.

[Data are compiled by the Centers for Medicare & Medicaid Services]

State	Short-stay hospital utilization									
	Enrollment in thousands ¹		Percent of enrollees in managed care ²		Payment per fee-for-service enrollee		Discharges per 1,000 enrollees ³		Average length of stay in days ³	
	1994	2009	1994	2009	1994	2009	1994	2009	1994	2009
United States ⁴	36,190	45,467	7.9	23.7	\$4,375	\$9,121	345	335	7.5	5.5
Alabama	633	828	0.8	22.1	4,454	8,496	413	384	7.0	5.5
Alaska	33	63	0.6	1.5	3,687	7,744	269	221	6.3	5.2
Arizona	578	899	24.8	36.8	4,442	8,405	292	294	5.9	4.9
Arkansas	416	520	0.2	13.9	3,719	7,847	366	328	7.0	5.4
California	3,582	4,620	30.0	34.8	5,219	9,411	366	285	6.1	5.6
Colorado	413	602	17.2	33.4	3,935	7,998	302	272	6.0	4.8
Connecticut	497	558	2.6	17.1	4,426	9,968	287	338	8.1	5.8
Delaware	99	145	0.2	5.0	4,712	9,139	326	319	8.1	5.7
District of Columbia	80	77	3.9	10.5	5,655	10,910	376	380	10.1	6.5
Florida	2,584	3,289	13.8	28.9	5,027	10,894	326	355	7.1	5.5
Georgia	819	1,194	0.4	15.2	4,402	8,320	378	320	6.9	5.5
Hawaii	146	200	29.8	39.7	3,069	5,802	301	194	9.1	6.7
Idaho	146	222	2.5	28.0	3,045	6,929	274	206	5.2	4.5
Illinois	1,605	1,806	5.5	10.0	4,324	9,367	374	381	7.3	5.3
Indiana	805	985	2.6	15.4	3,945	8,650	345	335	6.9	5.3
Iowa	470	512	3.1	13.0	3,080	7,257	322	271	6.6	5.2
Kansas	378	425	3.3	10.9	3,847	8,071	348	302	6.5	5.1
Kentucky	578	743	2.3	15.4	3,862	8,517	396	378	7.2	5.3
Louisiana	572	671	0.4	22.9	5,468	10,338	399	370	7.2	5.6
Maine	198	259	0.1	10.7	3,464	7,264	322	267	7.6	5.2
Maryland	596	764	1.4	7.7	4,997	10,322	362	392	7.5	5.0
Massachusetts	924	1,039	6.1	19.3	5,147	9,988	350	358	7.6	5.2
Michigan	1,331	1,615	0.7	25.3	4,307	10,085	328	383	7.6	5.4
Minnesota	625	767	19.6	37.3	3,394	8,647	334	347	5.7	4.6
Mississippi	391	488	0.1	9.7	4,189	9,479	423	381	7.4	5.8
Missouri	821	985	3.4	20.2	4,191	8,528	349	360	7.3	5.2
Montana	128	165	0.4	17.5	3,114	6,576	306	222	5.9	4.9
Nebraska	247	276	2.2	11.8	2,926	7,906	281	276	6.3	5.1
Nevada	187	343	19.0	30.7	4,306	8,619	291	291	7.0	5.7
New Hampshire	152	217	0.2	7.1	3,414	7,951	281	242	7.6	5.4
New Jersey	1,158	1,304	2.6	12.3	4,531	10,327	354	362	10.2	6.0
New Mexico	205	304	13.6	24.7	3,110	6,782	301	255	6.0	4.9
New York	2,601	2,937	6.2	29.1	4,855	10,014	334	363	11.2	6.8
North Carolina	1,001	1,448	0.5	17.8	3,465	8,433	314	323	8.0	5.5
North Dakota	101	108	0.6	8.2	3,218	6,453	327	244	6.3	4.8
Ohio	1,649	1,870	2.4	26.9	3,982	9,202	350	377	7.1	5.2
Oklahoma	481	592	2.5	14.7	4,098	8,826	355	365	7.0	5.2
Oregon	469	602	27.7	41.8	3,285	6,561	305	212	5.2	4.8
Pennsylvania	2,053	2,252	3.3	38.5	5,212	9,036	379	374	8.0	5.6
Rhode Island	166	180	7.0	36.2	4,148	8,650	312	327	8.1	5.7
South Carolina	497	749	0.1	15.2	3,777	8,453	319	319	8.3	5.7
South Dakota	114	134	0.1	7.7	2,952	6,927	356	258	6.1	5.0
Tennessee	754	1,031	0.3	23.0	4,441	8,642	375	372	7.1	5.3
Texas	2,029	2,900	4.1	18.7	4,703	10,413	333	334	7.2	5.5
Utah	182	274	9.4	31.7	3,443	7,352	238	237	5.4	4.5
Vermont	82	108	0.1	4.3	3,182	7,338	283	197	7.6	5.3
Virginia	803	1,110	1.5	14.2	3,748	7,744	348	317	7.3	5.4
Washington	676	938	12.5	24.3	3,401	7,376	269	248	5.3	4.8
West Virginia	326	377	8.3	23.8	3,798	8,200	420	363	7.1	5.7
Wisconsin	752	892	2.0	27.6	3,246	7,815	310	287	6.8	5.0
Wyoming	58	78	3.3	6.1	3,537	6,774	315	254	5.6	4.5

See footnotes at end of table.

Table 149 (page 2 of 2). Medicare enrollees, enrollees in managed care, payment per enrollee, and short-stay hospital utilization, by state: United States, selected years 1994–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#149>.

[Data are compiled by the Centers for Medicare & Medicaid Services]

¹Total persons enrolled in hospital insurance, supplementary medical insurance, or both, as of July 1. Includes fee-for-service and managed care enrollees.

²Includes enrollees in Medicare-approved managed care organizations. See [Appendix II, Managed care](#).

³Data are for fee-for-service enrollees only.

⁴Includes residents of any of the 50 states and the District of Columbia.

NOTES: Prior to 2004, enrollment and percentage of enrollees in managed care were based on a 5% annual Denominator File derived from the Centers for Medicare & Medicaid Services' (CMS) Enrollment Database. Starting with 2004 data, the 100% Denominator File was used. Payments per fee-for-service enrollee are based on fee-for-service billing reimbursement for a 5% sample of Medicare beneficiaries as recorded in CMS' National Claims History File. Short-stay hospital utilization is based on the Medicare Provider Analysis and Review (MEDPAR) stay records for a 20% sample of Medicare beneficiaries. Estimates may not sum to totals because of rounding. State based on residence of the beneficiary. The 2009 payment data reported in this table have not been finalized and are subject to revision. Data for additional years are available. See [Appendix III](#).

SOURCE: Centers for Medicare & Medicaid Services, Office of Research, Development, and Information. Health Care Financing Review: Medicare and Medicaid Statistical Supplements for publication years 1996 to 2010. Available from: <http://www.cms.hhs.gov/MedicareMedicaidStatSupp/LT/list.asp>. See [Appendix I, Medicare Administrative Data](#).

Table 150. Medicaid beneficiaries, beneficiaries in managed care, payments per beneficiary, and beneficiaries per 100 persons below the poverty level, by state: United States, selected fiscal years 1999–2009

Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#150>.

[Data are compiled by the Centers for Medicare & Medicaid Services from the Medicaid Data System]

State	Beneficiaries in thousands ¹		Percent of beneficiaries in managed care ²		Payments per beneficiary ³		Beneficiaries per 100 persons below the poverty level	
	2000	2009	2000	2009	2000	2009	1999–2000	2008–2009
United States	42,763	56,041	56	71	\$3,936	\$5,122	131	138
Alabama	619	877	60	67	3,860	4,135	88	118
Alaska	96	119	—	—	4,876	8,990	180	175
Arizona	681	1,588	92	90	3,100	5,426	113	117
Arkansas	489	825	57	79	3,086	4,338	113	170
California	7,915	11,519	50	52	2,155	3,058	162	201
Colorado	381	678	90	95	4,747	4,852	107	113
Connecticut	420	558	72	75	6,762	9,475	184	191
Delaware	115	209	79	74	4,584	6,052	147	204
District of Columbia	139	175	66	98	5,715	11,077	179	168
Florida	2,360	3,261	60	66	3,114	4,310	136	122
Georgia	1,290	1,805	96	92	2,774	4,087	136	108
Hawaii	204	—	74	97	2,626	—	83	—
Idaho	131	253	30	84	4,530	5,345	75	123
Illinois	1,516	2,626	10	55	5,150	4,483	115	152
Indiana	705	1,109	67	74	4,224	4,858	148	116
Iowa	314	482	90	83	4,707	5,974	149	162
Kansas	263	355	56	87	4,670	6,528	94	98
Kentucky	771	942	81	83	3,780	5,326	158	126
Louisiana	761	1,184	6	69	3,456	4,585	95	164
Maine	192	315	35	64	6,820	4,704	155	203
Maryland	665	846	81	79	5,396	7,480	170	156
Massachusetts	1,047	—	64	60	5,153	—	153	—
Michigan	1,352	1,890	100	89	3,611	5,381	135	139
Minnesota	559	802	63	63	5,857	8,766	178	145
Mississippi	605	932	39	76	2,987	3,432	139	134
Missouri	890	—	40	99	3,673	—	157	—
Montana	104	113	61	67	4,173	6,344	73	88
Nebraska	229	256	77	84	4,185	6,218	136	139
Nevada	138	281	39	84	3,733	4,259	70	85
New Hampshire	97	141	6	78	6,712	7,037	119	140
New Jersey	822	1,151	59	75	5,724	7,208	128	139
New Mexico	376	562	64	74	3,325	5,185	110	140
New York	3,420	4,985	25	66	7,646	9,004	128	171
North Carolina	1,209	1,782	68	70	3,996	5,423	122	125
North Dakota	61	77	55	68	5,852	7,643	87	106
Ohio	1,305	2,238	21	70	5,434	6,243	103	139
Oklahoma	507	809	69	88	3,163	4,419	106	165
Oregon	542	564	83	88	3,135	4,957	132	115
Pennsylvania	1,492	—	73	82	4,266	—	141	—
Rhode Island	179	203	69	62	5,982	7,654	187	153
South Carolina	685	906	6	100	3,900	5,199	157	143
South Dakota	102	141	93	80	3,935	5,188	155	128
Tennessee	1,568	1,479	100	100	2,226	4,910	211	151
Texas	2,603	4,283	34	65	3,487	4,330	85	102
Utah	224	—	90	86	4,277	—	132	—
Vermont	139	171	47	88	3,451	5,684	208	294
Virginia	627	917	59	64	3,960	6,053	115	108
Washington	895	1,177	100	86	2,717	4,872	155	162
West Virginia	335	386	35	46	4,154	6,699	129	140
Wisconsin	577	—	44	60	5,039	—	113	—
Wyoming	46	72	—	—	4,609	7,635	84	136

— Quantity zero.

— — Data not available.

¹Beneficiaries include those who received services through Medicaid.

²Medicaid managed care enrollment data include individuals in state health care reform programs that expand eligibility beyond traditional Medicaid eligibility standards. The managed care enrollment data include enrollees receiving comprehensive and limited benefits. Managed care enrollment as of June 30 of year shown. Starting with 2001 data, U.S. total excludes Puerto Rico and Virgin Islands. Managed care enrollment data may change year to year due to a variety of factors, including changes in waiver programs, outreach efforts, and data reporting practices. For more information, see: <http://www.cms.gov/medicaiddatasourcesgeninfo/>.

³Medicaid payments exclude disproportionate share hospital (DSH) payments (\$14.7 billion in FY2009) and DSH mental health facility payments (\$3.1 billion in FY2009).

NOTES: See [Appendix II, Medicaid; Medicaid payments](#). Hawaii, Massachusetts, Missouri, Pennsylvania, Utah, and Wisconsin had not reported 2009 data as of the date accessed. Some data have been revised and differ from previous editions of *Health, United States*. Data for additional years are available. See [Appendix III](#).

SOURCE: Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations, Medicaid Statistical Information System (MSIS). MSIS data for 2008–2009 were accessed July 29, 2011. Poverty populations are available from: Department of Commerce, U.S. Census Bureau, Housing and Household Economic Statistics Division. Available from: <http://www.census.gov/hhes/www/cpstables/032010/pov/toc.htm>. Managed care enrollment data from Medicaid managed care enrollment report as of June 30, 2009. Available from: https://www.cms.gov/medicaiddatasourcesgeninfo/04_MdManCrEnrllRep.asp. See [Appendix I, Medicaid Statistical Information System \(MSIS\)](#).

Table 151. Persons without health insurance coverage, by state: United States, average annual, selected years 1995–1997 through 2007–2009

Updated data when available, Excel, PDF, more data years, and confidence intervals: <http://www.cdc.gov/nchs/hus/contents2011.htm#151>.

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

State	1995–1997	1998–2000	2001–2003	2007–2009
	Percent of population			
United States	15.7	14.4	15.1	15.8
Alabama	14.0	14.2	13.3	13.6
Alaska	14.7	18.1	17.8	18.6
Arizona	23.0	19.5	17.3	19.1
Arkansas	21.3	15.3	16.6	17.7
California	20.7	19.2	18.7	18.9
Colorado	15.5	14.1	16.3	15.9
Connecticut	10.6	9.5	10.4	10.5
Delaware	14.1	11.2	10.1	11.8
District of Columbia	16.1	14.5	13.3	10.6
Florida	18.9	17.2	17.6	20.9
Georgia	17.8	15.2	16.4	18.6
Hawaii	8.3	9.8	9.9	7.8
Idaho	16.1	16.5	17.5	14.9
Illinois	11.6	13.3	14.0	13.7
Indiana	11.5	11.3	12.9	12.6
Iowa	11.6	8.2	9.5	10.0
Kansas	11.8	11.0	10.9	12.7
Kentucky	15.0	13.1	13.3	15.3
Louisiana	18.8	19.5	19.4	18.2
Maine	13.5	11.5	10.7	9.8
Maryland	13.4	11.9	13.2	13.2
Massachusetts	12.0	9.2	9.6	5.1
Michigan	10.1	10.6	11.0	12.4
Minnesota	9.1	8.2	8.2	8.6
Mississippi	19.4	15.7	17.0	18.1
Missouri	13.5	9.0	10.9	13.5
Montana	15.3	18.3	16.1	15.7
Nebraska	10.4	9.5	10.3	12.2
Nevada	17.3	17.5	18.3	18.9
New Hampshire	10.4	8.6	9.9	10.4
New Jersey	15.8	12.9	13.7	15.2
New Mexico	23.5	22.6	21.3	22.6
New York	16.6	15.3	15.5	14.0
North Carolina	15.3	13.7	16.1	16.6
North Dakota	11.1	12.1	10.5	10.8
Ohio	11.6	10.2	11.7	12.5
Oklahoma	18.0	17.7	18.7	16.6
Oregon	13.7	13.7	14.8	16.9
Pennsylvania	9.8	8.3	10.7	10.3
Rhode Island	11.0	6.9	9.3	11.6
South Carolina	16.2	13.8	13.1	16.4
South Dakota	10.2	12.0	11.0	12.0
Tennessee	14.5	10.8	11.8	14.9
Texas	24.4	22.2	24.6	25.5
Utah	12.4	13.2	13.6	13.6
Vermont	11.3	10.3	9.9	10.1
Virginia	12.9	12.9	12.5	13.4
Washington	12.4	12.8	14.3	12.2
West Virginia	15.8	15.2	14.8	14.4
Wisconsin	7.9	9.3	9.5	9.1
Wyoming	15.0	15.1	16.5	14.3

¹The 2004 and 2005 data (available in spreadsheet version) were revised in March 2007. Available from: <http://www.census.gov/hhes/www/hlthins/data/usernote/index.html>.

NOTES: Questions on health insurance coverage are asked of the previous calendar year. Persons were considered uninsured if they were not covered by any type of health insurance at any time in that year. Ninety-percent confidence intervals for selected years are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Starting with 1997 data, people with no coverage other than access to the Indian Health Service are no longer considered covered by health insurance. The effect of this change on the estimate of number uninsured is negligible. Starting with 1999 data, estimates reflect the results of follow-up verification questions which decreased the percent uninsured by 1.2 percentage points. See [Appendix I, Current Population Survey \(CPS\)](#). Data for additional years are available. See [Appendix III](#).

SOURCE: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplements. DeNavas-Walt C, Proctor BD, Smith JC. Income, poverty, and health insurance coverage in the United States: 2009. Current Population Reports, P-60-238. Washington, DC: U.S. Government Printing Office. 2010. Available from: <http://www.census.gov/hhes/www/hlthins/data/incpovhlth/2009/tables.html>. See [Appendix I, Current Population Survey \(CPS\)](#).

Appendix Contents

Appendix I. Data Sources	429	National Survey on Drug Use & Health (NSDUH)	462
Government Sources	430	National Survey of Family Growth (NSFG)	463
Abortion Surveillance System	430	National Survey of Mental Health Treatment Facilities (NSMHTF)	464
Census of Fatal Occupational Injuries (CFOI)	431	National Vital Statistics System (NVSS)	465
Consumer Price Index (CPI)	432	Birth File	466
Current Population Survey (CPS)	433	Fetal Death Data Set	467
Department of Veterans Affairs National Enrollment and Patient Databases	435	Mortality File	467
Employee Benefits Survey—See National Compensation Survey (NCS).		Multiple Cause-of-Death File	469
Healthcare Cost and Utilization Project (HCUP), Nationwide Inpatient Sample	435	Linked Birth/Infant Death Data Set	469
HIV/AIDS Reporting System (HARS)	436	Compressed Mortality File (CMF)	470
Inventory/Survey of Mental Health Organizations (IMHO/SMHO)	437	Occupational Employment Statistics (OES)	471
Medicaid Statistical Information System (MSIS)	438	Online Survey Certification and Reporting Database (OSCAR)	472
Medical Expenditure Panel Survey (MEPS)	439	Population Census and Population Estimates	472
Medicare Administrative Data	440	Decennial Census	472
Medicare Current Beneficiary Survey (MCBS)	441	Race Data on the 1990 Census	472
Monitoring the Future (MTF) Study	442	Race Data on the 2000 Census	473
National Ambulatory Medical Care Survey (NAMCS)	443	Race Data on the 2010 Census	473
National Compensation Survey (NCS)	444	Modified Decennial Census Files	473
National Expenditures for Mental Health Services and Substance Abuse Treatment	446	Bridged-race Population Estimates for Census 2000	473
National Health Expenditure Accounts (NHEA)	447	Postcensal Population Estimates	474
National Health and Nutrition Examination Survey (NHANES)	449	Intercensal Population Estimates	475
National Health Interview Survey (NHIS)	452	Sexually Transmitted Disease (STD) Surveillance	475
National Health Interview Survey (NHIS) Linked Mortality File	454	Surveillance, Epidemiology, and End Results Program (SEER)	476
National Hospital Ambulatory Medical Care Survey (NHAMCS)	455	Survey of Occupational Injuries and Illnesses (SOII)	477
National Hospital Discharge Survey (NHDS)	456	United States Renal Data System (USRDS)	478
National Immunization Survey (NIS)	458	Youth Risk Behavior Survey (YRBS)	479
National Income and Product Accounts (NIPA)	459	Private and Global Sources	480
National Medical Expenditure Survey (NMES)—See Medical Expenditure Panel Survey.		American Association of Colleges of Osteopathic Medicine (AACOM)	480
National Notifiable Disease Surveillance System (NNDSS)	460	American Association of Colleges of Pharmacy (AAPC)	480
National Survey of Children’s Health (NSCH)	461	American Association of Colleges of Podiatric Medicine (AACPM)	480
		American Dental Association (ADA)	480
		American Hospital Association (AHA) Annual Survey of Hospitals	480
		American Medical Association (AMA) Physician Masterfile	481
		American Osteopathic Association (AOA)	481
		Association of American Medical Colleges (AAMC)	481

Association of Schools and Colleges of Optometry (ASCO)	482	Days of care	500
Association of Schools of Public Health (ASPH)	482	Death rate—See Rate: Death and related rates.	
Computed Tomography (CT) and Magnetic Resonance Imaging (MRI) Census	482	Dental caries	500
Guttmacher Institute Abortion Provider Census	482	Dental visit	500
Organisation for Economic Co-operation and Development (OECD) Health Data	484	Diabetes	500
		Diagnosis	502
Appendix II. Definitions and Methods	485	Diagnostic and other nonsurgical procedure—See Procedure.	
Acquired immunodeficiency syndrome (AIDS)	485	Dietary supplement	502
Active physician—See Physician.		Discharge	503
Activities of daily living (ADL)	485	Domiciliary care home—See Long-term care facility; Nursing home.	
Admission	486	Drug	503
Age	486	Drug abuse—See Illicit drug use.	
Age adjustment	487	Education	503
AIDS—See Acquired immunodeficiency syndrome (AIDS).		Emergency department	505
Alcohol consumption	488	Emergency department or emergency room visit	505
Any-listed diagnosis—See Diagnosis.		Employer costs for employee compensation	505
Average annual rate of change (percent change)	489	End-stage renal disease (ESRD)	505
Average length of stay	489	Ethnicity—See Hispanic origin.	
Basic actions difficulty	489	Exercise—See Physical activity, leisure-time.	
Bed, health facility	490	Expenditures—See Health expenditures, national. [Also see Appendix I, National Health Expenditure Accounts (NHEA).]	
Binge drinking	490	External cause of injury	506
Birth cohort	490	Family income	506
Birth rate—See Rate: Birth and related rates.		Federal hospital—See Hospital.	
Birthweight	490	Fee-for-service health insurance	508
Blood pressure, high	490	Fertility rate—See Rate: Birth and related rates.	
Body mass index (BMI)	491	General hospital—See Hospital.	
Cause of death	491	General hospital providing separate psychiatric services—See Mental health organization.	
Cause-of-death ranking	492	Geographic region	509
Children’s Health Insurance Program (CHIP)	492	Gestation	509
Cholesterol	495	Gross domestic product (GDP)	509
Cigarette smoking	495	Health care contact	510
Civilian noninstitutionalized population; Civilian population—See Population.		Health expenditures, national	510
Colorectal tests or procedures	496	Health insurance coverage	511
Community hospital—See Hospital.		Health maintenance organization (HMO)	513
Comparability ratio	497	Health services and supplies expenditures—See Health expenditures, national.	
Compensation—See Employer costs for employee compensation.		Health status, respondent-assessed	513
Complex activity limitation	498	Hearing trouble	514
Computed tomography (CT) scanner	499	Hispanic origin	514
Consumer Price Index (CPI)	499	HIV—See Human immunodeficiency virus (HIV) disease.	
Contraception	499	Home visit	515
Cost-charge ratio	499	Hospital	515
Critical access hospital—See Hospital.		Hospital-based physician—See Physician.	
Crude birth rate; Crude death rate—See Rate: Birth and related rates; Rate: Death and related rates.		Hospital day—See Days of care.	
		Hospital utilization	516
		Human immunodeficiency virus (HIV) disease	516
		Hypertension—See Blood pressure, high.	

ICD; ICD codes—See Cause of death; <i>International Classification of Diseases (ICD).</i>	
Illicit drug use	518
Immunization—See Vaccination.	
Incidence	518
Income—See Family income.	
Individual practice association (IPA)—See Health maintenance organization.	
Industry of employment	519
Infant death	519
Injury	519
Injury-related visit	520
Inpatient	520
Inpatient care—See Hospital utilization; Mental health service type.	
Inpatient day—See Days of care.	
Instrumental activities of daily living (IADL)	521
Insurance—See Health insurance coverage.	
Intermediate care facility—See Nursing home.	
<i>International Classification of Diseases (ICD)</i>	522
<i>International Classification of Diseases, 9th Revision, Clinical Modification (ICD–9–CM)</i>	522
Late fetal death rate—See Rate: Death and related rates.	
Leading causes of death—See Cause-of-death ranking.	
Length of stay—See Average length of stay.	
Life expectancy	522
Limitation of activity	523
Long-term care facility.	524
Low birthweight—See Birthweight.	
Magnetic resonance imaging (MRI) unit. . .	525
Mammography	525
Managed care	525
Marital status	526
Maternal age—See Age.	
Maternal education—See Education.	
Medicaid	527
Medicaid payments	527
Medical specialty—See Physician specialty.	
Medicare	528
Mental health organization	528
Mental health service type	529
Metropolitan statistical area (MSA)	529
Micropolitan statistical area	530
Multiservice mental health organization—See Mental health organization.	
Multum Lexicon Plus therapeutic class . . .	530
Neonatal mortality rate—See Rate: Death and related rates.	
Nonprofit hospital—See Hospital.	
North American Industry Classification System (NAICS)—See Industry of employment.	
Notifiable disease	531
Nursing home	531
Nursing home expenditures—See Health expenditures, national.	
Obesity—See Body mass index (BMI).	
Occupancy rate	531
Office-based physician—See Physician.	
Office visit	531
Operation—See Procedure.	
Outpatient department	532
Outpatient surgery	532
Outpatient visit	532
Overweight—See Body mass index (BMI).	
Pap smear	532
Partial care organization—See Mental health organization.	
Partial care treatment—See Mental health service type.	
Patient—See Inpatient; Office visit; Outpatient visit.	
Percent change/percentage change—See Average annual rate of change (percent change).	
Perinatal mortality rate; ratio—See Rate: Death and related rates.	
Personal care home with or without nursing—See Nursing home.	
Personal health care expenditures—See Health expenditures, national.	
Physical activity, leisure-time	533
Physician	534
Physician specialty	534
Population	535
Postneonatal mortality rate—See Rate: Death and related rates.	
Poverty	535
Preferred provider organization (PPO)	536
Prenatal care	536
Prevalence	536
Primary care specialty—See Physician specialty.	
Private expenditures—See Health expenditures, national.	
Procedure	536
Proprietary hospital—See Hospital.	
Psychiatric hospital—See Hospital; Mental health organization.	
Public expenditures—See Health expenditures, national.	
Purchasing power parities (PPPs)	537
Race	537
Rate	544
Region—See Geographic region.	
Registered hospital—See Hospital.	
Registration area	545
Relative standard error (RSE)	546
Relative survival rate	546
Reporting area	546
Resident, health facility	546

Resident population—See Population.	
Residential treatment care—See Mental health service type.	
Residential treatment center for children with emotional disturbance—See Mental health organization.	
Rural—See Urbanization.	
Self-assessment of health—See Health status, respondent-assessed.	
Serious psychological distress	546
Short-stay hospital—See Hospital.	
Skilled nursing facility—See Nursing home.	
Smoker—See Cigarette smoking.	
Specialty hospital—See Hospital.	
State mental health agency	547
Substance use	547
Suicidal ideation	547
Surgery—See Outpatient surgery; Procedure.	
Surgical specialty—See Physician specialty.	
Tobacco use—See Cigarette smoking.	
Uninsured.	547
Urbanization	548
Usual source of care.	548
Vaccination	548
Wages and salaries—See Employer costs for employee compensation.	
Years of potential life lost (YPLL).	549

Appendix II: Tables

Table I. United States year 2000 standard population and age groups used to age-adjust data	486
Table II. United States year 2000 standard population and proportion distribution by age, for age-adjusting death rates prior to 2003.	488
Table III. Revision of the <i>International Classification of Diseases (ICD)</i> , by year of conference by which adopted and years in use in the United States . . .	492
Table IV. Cause-of-death codes, by applicable revision of the <i>International Classification of Diseases (ICD)</i>	493
Table V. Comparability of selected causes of death between the 9th and 10th revisions of the <i>International Classification of Diseases (ICD)</i>	498
Table VI. Imputed family income percentages in the National Health Interview Survey, by age: United States, 1990–2010	507
Table VII. Percentage of persons under 65 years of age with <i>Medicaid</i> or who are uninsured, by selected demographic characteristics, using Method 1 and Method 2 estimation procedures: United States, 2004	512
Table VIII. Codes for industries, based on the North American Industry Classification System (NAICS)	519

Table IX. Codes for external causes of injury from the <i>International Classification of Diseases, 9th Revision, Clinical Modification</i>	520
---	-----

Table X. Codes for diagnostic categories from the <i>International Classification of Diseases, 9th Revision, Clinical Modification</i>	521
--	-----

Table XI. Codes for procedure categories for National <i>Hospital Discharge</i> Survey data, from the <i>International Classification of Diseases, 9th Revision, Clinical Modification</i>	523
--	-----

Table XII. Codes for procedure categories for Healthcare Cost and Utilization Project data, from the <i>International Classification of Diseases, 9th Revision, Clinical Modification</i>	524
---	-----

Table XIII. Current cigarette smoking among persons 18 years of age and over, by race and <i>Hispanic origin</i> under the 1997 and 1977 Standards for federal data on race and ethnicity: United States, average annual 1993–1995	539
--	-----

Table XIV. Private health care coverage among persons under 65 years of age, by race and <i>Hispanic origin</i> under the 1997 and 1977 Standards for federal data on race and ethnicity: United States, average annual 1993–1995	540
---	-----

Appendix II: Figure

Figure I. U.S. Census Bureau: Four geographic regions and nine divisions of the United States	509
---	-----

Appendix III. Additional Data Years Available	550
--	------------

Appendix I. Data Sources

Health, United States consolidates the most current data on the health of the population of the United States, the availability and use of health resources, and health care expenditures. Information was obtained from the data files and published reports of many federal government, private, and global agencies and organizations. In each case, the sponsoring agency or organization collected data using its own methods and procedures. Therefore, data in this report may vary considerably with respect to source, method of collection, definitions, and reference period.

Although a detailed description and comprehensive evaluation of each data source are beyond the scope of this appendix, readers should be aware of the general strengths and weaknesses of the different data collection systems. For example, population-based surveys obtain socioeconomic data, data on family characteristics, and information on the impact of an illness, such as days lost from work or limitation of activity. These data are limited by the amount of information a respondent remembers or is willing to report. For example, a respondent may not know detailed medical information, such as a precise diagnosis or the type of procedure performed, and therefore cannot report that information. In contrast, records-based surveys, which collect data from physician and hospital records, usually contain good diagnostic information but little or no information about the socioeconomic characteristics of individuals or the impact of illnesses on individuals.

Different data collection systems may cover different populations, and understanding these differences is critical to interpreting the resulting data. Data on vital statistics and national expenditures cover the entire population. However, most data on morbidity and the utilization of health resources cover only the civilian noninstitutionalized population and thus may not include data for military personnel, who are usually young; for institutionalized people, including the prison population, who may be of any age; or for nursing home residents, who are usually older.

All data collection systems are subject to error, and records may be incomplete or contain inaccurate information. Respondents may not remember essential information, a question may not mean the same thing to different respondents, and some institutions or individuals may not respond at all. It is not always possible to measure the magnitude of these errors or their effect on the data. Where

possible, table notes describe the universe and method of data collection to assist users in evaluating data quality.

Some information is collected in more than one survey, and estimates of the same statistic may vary among surveys because of different survey methodologies, sampling frames, questionnaires, definitions, and tabulation categories. For example, cigarette use is measured by the National Health Interview Survey, the National Survey on Drug Use & Health, the Monitoring the Future Study, and the Youth Risk Behavior Survey. These surveys use slightly different questions, cover persons of differing ages, and interview in diverse settings (e.g., at school compared with at home), so estimates will differ.

Overall estimates generally have relatively small sampling errors, but estimates for certain population subgroups may be based on a small sample size and have relatively large sampling errors. Numbers of births and deaths from the National Vital Statistics System represent complete counts (except for births in those states where data are based on a 50% sample for certain years). Therefore, these data are not subject to sampling error. However, when the figures are used for analytical purposes, such as the comparison of rates over a period, the number of events that actually occurred may be considered as one of a large series of possible results that could have arisen under the same circumstances. When the number of events is small and the probability of such an event is rare, estimates may be unstable, and considerable caution must be used in interpreting the statistics. Estimates that are unreliable because of large sampling errors or small numbers of events are noted with asterisks in tables, and the criteria used to designate unreliable estimates are indicated in an accompanying footnote.

In this appendix, government data sources are listed alphabetically by data set name, and private and global sources are listed separately. To the extent possible, government data systems are described using a standard format. The *Overview* is a brief, general statement about the purpose or objectives of the data system. The *Selected Content* section lists major data elements that are collected or estimated using interpolation or modeling. The *Data Years* section gives the years that the survey or data system has existed or been fielded. The *Coverage* section describes the population that the data system represents: for example, residents of the United

States, the noninstitutionalized population, persons in specific population groups, or other entities that make up the survey. The *Methodology* section presents a short description of the methods used to collect data. The *Sample Size and Response Rate* section provides these statistics for surveys. The *Issues Affecting Interpretation* section describes major changes in the data collection methodology or other factors that must be considered when analyzing trends: for example, a major survey redesign that may introduce a discontinuity in the trend. For additional information about the methodology, data files, and history of a data source, consult the *References* and *For More Information* sections that follow each summary.

Government Sources

Abortion Surveillance System

CDC/National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)

Overview. The Abortion Surveillance System documents the number and characteristics of women obtaining legal induced abortions, monitors teenage and unintended pregnancy, and assists in efforts to identify and reduce preventable causes of morbidity and mortality associated with abortions.

Selected Content. Content includes age, race, ethnicity, marital status, previous live births, period of gestation, and previous induced abortions among women obtaining legal induced abortions.

Data Years. Between 1973 and 1997, the number of abortions is based on reporting from 52 reporting areas: 50 states, the District of Columbia, and New York City. In 1998 and 1999, CDC compiled abortion data from 48 reporting areas. Alaska, California, New Hampshire, and Oklahoma did not report, and data for these areas were not estimated. In 2000–2004, CDC compiled data from 49 reporting areas. Alaska, California, and New Hampshire did not report abortion data to CDC in 2000–2002. In 2003 and 2004, California, New Hampshire, and West Virginia did not report. In 2005, California, Louisiana, and New Hampshire did not report. In 2006, California and New Hampshire did not report. In 2007, California, Maryland, and New Hampshire did not report.

Coverage. The system includes women of all ages, including adolescents, who obtain legal induced abortions.

Methodology. Each year, CDC requests tabulated data from the central health agencies of 52 reporting areas (the 50 states, the District of Columbia, and New York City) to document the number and characteristics of women obtaining abortions in the United States. For the purpose of surveillance, a legal induced abortion is defined as an intervention performed by a licensed clinician (e.g., a physician, nurse-midwife, nurse practitioner, or physician assistant) that is intended to terminate a suspected or known ongoing intrauterine pregnancy and produce a nonviable fetus at any gestational age.

In most states, collection of abortion data is facilitated by the legal requirement for hospitals, facilities, and physicians to report abortions to a central health agency. These central health agencies voluntarily provide CDC the aggregate numbers for the abortion data they have collected. Although reporting to CDC is voluntary, most reporting areas provide aggregate abortion numbers; during 1999–2008, a total of 45 reporting areas provided CDC a continuous annual record of abortion numbers.

Issues Affecting Interpretation. The abortion data in this report are subject to at least four limitations. First, because reporting requirements are established by the individual reporting areas, the collection of data varies, and thus CDC is unable to obtain the total number of abortions performed in the United States. During 1999–2008, the total annual number of abortions recorded by CDC was 65%–69% of the number recorded by The Guttmacher Institute (a not-for-profit organization for reproductive health research, policy analysis, and public education that has an abortion provider surveillance program). Although most reporting areas collect and send abortion data to CDC, this information is given to CDC voluntarily. During 1999–2008, 7 of the 52 reporting areas did not provide CDC with data on a consistent annual basis. In addition, whereas most of the reporting areas that send abortion data to CDC have laws requiring medical providers to submit a report for every abortion they perform to a central health agency, in New Jersey and the District of Columbia medical providers submit this information voluntarily. As a result, the abortion numbers these areas report to CDC tend to be incomplete. Even in states that legally require medical providers to submit a report for all the abortions they perform, enforcement of this requirement varies, thus several other reporting areas provide CDC with comparatively incomplete numbers. Second, because reporting requirements are established by the individual reporting areas, many states have developed reporting forms that do not resemble the example CDC created for technical guidance.

Consequently, many reporting areas do not collect all the information CDC compiles on the characteristics of women obtaining abortions (e.g., age, race, and ethnicity). Similarly, some reporting areas do not specifically include medical abortion as one of the potential methods for terminating a pregnancy. Third, abortion data are compiled and reported to CDC by the central health agency of the reporting area in which the abortion was performed rather than the reporting area in which the woman lived. This inflates abortion statistics for reporting areas in which a high percentage of abortions are obtained by out-of-state residents and undercounts abortions for states with limited abortion services, more stringent legal requirements for obtaining an abortion, or geographic proximity to services in another state. To adjust for these biases, CDC attempts to categorize abortions by residence in addition to occurrence. However, CDC was unable to identify the reporting area, territory, or country of residence for 11.5% of abortions reported in 2008, and this missing information may affect state estimates. Finally, adjustments for socioeconomic status cannot be made without data on education or income, and joint analysis of many variables of interest (e.g., age, race, and ethnicity) is precluded because reporting areas provide CDC with aggregate numbers rather than individual-level records.

Reference

Pazol K, Zane SB, Parker WY, Hall LR, Berg C, Cook DA. Abortion surveillance—United States, 2008. *MMWR Surveill Summ* 2011;60(SS-15):1–41. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6015a1.htm>.

For More Information. See the NCCDPHP surveillance and research website at: http://www.cdc.gov/reproductivehealth/Data_Stats/index.htm.

Census of Fatal Occupational Injuries (CFOI)

Bureau of Labor Statistics (BLS)

Overview. CFOI compiles comprehensive and timely information on fatal work injuries occurring in the 50 states and the District of Columbia (D.C.), to monitor workplace safety and to inform private and public health efforts to improve workplace safety.

Selected Content. Information is collected about each workplace fatal work injury, including occupation and other worker characteristics, equipment involved, and circumstances of the event.

Data Years. Data have been collected annually since 1992.

Coverage. The data cover all 50 states and D.C.

Methodology. CFOI is administered by BLS, in conjunction with participating state agencies, to compile counts that are as complete as possible to identify, verify, and profile fatal work injuries. Key information about each workplace fatal injury (occupation and other worker characteristics, equipment or machinery involved, and circumstances of the event) is obtained by cross-referencing source documents. For a fatal occupational injury to be included in the census, the decedent must have been employed (that is, self-employed, working for pay, or volunteering) at the time of the event, engaged in a legal work activity, or present at the site of the incident as a requirement of his or her job. These criteria are generally broader than those used by federal and state agencies administering specific laws and regulations. Fatal work injuries that occur during a person's commute to or from work are excluded from the census counts. Fatal work injuries to volunteer workers who are exposed to the same work hazards and perform the same duties or functions as paid employees and that meet the CFOI work relationship criteria are included.

Data for CFOI are compiled from various federal, state, and local administrative sources, including death certificates, workers' compensation reports and claims, reports to various regulatory agencies, medical examiner reports, police reports, and news reports. Diverse sources are used because studies have shown that no single source captures all job-related fatal injuries. Source documents are matched so that each fatal work injury is counted only once. To ensure that a fatal work injury occurred while the decedent was at work, information is verified from two or more independent source documents or from a source document and a follow-up questionnaire.

Denominator data for the calculation of fatal work injury rates are provided by the Current Population Survey (CPS). CPS and CFOI differ in scope. Where these differences occur, CFOI-adjusted fatal work injury counts are used in calculating the rates, to maintain consistency between the rate numerator (number of fatal work injuries) and the denominator (annual average employment and/or total hours worked). Workers under 16 years of age are excluded from fatal injury rate data. Starting with 2008 data, volunteers and military personnel also are excluded. Volunteers and military personnel are not included in the CPS data, and CFOI has been unable to obtain

reliable hours-worked data for these groups. Prior to 2008, the employment numbers used to calculate the military rate were supplied by the U.S. Census Bureau (1995–1998) and the Department of Defense (1999–2008).

Issues Affecting Interpretation. The number of fatal occupational injuries and fatal injury rates is revised periodically. States have up to 8 months to update their initial published counts and may identify additional fatal work injuries after data collection has closed for a reference year. Fatal work injuries initially excluded from the published count because of insufficient information to determine work relationship may subsequently be verified as work-related and included in the revised counts and rates. Increases in the published counts over the last 5 years based on additional information have averaged approximately 138 fatal occupational injuries per year, or less than 3% of the annual total.

Prior to 2003, CFI used the Standard Industrial Classification (SIC) system and the U.S. Census Bureau's occupational classification system to classify industries. Beginning with 2003 data, CFI began using the 2002 North American Industry Classification System (NAICS). Although some titles in SIC and NAICS are similar, there is limited comparability between the two systems because the industry groupings are defined differently. Starting with 2009 data, CFI began using the 2007 NAICS to classify industries. In *Health, United States*, industry data are presented at the two-digit level. Most of the differences between the 2002 and 2007 NAICS are at a more detailed level. Therefore, the adoption of the 2007 NAICS for CFI is unlikely to affect the trend presented in *Health, United States*. (See [Appendix II, Industry of employment](#).)

Starting with 2008 data, fatal injury rates presented in *Health, United States* are based on hours rather than employment, and consequently are not directly comparable with earlier injury rate data. Hours-based rates standardize the amount of exposure and are considered more accurate than employment-based rates. Hours-based rates use the average number of employees at work and the average hours each employee works annually. Employment- and hours-based rates will be similar for groups of workers who usually work full time. Differences in these rates are more likely for groups of workers who have a high percentage of part-time workers, such as younger workers. Hours-worked data are provided by CPS. For more information, see: <http://www.bls.gov/iif/oshnotice10.htm>.

Reference

Bureau of Labor Statistics. National Census of Fatal Occupational Injuries in 2009 [press release]. USDL-10-1142. Washington, DC: U.S. Department of Labor; 2010 August 19. Available from: http://www.bls.gov/news.release/archives/cfoi_08192010.pdf.

For More Information. See the CFI website at: <http://www.bls.gov/iif/oshcfoi1.htm> and the CFI section of the *BLS Handbook of Method* at: http://www.bls.gov/opub/hom/homch9.htm#census_fatal.

Consumer Price Index (CPI)

Bureau of Labor Statistics (BLS)

Overview. The CPI is a measure of the average change in prices over time of goods and services purchased by households. It is designed to produce a monthly measure of the average change in the prices of goods and services purchased by urban consumers.

Selected Content. Price indexes are available for the United States, the four census regions, size of city, cross-classifications of regions and size-classes, and 27 local areas. Indexes are available for major groups of consumer expenditures (food and beverages, housing, apparel, transportation, medical care, recreation, education and communications, and other goods and services), for items within each group, and for special categories such as services. Monthly indexes are available for the United States, the four census regions, and some local areas. For other local areas, data are bimonthly or semiannual.

BLS publishes CPIs for two population groups: urban wage earners and clerical workers (CPI-W), and all urban consumers (CPI-U). CPI-W covers households of wage earners and clerical workers. CPI-U and the chained CPI for all urban consumers (C-CPI-U) include, in addition to wage earner and clerical worker households, groups such as professional, managerial, and technical workers, the self-employed, short-term workers, the unemployed, and retirees and others not in the labor force.

Data Years. Data are available back to 1913. Prior to 1978, the data are based on the CPI-W population.

Coverage. CPI-W covers 32% of the U.S. population. CPI-U, introduced in 1978, covers residents of metropolitan areas and residents of urban parts of nonmetropolitan areas (about 87% of the U.S. population in 2000).

Methodology. In calculating the index, price changes for the various items in each location are averaged together with weights that represent their importance in the spending of all urban consumers. Local data are aggregated to obtain a U.S. city average.

The index measures price changes from a designated reference date, 1982–1984, which equals 100. An increase of 22%, for example, is shown as 122. Change can also be expressed in dollars, for example: The price of a base period market basket of goods and services bought by all urban consumers has risen from \$100 in 1982–1984 to \$218 in 2010.

The CPI currently reflects spending patterns based on the Survey of Consumer Expenditures during 2007–2008, the 1990 Census of Population, and the ongoing Point-of-Purchase Survey. Using an improved sample design, prices for the goods and services required to calculate the index are collected in urban areas throughout the country and from retail and service establishments. Data on rents are collected from tenants of rented housing and residents of owner-occupied housing units. Food, fuels, and a few other goods and services are priced monthly in all urban locations. Price information is obtained through visits or calls by trained BLS field representatives using computer-assisted telephone interviews.

Issues Affecting Interpretation. A 1987 revision changed the treatment of health insurance in the cost-weight definitions for medical care items. This change has no effect on the overall index result but provides a clearer picture of the role of health insurance in the CPI. As part of the revision, three new indexes were created by separating previously combined items; for example, eye care is separated from other professional services, and inpatient and outpatient treatment are separated from other hospital and medical care services.

Effective January 1997, the hospital index was restructured by combining the three categories room, inpatient services, and outpatient services into one category: hospital services. In addition, new procedures for hospital data collection identify a payer, diagnosis, and the payer's reimbursement arrangement from selected hospital bills.

References

Bureau of Labor Statistics. BLS handbook of methods. BLS bulletin no 2490. Washington, DC: U.S. Department of Labor; 1997. Available from: <http://www.bls.gov/opub/hom/>.

Bureau of Labor Statistics. Revising the Consumer Price Index. *Mon Labor Rev* 1996;119(12).

Ford IK, Ginsburg DH. Medical care in the Consumer Price Index. In: Cutler DM, Berndt ER, eds. *Medical care output and productivity*. Bureau of Economic Research studies in income and wealth, vol 62; 203–19. Chicago, IL: University of Chicago Press; 2001.

For More Information. See the BLS/CPI website at: <http://www.bls.gov/cpi>.

Current Population Survey (CPS)

Bureau of Labor Statistics (BLS) and U.S. Census Bureau

Overview. CPS provides current estimates and trends in employment, unemployment, and other characteristics of the general labor force, the population as a whole, and various population subgroups.

Selected Content. The CPS interview is divided into three basic parts: (a) household and demographic information, (b) labor force information, and (c) supplement information for months that include supplements. Comprehensive work experience information is gathered on the employment status, occupation, and industry of persons interviewed.

Estimates of poverty and health insurance coverage presented in *Health, United States* from CPS are derived from the Annual Social and Economic Supplement (ASEC), formerly called the Annual Demographic Supplement (ADS) and commonly called the March Supplement. ASEC collects data on family characteristics, household composition, marital status, migration, income from all sources, information on weeks worked, time spent looking for work or on layoff from a job, occupation and industry classification of the job held longest during the year, health insurance coverage, and receipt of noncash benefits such as food stamps, school lunch program, employer-provided group health insurance plan, employer-provided pension plan, personal health insurance, Medicaid, Medicare, CHAMPUS or military health care, and energy assistance.

Data Years. The basic CPS has been conducted since 1945, although some data were collected prior to that time. The U.S. Census Bureau has collected data in the ASEC or ADS since 1947.

Coverage. The Census-2000-based basic CPS sample was introduced in April 2004, and implementation was completed by July 2005 with coverage in every state and the District of Columbia. For CPS labor force

data, the adult universe (i.e., the population of marriageable age) is composed of persons 15 years of age and over in the civilian noninstitutionalized population. The sample for the March CPS supplement is expanded to include members of the Armed Forces who are living in a household that includes at least one civilian adult, as well as additional Hispanic households that are not included in the monthly labor force estimates.

Methodology. The basic CPS sample is selected from multiple frames using multiple stages of selection. Each unit is selected with a known probability to represent similar units in the universe. The sample design is state-based, with the sample in each state being independent of the others.

One person generally responds for all eligible members of a household. For those who are employed, employment information is collected for the job held in the reference week. The reference week is defined as the 7-day period, Sunday through Saturday, that includes the 12th of the month. In CPS, a person with two or more jobs is classified according to the job at which he or she worked the greatest number of hours. In general, BLS publishes labor force data only for persons 16 years of age and over because those under 16 years are substantially limited in their labor market activities by compulsory schooling and child labor laws. No upper age limit is used, and full-time students are treated the same as nonstudents.

The additional Hispanic sample is from the previous November's basic CPS sample. If a person is identified as being of Hispanic origin from the November interview and is still residing at the same address in March, that housing unit is eligible for the March survey. This amounts to a near doubling of the Hispanic sample because there is no overlap of housing units between the basic CPS samples in November and March.

For all CPS data files, a single weight is prepared and used to compute the monthly labor force status estimates. An additional weight is prepared for the earnings universe that roughly corresponds to wage and salary workers in the two outgoing rotations. The final weight is the product of the basic weight, the adjustments for special weighting, the noninterview adjustment, the first-stage ratio adjustment factor, and the second-stage ratio adjustment factor. This final weight should be used when producing estimates from the basic CPS data. Differences in the questionnaire, sample, and data uses for the March CPS supplement result in the need for additional adjustment procedures to produce what is called the March Supplement weight.

Sample Size and Response Rate. Beginning with 2001, the Children's Health Insurance Program (CHIP) sample expansion was introduced. This included an increase in the basic CPS sample to 60,000 households per month. Prior to 2001, estimates were based on 50,000 households per month. The expansion also included an additional 12,000 households that were allocated differentially across states, based on prior information of the number of uninsured children in each state, to produce statistically reliable current state data on the number of low-income children who do not have health insurance coverage. In an average month, the nonresponse rate for the basic CPS is about 7%–8%.

Issues Affecting Interpretation. Over the years, the number of income questions has expanded, questions on work experience and other characteristics have been added, and the month of interview was moved to March. In 2002, an ASEC sample increase was implemented, requiring more time for data collection. Thus, additional ASEC interviews are now taking place in February and April. However, even with this sample increase, most of the data collection still occurs in March.

In 1994, major changes were introduced that included a complete redesign of the questionnaire to include new health insurance questions and the introduction of computer-assisted interviewing for the entire survey. In addition, some of the labor force concepts and definitions were revised. Prior to the redesign, CPS data were primarily collected using a paper-and-pencil form. Beginning in 1994, population controls were based on the 1990 census and adjusted for the estimated population undercount. Starting with *Health, United States, 2003*, poverty estimates for data years 2000 and beyond were recalculated based on the expanded CHIP sample, and Census 2000-based population controls were implemented. Starting with 2002 health insurance data, 1997 race standards were implemented that allowed respondents to report more than one race.

Reference

U.S. Census Bureau. Current Population Survey: Design and methodology. Technical paper 66. Washington, DC: U.S. Census Bureau; 2006. Available from: <http://www.census.gov/prod/2006pubs/tp-66.pdf>.

For More Information. See the CPS website at: <http://www.census.gov/cps>.

Department of Veterans Affairs National Enrollment and Patient Databases

Department of Veterans Affairs (VA)

Overview. The VA compiles and analyzes multiple data sets on the health and health care of its clients and other veterans to monitor access and quality of care and to conduct program and policy evaluations.

Selected Content. The VA maintains the National Patient Care Database (NPCD), the Patient Treatment file (PTF), and the National Enrollment Database (NED).

The NPCD and PTF are nationwide systems that contain a statistical record for each episode of care provided under VA auspices, in VA and non-VA hospitals, nursing homes, VA residential rehabilitation treatment programs (formerly called domiciliaries), and VA outpatient clinics. Three major extracts are the PTF, the Patient Census file (PCF), and the NPCD.

The PTF collects data at the time of the patient's discharge on each episode of inpatient care provided to patients at VA hospitals, VA nursing homes, VA residential rehabilitation treatment programs, community nursing homes, and other non-VA facilities. The PTF record contains unique patient identifiers, dates of inpatient treatment, date of birth, state and county of residence, type of disposition, place of disposition after discharge, and *International Classification of Diseases, 9th Revision, Clinical Modification (ICD–9–CM)* diagnostic and procedure or operative codes for each episode of care.

The PCF collects data on each patient remaining in a VA medical facility at midnight at the end of each quarter of the fiscal year. The census record includes information similar to that reported in the PTF record.

The NPCD collects data on each instance of medical treatment provided to a veteran in an outpatient setting. The NPCD record includes the age, unique patient identifiers, state and county of residence, VA eligibility code, clinic(s) visited, purpose of visit, and date of visit for each episode of care.

The VA also maintains the NED as the official repository of enrollment information for each veteran enrolled in the VA health care system.

Coverage. U.S. veterans who receive services within the VA medical system are included. Data are available for some nonveterans who receive care at VA facilities.

Methodology. The NPCD and PTF are the source data for the Veterans Health Administration (VHA) Medical SAS Datasets. The NPCD and PTF are also the VHA's centralized relational databases (a data warehouse) that receive encounter data from VHA clinical information systems. The databases are updated daily. Data are collected locally at each VA medical center and transmitted electronically to the VA's Austin Automation Center for use in providing nationwide statistics, reports, and comparisons.

Issues Affecting Interpretation. The databases include users of the VA health care system. VA eligibility is a hierarchy based on service-connected disabilities, income, age, and availability of services. Therefore, different VA programs may serve populations with different sociodemographic characteristics than those served by other health care systems.

For More Information. See the VA Information Resource Center website at:
<http://www.virec.research.va.gov/Support/Training-NewUsersToolkit/IntroToVAData.htm>.

Employee Benefits Survey—See National Compensation Survey (NCS).

Healthcare Cost and Utilization Project (HCUP), Nationwide Inpatient Sample

Agency for Healthcare Research and Quality

Overview. HCUP is a family of health care databases and related software tools developed through a federal-state-industry partnership to build a multistate health data system for health care research and decision making. The Nationwide Inpatient Sample (HCUP–NIS), a component of HCUP, is the largest all-payer inpatient care database that is publicly available in the United States, containing data from 5 to 8 million hospital stays from about 1,000 hospitals, sampled to approximate a 20% stratified sample of U.S. community hospitals.

Selected Content. HCUP–NIS contains a core set of clinical and nonclinical information found in a typical discharge abstract, including all-listed diagnoses and procedures, discharge status, patient demographics, and charges for all patients regardless of payer (e.g., persons covered by Medicare, Medicaid, and private insurance, as well as those without insurance coverage).

Data Years. HCUP–NIS data releases are available for data years beginning in 1988. The number of states in HCUP–NIS varies by year.

Coverage. HCUP–NIS for 2009 includes 1,050 hospitals from 44 states, which contain about 95% of all U.S. community hospital discharges. The number of states participating in HCUP–NIS has increased each year, from 28 states in 2000 to 37 states in 2005, 38 states in 2006, 40 states in 2007, and 42 states in 2008. The states included in the 2000 data set were Arizona, California, Colorado, Connecticut, Florida, Georgia, Hawaii, Illinois, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Missouri, New Jersey, New York, North Carolina, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, and Wisconsin. Starting in 2005, Arkansas, Indiana, Michigan, Minnesota, Nebraska, Nevada, New Hampshire, Ohio, Oklahoma, Rhode Island, South Dakota, and Vermont joined the sample, and Maine, Pennsylvania, and Virginia left HCUP–NIS. Starting in 2006, Virginia rejoined the sample, and starting in 2007 Maine and Wyoming were added. Starting in 2008, Louisiana and Pennsylvania were added. Starting in 2009, Montana and New Mexico were added, resulting in 44 states in HCUP–NIS.

Methodology. HCUP–NIS is designed to approximate a 20% sample of U.S. community hospitals (excluding rehabilitation hospitals), defined by the American Hospital Association to be all nonfederal, short-term, general, and other specialty hospitals, excluding hospital units of institutions. This universe of U.S. community hospitals is divided into strata using five hospital characteristics: ownership and control, bed size, teaching status, urban or rural location, and U.S. region. HCUP–NIS is a stratified probability sample of hospitals in the frame, with sampling probabilities proportional to the number of U.S. community hospitals in each stratum. The frame is limited by the availability of inpatient data from the data sources currently participating in HCUP.

The information abstracted from hospital discharge records is translated into a uniform format to facilitate both multistate and national-state comparisons and analyses.

Hospital costs are derived from total hospital charges using hospital-specific cost-to-charge ratios based on hospital accounting reports from the Centers for Medicare & Medicaid Services. Hospital charges reflect the amount the hospital billed for the entire hospital stay and do not include professional (physician) fees. Costs will tend to reflect the actual costs to produce hospital services, whereas charges represent what the hospital billed for the care. Costs

are adjusted for economy-wide inflation by removing increases that reflect the effect of changing average prices for the same goods and services. The U.S. Bureau of Economic Analysis Gross Domestic Product Price Index is used to remove economy-wide inflation. Additional inflation that is specific to the hospital sector is not removed in this calculation.

Sample Size and Response Rate. The 2009 HCUP–NIS contains data from 7.8 million hospital stays from 1,050 hospitals; this approximates a 20% stratified sample of U.S. community hospitals. The Inpatient Core file (the HCUP–NIS inpatient discharge-level file) contains data for 100% of the discharges from a sample of hospitals in participating states.

Issues Affecting Interpretation. Weights are produced to create national estimates, but because the number of participating states has increased over time, estimates from earlier years may be biased if omitted states have substantially different hospitalization patterns than states that provided data.

Reference

Agency for Healthcare Research and Quality (AHRQ). Introduction to the HCUP Nationwide Inpatient Sample (NIS), 2009. In: Healthcare Cost and Utilization Project—HCUP: A federal-state-industry partnership in health data. Rockville, MD: AHRQ; 2011. Available from: https://www.hcup-us.ahrq.gov/db/nation/nis/NIS_2009_INTRODUCTION.pdf.

For More Information. See the HCUP website at: <http://www.hcup-us.ahrq.gov/>.

HIV/AIDS Reporting System (HARS)

CDC/National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)

Overview. Acquired immunodeficiency syndrome (AIDS) surveillance data are used to detect and monitor cases of human immunodeficiency virus (HIV) disease and AIDS in the United States, identify epidemiologic trends, identify unusual cases requiring follow-up, and inform public health efforts to prevent and control the disease.

Selected Content. Data collected on cases diagnosed with AIDS include age, sex, race, ethnicity, mode of exposure, and geographic region.

Data Years. Reports on AIDS cases are available from the beginning of the epidemic that started in 1981.

Coverage. All 50 states, the District of Columbia (D.C.), U.S. dependencies and possessions, and independent nations in free association with the United States report AIDS cases to CDC using a uniform surveillance case definition and case report form. As of April 2008, all states had implemented confidential, name-based HIV infection reporting and agreed to participate in CDC's integrated HIV/AIDS surveillance system.

Methodology. AIDS surveillance is conducted by health departments in each state or territory and D.C. Although surveillance activities range from passive to active, most areas employ multifaceted active surveillance programs, which include four major reporting sources of AIDS information: hospitals and hospital-based physicians, physicians in nonhospital practice, public and private clinics, and medical record systems (death certificates, tumor registries, hospital discharge abstracts, and communicable disease reports). Using a standard confidential case report form, the health departments collect information that is then transmitted electronically, without personal identifiers, to CDC.

Adjustments of the estimated data on HIV infection (not AIDS) and AIDS to account for reporting delays are calculated by a maximum-likelihood statistical procedure that takes into account the differences in reporting delays among exposure, geographic, race and ethnicity, age, sex, and vital status categories and is based on the assumption that reporting delays in these categories have not changed over time. AIDS surveillance data are provisional and are updated annually.

Issues Affecting Interpretation. Although the completeness of reporting of AIDS cases to state and local health departments differs by geographic region and patient population, studies conducted by state and local health departments indicate that the reporting of AIDS cases in most areas of the United States is more than 85% complete. To assess trends in AIDS cases, deaths, and prevalence, it is preferable to use case data adjusted for reporting delays and presented by year of diagnosis, rather than straight counts of cases presented by year of report.

The definition of AIDS was modified in 1985 and 1987. The case definition for adults and adolescents was modified again in 1993. The revisions incorporated a broader range of AIDS-indicator diseases and conditions and used HIV diagnostic tests to improve the sensitivity and specificity of the definition. Laboratory and diagnostic criteria for the 1987 pediatric case definition were updated in 1994. Effective January 2000, the surveillance case definition for HIV infection was revised to reflect advances in laboratory HIV virologic tests. The

definition incorporates the reporting criteria for HIV infection and AIDS into a single case definition for adults and children.

In 2008, changes were made to the case definition for HIV infection. The new case definition combined the two previous case definitions for HIV and AIDS and established a new disease staging classification. This change in the new case definition prompted changes to the title of the report and new terminology for diagnoses of HIV infection and AIDS throughout the report. The term "HIV/AIDS"—previously used to refer to a new diagnosis of HIV infection regardless of the person's disease stage at the time of diagnosis—was replaced with the term "diagnosis of HIV infection," to reflect implementation of the revised case definition for HIV infection that incorporated the previous case definition for AIDS and established a new disease staging classification.

Decreases in AIDS incidence and in the number of AIDS deaths, first noted in 1996, have been ascribed to the effect of new treatments, which prevent or delay the onset of AIDS and premature death among HIV-infected persons and result in an increase in the number of persons living with HIV and AIDS.

Reference

CDC. HIV surveillance report. Atlanta, GA: CDC [published annually]. Available from: <http://www.cdc.gov/hiv/topics/surveillance/resources/reports>.

For More Information. See the NCHHSTP website at: <http://www.cdc.gov/nchhstp>.

Inventory/Survey of Mental Health Organizations (IMHO/SMHO)

Substance Abuse and Mental Health Services Administration (SAMHSA)

Overview. IMHO/SMHO collected data on the number and characteristics of specialty mental health organizations in the United States.

Selected Content. The inventory or survey collected basic information such as type of mental health organization, ownership, number of additions and residents, and number of beds. A sample survey component was added to the inventory (IMHO) in 1998, 2000, and 2002, and the survey was renamed SMHO. The sample survey collected more detailed organization-level information from a sample of mental health organizations included in the inventory.

Data Years. IMHO was conducted biennially from 1986 through 1992; SMHO replaced IMHO and was conducted biennially from 1998 through 2002; IMHO was again fielded in 2004.

Coverage. Organizations included state psychiatric hospitals, private psychiatric hospitals, nonfederal general hospitals with separate psychiatric services, Department of Veterans Affairs medical centers, residential treatment centers for children with emotional disturbance, freestanding psychiatric outpatient clinics, freestanding partial care organizations, and multiservice (multisetting) mental health organizations not elsewhere classified.

Methodology. IMHO was an inventory of all mental health organizations. Its core questionnaire included one version designed for specialty mental health organizations and another for nonfederal general hospitals with separate psychiatric services. The data system was based on questionnaires mailed every other year to mental health organizations in the United States. In 1998, IMHO was replaced by SMHO. SMHO was made up of two phases. In Phase I, a full inventory of mental health organizations completed the survey by postcard, gathering a limited amount of information. From this inventory, a sample of mental health organizations was selected for Phase II, which involved completing most of the information from the IMHO core questionnaire as well as new items about managed behavioral health care.

Sample Size and Response Rate. In Phase I of SMHO, all organizations (about 10,000) were inventoried by postcard. A complete enumeration was needed to define the sampling frame for the sample survey. In Phase II, nonfederal general hospitals without separate mental health units, community residential organizations, and managed behavioral health care organizations were dropped from the sampling frame. From the remaining number, approximately 1,600–2,200 organizations were drawn for the sample survey and sent a questionnaire, with a response rate of approximately 90%.

Issues Affecting Interpretation. Revisions to definitions of mental health service providers include phasing out Community Mental Health Centers as a category after 1981–1982; increasing the number of multiservice (multisetting) mental health organizations from 1981 through 1986; increasing the number of psychiatric outpatient clinics in 1981–1982, but decreasing the number in 1983–1984, 1986, 1990, and 1992; and increasing the number of partial care services in 1983–1984. These changes should be noted when making interyear comparisons for the affected organizations and service types. The increase in the number of nonfederal general hospitals with separate

psychiatric services was partially due to a more concerted effort to identify these organizations. Forms had been sent only to those hospitals previously identified as having a separate psychiatric service. Beginning in 1980–1981, a screener form was sent to nonfederal general hospitals not previously identified as providing a separate psychiatric service, to determine whether they had such a service.

Reference

Center for Mental Health Services. Mental health, United States, 2004. Manderscheid RW, Berry JT, eds. HHS pub no (SMA) 06–4195. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2006. Available from: <http://store.samhsa.gov/product/Mental-Health-United-States-2004/SMA06-4195>.

For More Information. See the SAMHSA website: <http://samhsa.gov>.

Medicaid Statistical Information System (MSIS)

Centers for Medicare & Medicaid Services (CMS)

Overview. CMS works with its state partners to collect data on each person served by the Medicaid program, in order to monitor and evaluate access to and quality of care, trends in program eligibility, characteristics of enrollees, changes in payment policy, and other program-related issues.

Selected Content. Data collected include claims for services and their associated payments for each Medicaid beneficiary, by type of service. MSIS also collects information on the characteristics of every Medicaid-eligible individual, including eligibility and demographic information.

Data Years. Selected state data are available starting in 1992. MSIS was an optional program until 1999, when the Balanced Budget Act of 1997 mandated that all states use MSIS. Data for the 50 states and the District of Columbia are available starting in 1999.

Coverage. The data include information about all individuals enrolled in the Medicaid program, the services they receive, and the payments made for those services.

Methodology. MSIS is the primary data source for Medicaid statistical data.

It is the basic source for state-reported eligibility and claims data on the Medicaid population, its characteristics, utilization, and payments. Beginning

in FY 1999, as a result of legislation enacted from the Balanced Budget Act of 1997, states were required to submit individual eligibility and claims data tapes to CMS quarterly, through MSIS. Prior to FY 1999, states were required to submit an annual HCFA–2082 report, designed to collect aggregated statistical data on eligibles, recipients, services, and expenditures during a federal fiscal year (October 1 through September 30), or, at state option, to submit eligibility data and claims through MSIS. The claims data reflect bills adjudicated or processed during the year, rather than services used during the year.

Form CMS–64, Quarterly Expense Report, a product of the financial budget and grant system, is a statement of expenditures for the Medicaid program that the states submit to CMS 30 days after each quarter. The report is an accounting statement of actual expenditures made by the states for which they are entitled to receive federal reimbursement under Title XIX for that quarter. The amount claimed on form CMS–64 is a summary of expenditures derived from source documents such as invoices, cost reports, and eligibility records. For more information, see: https://www.cms.gov/MedicaidBudgetExpendSystem/02_CMS64.asp#TopOfPage.

Form CMS–64 shows the disposition of Medicaid grant funds for the quarter being reported and for previous years, the recoupments made or refunds received, and income earned on grant funds. The data on form CMS–64 are used to reconcile the monetary advance made on the basis of states' funding estimates filed prior to the beginning of the quarter on form CMS–37, Medicaid Program Budget Report. As such, form CMS–64 is the primary source for making adjustments for any identified overpayments and underpayments to the states. Also incorporated into this process are disallowance actions forwarded from other federal financial adjustments. Finally, form CMS–64 provides information that forms the basis for a series of Medicaid financial reports and budget analyses. Also included are third-party liability (TPL) collections tables. TPL refers to the legal obligation of certain health care sources to pay the medical claims of Medicaid recipients before Medicaid pays these claims. Medicaid pays only after the TPL sources have met their legal obligation to pay.

Issues Affecting Interpretation. Medicaid tables in *Health, United States* are based on MSIS data. Users of Medicaid data may note apparent inconsistencies in the data that are primarily due to the difference in information captured in MSIS compared with form CMS–64 reports. The most substantive difference is due to payments made to disproportionate share

hospitals. Payments to disproportionate share hospitals do not appear in MSIS because states reimburse these hospitals directly and there is no fee-for-service billing. Other, less significant, differences between MSIS and form CMS–64 occur because adjudicated claims data are used in MSIS compared with actual payments reflected in form CMS–64. Differences also may occur because of internal state practices for capturing and reporting these data through two separate systems. Finally, national totals for form CMS–64 are different because they include other jurisdictions, such as the Northern Mariana Islands and American Samoa. Starting with 1999 data, MSIS excluded data from Puerto Rico and the U.S. Virgin Islands, which accounted for approximately 1 million eligibles and \$250 million in Medicaid payments.

For More Information. See the CMS websites at: <http://www.cms.hhs.gov/home/medicaid.asp> and <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/MSIS.html> and the Research Data Assistance Center (ResDAC) website at: http://www.resdac.umn.edu/medicaid/data_available.asp. (Also see [Appendix II, Medicaid](#).)

Medical Expenditure Panel Survey (MEPS)

Agency for Healthcare Research and Quality (AHRQ)

Overview. MEPS produces nationally representative estimates of health care use, expenditures, sources of payment, insurance coverage, and quality of care for the U.S. civilian noninstitutionalized population.

Selected Content. MEPS data in *Health, United States* include total health care expenses and prescribed medicine expenses, presented by sociodemographic characteristics, type of health insurance, and sources of payment.

Data Years. The 1977 National Medical Care Expenditure Survey and the 1987 National Medical Expenditure Survey (NMES) are earlier versions of MEPS. Since 1996, MEPS has been conducted on an annual basis.

Coverage. The U.S. civilian noninstitutionalized population is the primary population represented. The 1987 and 1996 surveys also had an institutionalized population component.

Methodology. MEPS consists of three components: the Household Component (HC), the Medical Provider Component (MPC), and the Insurance Component (IC). MEPS–HC is a national probability

survey conducted on an annual basis since 1996. The panel design of the survey features five rounds of interviewing covering two full calendar years. The HC is a nationally representative survey of the civilian noninstitutionalized population drawn from a subsample of households that participated in the prior year's National Health Interview Survey. Whenever possible, missing expenditure data are imputed using data collected in the MPC.

The MPC collects data from hospitals, physicians, home health care providers, and pharmacies that were reported in the HC as providing care to MEPS sample persons. Data are collected in the MPC to improve the accuracy of the expenditure estimates that would be obtained if derived solely from the HC. The MPC is particularly useful in obtaining expenditure information for persons enrolled in managed care plans and Medicaid recipients. Sample sizes for the MPC vary from year to year depending on the HC sample size and the MPC sampling rates for providers.

The IC is a separate MEPS component that collects data on the types and costs of workplace health insurance from a sample of about 40,000 business establishments and 3,000 state and local governments each year.

The MEPS predecessor, the 1987 NMES, consisted of two components: the Household Survey (HS) and the Medical Provider Survey (MPS). The NMES–HS component was designed to provide nationally representative estimates of health insurance status, health insurance coverage, and health care use for the U.S. civilian noninstitutionalized population for the calendar year 1987. Data from the NMES–MPS component were used in conjunction with HS data to produce estimates of health care expenditures. The NMES–HS consisted of four rounds of household interviews. Income information was collected in a special supplement administered early in 1988. Events under the scope of the NMES–MPS included medical services provided by or under the direction of a physician, all hospital events, and home health care.

Sample Size and Response Rate. In recent years the MEPS annual survey has consisted of approximately 12,500 families and 32,000 individuals. The annual response rate, which reflects nonresponse to the National Health Interview Survey from which the MEPS sample is selected as well as nonresponse and attrition in MEPS, has averaged about 60% in recent years.

Issues Affecting Interpretation. The 1987 estimates are based on NMES, and 1996 and later years' estimates are based on MEPS. Because expenditures in NMES

were based primarily on charges, whereas those for MEPS were based on payments, data for NMES were adjusted to be more comparable with MEPS by using estimated charge-to-payment ratios for 1987. For a detailed explanation of this adjustment, see Zuvekas and Cohen (2002).

References

Hahn B, Lefkowitz D. Annual expenses and sources of payment for health care services. National Medical Expenditure Survey, Research Findings no 14. AHCPR pub no 93–0007. Rockville, MD: Agency for Health Care Policy and Research; 1992.

Ezzati-Rice TM, Rohde F, Greenblatt J. Sample design of the Medical Expenditure Panel Survey Household Component, 1998–2007. Methodology Report no 22. Rockville, MD: Agency for Healthcare Research and Quality; 2008. Available from: http://www.meps.ahrq.gov/mepsweb/data_files/publications/mr22/mr22.shtml.

Zuvekas SH, Cohen JW. A guide to comparing health care expenditures in the 1996 MEPS to the 1987 NMES. *Inquiry* 2002;39(1):76–86.

For More Information. See the MEPS website at: <http://www.meps.ahrq.gov/mepsweb/>.

Medicare Administrative Data

Centers for Medicare & Medicaid Services (CMS)

Overview. CMS collects and synthesizes Medicare enrollment, spending, and claims data to monitor and evaluate access to and quality of care, trends in utilization, changes in payment policy, and other program-related issues.

Selected Content. Data include claims information for services furnished to Medicare beneficiaries and Medicare enrollment data. Claims data include type of service, procedures, diagnoses, dates of service, charge amounts, and payment amounts. Enrollment data include date of birth, sex, race, ethnicity, and reason for entitlement.

Data Years. Some data files are available as far back as 1987, but CMS no longer provides technical support for files with data prior to 1991.

Coverage. Enrollment data are for all persons enrolled in the Medicare program. Claims data include data for Medicare beneficiaries who filed claims.

Methodology. The claims and utilization data files contain extensive utilization information at various

levels of summarization for a variety of providers and services. There are many types and levels of these files: National Claims History (NCH) files, Standard Analytic files (SAFs), Medicare Provider and Analysis Review (MEDPAR) files, Medicare enrollment files, and various other files.

The NCH 100% Nearline file contains all institutional and noninstitutional claims and provides records of every Medicare claim submitted, including adjustment claims. SAFs contain final action claims data in which all adjustments have been resolved. These files contain information collected by Medicare to pay for health care services provided to a Medicare beneficiary. SAFs are available for each institutional (inpatient, outpatient, skilled nursing facility, hospice, or home health agency) and noninstitutional (physician and durable medical equipment providers) claim type. The record unit of SAFs is the claim (some episodes of care may have more than one claim). SAFs include the Inpatient SAF, the Skilled Nursing Facility SAF, the Outpatient SAF, the Home Health Agency SAF, the Hospice SAF, the Durable Medical Equipment SAF, and the Physician/Supplier SAF.

MEDPAR files contain inpatient hospital and skilled nursing facility (SNF) final action stay records. Each MEDPAR record represents a stay in an inpatient hospital or SNF. An inpatient stay record summarizes all services rendered to a beneficiary from the time of admission to a facility, through discharge. Each MEDPAR record may represent one claim or multiple claims, depending on the length of a beneficiary's stay and the amount of inpatient services used throughout the stay.

The Denominator file contains demographic and enrollment information about each beneficiary enrolled in Medicare during a calendar year. The information in the Denominator file is frozen in March of the following calendar year. Some of the information contained in this file includes the beneficiary unique identifier, state and county codes, ZIP code, date of birth, date of death, sex, race, age, monthly entitlement indicators (for Medicare Part A, Medicare Part B, or Part A and Part B), reasons for entitlement, state buy-in indicators, and monthly managed care indicators (yes or no). The Denominator file is used to determine beneficiary demographic characteristics, entitlement, and beneficiary participation in Medicare managed care organizations (MCOs).

The Vital Status file contains demographic information about each beneficiary ever entitled to Medicare. Some of the information contained in this file includes the beneficiary unique identifier, state and county codes, ZIP code, date of birth, date of death, sex, race, and age. Often the Vital Status file is

used to obtain recent death information for a cohort of Medicare beneficiaries.

The Group Health Plan (GHP) master file contains data on beneficiaries who are currently enrolled, or have ever been enrolled, in an MCO under contract with CMS. Each record represents one beneficiary, and each beneficiary has one record. Some of the information contained in this file includes the beneficiary unique identifier, date of birth, date of death, state and county, and managed care enrollment information such as dates of membership and MCO contract number. The GHP master file is used to identify the exact MCO in which beneficiaries were enrolled.

Issues Affecting Interpretation. Because Medicare managed care organizations might not file claims, files based only on claims data will exclude care for persons enrolled in Medicare managed care organizations. In addition, to maintain a manageable file size, some files are based on a sample of enrollees rather than on all Medicare enrollees. Coding and the interpretation of Medicare coverage rules have also changed over the life of the Medicare program.

For More Information. See the CMS Research Data Assistance Center (ResDAC) website at: <http://www.resdac.umn.edu/medicare/index.asp> and the CMS website at: <http://www.cms.hhs.gov/home/medicare.asp>. (Also see [Appendix II, Medicare](#).)

Medicare Current Beneficiary Survey (MCBS)

Centers for Medicare & Medicaid Services (CMS)

Overview. MCBS produces nationally representative estimates of health status, health care use and expenditures, health insurance coverage, and socioeconomic and demographic characteristics of Medicare beneficiaries. It is used to estimate expenditures and sources of payment for all services used by Medicare beneficiaries, including copayments, deductibles, and noncovered services; to ascertain all types of health insurance coverage and relate coverage to sources of payment; and to trace processes over time, such as changes in health status and the effects of program changes.

Selected Content. MCBS collects data on the utilization of health services, health and functional status, health care expenditures, and health insurance and beneficiary information (such as income, living arrangement, family assistance, and quality of life).

Data Years. The first round of interviewing was conducted from September through December 1991, and the survey has been in the field continuously since then. The data are designed to support both cross-sectional and longitudinal analyses.

Coverage. MCBS is a continuous survey of a nationally representative sample of aged, institutionalized, and disabled Medicare beneficiaries.

Methodology. The overlapping panel design of the survey allows each sample person to be interviewed three times a year for 4 years, whether he or she resides in the community or a facility or moves between the two settings, using the version of the questionnaire appropriate to the setting. Sample persons are interviewed using computer-assisted personal interviewing (CAPI) survey instruments. Because residents of long-term care facilities often are in poor health, information about institutionalized residents is collected from proxy respondents such as nurses and other primary caregivers affiliated with the facility. The sample is selected from the Medicare enrollment files, with oversampling among disabled persons under 65 years of age and among persons 80 years of age and over.

MCBS has two components: the Cost and Use file and the Access to Care file. Medicare claims are linked to survey-reported events to produce the Cost and Use file, which provides complete expenditure and source-of-payment data on all health care services, including those not covered by Medicare. The Access to Care file contains information on beneficiaries' access to health care, satisfaction with care, and usual source of care. The sample for this file represents the always enrolled population—those who participated in the Medicare program for the entire year. In contrast, the Cost and Use file represents the ever enrolled population, including those who entered Medicare and those who died during the year.

Sample Size and Response Rate. Each fall, about one-third of the sample is retired and roughly 6,000 new sample persons are included in the survey; the exact number chosen is based on projections of target samples of 12,000 persons with 3 years of cost and use information distributed appropriately across the sample cells. In the community, response rates for initial interviews range in the mid- to high 80s; once respondents have completed the first interview, their participation in subsequent rounds is 95% or more. In recent rounds, data have been collected from approximately 16,000 beneficiaries. Roughly 90% of the sample is made up of persons who live in the community, with the remaining persons living in

long-term care facilities. Response rates for facility interviews approach 100%.

Issues Affecting Interpretation. Because only Medicare enrollees are included in MCBS, the survey excludes a small proportion of persons 65 years of age and over who are not enrolled in Medicare. This should be noted when using MCBS to make estimates of the entire population 65 years of age and over in the United States.

References

Adler GS. A profile of the Medicare Current Beneficiary Survey. *Health Care Financ Rev* 1994;15(4):153–63.

Lo A, Chu A, Apodaca R. Redesign of the Medicare Current Beneficiary Survey sample. Rockville, MD: Westat, Inc.; 2003. Available from: <http://www.amstat.org/sections/srms/Proceedings/y2002/Files/JSM2002-000662.pdf>.

For More Information. See the MCBS website at: <http://www.cms.hhs.gov/MCBS>.

Monitoring the Future (MTF) Study

National Institute on Drug Abuse (NIDA)

Overview. MTF is an ongoing study of the behaviors, attitudes, and values of U.S. secondary school students, college students, and young adults.

Selected Content. Data collected include lifetime, annual, and 30-day prevalence of use of specific illegal drugs and substances, inhalants, tobacco, and alcohol. Data are also collected on usage levels, frequency of use, perceived risks associated with use, opinions about whether use is approved or disapproved by others, and opinions about availability of the substances.

Data Years. MTF has been conducted annually since 1975, initially with high school seniors. Ongoing panel studies of representative samples from each graduating class have been conducted by mail since 1976, and annual surveys of 8th and 10th graders were initiated in 1991.

Coverage. MTF surveys a sample of high school seniors, 10th graders, and 8th graders selected to be representative of all seniors, 10th graders, and 8th graders in public and private high schools in the coterminous United States. Annual follow-up questionnaires are mailed to a sample of each graduating class for a number of years after their initial participation to gather information on college students and young adults.

Methodology. The survey design is a multistage random sample, with stage 1 the selection of particular geographic areas, stage 2 the selection of one or more schools in each area, and stage 3 the selection of students within each school. Data are collected using self-administered questionnaires conducted in the classroom by representatives of the University of Michigan's Institute for Social Research. Dropouts and students who are absent on the day of the survey are excluded. Recognizing that the dropout population is at higher risk for drug use, MTF was expanded in 1991 to include similar nationally representative samples of 8th and 10th graders, who have lower dropout rates than seniors and include future high-risk 12th grade dropouts. For more information on MTF adjustments for absentees and dropouts, see Johnston et al. (2011, vol 1).

Sample Size and Response Rate. In 2010, a total of 46,482 students in the 8th, 10th, and 12th grades in 396 secondary schools were surveyed. The annual senior samples comprised 15,127 seniors in 126 public and private high schools nationwide. The 10th-grade samples involved 15,586 students in 123 schools, and the 8th-grade samples had 15,769 students in 147 schools. Response rates were 85% for 12th graders, 87% for 10th graders, and 88% for 8th graders and have been relatively constant across time. Absentees constitute virtually all of the nonresponding students.

Issues Affecting Interpretation. Estimates of substance use among youth based on the National Survey on Drug Use & Health (NSDUH) are not directly comparable with estimates based on MTF and the Youth Risk Behavior Survey (YRBS). In addition to the fact that MTF excludes dropouts and absentees, rates are not directly comparable across these surveys because of differences in populations covered, sample design, questionnaires, and interview setting. NSDUH collects data in residences, whereas MTF and YRBS collect data in school classrooms. In addition, NSDUH estimates are tabulated by age, whereas MTF and YRBS estimates are tabulated by grade, representing different ages as well as different populations.

References

Johnston LD, O'Malley PM, Bachman JG, Schulenberg JE. Monitoring the Future: National survey results on drug use, 1975–2010, vol I: Secondary school students. Ann Arbor, MI: Institute for Social Research, The University of Michigan; 2011. Available from: http://www.monitoringthefuture.org/pubs/monographs/mtf-vol1_2010.pdf.

Johnston LD, O'Malley PM, Bachman JG, Schulenberg JE. Monitoring the Future: National results on adolescent drug use. Overview of key findings, 2010. Ann Arbor, MI: Institute for Social Research, The University of Michigan; 2011. Available from: <http://www.monitoringthefuture.org/pubs/monographs/mtf-overview2010.pdf>.

Cowan CD. Coverage, sample design, and weighting in three federal surveys. *J Drug Issues* 2001;31(3):599–614.

For More Information. See the NIDA website at: <http://www.nida.nih.gov/Infobox/HSYouthtrends.html> and the MTF website at: <http://www.monitoringthefuture.org>.

National Ambulatory Medical Care Survey (NAMCS)

CDC/NCHS

Overview. NAMCS is a national survey designed to provide information about the provision and use of medical care services in office-based physician practices in the United States.

Selected Content. Data are collected from medical records on type of providers seen; reason for visit; diagnoses; drugs ordered, provided, or continued; and selected procedures and tests ordered or performed during the visit. Patient data include age, sex, race, and expected source of payment. Data are also collected on selected characteristics of physician practices.

Data Years. NAMCS, which began in 1973, was conducted annually until 1981, once in 1985, and resumed an annual schedule in 1989.

Coverage. The scope of the survey covers patient encounters in the offices of nonfederally-employed physicians classified by the American Medical Association (AMA) or American Osteopathic Association (AOA) as office-based patient care physicians. Patient encounters with physicians engaged in prepaid practices [health maintenance organizations (HMOs), independent practice organizations (IPAs), and other prepaid practices] are included in NAMCS. Excluded are visits to hospital-based physicians; visits to specialists in anesthesiology, pathology, or radiology; and visits to physicians who are principally engaged in teaching, research, or administration. Telephone contacts and nonoffice visits are also excluded. Starting in 2006, NAMCS includes visits to a separate sample of community health centers (CHCs).

Methodology. A multistage probability design is employed. The first-stage sample consisted of 84 primary sampling units (PSUs) in 1985, and beginning in 1989, 112 PSUs, which were selected from about 1,900 such units into which the United States had been divided. In each sample PSU, a sample of practicing nonfederal office-based physicians is selected from master files maintained by AMA and AOA. The final stage involves systematic random samples of office visits during randomly assigned 7-day reporting periods. In 1985, the survey excluded Alaska and Hawaii. Starting in 1989, the survey included all 50 states and the District of Columbia.

Starting in 2006, a dual-sampling procedure was used to select CHC physicians and nonphysician clinicians. First, the traditional NAMCS sample was selected using the methods described above. Second, information from the Health Resources and Services Administration and the Indian Health Service was used to select a sample of CHCs. Within CHCs, a maximum of three health care providers were selected, including physicians, physician assistants, nurse practitioners, or nurse midwives. After selection, CHC providers followed traditional NAMCS methods for selecting patient visits.

The U.S. Census Bureau acts as the data collection agent for NAMCS. Screening interviews are conducted by Census field representatives to obtain information about physicians' office-based practices and to ensure that the practice is within the scope of the survey. Field representatives visit eligible physicians prior to their participation in the survey to provide them with survey materials and instruct them on how to sample patient visits and complete patient record forms. Participants are asked to complete forms for a systematic random sample of approximately 30 office visits occurring during a randomly assigned 1-week period, but increasingly patient record forms are abstracted by field representatives.

Sample data are weighted to produce national estimates. The estimation procedure used in NAMCS has three basic components: inflation by the reciprocal of the probability of selection, adjustment for nonresponse, and ratio adjustment to fixed totals.

Sample Size and Response Rate. In each sample year from 2003 through 2005, 3,000 physicians were sampled and the response rates were 66%–70%. Data were provided for approximately 25,000 visits per survey year. In sample years 2006 and 2007, 3,500 physicians were sampled and the response rates were 64%–65%. Data were provided for approximately 29,000 visits in 2006 and almost 33,000 visits in 2007. In 2008, a sample of 3,319

physicians was selected: 2,229 were in-scope and 1,334 participated, for a response rate of 59%. Data were provided for 28,741 visits. In 2009, a sample of 3,319 physicians was selected: 2,290 were in-scope and 1,445 participated, for a response rate of 62%. Data were provided for 32,281 visits. The response rates have been modified to accommodate the mixture of one- and two-stage samples of providers.

Issues Affecting Interpretation. The NAMCS patient record form is modified approximately every 2–4 years to reflect changes in physician practice characteristics, patterns of care, and technological innovations. Examples of recent changes include increasing the number of drugs recorded on the patient record form and adding checkboxes for specific tests or procedures performed. Sample sizes vary by survey year. For some years it is suggested that analysts combine two or more years of data if they wish to examine relatively rare populations or events. Starting with *Health, United States, 2005*, data for survey years 2001–2002 were revised to be consistent with the weighting scheme introduced in the 2003 NAMCS data. For more information on the new weighting scheme, see Hing et al. (2005).

Reference

Hing E, Cherry DK, Woodwell DA. National Ambulatory Medical Care Survey: 2003 summary. Advance data from vital and health statistics; no 365. Hyattsville, MD: NCHS; 2005. Available from: <http://www.cdc.gov/nchs/data/ad/ad365.pdf>.

For More Information. See the National Health Care Surveys website at: <http://www.cdc.gov/nchs/dhcs.htm> and the Ambulatory Health Care Data website at: <http://www.cdc.gov/nchs/ahcd.htm>.

National Compensation Survey (NCS)

Bureau of Labor Statistics (BLS)

Overview. NCS provides comprehensive measures of occupational earnings, compensation cost trends, benefit incidence, and detailed plan provisions.

Selected Content. Detailed occupational earnings are collected for metropolitan and nonmetropolitan areas, for broad geographic regions, and on a national basis. The Employment Cost Index (ECI) and Employer Costs for Employee Compensation (ECEC) are compensation measures derived from NCS. ECI measures changes in labor costs; average hourly employer costs for employee compensation are presented in ECEC. National benefits data are presented for five broad occupational groupings: management, professional, and related; sales and

office; service; natural resources, construction, and maintenance; and production, transportation, and material moving. Data are also available by goods- and service-producing industries, union affiliation, and establishment size.

Data Years. NCS replaces three existing BLS surveys: ECI, the Occupational Compensation Survey Program (OCS), and the Employee Benefits Survey (EBS). ECI and EBS were fully integrated into NCS in 1999. Prior to 1999, EBS was collected for small private establishments (those employing fewer than 100 workers) and from state and local governments regardless of employment size. In odd-numbered years, data were collected for medium and large private establishments (those employing 100 workers or more). ECI was created in the mid-1970s, and EBS was added to an existing data collection effort (the Professional, Administrative and Technical Pay Survey) in the late 1970s. ECEC was developed in 1987.

Coverage. NCS provides information for the Nation for the nine census divisions and for 152 selected areas (combined statistical areas, metropolitan statistical areas, micropolitan statistical areas, and county clusters). Not all areas have information for all occupations. NCS includes both full- and part-time workers who are paid a wage or salary and includes data for the civilian economy, including both private industry and state and local government. It excludes agriculture, fishing, and forestry industries; private household workers; and the federal government.

Methodology. NCS is conducted quarterly by the BLS' Office of Compensation and Working Conditions. The sample is selected using a three-stage design. The first stage involves the selection of areas for the state and local government sample and the private industry sample. In the second stage, establishments are selected systematically, with the probability of selection proportionate to their relative employment size within the industry. Use of this technique means that the larger an establishment's employment, the greater its chance of selection. The third stage of sampling is a probability sample of occupations within a sampled establishment. This step is performed by the BLS field economist during an interview with the respondent establishment in which selection of an occupation is based on probability of selection proportionate to employment in the establishment, and each occupation is classified under its corresponding major occupational group.

Data collection is conducted by BLS field economists. Data are gathered from each establishment on the primary business activity of the establishment; types of occupations; number of employees; wages,

salaries, and benefits; hours of work; and duties and responsibilities. Wage data obtained by occupation and work level allow NCS to publish occupational wage statistics for localities, census divisions, and the Nation.

Sample Size and Response Rate. The sample consists of approximately 152 areas that represent the Nation's almost 370 metropolitan statistical areas and almost 580 micropolitan statistical areas, as defined by the Office of Management and Budget (OMB), and the remaining portions of the 50 states. NCS is in the midst of a 6-year transition from the OMB's December 1993 area definitions to the December 2003 area definitions. During this transition, NCS is surveying additional areas while new areas are being phased into the sample and others are being phased out. For more information, see: <http://www.bls.gov/ncs/ncswage2007.htm#AppendixA>.

Issues Affecting Interpretation. Because NCS merges separate surveys, trend analyses prior to 2000 should be interpreted with care. The industrial coverage, establishment size coverage, and geographic coverage for EBS have changed since 1990. All surveys conducted from 1979 through 1989 excluded part-time employees, as well as establishments in Alaska and Hawaii. The surveys conducted from 1979 through 1986 covered only medium and large private establishments and excluded most of the service industries. Establishments that employed at least 50, 100, or 250 workers (depending on the industry) were included. The survey conducted in 1987 consisted of state and local governments with 50 or more employees. The surveys carried out in 1988 and 1989 included all private-sector establishments that employed 100 or more people.

ECEC switched to new industry and occupation classification systems with the release of the March 2004 data. The North American Industry Classification System (NAICS) is now used to classify industries, and the 2000 Standard Occupational Classification (SOC) system is used to classify occupations. ECEC data based on the 1987 Standard Industrial Classification System and the 1990 Occupational Classification System are no longer produced, and data classified under these coding schemes are not comparable with data classified under NAICS or SOC. The 2007 NAICS is gradually replacing the 2002 NAICS, but this does not affect trends. Beginning with the March 2004 quarter, historical data are available based on NAICS and the 2000 SOC. The historical tables are available from: <http://www.bls.gov/ncs/ect/home.htm> or upon request from BLS. For more detailed information on NAICS and SOC, including background definitions

and implementation schedules, see the BLS websites at: <http://www.bls.gov/bls/naics.htm> and <http://www.bls.gov/soc/home.htm>.

The state and local government sample, which is replaced less frequently than the private industry sample, was replaced in its entirety in September 2007. As a result of this replacement, the number of state and local government occupations and establishments increased substantially. The private industry sample is rotated over approximately 5 years, which makes the sample more representative of the economy and reduces respondent burden. Data are collected for the pay period including the 12th day of the survey months of March, June, September, and December. The sample is replaced on a cross-area, cross-industry basis.

References

Bureau of Labor Statistics. Employer costs for employee compensation—March 2011 [press release USDL-11-0849]. Washington, DC: U.S. Department of Labor; 2011 June 8. Available from: http://www.bls.gov/news.release/archives/ecec_06082011.pdf.

Wiatrowski WJ. The National Compensation Survey: Compensation statistics for the 21st century. Washington, DC: U.S. Department of Labor, Bureau of Labor Statistics. Compensation and Working Conditions (CWC) Online 2000;Winter:5–14. Available from: <http://www.bls.gov/opub/cwc/archive/winter2000art1.pdf>.

U.S. Bureau of Labor Statistics. BLS handbook of methods, ch 8: National compensation measures; 2007. Available from: <http://www.bls.gov/opub/hom/pdf/homch8.pdf>.

For More Information. See the NCS website at: <http://www.bls.gov/ncs>.

National Expenditures for Mental Health Services and Substance Abuse Treatment

Substance Abuse and Mental Health Services Administration (SAMHSA)

Overview. National Expenditures for Mental Health Services and Substance Abuse Treatment estimates track spending on health care services related to the diagnosis and treatment of mental and substance use disorders in the United States.

Selected Content. The estimates focus on expenditures for the diagnosis and treatment of mental health (MH) and substance abuse (SA) disorders, and of both disorders combined (MHSA). Multiple years of comparable data are available so that estimates can be examined over time. MHSA estimates were designed to be consistent with the National Health Expenditure Accounts (NHEA) so that they can also be compared with expenditure data on all health care services. MHSA expenditure data are available by the types of services delivered (provider type and type of care) and by who pays for those services (payers).

Providers are identified by the major types of services they deliver and often furnish the data used to estimate spending. Service providers and products include all hospitals (general, specialty, and nonspecialty); all physicians (psychiatrists and nonpsychiatrists); other behavioral health professionals; free-standing nursing homes; free-standing home health care agencies; other personal and public health, specialty MH, and SA centers; and retail prescription drugs. Payer categories include private sources (i.e., out-of-pocket and private insurance) and public sources including Medicare, Medicaid, and other federal-, state-, and local-level sources.

Data Years. The first report on MHSA expenditure estimates was published in 1998 and described estimates for 1986–1996. The most recent report, published in 2011, described data for 1986–2005.

Methodology. MHSA expenditure estimates integrate a wealth of national data sets from various government agencies and private organizations. MHSA spending estimates were constructed for two major treatment categories of spending—MH and SA—with SA estimated in two separate subcategories: alcohol abuse (AA) and drug abuse (DA). Spending for services is based solely on the primary diagnosis and does not include spending associated with a secondary diagnosis. Costs not directly related to treatment are excluded. Expenditures for issues that result from MH and SA (e.g., liver disease) are also excluded.

Spending proportions for MH, AA, and DA were calculated by multiplying utilization by average prices (accounting for discounts and cost sharing) for each diagnostic group and dividing by the sum of all groups. These proportions were applied to the appropriate national health expenditure estimates from the NHEA to estimate MH, AA, and DA national spending. SA expenditures were summed from AA and DA estimates. These estimations were made within the type of payer and provider. Expenditures

by provider and payer are further divided into inpatient, outpatient, and residential care.

MHSA expenditure data are also presented by grouping specialty providers from specialty institutions. These estimates were drawn from facility surveys (facility-level reporting). Total revenues were reported in these specialty surveys by facility and by payment source. Many of these data come from specialty provider inventories and surveys sponsored by SAMHSA, such as the Inventory/Survey of Mental Health Organizations (IMHO/SMHO) and the National Survey of Substance Abuse Treatment Services. Data for all other providers come from administrative claims data and surveys that collect encounter-level or patient-level data. In some cases, these surveys sampled a first stage of providers and then a second stage of encounters between providers and patients. With characteristics on each encounter or patient, expenditures for specific diagnoses such as MH, SA, or all health care were calculated.

Estimates for non-MHSA specialty facilities were carved out of estimates of total national health services and supplies expenditures developed by CMS. Spending for specialty and nonspecialty facilities were summed (after duplicates between SAMHSA and CMS data were removed) to obtain national data for total MHSA expenditures. As a final check of the estimates, MHSA dollars were compared with all personal and government public health expenditures.

The remaining two categories of spending—retail purchases of prescription drugs and insurance administration—are not given a specialty or nonspecialty designation.

Spending for MH and SA services is defined using diagnostic codes from the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD-9-CM) for mental disorders (sections 290–319). A subset of these disorders, including various types of dementia, Alzheimer's disease, nondependent use of drugs, tobacco abuse disorder, delays in development, and mental retardation, are not included in the analysis.

Issues Affecting Interpretation. Estimates were prepared using standard estimation techniques and the best available survey information. They represent the only MHSA estimates comparable with total health care spending in the United States. Multiple data sources were used to piece together and cross-check information that ultimately formed the basis for the estimates, and each of those data sources has its own strengths and weaknesses. Estimates that were reported previously should not be combined with the most recent estimates

(1986–2005) because data are revised over time and estimates have been updated to include better data sources and improved methods.

Reference

Substance Abuse and Mental Health Services Administration (SAMHSA). National expenditures for mental health services and substance abuse treatment, 1986–2005. HHS pub no (SMA) 10–4612. Rockville, MD: Center for Mental Health Services and Center for Substance Abuse Treatment, SAMHSA; 2011. Available from: <http://store.samhsa.gov/product/National-Expenditures-for-Mental-Health-Services-and-Substance-Abuse-Treatment-1986-2005/SMA10-4612>.

National Health Expenditure Accounts (NHEA)

Centers for Medicare & Medicaid Services (CMS)

Overview. NHEA provide estimates of spending on different types of health care goods and services in the United States, and the programs and payers that purchase those goods and services.

Selected Content. NHEA contain all of the main components of the health care system within a unified, mutually exclusive and exhaustive structure. The accounts measure spending for health care in the United States by type of service delivered (e.g., hospital care, physician and clinical services, nursing home care) and source of funding for those services (e.g., private health insurance, Medicare, Medicaid, out-of-pocket). A common set of definitions are applied to the types of services delivered, and to the source of funding for those services, that allow for comparisons over time.

Data Years. Expenditure estimates are available starting in 1960 in data files or published articles. In 1964, the U.S. Department of Health and Human Services began publishing these data annually.

Methodology. The primary sources for estimates related to hospital care spending were the American Hospital Association (AHA) data on hospital finances and the U.S. Census Bureau's Services Annual Survey (SAS) and Quarterly Services Survey (QSS). These were supplemented by data on federal hospitals. The salaries of physicians and dentists on the staffs of hospitals, hospital outpatient clinics, hospital-based home health care agencies, and nursing home care provided in the hospital setting were also considered to be components of hospital care. Expenditures for

physician and clinical services, nursing care facilities and continuing care retirement communities, home health care, dentists, and the services of health care professionals (e.g., chiropractors, private duty nurses, therapists, and podiatrists) were estimated primarily by using a combination of data from SAS and the U.S. Census Bureau's quinquennial Economic Census. Spending between Economic Census years of data were interpolated using data from SAS.

The estimates of retail spending for prescription drugs were based on industry data on prescription drug transactions from the U.S. Census Bureau's Census of Retail Trade and IMS Health, an organization that collects data from the pharmaceutical industry. Final merchandise line sales from the 2007 Economic Census of the retail sector were incorporated into the prescription drug estimates in 2009.

Expenditures for other medical nondurables and for vision products and other medical durables purchased in retail outlets were based on input-output (I/O) tables and personal consumption expenditure tables prepared by the U.S. Department of Commerce's Bureau of Economic Analysis, U.S. Bureau of Labor Statistics' (BLS) Consumer Expenditure Survey, Kline and Co. Annual Survey of Over-the-Counter Drugs, and the 1987 National Medical Expenditure Survey and the Medical Expenditure Panel Surveys (MEPS) conducted by the Agency for Healthcare Research and Quality (AHRQ). Those durable and nondurable products provided to inpatients in hospitals or nursing homes, and those provided by licensed professionals or through home health care agencies, were excluded here but are included with the expenditure estimates for the provider service category.

The Structures and Equipment component of NHEA included estimates that measure the value of new construction put in place by the medical sector, and includes buildings—mainly hospitals and nursing homes. From 1993 through 2008, the primary source for these Private Structures estimates was the Annual Capital Expenditures Survey conducted by the Census Bureau. The 2009 Private Structures estimate was extrapolated forward from 2008 using data from the C-30 survey of new construction. The estimates for preceding years were developed using data published by the Census Bureau and the Bureau of Economic Analysis. Public structures data were based on information published by the Bureau of Economic Analysis. Medical Capital Equipment comprised the value of new capital equipment (including software) purchased or put in place by the medical sector during the year. For Private Equipment, the estimates were derived using a variety of data published by the

Census Bureau, as well as data published by the Bureau of Economic Analysis. The Public Equipment estimates were based on data published by the Bureau of Economic Analysis.

Expenditures for noncommercial research (the cost of commercial research by drug companies was assumed to be embedded in the price charged for the product and therefore was not counted again) were included in the Investment category and were developed from information gathered by the National Institutes of Health and the National Science Foundation.

Source-of-funding estimates come from many sources. Private health insurance benefits by type of service were estimated using provider survey data in conjunction with source-of-funding spending from several sources. These sources included the U.S. Census Bureau, the American Medical Association (AMA), AHA, and IMS Health, as well as household data from surveys such as the National Medical Care Expenditure Survey (National Center for Health Services Research, 1987) and later, MEPS (AHRQ, 1996–2006 and 2009).

Data on federal health care programs (e.g., Medicare, Medicaid, and CHIP) were taken from administrative records maintained by the servicing agencies. Among the sources used to estimate state and local government spending for health care were the U.S. Census Bureau's Government Finances reports and the National Academy of Social Insurance reports on state-operated workers' compensation programs. Federal, state, and local expenditures for education and training of medical personnel were excluded from these measures where they were separable. Data on the financial experience of health insurance organizations came from CMS analyses of A.M. Best Company (Oldwik, NJ) private health insurance data reported to the National Association of Insurance Commissioners, from the BLS survey on the cost of employer-sponsored health insurance and consumer expenditures, and from MEPS data for the self-insured.

Information on out-of-pocket spending from the U.S. Census Bureau's SAS; BLS' Consumer Expenditure Survey; the 1987 National Medical Care Expenditure Survey and MEPS; and from private surveys conducted by AHA, AMA, the American Dental Association, and IMS Health was used to develop estimates of direct spending by consumers.

Issues Affecting Interpretation. Every 5 years, NHEA undergo a comprehensive revision that includes the incorporation of newly available source data, methodological and definitional changes, and benchmark estimates from the Economic Census.

During these comprehensive revisions, the entire NHEA time series is opened for revision. In addition to these changes, during the 2009 comprehensive revision, the classification structure of NHEA was changed to more clearly align programs and payers with the current health care system.

References

Martin A, Lassman D, Whittle L, Catlin A, National Health Expenditure Accounts Team. Recession contributes to slowest annual rate of increase in health spending in five decades. *Health Aff (Millwood)* 2011;30(1):11–22.

Centers for Medicare & Medicaid Services (CMS). National Health Expenditure Accounts: Methodology Paper, 2010: Definitions, Sources, and Methods. Baltimore, MD: CMS; 2011. Available from: <https://www.cms.gov/NationalHealthExpendData/downloads/dsm-10.pdf>.

Centers for Medicare & Medicaid Services (CMS). Summary of National Health Expenditure Account 2009 comprehensive revisions. Baltimore, MD: CMS; 2010. Available from: <http://www.cms.gov/NationalHealthExpendData/downloads/benchmark2009.pdf>.

For More Information. See the CMS National Health Expenditure Accounts website at: <http://www.cms.hhs.gov/NationalHealthExpendData>.

National Health and Nutrition Examination Survey (NHANES)

CDC/NCHS

Overview. The NHANES program includes a series of cross-sectional, nationally representative health examination surveys conducted in mobile examination units or clinics (MECs). In the first series of surveys, the National Health Examination Survey (NHES), data were collected on the prevalence of certain chronic diseases, the distributions of various physical and psychological measures, and measures of growth and development. In 1971, a nutrition surveillance component was added, and the survey name was changed to NHANES. See the Data Years section for more information on the survey name and the years it was conducted.

Selected Content. NHANES has collected data on chronic disease prevalence and conditions (including undiagnosed conditions) and on risk factors such as obesity and smoking, elevated serum cholesterol levels, hypertension, diet and nutritional status, immunization status, infectious disease prevalence,

health insurance, and measures of environmental exposures. Other topics addressed include hearing, vision, mental health, anemia, diabetes, cardiovascular disease, osteoporosis, oral health, pharmaceuticals and dietary supplements used, and physical fitness.

NHES I data were collected on the prevalence of certain chronic diseases, as well as the distribution of various physical and psychological measures, including blood pressure and serum cholesterol levels. NHES II and NHES III focused on factors related to growth and development in children and youth.

For NHANES I, data were collected on indicators of the nutritional and health status of the American people through dietary intake data, biochemical tests, physical measurements, and clinical assessments for evidence of nutritional deficiency. Detailed examinations were conducted by dentists, ophthalmologists, and dermatologists, with an assessment of need for treatment. In addition, data were obtained for a subsample of adults on overall health care needs and behavior, and more detailed examination data were collected on cardiovascular, respiratory, arthritic, and hearing conditions. For NHANES II, the nutrition component was expanded and the medical area focused on diabetes, kidney and liver function, allergy, and speech pathology. The third survey (NHANES III) additionally included data on antibodies, spirometry, and bone health.

Beginning in 1999 with continuous data collection for NHANES, new topics have included cardiorespiratory fitness, physical functioning, lower extremity disease, full body scan (DXA) for body fat and bone density, and tuberculosis infection.

Data Years. Data have been collected from surveys conducted during 1960–1962 (NHES I), 1963–1965 (NHES II), 1966–1970 (NHES III), 1971–1974 (NHANES I), 1976–1980 (NHANES II), 1982–1984 Hispanic Health and Nutrition Examination Survey (HHANES), and 1988–1994 (NHANES III). Beginning in 1999, the survey has been conducted continuously.

Coverage. With the exception of HHANES (see Methodology, below), NHES and NHANES provide estimates of the health status of the civilian noninstitutionalized population of the United States. NHES II and NHES III examined probability samples of the Nation's noninstitutionalized children 6–11 and 12–17 years of age, respectively.

The NHANES I target population was the civilian noninstitutionalized population 1–74 years of age residing in the coterminous United States, except for people residing on any of the reservation lands set aside for the use of American Indians.

The NHANES II target population was the civilian noninstitutionalized population 6 months to 74 years of age residing in the United States, including Alaska and Hawaii.

HHANES studied three geographically and ethnically distinct populations: Mexican Americans living in Texas, New Mexico, Arizona, Colorado, and California; Cuban Americans living in Dade County, Florida; and Puerto Ricans living in parts of New York, New Jersey, and Connecticut.

The NHANES III target population was the civilian noninstitutionalized population 2 months of age and over. The sample design provided for oversampling among children 2 months to 5 years of age, persons 60 years of age and over, black persons, and persons of Mexican origin.

Beginning in 1999, NHANES oversampled low-income persons, adolescents 12–19 years of age, persons 60 years of age and over, African Americans, and persons of Mexican origin. The sample for data years 1999–2006 is not designed to give a nationally representative sample for the total population of Hispanics residing in the United States. Starting with 2007–2008 data collection, all Hispanic persons were oversampled, not just Mexican American persons. For more information on the sampling methodology changes, see: http://www.cdc.gov/nchs/nhanes/nhanes2007-2008/sampling_0708.htm.

Methodology. NHANES include clinical examinations, selected medical and laboratory tests, and self-reported data. NHANES and previous surveys interviewed persons in their homes and conducted medical examinations, including laboratory analysis of blood, urine, and other tissue samples. Medical examinations and laboratory tests follow very specific protocols and are as standard as possible to ensure comparability across sites and providers. In 1999–2002, as a substitute for the MEC examinations, a small number of survey participants received an abbreviated health examination in their homes if they were unable to come to the MEC.

For the first program or cycle of NHES I, a highly stratified multistage probability sample was selected to represent the 111 million civilian noninstitutionalized adults 18–79 years of age in the United States at that time. The sample areas consisted of 42 primary sampling units (PSUs) from 1,900 geographic units. NHES II and NHES III were also multistage stratified probability samples of clusters of households in land-based segments. NHES II and III used the same 40 PSUs.

For NHANES I, the sample areas consisted of 65 PSUs. A subsample of persons 25–74 years of age was selected to receive the more detailed health

examination. Groups at high risk of malnutrition were oversampled.

NHANES II used a multistage probability design that involved selection of PSUs, segments (clusters of households) within PSUs, households, eligible persons, and finally, sample persons. The sample design provided for oversampling among persons 6 months to 5 years of age, 60–74 years of age, and those living in poverty areas.

HHANES was similar in content and design to NHANES I and II. The major difference between HHANES and the previous national surveys is that HHANES used a probability sample of three special subgroups of the population living in selected areas of the United States, rather than a national probability sample. The three HHANES universes included approximately 84%, 57%, and 59%, respectively, of the 1980 Mexican-, Cuban-, and Puerto Rican-origin populations in the continental United States.

The survey for NHANES III was conducted from 1988 to 1994 and consisted of two phases of equal length and sample size. Phases 1 and 2 comprised random samples of the civilian U.S. population living in households. About 40,000 persons 2 months of age and over were selected and asked to complete an extensive interview and an examination. Participants were selected from households in 81 counties across the United States. Children 2 months to 5 years of age and persons 60 years of age and over were oversampled to provide precise descriptive information on the health status of selected population groups in the United States.

Beginning in 1999, NHANES became a continuous, annual survey, which allows increased flexibility in survey content. Since April 1999, NHANES has collected data every year from a representative sample of the civilian noninstitutionalized U.S. population, newborns and older, by in-home personal interviews and physical examinations in the MEC. The sample design is a complex, multistage, clustered design using unequal probabilities of selection. The first-stage sample frame for continuous NHANES during 1999–2001 was the list of PSUs selected for the design of the National Health Interview Survey. Typically, an NHANES PSU is a county. For 2002, an independent sample of PSUs (based on current census data) was selected. This independent design was used for the period 2002–2010. For 1999, because of a delay in the start of data collection, 12 distinct PSUs were in the annual sample. For each year in 2000–2010, 15 PSUs were selected. The within-PSU design involves forming secondary sampling units that are nested within census tracts, selecting dwelling units within

secondary units, and then selecting sample persons within dwelling units. The final sample person selection involves differential probabilities of selection according to the demographic variables of sex (male or female), race and ethnicity (Hispanic, black, or all other persons), and age. Because of the differential probabilities of selection, dwelling units are screened for potential sample persons. Sample weights are available and should be used in estimating descriptive statistics. The complex design features should be used in estimating standard errors for the descriptive estimates.

The estimation procedure used to produce national statistics for all NHANES involved inflation by the reciprocal of the probability of selection, adjustment for nonresponse, and poststratified ratio adjustment to population totals. Sampling errors also were estimated, to measure the reliability of the statistics.

Sample Size and Response Rate. NHES I sampled 7,710 adults. The examination response rate was 87%. NHES II sampled 7,417 children and reported a response rate of 96% for the questionnaire sample and 73% for the examination sample. NHES III sampled 7,514 youth and reported a response rate of 90%.

A sample of 28,043 persons was selected for NHANES I. Household interviews were completed for more than 96% of the persons selected, and about 75% (20,749) were examined. A sample of 27,801 persons was selected for NHANES II, and 73% (20,322) were examined.

In HHANES, 9,894 persons in the Southwest were selected (75%, or 7,462, were examined); in Dade County, 2,244 persons were selected (60%, or 1,357, were examined); and in the Northeast, 3,786 persons were selected (75%, or 2,834, were examined). Over the 6-year survey period of NHANES III, 39,695 persons were selected, the household interview response rate was 86%, and the medical examination response rate was 78%.

In the sample selection for NHANES 1999–2000, there were 22,839 dwelling units screened. Of these, 6,005 households had at least one eligible sample person identified for interviewing, for a total of 12,160 eligible sample persons. The overall response rate in NHANES 1999–2000 for those interviewed was 82% (9,965 of 12,160), and the response rate for those examined was 76% (9,282 of 12,160). For NHANES 2001–2002, there were 13,156 persons selected in the sample, of which 84% (11,039) were interviewed and 80% (10,480) completed the health examination component of the survey. For NHANES 2003–2004, 6,410 households had at least one eligible sample person identified for interviewing. A total of 12,761

eligible sample persons were identified, of which 79% (10,115) were interviewed and 76% (9,653) completed the health examination component. For NHANES 2005–2006, a total of 12,862 persons were identified, of which 80% (10,348) were interviewed and 77% (9,950) completed the health examination component. For NHANES 2007–2008, a total of 12,943 persons were identified, of which 78% (10,149) were interviewed and 75% (9,762) completed the health examination component. For NHANES 2009–2010, a total of 13,272 persons were identified, of which 79% (10,537) were interviewed and 77% (10,253) completed the health examination component. For more information on unweighted NHANES response rates and response weights using sample size weighted to Current Population Survey population totals, see: http://www.cdc.gov/nchs/nhanes/response_rates_CPS.htm.

Issues Affecting Interpretation. Data elements, laboratory tests performed, and the technological sophistication of medical examination and laboratory equipment have changed over time. Therefore, trend analyses should carefully examine how specific data elements were collected across the various NHES and NHANES surveys. Data files are revised periodically. If the file changes are minor and the impact on estimates small, then the data are not revised in *Health, United States*. Major data changes are incorporated.

References

Gordon T, Miller HW. Cycle I of the Health Examination Survey: Sample and response, United States, 1960–1962. *Vital Health Stat* 11(1). Hyattsville, MD: NCHS; 1974. Available from: http://www.cdc.gov/nchs/data/series/sr_11/sr11_001.pdf.

NCHS. Plan, operation, and response results of a program of children's examinations. *Vital Health Stat* 1(5). Hyattsville, MD: NCHS; 1967. Available from: http://www.cdc.gov/nchs/data/series/sr_01/sr01_005.pdf.

Schaible WL. Quality control in a National Health Examination Survey. *Vital Health Stat* 2(44). Hyattsville, MD: NCHS; 1973. Available from: http://www.cdc.gov/nchs/data/series/sr_02/sr02_044.pdf.

Miller HW. Plan and operation of the Health and Nutrition Examination Survey, United States, 1971–1973: Part A, Development, plan, and operation. *Vital Health Stat* 1(10a). Hyattsville, MD: NCHS; 1973. Available from: http://www.cdc.gov/nchs/data/series/sr_01/sr01_010a.pdf.

NCHS. Plan and operation of the Health and Nutrition Examination Survey, United States, 1971–1973: Part B, Data collection forms of the survey. Vital Health Stat 1(10b). Hyattsville, MD: NCHS; 1977. Available from: http://www.cdc.gov/nchs/data/series/sr_01/sr01_010b.pdf.

Engel A, Murphy RS, Maurer K, Collins E. Plan and operation of the HANES I augmentation survey of adults 25–74 years: United States, 1974–1975. Vital Health Stat 1(14). Hyattsville, MD: NCHS; 1978. Available from: http://www.cdc.gov/nchs/data/series/sr_01/sr01_014.pdf.

McDowell A, Engel A, Massey JT, Maurer K. Plan and operation of the second National Health and Nutrition Examination Survey, 1976–80. Vital Health Stat 1(15). Hyattsville, MD: NCHS; 1981. Available from: http://www.cdc.gov/nchs/data/series/sr_01/sr01_015.pdf.

Maurer KR. Plan and operation of the Hispanic Health and Nutrition Examination Survey, 1982–84. Vital Health Stat 1(19). Hyattsville, MD: NCHS; 1985. Available from: http://www.cdc.gov/nchs/data/series/sr_01/sr01_019.pdf.

Ezzati TM, Massey JT, Waksberg J, Chu A, Maurer KR. Sample design: Third National Health and Nutrition Examination Survey. Vital Health Stat 2(113). Hyattsville, MD: NCHS; 1992. Available from: http://www.cdc.gov/nchs/data/series/sr_02/sr02_113.pdf.

NCHS. Plan and operation of the Third National Health and Nutrition Examination Survey, 1988–94. Vital Health Stat 1(32). Hyattsville, MD: NCHS; 1994. Available from: http://www.cdc.gov/nchs/data/series/sr_01/sr01_032.pdf.

For More Information. See the NHANES website at: <http://www.cdc.gov/nchs/nhanes.htm>.

National Health Interview Survey (NHIS)

CDC/NCHS

Overview. NHIS monitors the health of the U.S. population through the collection and analysis of data on a broad range of health topics. A major strength of this survey lies in the ability to analyze health measures by many demographic and socioeconomic characteristics.

Selected Content. During household interviews, NHIS obtains information on activity limitation, illnesses, injuries, chronic conditions, health insurance coverage (or lack thereof), utilization of health care,

and other health topics. Demographic data reported by respondent or proxy include age, sex, education, race, ethnicity, place of birth, employment status, income, and residence. Other data collected annually include health risk factors such as lack of exercise, smoking, alcohol consumption, and use of prevention services such as vaccinations. Special modules and supplements focus on different issues each year and have covered many topics, including vaccinations; aging; cancer screening, including periodic prevention activities such as mammography, colorectal tests or procedures, and Pap smears; and complementary and alternative medicine.

Data Years. NHIS has been conducted annually since 1957, with a major redesign every 10–15 years.

Coverage. The survey covers the civilian noninstitutionalized population of the United States. Among those excluded are patients in long-term care facilities, persons on active duty with the Armed Forces (although their dependents are included), incarcerated persons, and U.S. nationals living in foreign countries.

Methodology. NHIS is a cross-sectional household interview survey. Sampling and interviewing are continuous throughout each year. The sampling plan follows a multistage area probability design that permits the representative sampling of households. Traditionally, the sample for NHIS is redesigned and redrawn about every 10 years to better measure the changing U.S. population and to meet new survey objectives. A new sample design was implemented in the 2006 survey. The fundamental structure of the new design is very similar to the previous design for the 1995–2005 surveys. Information is presented only for the current sampling plan covering design years 2006–2014. The first stage of the current sampling plan consists of a sample of 428 primary sampling units (PSUs) drawn from approximately 1,900 geographically defined PSUs that cover the 50 states and the District of Columbia. A PSU consists of a county, a small group of contiguous counties, or a metropolitan statistical area.

Within a PSU, two types of second-stage units are used: area segments and permit segments. Area segments are defined geographically and contain an expected 8, 12, or 16 addresses. Permit segments cover housing units built after the 2000 census. The permit segments are defined using updated lists of building permits issued in the PSU since 2000 and contain an expected four addresses. Within each segment, all occupied households at the sample addresses are targeted for interview.

The total NHIS sample of PSUs is subdivided into four separate panels, or subdesigns, such that each panel is a representative sample of the U.S. population. This design feature has a number of advantages, including flexibility for the total sample size. The households selected for interview each week in NHIS are a probability sample representative of the target population.

In the 2006–2014 redesign, the NHIS sample was reduced by 13% compared with the 1995–2005 design. With four sample panels and no sample cuts, the expected NHIS sample size (completed interviews) is approximately 35,000 households containing about 87,500 persons.

Oversampling of the black and Hispanic populations was retained in the 2006–2014 design to allow for more precise estimation of health characteristics in these growing minority populations. The new sample design also oversamples the Asian population. In addition, the sample adult selection process was revised so that when black, Hispanic, or Asian persons 65 years of age and over are present, they have an increased chance of being selected as the sample adult.

The NHIS that was fielded from 1982 through 1996 consisted of two parts: (a) a set of basic health and demographic items (known as the Core questionnaire) and (b) one or more sets of questions on current health topics (known as Supplements). The Core questionnaire remained the same over that time period, whereas the current health topics changed depending on data needs.

The NHIS questionnaire revision, implemented in 1997, has two basic parts: a Basic Module or Core and one or more supplements that vary by year. The Core remains largely unchanged from year to year and allows for trend analysis and for data from more than 1 year to be pooled to increase the sample size for analytic purposes. The Core contains three components: the Family, the Sample Adult, and the Sample Child. The Family component collects information on everyone in the family and allows NHIS to serve as a sampling frame for additional integrated surveys as needed. Information collected in the Family component for all family members includes household composition and sociodemographic characteristics, tracking information, information for matches to administrative databases, health insurance coverage, and basic indicators of health status and utilization of health care services. Information from the Family component is included on the Person file (see the NHIS website, below). From each family in NHIS, one sample adult and, for families with children under 18 years of age, one

sample child are randomly selected to participate in the Sample Adult and Sample Child questionnaires. For children, information is provided by a knowledgeable family member 18 years of age or over residing in the household. Because some health issues are different for children and adults, these two questionnaires differ in some items but both collect basic information on health status, use of health care services, health conditions, and health behaviors.

Sample Size and Response Rate. Between 1997 and 2005, the sample numbered about 100,000 persons with about 30,000–36,000 persons participating in the Sample Adult and about 12,000–14,000 persons in the Sample Child questionnaires. The NHIS sample was reduced by approximately 50% during the third quarter of 2006, cutting about 13% of the sample size of the original 2006 sample. In 2007, the NHIS sample was reduced by approximately 50% during July–September 2007. The 2007 sample reduction was implemented in the same way and during the same time of year as the 2006 sample reduction. Overall, about 13% of the households in the 2007 NHIS sample were deleted from interviewers' assignments. The NHIS sample was reduced by approximately 50% during October–December 2008 and by approximately 50% during January–March 2009. The 2009 sample reduction was implemented in the same way as the 2006, 2007, and 2008 sample reductions; however, the timing of the 2009 reduction was different: the 2006 and 2007 reductions occurred during July–September, and the 2008 reduction occurred during October–December. Newly available funding later in 2009 permitted an expansion during October–December to increase that quarter's normal sample size by approximately 50%. The net effect of the January–March cut and the October–December expansion is that the 2009 NHIS sample size is approximately the same as it would have been if the sample had been maintained at a normal level during the entire calendar year.

In 2010, the NHIS sample was augmented by approximately 25% during January–March. There were no further changes to sample size in the remaining months of 2010. As a result, the 2010 NHIS sample size is slightly larger than the 2009 sample size. In 2010, the sample numbered 89,976 with 27,157 persons participating in the Sample Adult and 11,277 persons in the Sample Child questionnaires. In 2010, the total household response rate was 79%. The final response rate was 61% for the Sample Adult file and 71% for the Sample Child file.

Issues Affecting Interpretation. In 1997, the questionnaire was redesigned; some basic concepts were changed, and other concepts were measured in different ways. For some questions there was a change in the reference period. Also in 1997, the collection methodology changed from paper-and-pencil questionnaires to computer-assisted personal interviewing (CAPI). Because of the major redesign of the questionnaire in 1997, most NHIS trend tables in *Health, United States* begin with 1997 data. Starting with *Health, United States, 2005*, estimates for 2000–2002 were revised to use 2000-based weights and differ from previous editions of *Health, United States* that used 1990-based weights for those data years. The weights available on the public-use NHIS files for 2000–2002 are 1990-based. Data for 2003 and later years use weights derived from the 2000 census. In 2006 and beyond, the sample size was reduced, and this is associated with slightly larger variance estimates than in previous years when a larger sample was fielded. Starting in 2010, a geographic nonresponse adjustment was made to both the sample adult weight and the sample child weight. See Moriarity (2009).

References

Massey JT, Moore TF, Parsons VL, Tadros W. Design and estimation for the National Health Interview Survey, 1985–94. *Vital Health Stat* 2(110). Hyattsville, MD: NCHS; 1989. Available from:

http://www.cdc.gov/nchs/data/series/sr_02/sr02_110.pdf.

NCHS. National Health Interview Survey: Research for the 1995–2004 redesign. *Vital Health Stat* 2(126). Hyattsville, MD: NCHS; 1999. Available from: http://www.cdc.gov/nchs/data/series/sr_02/sr02_126.pdf.

Botman SL, Moore TF, Moriarity CL, Parsons VL. Design and estimation for the National Health Interview Survey, 1995–2004. *Vital Health Stat* 2(130). Hyattsville, MD: NCHS; 2000. Available from: http://www.cdc.gov/nchs/data/series/sr_02/sr02_130.pdf.

Moriarity C. 2009 National Health Interview Survey sample adult and sample child nonresponse bias analysis. Hyattsville, MD: NCHS; 2010. Available from: http://www.cdc.gov/nchs/data/nhis/nr_bias_analysis_report_2009_NHIS.pdf.

For More Information. See the NHIS website at: <http://www.cdc.gov/nchs/nhis.htm>.

National Health Interview Survey (NHIS) Linked Mortality File

CDC/NCHS

Overview. NCHS has conducted a mortality linkage of NHIS with death certificate records from the National Death Index (NDI) to allow researchers to investigate the association of a variety of health factors with mortality, using the richness of the NHIS questionnaires.

Selected Content. The restricted-use NHIS Linked Mortality files contain the unique NHIS public-use person ID, mortality status (assumed alive, assumed deceased, ineligible), date of NHIS interview, age at NHIS interview, and adjusted sample weights. For those identified as deceased, the following additional variables are available: age at death, date of death, underlying cause of death codes, and multiple cause of death axis codes. Public-use NHIS Linked Mortality files, with limited variables, are also available.

Data Years. NHIS files for 1986–2004 have been linked to mortality data, with mortality ascertained through December 31, 2006. In *Health, United States*, NHIS years 2000–2004 were pooled with mortality follow-up through December 31, 2006. NHIS years 1990–1994 were combined with mortality follow-up through December 31, 1996.

Coverage. NHIS covers the civilian noninstitutionalized population of the United States. The NDI is a centralized database of all deaths occurring in the United States (including New York City, the District of Columbia, the Virgin Islands, and Puerto Rico) beginning in 1979.

Methodology. Mortality ascertainment is based primarily on the results from a probabilistic match between NHIS and NDI death certificate records. Seven criteria were used to match NHIS participants to NDI records. For example, records were identified as potential matches if they matched on a combination of social security number; first and last name, exact month of birth, and year of birth within 1 year; or first name, father's surname, exact month of birth, and exact year of birth. Each potential NDI match then was scored and evaluated according to guidelines developed by NCHS staff to determine if the match was valid.

Sample Size and Response Rate. The annual 1990–1994 NHIS sample sizes ranged from 109,000 to 128,000, and response rates were 95% or higher. The annual 2000–2004 NHIS sample sizes ranged from 92,000 to 100,000, and response rates were 87%–90%. For the 1990–1994 NHIS Linked Mortality files,

2%–3% of NHIS participants were ineligible for mortality follow-up due to insufficient identifying information. For the 2000–2004 NHIS Linked Mortality files, 10%–14% of NHIS participants were ineligible for mortality follow-up due to insufficient information.

Issues Affecting Interpretation. For the 1987–2004 Linked Mortality files, adjusted weights based on the original NHIS weights were created for NHIS participants classified as eligible for mortality follow-up. These linkage-eligibility adjusted weights account for those ineligible for linkage to the NDI due to insufficient identifying data. The linkage-eligibility adjusted sample weights provided on the NHIS Linked Mortality files should be used in place of the original NHIS sample weights to reduce potential bias when calculating mortality estimates.

To protect the confidentiality of the NHIS participants, public-use linked mortality files were subjected to data perturbation techniques (which alter some of the data to protect confidentiality), have limited data variables, and only include mortality follow-up for eligible adults, not children. Restricted-use versions of the NHIS Linked Mortality files include children and are available only through the NCHS Research Data Center (RDC).

References

NCHS, Office of Analysis and Epidemiology. Comparative analysis of the NHIS public-use and restricted-use Linked Mortality files: 2010 data release. Hyattsville, MD: NCHS; 2010. Available from: http://www.cdc.gov/NCHS/data/datalinkage/nhis_mort_compare_2010_final.pdf.

NCHS, Office of Analysis and Epidemiology. National Health Interview Survey (1986–2004) Linked Mortality files: Analytic guidelines. Hyattsville, MD: NCHS; 2010. Available from: http://www.cdc.gov/nchs/data/datalinkage/nhis_mort_analytic_guidelines.pdf.

NCHS, Office of Analysis and Epidemiology. The National Health Interview Survey (1986–2004) Linked Mortality files, mortality follow-up through 2006: Matching methodology. Hyattsville, MD: NCHS; 2009. Available from: http://www.cdc.gov/nchs/data/datalinkage/matching_methodology_nhis_final.pdf.

For More Information. See the data linkage website at: http://www.cdc.gov/nchs/data_access/data_linkage/mortality.htm.

National Hospital Ambulatory Medical Care Survey (NHAMCS)

CDC/NCHS

Overview. NHAMCS collects data on the utilization and provision of medical care services provided in hospital emergency and outpatient departments.

Selected Content. Data are collected from medical records on types of providers seen; reason for visit; diagnoses; drugs ordered, provided, or continued; and selected procedures and tests performed during the visit. Patient data include age, sex, race, and expected source of payment. Data are also collected on selected characteristics of the hospitals included in the survey.

Data Years. Annual data collection began in 1992.

Coverage. NHAMCS is a representative sample of visits to emergency departments (EDs) and outpatient departments (OPDs) of nonfederal, short-stay, or general hospitals. Telephone contacts are excluded. Starting in 2009, the survey includes a representative sample of visits to hospital-based ambulatory surgery centers (ASCs). Starting in 2010, a representative sample of visits to freestanding ASCs is included.

Methodology. A four-stage probability sample design is used in NHAMCS, involving samples of (a) geographically defined primary sampling units (PSUs), (b) hospitals within PSUs, (c) clinics within OPDs, and (d) patient visits within clinics. EDs are treated as their own stratum, and all service areas within EDs are included. The first-stage sample of NHAMCS consists of 112 PSUs selected from 1,900 such units that make up the United States. Within PSUs, 600 general and short-stay hospitals were sampled and assigned to 1 of 16 panels. In any given year, 13 panels are included. Each panel is assigned to a 4-week reporting period during the calendar year.

In the NHAMCS OPD, a clinic is defined as an administrative unit of the OPD in which ambulatory medical care is provided under the supervision of a physician. Clinics where only ancillary services (such as radiology, laboratory services, physical rehabilitation, renal dialysis, and pharmacy) are provided, or other settings in which physician services are not typically provided, are considered out of scope. If a hospital OPD has five or fewer in-scope clinics, all are included in the sample. If an OPD has more than five clinics, the clinics are assigned to one of six specialty groups: general medicine, surgery, pediatrics, obstetrics and

gynecology, substance abuse, and other. Within these specialty groups, clinics are grouped into clinic sampling units (SUs). A clinic SU is generally one clinic, except when a clinic expects fewer than 30 visits. In that case, it is grouped with one or more other clinics to form a clinic SU. If the grouped SU is selected, all clinics included in that SU are included in the sample. Prior to 2001, a sample of generally five clinic SUs was selected per hospital, based on probability proportional to the total expected number of patient visits to the clinic during the assigned 4-week reporting period. Starting in 2001, clinic sampling within each hospital was stratified. If an OPD had more than five clinics, two clinic SUs were selected from each of the six specialty groups with a probability proportional to the total expected number of visits to the clinic. The change was made to ensure that at least two SUs were sampled from each of the specialty group strata.

The U.S. Census Bureau acts as the data collection agent for NHAMCS. Census field representatives contact sample hospitals to determine whether they have a 24-hour ED or an OPD that offers physician services. Visits to eligible EDs and OPDs are systematically sampled over the 4-week reporting period such that about 100 ED encounters and about 200 OPD encounters are selected. Hospital staff are asked to complete patient record forms (PRFs) for each sampled visit, but census field representatives typically abstract data for more than one-third of these visits.

Sample data are weighted to produce national estimates. The estimation procedure used in NHAMCS has three basic components: inflation by the reciprocal of the probability of selection, adjustment for nonresponse, and ratio adjustment to fixed totals.

Sample Size and Response Rate. In any given year, the hospital sample consists of approximately 500 hospitals, of which 80% have EDs and about one-half have eligible OPDs. Typically, about 1,000 clinics are selected from participating hospital OPDs.

In each sample year from 2002 through 2008, the number of PRFs completed for EDs ranged from 33,000 to 40,000 and for OPDs from 30,000 to 36,000. The hospital response rate was 83%–94% for EDs and 73%–84% for OPDs during this timeframe. In 2008, the number of PRFs completed for EDs was 34,134 and for OPDs was 33,908, and the hospital response rate was 87% for EDs and 75% for OPDs. In 2009, the number of PRFs completed for EDs was 34,942 and for OPDs was 33,551, and the hospital response rate was 83% for EDs and 73% for OPDs.

Issues Affecting Interpretation. The NHAMCS PRF is modified approximately every 2 to 4 years to reflect changes in physician practice characteristics, patterns of care, and technological innovations. Examples of recent changes include an increase in the number of drugs recorded on the PRF form and adding checkboxes for specific tests or procedures performed.

Reference

McCaig LF, McLemore T. Plan and operation of the National Hospital Ambulatory Medical Care Survey. *Vital Health Stat* 1(34). Hyattsville, MD: NCHS; 1994. Available from: http://www.cdc.gov/nchs/data/series/sr_01/sr01_034acc.pdf.

For More Information. See the National Health Care Surveys website at: <http://www.cdc.gov/nchs/dhcs.htm> and the Ambulatory Health Care Data website at: <http://www.cdc.gov/nchs/ahcd.htm>.

National Hospital Discharge Survey (NHDS)

CDC/NCHS

Overview. NHDS collects and produces national estimates on characteristics of inpatient stays in nonfederal, short-stay hospitals in the United States.

Selected Content. Patient information collected includes demographics, length of stay, diagnoses, and procedures. Hospital characteristics collected include region, ownership, and bed size.

Data Years. NHDS has been conducted annually since 1965.

Coverage. The survey design covers the 50 states and the District of Columbia. Included in the survey are hospitals with an average length of stay of less than 30 days for all inpatients, general hospitals, and children's general hospitals. Excluded are federal, military, and Department of Veterans Affairs hospitals, as well as hospital units of institutions (such as prison hospitals) and hospitals with fewer than six beds staffed for patient use. All discharged patients from in-scope hospitals are included in the survey; however, data for newborns are not included in *Health, United States*.

Methodology. The NHDS design implemented in 1965 continued through 1987, and a redesign with a new sample of hospitals, fielded in 1988, was in place up until 2010 when the survey was redesigned. The sample for the 1965 NHDS was selected in 1964 from

a frame of short-stay hospitals listed in the National Master Facility Inventory. A two-stage stratified sample design was used, with hospitals stratified according to bed size and geographic region. Sample hospitals were selected with probabilities ranging from certainty for some hospitals to 1 in 40 for other hospitals. Within each participating hospital, a systematic random sample was selected from a daily listing sheet of discharges. Within-hospital sampling rates for discharges varied inversely with the probability of hospital selection, so the overall probability of selecting a discharge was approximately the same across the sample.

Data collection was conducted by manual abstraction of patient information from sampled medical records. Sample selection and transcription of information from inpatient medical records to NHDS survey forms were performed by hospital staff, representatives of NCHS, or both. In 1985, a second data collection procedure was introduced that involved the purchase of computer data tapes from commercial abstracting services that contained automated discharge data for some hospitals participating in NHDS. This procedure was used in approximately 17% of the sample hospitals for 1985–1987. Discharges on these computer files were subjected to the NHDS sampling specifications as well as the computer edits and estimation procedures. Both data collection methods, manual and automated, continue to be used in NHDS.

A redesign of NHDS was implemented for the 1988 survey. Under the redesign, hospitals were selected using a modified three-stage stratified design. Units selected at the first stage consisted of either hospitals or geographic areas. The geographic areas were the primary sampling units (PSUs) used for the 1985–1994 National Health Interview Survey, which are geographic areas such as counties or townships. Hospitals within PSUs were then selected at the second stage. Strata at this stage were defined by geographic region, PSU size, abstracting service status, and hospital specialty-size groups. Within these strata, hospitals were selected with probabilities proportional to their annual number of discharges. At the third stage, a sample of discharges was selected by a systematic random sampling technique. The sampling rate was determined by the hospital's sampling stratum and the type of data collection system (manual or automated) used. Discharge records from hospitals submitting data from commercial abstracting services and selected state data systems (close to one-half of sample hospitals in 2008–2009) were arrayed by primary diagnoses, patient sex and age group, and date of discharge, before sampling.

The NHDS hospital sample has generally been updated every 3 years by continuing the sampling process among hospitals that become eligible for the survey during the intervening years and by deleting hospitals that are no longer eligible. This update was conducted in 1991, 1994, 1997, 2000, 2003, and 2006.

The basic unit of estimation for NHDS is a sampled discharge. The basic estimation procedure involves inflation by the reciprocal of the probability of selection. Adjustments are made for nonresponding hospitals and discharges, and a post-ratio adjustment to fixed totals is employed.

Sample Size and Response Rate. Due to funding limitations, the 2008 and 2009 survey sample sizes were cut in half. In 2008, 239 hospitals were selected: 238 were within scope, 207 participated (87%), and data were collected from medical records for approximately 165,000 discharges. In 2009, 239 hospitals were selected: 238 were within scope, 205 participated (86%), and data were collected from medical records for approximately 162,000 discharges.

Issues Affecting Interpretation. NHDS was redesigned in 1988, and the sample size was cut in half for the 2008 and 2009 surveys, therefore caution is required in comparing trend data from before and after these changes. In particular, the smaller sample size for the 2008 and 2009 surveys has resulted in larger standard error estimates for statistics produced by the survey, and in some cases the relative standard errors have doubled. Special care should be taken when making estimates for children under 15 years of age and for the West Census region because a review of a variety of estimates for these populations showed that many do not meet NCHS standards of reliability. In addition, annual modifications to the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD–9–CM)* may affect diagnosis and procedure categories. [See [Appendix II, International Classification of Diseases, 9th Revision, Clinical Modification \(ICD–9–CM\); Table X; Table XI.](#)]

Hospital utilization rates per 10,000 population were computed using estimates of the civilian population of the United States as of July 1 of each year. Rates for 1990–1999 use postcensal estimates of the civilian population based on the 1990 census, adjusted for net underenumeration using the 1990 National Population Adjustment Matrix from the U.S. Census Bureau. The estimates for 2000 and beyond that appear in *Health, United States, 2003* and later editions were calculated using estimates of the civilian population based on the 2000 census, and therefore are not strictly comparable with postcensal rates calculated for the 1990s. (See [Appendix I, Population Census and Population Estimates.](#))

References

Hall MJ, DeFrances CJ, Williams SN, Golosinskiy A, Schwartzman A. National Hospital Discharge Survey: 2007 summary. National health statistics reports; no 29. Hyattsville, MD: NCHS; 2010. Available from: <http://www.cdc.gov/nchs/data/nhsr/nhsr029.pdf>.

Dennison C, Pokras R. Design and operation of the National Hospital Discharge Survey: 1988 Redesign. Vital Health Stat 1(39). Hyattsville, MD: NCHS; 2000. Available from: http://www.cdc.gov/nchs/data/series/sr_01/sr01_039.pdf.

Haupt BJ, Kozak LJ. Estimates from two survey designs: National Hospital Discharge Survey. Vital Health Stat 13(111). Hyattsville, MD: NCHS; 1992. Available from: http://www.cdc.gov/nchs/data/series/sr_13/sr13_111.pdf.

For More Information. See the National Health Care Surveys website at: <http://www.cdc.gov/nchs/dhcs.htm> and the National Hospital Discharge Survey website at: <http://www.cdc.gov/nchs/nhds.htm>.

National Immunization Survey (NIS)

CDC/National Center for Immunization and Respiratory Diseases (NCIRD) and NCHS

Overview. NIS is a continuing nationwide telephone sample survey to monitor vaccination coverage rates among children 19–35 months of age and among teenagers (NIS–Teen) 13–17 years of age.

Selected Content. Data collected for children include vaccination status and date of vaccinations for diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTP/DT/DTaP); poliovirus vaccine (Polio); measles, mumps, and rubella vaccine (MMR); *Haemophilus influenzae* type b vaccine (Hib); hepatitis B vaccine (Hep B); varicella zoster vaccine; pneumococcal conjugate vaccine (PCV); hepatitis A (Hep A); influenza; and for adolescents, meningococcal conjugate vaccine (MCV4) and human papillomavirus vaccine (HPV). Demographic data include age, gender, race and ethnicity, and poverty level. Data are available at a variety of geographic levels, including census regions, states, and selected urban areas.

Data Years. Annual household data collection was initiated beginning with data year 1994. Data collection for varicella began in July 1996; data collection for PCV began in July 2001. Data collection for adolescents 13–17 years of age began in 2006.

Coverage. Children 19–35 months of age and adolescents 13–17 years of age in the civilian noninstitutionalized population are represented in this survey. Estimates of vaccine-specific coverage are available for the Nation, states, and selected urban areas.

Methodology. NIS is a nationwide telephone sample survey of households with age-eligible children. The survey uses a two-phase sample design. First, a random-digit-dialing sample of telephone numbers is drawn. When households with age-eligible children are contacted, the interviewer collects information on the vaccinations received by all age-eligible children and obtains permission to contact the children's vaccination providers. Second, identified providers are sent vaccination history questionnaires by mail. Providers' responses are compared with information obtained from households to provide a more accurate estimate of vaccination coverage levels. Final estimates are adjusted for households without telephones and for nonresponse. NIS–Teen followed the same sample design and data collection procedures as NIS except that only one age-eligible adolescent was selected from each household for data collection.

Sample Size and Response Rate. In 2009, vaccination data were collected from providers for 17,313 children 19–35 months of age. The overall interview response rate was 64%. Vaccination information from providers was obtained for 71% of all children who were eligible for provider follow-up in 2009.

Also in 2009, vaccination data were collected from providers for 20,399 adolescents 13–17 years of age. The overall interview response rate was 58%. Vaccination information from providers was obtained for 57% of all adolescents who were eligible for provider follow-up in 2009.

Issues Affecting Interpretation. For data years 1998, 2002, 2004, and 2005, slight modifications to the estimation procedure were implemented to obtain vaccination coverage rates from the provider data. Published estimates of vaccination coverage based on NIS data for years prior to 1998 [e.g., estimates published in *Morbidity and Mortality Weekly Report* (MMWR) articles] may differ slightly from estimates published in *Health, United States* and on the NIS website for the same data. All released public-use data files include the sampling weights using the revised estimation procedure. The findings in recent years are subject to at least three limitations. First, NIS is a telephone survey, and statistical adjustments might not compensate fully for nonresponse and for households without landline telephones. Second, underestimates of vaccination coverage might have resulted in exclusive use of provider-reported

vaccination histories because completeness of records is unknown. Finally, although national coverage estimates are precise, annual estimates and trends for state and local areas should be interpreted with caution because of smaller sample sizes and wider confidence intervals.

Before January 2009, NIS did not distinguish between Hib vaccine production types; therefore, children who received three doses of a vaccine product that requires four doses were misclassified as fully vaccinated. For more information, see “Changes in Measurement of *Haemophilus influenzae* serotype b (Hib) Vaccination Coverage—National Immunization Survey, United States, 2009” (2010).

References

CDC. National, state, and local area vaccination coverage among children aged 19–35 months—United States, 2009. *MMWR* 2010;59(36):1171–7. Available from: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5936a2.htm?s_cid=mm5936a2_w.

CDC. National, state, and local area vaccination coverage among adolescents aged 13–17 years—United States, 2009. *MMWR* 2010;59(32):1018–23. Available from: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5932a3.htm?s_cid=mm5932a3_w.

Smith PJ, Hoaglin DC, Battaglia MP, et al. Statistical methodology of the National Immunization Survey, 1994–2002. *Vital Health Stat* 2(138). Hyattsville, MD: NCHS; 2005. Available from: http://www.cdc.gov/nchs/data/series/sr_02/sr02_138.pdf.

CDC. Changes in measurement of *Haemophilus influenzae* serotype b (Hib) vaccination coverage—National Immunization Survey, United States, 2009. *MMWR* 2010;59(33):1069–72. Available from: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5933a3.htm?s_cid=mm5933a3_e%0d%0a.

For More Information. See the NIS website at: <http://www.cdc.gov/nchs/nis.htm>.

National Income and Product Accounts (NIPA)

Bureau of Economic Analysis (BEA)

Overview. NIPA are a set of economic accounts that provide detailed measures of the value and composition of national output and the incomes generated in the production of that output.

Essentially, NIPA provide a detailed snapshot of the myriad transactions that make up the economy—buying and selling goods and services, hiring of labor, investing, renting property, paying taxes, and the like. NIPA estimates show U.S. production, distribution, consumption, investment, and saving.

Selected Content. The best-known NIPA measure is the Gross Domestic Product (GDP), which is defined as the market value of the goods and services produced by labor and property located in the United States. NIPA calculate GDP as the sum of familiar final expenditure components: personal consumption expenditures, private investment, government spending (consumption and investment), and net exports. However, GDP is just one of many economic measures presented in NIPA. Other key NIPA estimates presented in *Health, United States* include the implicit price deflator for GDP and federal and state and local government expenditures.

The conceptual framework of NIPA is illustrated by seven summary accounts: the domestic income and product account, the private enterprise income account, the personal income and outlay account, the government receipts and expenditures account, the foreign transactions current account, the domestic capital account, and the foreign transactions capital account. These summary accounts record a use (or expenditure) in one account for one sector and a corresponding source (or receipt) in an account of another sector or of the same sector. This integrated system provides a comprehensive measure of economic activity in a consistently defined framework without double counting.

Data Years. Estimates of national income were developed in response to the lack of comprehensive economic data during the Great Depression. Initial estimates were presented in a 1934 report to the U.S. Senate, *National Income, 1929–32*. The U.S. national income and product statistics were first presented as part of a complete and consistent double-entry accounting system in the summer of 1947.

Coverage. Source data for NIPA domestic estimates cover all 50 states and the District of Columbia.

Methodology. NIPA estimates are revised on a quarterly, annual, and quinquennial basis. For GDP and most other NIPA series, a set of three current quarterly estimates are released each year. Quarterly estimates provide the first look at the path of U.S. economic activity. Annual revisions of NIPA are usually carried out each summer. These revisions incorporate source data that are based on more extensive annual surveys, on annual data from other sources, and on later revisions to the monthly and quarterly source data, and they generally cover the

three previous calendar years. Comprehensive revisions are carried out at about 5-year intervals and may result in revisions that extend back for many years. These estimates incorporate all of the best available source data, such as data from the quinquennial U.S. Economic Census.

NIPA measures are built up from a wide range of source data using a variety of estimating methods. To ensure consistency and accuracy, NIPA use various adjustment and estimation techniques to estimate data. Three general types of adjustments are made to the source data that are incorporated into the NIPA estimates. The first consists of adjustments that are needed so that the data conform to appropriate NIPA concepts and definitions. The second type of adjustment involves filling gaps in coverage. The third type of adjustment involves time of recording and valuation. Source data must occasionally be adjusted to account for special circumstances that affect the accuracy of the data. For example, quarterly and monthly NIPA estimates are seasonally adjusted at the detailed-series level when the series demonstrate statistically significant seasonal patterns. Source data may also be used as indicators to extrapolate annual estimates. For more information, see “An Introduction to the National Income and Product Accounts Methodology Papers: U.S. National Income and Product Accounts,” available from: http://www.bea.gov/scb/pdf/national/nipa/methpap/mpi1_0907.pdf and “Concepts and Methods of the U.S. National Income and Product Accounts,” available from: <http://www.bea.gov/national/pdf/chapters1-4.pdf>.

Issues Affecting Interpretation. NIPA estimates are released on a quarterly, annual, and quinquennial basis because the source data are frequently revised. Data are released at different times and estimates are updated as they become available, new concepts or definitions are incorporated, and source data may change due to improvements in collection and new methodologies. As a result, major estimates such as GDP and its major components undergo frequent revision and historical data are changed. For more information, see the BEA (NIPA) website at: <http://www.bea.gov/national/an1.htm#2011AnnualRevision>.

Reference

U.S. Bureau of Economic Analysis (BEA).
A guide to the National Income and
Product Accounts of the United States.
Washington, DC: BEA; 2006. Available from:
<http://www.bea.gov/national/pdf/nipaguid.pdf>.

For More Information. See the BEA (NIPA) website at:
<http://www.bea.gov/national/index.htm>.

National Medical Expenditure Survey (NMES)—See [Medical Expenditure Panel Survey](#).

National Notifiable Disease Surveillance System (NNDSS)

CDC

Overview. NNDSS provides weekly provisional information on the occurrence of diseases defined as notifiable by the Council of State and Territorial Epidemiologists (CSTE).

Selected Content. Data include incidence of reportable diseases using uniform case definitions.

Data Years. The first annual summary of the notifiable diseases in 1912 included reports of 10 diseases from 19 states, the District of Columbia (D.C.), and Hawaii. By 1928, all states, D.C., Hawaii, and Puerto Rico were participating in national reporting of 29 specified diseases. At their annual meeting in 1950, state and territorial health officers authorized a conference of state and territorial epidemiologists whose purpose was to determine which diseases should be reported to Public Health Service. In 1961, CDC assumed responsibility for the collection and publication of data concerning nationally notifiable diseases.

Coverage. Notifiable disease reports are received from health departments in the 50 states, five territories, D.C., and New York City. Policies for reporting notifiable disease cases can vary by disease or reporting jurisdiction, depending on case status classification (i.e., confirmed, probable, or suspect).

Methodology. CDC, in partnership with CSTE, operates NNDSS. Notifiable disease surveillance is conducted by public health practitioners at local, state, and national levels to support disease prevention and control. The system also provides annual summaries of the data. CSTE and CDC annually review the status of national infectious disease surveillance and recommend additions or deletions to the list of nationally notifiable diseases, based on the need to respond to emerging priorities. For example, Q fever and tularemia became nationally notifiable in 2000. However, reporting nationally notifiable diseases to CDC is voluntary. Because reporting is currently mandated by law or regulation only at the local and state levels, the list of diseases that are considered notifiable varies slightly by state. For example, reporting of cyclosporiasis to CDC is not done by some states in which this disease is not notifiable to local or state authorities.

State epidemiologists report cases of notifiable diseases to CDC, which tabulates and publishes these data in *Morbidity and Mortality Weekly Report* (MMWR) and in *Summary of Notifiable Diseases, United States* (before 1985, titled *Annual Summary*).

Issues Affecting Interpretation. NNDSS data must be interpreted in light of reporting practices. Some diseases that cause severe clinical illness (for example, plague and rabies) are likely reported accurately if diagnosed by a clinician. However, persons who have diseases that are clinically mild and infrequently associated with serious consequences (e.g., salmonellosis) may not seek medical care from a health care provider. Even if these less severe diseases are diagnosed, they are less likely to be reported.

The degree of completeness of data reporting is also influenced by the diagnostic facilities available, the control measures in effect, public awareness of a specific disease, and the interests, resources, and priorities of state and local officials responsible for disease control and public health surveillance. Finally, factors such as changes in case definitions for public health surveillance, introduction of new diagnostic tests, or discovery of new disease entities can cause changes in disease reporting that are independent of the true incidence of disease.

Reference

CDC. Summary of notifiable diseases—United States, 2008. MMWR 2010;57(54):1–94. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5754a1.htm>.

For More Information. See the NNDSS website at: http://www.cdc.gov/osels/ph_surveillance/nndss/nndsshis.htm.

National Survey of Children’s Health (NSCH)

CDC/NCHS and Health Resources and Services Administration

Overview. NSCH, a module of the State and Local Area Integrated Telephone Survey (SLAITS), produces national and state-specific prevalence estimates for a variety of physical, emotional, and behavioral health indicators for children.

Selected Content. NSCH obtains information on chronic conditions, activity limitation, health insurance coverage, and other health topics. Special emphasis is placed on factors that may relate to well-being of children, including medical homes,

family interactions, parental health, school and after-school experiences, and safe neighborhoods. Demographic data gathered include age, sex, and residence. Other data collected include use of medical care, mental health, and educational services, and behavioral data, such as daily exercise, sleep, and computer and television time.

Data Years. NSCH was first conducted in 2003 and was repeated in 2007. Data collection for the 2011 survey was recently completed.

Coverage. Children under 18 years of age in the civilian noninstitutionalized population are represented in this survey.

Methodology. NSCH uses the sampling frame of the National Immunization Survey (NIS) and immediately follows NIS in selected households, using its sampling for efficiency and economy. A random-digit-dialed sample of households with children under 18 years of age was selected from the NIS sample frame in each of the 50 states and the District of Columbia. The basic design objective of the NSCH sample was to interview a sample of 1,700 children younger than 18 years of age in each state and the District of Columbia. The sample was selected by identifying households with children under 18. If only one child lived in the household, that child was the target of the interview. If more than one child was present, one child was randomly selected as the target. The respondent was a parent or guardian who knew about the child’s health and health care.

Sample Size and Response Rate. For the 2007 NSCH, a total of 91,642 interviews were completed. The weighted overall response rate was 46.7%. For the 2003 NSCH, a total of 102,353 interviews were completed, and the weighted overall response rate was 55.3%.

Issues Affecting Interpretation. NSCH is a telephone survey, and statistical adjustments might not compensate fully for nonresponse and for households without landline telephones.

References

Blumberg SJ, Foster EB, Frasier AM, et al. Design and Operation of the National Survey of Children’s Health, 2007. Vital Health Stat 1(55). Hyattsville, MD: NCHS; 2012. (Draft available from: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/slaits/nsch07/2_Methodology_Report/NSCH_Design_and_Operations_052109.pdf)

Blumberg SJ, Olson L, Frankel MR, et al. Design and operation of the National Survey of Children’s Health, 2003. Vital Health Stat 1(43).

Hyattsville, MD: NCHS; 2005. Available from: http://www.cdc.gov/nchs/data/series/sr_01/sr01_043.pdf.

For More Information. See the National Survey of Children's Health website at: <http://www.cdc.gov/nchs/slits/nsch.htm>.

National Survey on Drug Use & Health (NSDUH)

Substance Abuse and Mental Health Services Administration (SAMHSA)

Overview. NSDUH, formerly called the National Household Survey on Drug Abuse (NHSDA), collects data on substance use, abuse, and dependence; mental health problems; and receipt of substance abuse and mental health treatment.

Selected Content. NSDUH reports on the prevalence, incidence, and patterns of drug and alcohol use and abuse in the general U.S. civilian noninstitutionalized population 12 years of age and over. Data are collected on the use of the following substances: illicit drugs, including marijuana or hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or nonmedical use of prescription-type psychotherapeutics (including stimulants, sedatives, tranquilizers, and pain relievers); alcohol; and tobacco. NSDUH also reports on substance use disorders, substance use treatment, health care, mental health disorders, and mental health service utilization.

Data Years. In 2002, the survey was redesigned, its name was changed to NSDUH, and a monetary incentive for participation was introduced. NSDUH replaces NHSDA, which had been conducted periodically since 1971 and annually starting in 1990.

Coverage. The survey is representative of persons 12 years of age and over in the civilian noninstitutionalized population of the United States, and representative in each state and the District of Columbia. NSDUH oversamples youths and young adults.

The survey covers residents of households (including those living in houses, townhouses, apartments, and condominiums), persons in noninstitutional group quarters (including those in shelters, boarding houses, college dormitories, migratory work camps, and halfway houses), and civilians living on military bases. Persons excluded from the survey include homeless people who do not use shelters, active military personnel, and residents of institutional group quarters such as jails and hospitals.

Methodology. The data collection method is in-person interviews conducted with a sample of individuals at their place of residence. Computer-assisted interviewing (CAI) methods, including audio computer-assisted self-interviewing (ACASI), are used to provide a private and confidential setting to complete the interview.

NSDUH uses a 50-state sample design. In 2005, NSDUH introduced a coordinated 5-year sample design in which the first stage of selection involved census tracts, with sample segments within a single census tract to the extent possible. States were first stratified into a total of 900 state sampling (SS) regions (48 regions in each large sample state and 12 regions in each small sample state). These regions were contiguous geographic areas designed to yield the same number of interviews on average. Starting with the 2005 survey, a total of 48 census tracts per SS region were selected with probability proportional to size. Within sampled census tracts, adjacent census blocks were combined to form the second-stage sampling units, or area segments. Of these segments, 24 were designated for the coordinated 5-year sample and 24 were designated as reserve segments. Eight sample segments per SS region were fielded during the survey year. These sampled segments were allocated equally into four separate samples, one for each 3-month period (calendar quarter) during the year, so that the survey was essentially continuous in the field.

The design also oversampled youths and young adults, so that each state's sample was approximately equally distributed among three major age groups: 12–17 years, 18–25 years, and 26 years and over.

Sample Size and Response Rate. Nationally, 143,565 household addresses were successfully screened for the 2009 survey, conducted from January to December 2009. In these screened households, a total of 85,429 sample persons were selected, from which 68,700 completed interviews were obtained. Weighted response rates were 89% for household screening and 76% for interviewing.

Issues Affecting Interpretation. Several improvements to the survey were implemented in 2002, when the survey was redesigned as NSDUH. In addition to the name change, respondents were offered a \$30 incentive payment for participation in the survey starting in 2002, and quality control procedures for data collection were enhanced in 2001 and 2002. Because of these improvements and modifications, estimates from NSDUH completed in 2002 and later should not be compared with estimates from the 2001 or earlier versions of the survey. The data collected in 2002 represent a new baseline for tracking trends in substance use and other measures.

Special questions on methamphetamine were added in 2005 and 2006. Data for years prior to 2007 were adjusted for comparability. Estimates of substance use for youth based on NSDUH are not directly comparable with estimates based on the Monitoring the Future (MTF) Study and the Youth Risk Behavior Survey (YRBS). In addition to the fact that MTF excludes dropouts and absentees, rates are not directly comparable across these surveys because of differences in the populations covered, sample design, questionnaires, and interview setting. NSDUH collects data in residences, whereas MTF and YRBS collect data in school classrooms. Further, NSDUH estimates are tabulated by age, whereas MTF and YRBS estimates are tabulated by grade, representing different ages as well as different populations.

References

Substance Abuse and Mental Health Services Administration (SAMHSA). State estimates of substance use from the 2007–2008 National Surveys on Drug Use and Health. NSDUH series H–37; HHS pub no SMA 10–4472. Rockville, MD: SAMHSA, Office of Applied Studies; 2010. Available from: <http://www.oas.samhsa.gov/2k8State/toc.cfm>.

Substance Abuse and Mental Health Services Administration (SAMHSA). Results from the 2009 National Survey on Drug Use and Health: vol I. Summary of national findings. NSDUH series H–38A; HHS pub no SMA 10–4586. Rockville, MD: SAMHSA, Office of Applied Studies; 2010. Available from: <http://oas.samhsa.gov/NSDUH/2k9NSDUH/2k9Results.htm>.

For More Information. See the NSDUH website at: <http://oas.samhsa.gov/nsduh.htm> and the Center for Behavioral Health Statistics and Quality (the data collection agency) website at: <http://www.samhsa.gov/about/cbhsq.aspx>.

National Survey of Family Growth (NSFG)

CDC/NCHS

Overview. NSFG provides national data on factors affecting birth and pregnancy rates, adoption, and maternal and infant health.

Selected Content. Data elements include sexual activity, marriage, divorce and remarriage, unmarried cohabitation, forced sexual intercourse, contraception and sterilization, infertility,

breastfeeding, pregnancy loss, low birthweight, and use of medical care for family planning and infertility.

Data Years. Several cycles of the survey have been completed: 1973, 1976, 1982, 1988, 1995, 2002, and 2006–2008. In 2011, NSFG released a 2006–2010 cycle that included the 2006–2008 data.

Coverage. The 1973–1995 cycles of NSFG were based on samples of women 15–44 years of age in the civilian noninstitutionalized population of the United States. Cycles 1 and 2 (1973 and 1976) excluded most women who had never been married. Cycles 3–5 (1982, 1988, and 1995) included all women 15–44 years of age in the civilian noninstitutionalized population of the United States. Cycles 6 (2002) and 7 (2006–2010) included men and women 15–44 years of age in the household population of the United States.

Methodology. Interviews are conducted in person by professional female interviewers using a standardized questionnaire. In all cycles, black women were sampled at higher rates than white women so that detailed statistics for black women could be produced. In cycles 5 and 6 (1995 and 2002), Hispanic persons were also oversampled. In cycle 7 (2006–2010), black and Hispanic adults and all 15–19 year olds were oversampled.

To produce national estimates from the sample for the millions of women 15–44 years of age in the United States, data for the interviewed sample women were (a) inflated by the reciprocal of the probability of selection at each stage of sampling (for example, if there was a 1 in 5,000 chance that a woman would be selected for the sample, her sampling weight was 5,000); (b) adjusted for nonresponse; and (c) poststratified, or forced to agree with benchmark population values based on data from the U.S. Census Bureau.

Sample Size and Response Rate. For cycle 1, from 101 primary sampling units (PSUs), 10,879 women 15–44 years of age were selected; 9,797 of these were interviewed. In cycle 2, from 79 PSUs, 10,202 eligible women were identified; of these, 8,611 were interviewed. In cycle 3, household screener interviews were completed in 29,511 households (95%). Of the 9,964 eligible women identified, 7,969 were interviewed. In cycle 4, 10,566 eligible women 15–44 years of age were sampled, and interviews were completed with 8,450 women. The response rate for the 1990 telephone re-interview was 68% of those responding to the 1988 survey and still eligible for the 1990 survey. In cycle 5, of the 13,795 eligible women in the sample, 10,847 were interviewed. In cycle 6, from 120 PSUs, 7,643 (about 80%) interviews were completed with eligible women and 4,928

(78%) interviews were completed with men. In the 2006–2008, from 110 PSUs, 7,356 (76%) interviews were completed with eligible women and 6,139 (73%) interviews were completed with men. In the 2006–2010 cycle, from 110 PSUs, 12,279 (78%) interviews were completed with eligible women and 10,403 (75%) interviews were completed with men.

References

French DK. National Survey of Family Growth, Cycle I: Sample design, estimation procedures, and variance estimation. *Vital Health Stat 2(76)*. Hyattsville, MD: NCHS; 1978. Available from: http://www.cdc.gov/nchs/data/series/sr_02/sr02_076.pdf.

Grady WR. National Survey of Family Growth, Cycle II: Sample design, estimation procedures, and variance estimation. *Vital Health Stat 2(87)*. Hyattsville, MD: NCHS; 1981. Available from: http://www.cdc.gov/nchs/data/series/sr_02/sr02_087.pdf.

Bachrach CA, Horn MC, Mosher WD, Shimizu I. National Survey of Family Growth, Cycle III: Sample design, weighting, and variance estimation. *Vital Health Stat 2(98)*. Hyattsville, MD: NCHS; 1985. Available from: http://www.cdc.gov/nchs/data/series/sr_02/sr02_098.pdf.

Judkins DR, Mosher WD, Botman S. National Survey of Family Growth: Design, estimation, and inference. *Vital Health Stat 2(109)*. Hyattsville, MD: NCHS; 1991. Available from: http://www.cdc.gov/nchs/data/series/sr_02/sr02_109.pdf.

Göksel H, Judkins DR, Mosher WD. Nonresponse adjustments for a telephone follow-up to a national in-person survey. *J Off Stat* 1992;8(4):417–31.

Kelly JE, Mosher WD, Duffer AP, Kinsey SH. Plan and operation of the 1995 National Survey of Family Growth. *Vital Health Stat 1(36)*. Hyattsville, MD: NCHS; 1997. Available from: http://www.cdc.gov/nchs/data/series/sr_01/sr01_036.pdf.

Potter FJ, Iannacchione VG, Mosher WD, et al. Sample design, sampling weights, imputation, and variance estimation in the 1995 National Survey of Family Growth. *Vital Health Stat 2(124)*. Hyattsville, MD: NCHS; 1998. Available from: http://www.cdc.gov/nchs/data/series/sr_02/sr02_124.pdf.

Groves RM, Benson G, Mosher WD, et al. Plan and operation of cycle 6 of the National Survey of Family Growth. *Vital Health Stat 1(42)*. Hyattsville,

MD: NCHS; 2005. Available from: http://www.cdc.gov/nchs/data/series/sr_01/sr01_042.pdf.

Lepkowski JM, Mosher WD, Davis KE, et al. The 2006–2010 National Survey of Family Growth: Sample design and analysis of a continuous survey. *Vital Health Stat 2(150)*. Hyattsville, MD: NCHS; 2010. Available from: http://www.cdc.gov/nchs/data/series/sr_02/sr02_150.pdf.

For More Information. See the NSFG website at: <http://www.cdc.gov/nchs/nsfg.htm>.

National Survey of Mental Health Treatment Facilities (NSMHTF)

Substance Abuse and Mental Health Services Administration (SAMHSA)

Overview. NSMHTF expanded the scope of the Inventory/Survey of Mental Health Organizations (IMHO/SMHO) to address the need to move from an organization-based survey to a point-of-contact or facility-based survey of the known universe of specialty mental health organizations in the United States and to become more aligned with SAMHSA's National Survey of Substance Abuse Treatment Services (N-SSATS). NSMHTF is expected to continue biennially on the entire inventory of eligible mental health organizations and point-of-contact facilities.

Selected Content. NSMHTF collected basic information on the number and characteristics of specialty mental health facilities in the United States, such as type of mental health facility, ownership, types of treatment services offered, sources of payment and funding for services, number of residents and persons in treatment, and number of beds.

Data Years. The national mental health service survey known as IMHO/SMHO was redesigned and renamed the National Survey of Mental Health Treatment Facilities (NSMHTF) prior to its initial fielding in 2008.

Coverage. Organizations included state psychiatric hospitals, private psychiatric hospitals, nonfederal general hospitals with separate psychiatric services, Department of Veterans Affairs medical centers, residential treatment centers for children with emotional disturbance, and other mental health organizations including freestanding psychiatric outpatient clinics, freestanding partial care organizations, residential treatment centers for adults, and multiservice (multisetting) mental health organizations not elsewhere classified.

Methodology. A single-version questionnaire was mailed to the known universe of mental health facilities in the United States. Facilities were given the option for Web-based questionnaire completion; computer-assisted telephone interviewing (CATI) was used as follow-up. The questionnaire included data items about facility-level characteristics and client counts by type of service setting offered at the facility—inpatient, residential, and outpatient (i.e., less than 24-hour care).

Sample Size and Response Rate. NSMHTF included approximately 15,000 point-of-contact facilities in the United States representing approximately 4,400 mental health organizations. It had an overall survey response rate of 74%.

Issues Affecting Interpretation. In addition to issues addressed in the IMHO/SMHO entry, it is important to note that the 2008 NSMHTF collected data at the point-of-contact facility level. The data were summarized to produce organization-level statistics that can be used when making comparisons with data collected in previous years through IMHO.

Reference

Unpublished data are available from SAMHSA's Center for Behavioral Health Statistics and Quality.

For More Information. See the SAMHSA website: <http://samhsa.gov>.

National Vital Statistics System (NVSS)

CDC/NCHS

Overview. NVSS collects and publishes official national statistics on births, deaths, fetal deaths, and, prior to 1996, marriages and divorces occurring in the United States, based on U.S. Standard Certificates. Fetal deaths are classified and tabulated separately from other deaths. The vital statistics files—Birth, Fetal Death, Mortality, Multiple Cause-of-Death, Linked Birth/Infant Death, and Compressed Mortality—are described in detail below.

Data Years. The death registration area for 1900 consisted of 10 states, the District of Columbia (D.C.), and a number of cities located in nonregistration states; it covered 40% of the continental U.S. population. The birth registration area was established in 1915 with 10 states and D.C. The birth and death registration areas continued to expand until 1933, when they included all 48 states and D.C.

Alaska and Hawaii were added to both registration areas in 1959 and 1960, respectively—the years in which they gained statehood.

Coverage. NVSS collects and presents U.S. resident data for the aggregate of 50 states, New York City, and D.C., as well as for each individual state and D.C. Vital events occurring in the United States to non-U.S. residents, and vital events occurring abroad to U.S. residents, are excluded.

Methodology. NCHS' Division of Vital Statistics obtains information on births and deaths from the registration offices of each of the 50 states, New York City, D.C., Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and Northern Mariana Islands. Until 1972, microfilm copies of all death certificates and a 50% sample of birth certificates were received from all registration areas and processed by NCHS. In 1972, some states began sending their data to NCHS through the Cooperative Health Statistics System (CHSS). States that participated in the CHSS program processed 100% of their death and birth records and sent the entire data file to NCHS on computer tapes. Currently, data are sent to NCHS through the Vital Statistics Cooperative Program (VSCP), following the same procedures as with CHSS. The number of participating states grew from 6 in 1972 to 46 in 1984. Starting in 1985, all 50 states and D.C. participated in VSCP.

U.S. Standard Certificates. U.S. Standard Certificates of Live Birth and Death and Fetal Death Reports are revised periodically, allowing evaluation and addition, modification, and deletion of items. Beginning with 1989, revised Standard Certificates replaced the 1978 versions. The 1989 revision of the birth certificate included items to identify the Hispanic parentage of newborns and to expand information about maternal and infant health characteristics. The 1989 revision of the death certificate included items on educational attainment and Hispanic origin of decedents, as well as changes to improve the medical certification of cause of death. Standard Certificates recommended by NCHS are modified in each registration area to serve the area's needs. However, most certificates conform closely in content and arrangement to the Standard Certificate, and all certificates contain a minimum data set specified by NCHS. The 2003 revision of vital records went into effect in some states beginning in 2003, but full implementation in all states will be phased in over several years.

Birth File

Overview. Vital statistics natality data are a fundamental source of demographic, geographic, and medical and health information on all births occurring in the United States. This is one of the few sources of comparable health-related data for small geographic areas over an extended time period. The data are used to present the characteristics of babies and their mothers, track trends such as birth rates for teenagers, and compare natality trends with those in other countries.

Selected Content. The Birth file includes characteristics of the baby, such as sex, birthweight, and weeks of gestation; demographic information about the parents, such as age, race, Hispanic origin, parity, educational attainment, marital status, and state of residence; medical and health information, such as prenatal care, based on hospital records; and behavioral risk factors for the birth, such as mother's tobacco use during pregnancy.

Data Years. The birth registration area began in 1915 with 10 states and the District of Columbia.

Methodology. In the United States, state laws require birth certificates to be completed for all births. The registration of births is the responsibility of the professional attendant at birth, generally a physician or midwife. The birth certificate must be filed with the local registrar of the district in which the birth occurs. Each birth must be reported promptly; the reporting requirements vary from state to state, ranging from 24 hours to as much as 10 days after the birth.

Federal law mandates national collection and publication of birth and other vital statistics data. NVSS is the result of cooperation between NCHS and the states to provide access to statistical information from birth certificates. Standard forms for the collection of the data, and model procedures for the uniform registration of the events, are developed and recommended for state use through cooperative activities of the states and NCHS. NCHS shares the costs incurred by the states in providing vital statistics data for national use.

Issues Affecting Interpretation. Data on mother's educational attainment, tobacco use during pregnancy, and prenatal care based on the 2003 revision of the U.S. Standard Certificate of Live Birth are not comparable with data based on the 1989 revision of the U.S. Standard Certificate of Live Birth. Data on mother's educational attainment, tobacco use during pregnancy, and prenatal care are shown only for the 21–22 reporting areas that used the 2003 revision in 2007–2008, in order to provide 2 years of

comparable data. Data are not shown for reporting areas that were transitioning from the 1989 revision to the 2003 revision during 2007–2008 or for states that had other comparability issues with these three items during that timeframe. The 22 states that implemented the 2003 revision of the U.S. Standard Certificate of Live Birth as of January 1, 2007, are California, Colorado, Delaware, Florida, Idaho, Indiana, Iowa, Kansas, Kentucky, Nebraska, New Hampshire, New York state (excluding New York City), North Dakota, Ohio, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Vermont, Washington, and Wyoming. California does not report information on tobacco use during pregnancy. In 2008, five more states—Georgia, New Mexico, Michigan, Montana, and Oregon—began using the 2003 revision. Approximately one-half (53%) of all births in 2007 and 65% of all births in 2008 were reported using the 2003 revision. Prior to 2003, the number of states reporting information on maternal education, Hispanic origin, marital status, and tobacco use during pregnancy increased over the years. Interpretation of trend data should take into consideration changes to reporting areas and immigration. For methodological and reporting area changes for the following birth certificate items, see [Appendix II: Age](#); [Cigarette smoking](#); [Education](#); [Hispanic origin](#); [Marital status](#); [Prenatal care](#); [Race](#).

References

- Vital Statistics of the United States 2000, vol I: Natality, Technical appendix. Hyattsville, MD: NCHS; 2002. Available from: <http://www.cdc.gov/nchs/data/techap00.pdf>.
- Martin JA, Hamilton BE, Sutton PD, et al. Births: Final data for 2006. National vital statistics reports; vol 57 no 7. Hyattsville, MD: NCHS; 2009. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_07.pdf.
- Martin JA, Hamilton BE, Sutton PD, et al. Births: Final data for 2007. National vital statistics reports; vol 58 no 24. Hyattsville, MD: NCHS; 2010. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_24.pdf.
- Martin JA, Hamilton BE, Sutton PD, et al. Births: Final Data for 2008. National vital statistics reports; vol 59 no 1. Hyattsville, MD: NCHS; 2010. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_01.pdf.

For More Information. See the Birth Data website at: <http://www.cdc.gov/nchs/births.htm>.

Fetal Death Data Set

Overview. Fetal mortality refers to the intrauterine death of a fetus at any gestational age. In *Health, United States*, data are presented for fetal deaths of 20 weeks or more. Fetal mortality is an important public health issue. There are nearly as many fetal deaths (of 20 weeks or more) as infant deaths in the United States each year.

Selected Content. The Fetal Death data set includes characteristics of the fetus, such as sex, birthweight, and weeks of gestation; demographic information about the parents, such as age, race, Hispanic origin, parity, educational attainment, marital status, and state of residence; medical and health information, such as prenatal care; and behavioral risk factors for the birth, such as mother's tobacco use during pregnancy.

Data Years. Fetal mortality data reporting began in 1922.

Coverage. Data are reported by all 50 states and the District of Columbia.

Methodology. Fetal death means the death of a fetus prior to delivery from the mother, irrespective of the duration of pregnancy. Fetal deaths do not include induced terminations of pregnancy. This definition of fetal death, adopted by NCHS as the nationally recommended standard, is based on the definition published by the World Health Organization in 1950 and revised in 1988. The term fetal death encompasses other commonly used terms, including stillbirth, spontaneous abortion, and miscarriage. All U.S. states and registration areas have definitions similar to the standard definition, except for Puerto Rico and Wisconsin, which have no formal definition.

State laws require the reporting of fetal deaths, and federal law mandates national collection and publication of fetal death data. States and reporting areas submit fetal mortality data to NCHS as part of a cooperative agreement. Standard forms and procedures for the collection of the data are developed and recommended for state use through cooperative activities of the states and NCHS. NCHS shares the costs incurred by the states in providing vital statistics data for national use.

In addition to fetal mortality rates, perinatal mortality rates are also presented in *Health, United States*. Perinatal mortality includes both late fetal deaths (of at least 28 weeks of gestation) and early infant (neonatal) deaths (within 7 days of birth). Data on early infant deaths come from the Linked Birth/Infant Death data set.

Issues Affecting Interpretation. Reporting requirements for fetal deaths vary by state, and these differences have important implications for comparisons of fetal mortality rates by state. The majority of states require reporting of fetal deaths of 20 weeks of gestation or more, or a minimum of 350 grams birthweight (roughly equivalent to 20 weeks), or some combination of the two. However, seven states require reporting of fetal deaths of all periods of gestation, and one state requires reporting beginning at 16 weeks of gestation. Further, three states require the reporting of fetal deaths with birthweights of 500 grams or more (roughly equivalent to 22 weeks of gestation).

There is substantial evidence that not all fetal deaths for which reporting is required are, in fact, reported. Underreporting of fetal deaths is most likely to occur in the earlier part of the required reporting period for each state. For example, in 2005, for states which required the reporting of fetal deaths of all periods of gestation, 57% of fetal deaths at 20 weeks or more gestation occurred within 20–27 weeks, whereas for states that required reporting of fetal deaths of 500 grams or more, only 27% were within 20–27 weeks. This disparity suggests substantial underreporting of early fetal deaths in some states.

References

MacDorman MF, Kirmeyer S. Fetal and perinatal mortality, United States, 2005. National vital statistics report; vol 57 no 8. Hyattsville, MD: NCHS; 2009. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_08.pdf.

MacDorman MF, Kirmeyer S. The challenge of fetal mortality. NCHS data brief no 16. Hyattsville, MD: NCHS; 2009. Available from: <http://www.cdc.gov/nchs/data/databriefs/db16.pdf>.

For More Information. See the NCHS Fetal Deaths data website at: http://www.cdc.gov/nchs/fetal_death.htm.

Mortality File

Overview. Vital statistics mortality data are a fundamental source of demographic, geographic, and cause-of-death information. This data set is one of the few sources of comparable health-related data for small geographic areas over an extended time period. The data are used to present the characteristics of those dying in the United States, to determine life expectancy, and to compare mortality trends with those in other countries.

Selected Content. The Mortality file includes demographic information on age, sex, race, Hispanic origin, state of residence, and educational

attainment, as well as medical information on cause of death.

Data Years. The death registration area began in 1900 with 10 states and the District of Columbia.

Methodology. By law, the registration of deaths is the responsibility of the funeral director. The funeral director obtains demographic data for the death certificate from an informant. The physician in attendance at the death is required to certify the cause of death. Where death is from other than natural causes, a coroner or medical examiner may be required to examine the body and certify the cause of death. Data for the entire United States refer to events occurring within the United States; data for geographic areas are by place of residence. For methodological and reporting area changes for the following death certificate items, see [Appendix II: Education; Hispanic origin; Race](#).

Issues Affecting Interpretation. The *International Classification of Diseases (ICD)*, by which cause of death is coded and classified, is revised approximately every 10–20 years. Because revisions of the ICD may cause discontinuities in trend data by cause of death, comparison of death rates by cause of death across ICD revisions should be done with caution and with reference to the comparability ratio. (See [Appendix II, Comparability ratio](#).) Prior to 1999, modifications to the ICD were made only when a new revision of the ICD was implemented. A process for updating the ICD was introduced with the 10th revision (ICD–10) that allows for mid-revision changes. These changes, however, may affect comparability of data between years for select causes of death. Minor changes may be implemented every year, whereas major changes may be implemented every 3 years (e.g., 2003 data year). In data year 2006, major changes were implemented, including the addition and deletion of several ICD codes. For more information, see Heron et al. (2009).

The death certificate has been revised periodically. A revised U.S. Standard Certificate of Death was recommended for state use beginning January 1, 1989. Among the changes were the addition of a new item on educational attainment and Hispanic origin of the decedent and changes to improve the medical certification of cause of death. The U.S. Standard Certificate of Death was revised again in 2003; states are adopting this new certificate on a rolling basis. As of 2008, 30 states and the District of Columbia (D.C.) had adopted the 2003 revision: Arkansas, California, Connecticut, Delaware, Florida, Georgia, Idaho, Illinois, Indiana, Kansas, Michigan, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York State (including New York City), North Dakota, Ohio, Oklahoma, Oregon,

Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, Washington, and Wyoming, and D.C. Mortality data presented in *Health, United States* are based on reporting from all 50 states and D.C.

The 2003 revision included significant changes in the way information on educational attainment and race are collected and coded. The educational attainment item was changed to be consistent with U.S. Census Bureau data and to improve the ability to identify specific types of educational degrees. Educational attainment data collected using the 2003 revision are not comparable with data collected using the 1989 revision. The 2003 revision also permits reporting of more than one race (multiple races). This change was implemented to reflect the increasing diversity of the U.S. population and to be consistent with the decennial census. Many states, however, are still using the 1989 revision of the U.S. Standard Certificate of Death which allows only a single race to be reported. Until all states adopt the new death certificate, the race data reported using the 2003 revision are “bridged” for those for whom more than one race was reported (multiple race) to one single race to provide comparability with race data reported on the 1989 revision. For more information on the impact of the 2003 certificate revisions on mortality data presented in *Health, United States*, including a list of states that have adopted the 2003 certificate, see [Appendix II, Race](#).

References

- Grove RD, Hetzel AM. Vital statistics rates in the United States, 1940–1960. Washington, DC: U.S. Government Printing Office; 1968.
- Miniño AM, Murphy SL, Xu JQ, Kochanek KD. Deaths: Final data for 2008. National vital statistics reports; vol 59 no 10. Hyattsville, MD: NCHS; 2011. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_10.pdf.
- NCHS. Vital Statistics of the United States, vol II: Mortality, part A, Technical appendix. Hyattsville, MD: NCHS; [published annually]. Available from: <http://www.cdc.gov/nchs/products/vsus.htm#appendices>.
- Heron M, Hoyert DL, Murphy SL, et al. Deaths: Final data for 2006. National vital statistics reports; vol 57 no 14. Hyattsville, MD: NCHS; 2009. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_14.pdf.

For More Information. See the Mortality Data website at: <http://www.cdc.gov/nchs/deaths.htm>.

Multiple Cause-of-Death File

Overview. Multiple cause-of-death data reflect all medical information reported on death certificates and complement traditional underlying cause-of-death data. Multiple-cause data give information on diseases that are a factor in death, whether or not they are the underlying cause of death; on associations among diseases; and on injuries leading to death.

Selected Content. In addition to the same demographic variables listed for the Mortality file, the Multiple Cause-of-Death file includes record axis and entity axis cause-of-death data (see Methodology, below).

Data Years. Multiple cause-of-death data files are available for every data year since 1968.

Methodology. NCHS is responsible for compiling and publishing annual national statistics on causes of death. In carrying out this responsibility, NCHS adheres to the World Health Organization (WHO) Nomenclature Regulations. These regulations require (a) that cause of death be coded in accordance with the applicable revision of the *International Classification of Diseases* (ICD) [see [Appendix II, International Classification of Diseases \(ICD\); Table III](#)]; and (b) that underlying cause of death be selected in accordance with international rules. Traditionally, national mortality statistics have been based on a count of deaths, with one underlying cause assigned for each death.

Prior to 1968, mortality medical data were based on manual coding of an underlying cause of death for each certificate, in accordance with WHO rules. Starting with 1968, NCHS converted to computerized coding of the underlying cause and manual coding of all causes (multiple causes) on the death certificate. In this system, called Automated Classification of Medical Entities (ACME), multiple cause codes serve as inputs to the computer software that employs WHO rules to select the underlying cause. ACME is used to select the underlying cause of death for all death certificates in the United States, and cause-of-death data in *Health, United States* are coded using ACME. In addition, NCHS has developed two computer systems as inputs to ACME. Beginning with 1990 data, the Mortality Medical Indexing, Classification, and Retrieval system (MICAR) was introduced to automate coding multiple causes of death. MICAR provides more detailed information on the conditions reported on death certificates than is available through the ICD code structure. Then, beginning with data year 1993, SuperMICAR, an enhancement of MICAR, was introduced.

SuperMICAR allows for literal entry of the multiple cause-of-death text as reported by the certifier. This information is then processed automatically by the MICAR and ACME computer systems. Records that cannot be processed automatically by MICAR or SuperMICAR are multiple-cause coded manually and then further processed through ACME. In 2006, SuperMICAR was used to process all of the Nation's death records.

Issues Affecting Interpretation. The ICD, by which cause of death is coded and classified, is revised approximately every 10 to 15 years. Revisions of the ICD may cause discontinuities in trend data by cause of death; therefore, comparison of death rates by cause of death across ICD revisions should be done with caution and with reference to the comparability ratio. (See [Appendix II, Comparability ratio](#).) Multiple-cause data were obtained from all certificates for 1968–1971, 1973–1980, and 1983–present. Data were obtained from a 50% sample of certificates for 1972. Multiple-cause data for 1981 and 1982 were obtained from a 50% sample of certificates from 19 registration areas. For the other states, data were obtained from all certificates.

Reference

NCHS. Multiple causes of death in the United States. Monthly vital statistics report; vol 32 no 10 suppl 2. Hyattsville, MD: NCHS; 1984. Available from: http://www.cdc.gov/nchs/data/mvsr/supp/mv32_10s2.pdf.

For More Information. See the Mortality Multiple Cause data file website at: http://www.cdc.gov/nchs/data_access/Vitalstatsonline.htm.

Linked Birth/Infant Death Data Set

Overview. National linked files of live births and infant deaths are used for research on infant mortality.

Selected Content. The Linked Birth/Infant Death data set links information from the birth certificate to information from the death certificate for each infant death in the United States. The purpose of the linkage is to use the many additional variables from the birth certificate, including the more accurate race and ethnicity data, for more detailed analyses of infant mortality patterns. The Linked Birth/Infant Death data set includes all variables on the natality (Birth) file, including racial and ethnic information, birthweight, and maternal smoking, as well as variables on the Mortality file, including cause of death and age at death.

Data Years. National linked files of live births and infant deaths were first produced for the 1983 birth

cohort. Birth cohort linked file data are available for 1983–1991, and both period linked files and birth cohort linked files are available starting with 1995. National linked files do not exist for 1992–1994.

Coverage. To be included in the U.S. linked file, both the birth and death must have occurred in the 50 states or the District of Columbia.

Methodology. Infant mortality rates are based on infant deaths per 1,000 live births. Infant deaths are defined as a death before the infant's first birthday. About 97%–99% of infant death records can be linked to their corresponding birth certificates. The linkage makes available extensive information from the birth certificate about the pregnancy, maternal risk factors, infant characteristics, and health items at birth that can be used for more detailed analyses of infant mortality. The linked file is used for calculating infant mortality rates by race and ethnicity, which are more accurately measured from the birth certificate.

Starting with 1995 data, linked birth/infant death data files are available in two different formats: period data and birth cohort data. The numerator for the period linked file consists of all infant deaths occurring in a given data year linked to their corresponding birth certificates, whether the birth occurred in that year or the previous year. The numerator for the birth cohort linked file consists of deaths to infants born in a given year. In both cases, the denominator is all births occurring in the year. While the birth cohort format has methodological advantages, it creates substantial delays in data availability because it is necessary to wait until the close of the following data year to include all infant deaths to the birth cohort. Starting with 1995 data, period linked files are used for infant mortality rate tables in *Health, United States*.

The 2007 period linked file contains a numerator file that consists of all infant deaths occurring in 2007 that have been linked to their corresponding birth certificates, whether the birth occurred in 2006 or 2007. In contrast, the 2007 birth cohort linked file will contain a numerator file that consists of all infant deaths to babies born in 2007, whether the death occurred in 2007 or 2008.

Other changes to the data set starting with 1995 include the addition of record weights to compensate for the 1%–2% of infant death records that could not be linked to their corresponding birth records. In addition, not-stated birthweight was imputed if the period of gestation was known. This imputation was done to improve the accuracy of birthweight-specific infant mortality rates because the percentage of records with not-stated birthweight is generally higher for infant deaths

(3.1% in 2007) than for live births (0.1% in 2007). In 2007, not-stated birthweight was imputed for 0.09% of births.

Issues Affecting Interpretation. Period linked file data starting with 1995 are not strictly comparable with birth cohort data for 1983–1991. A new revision of the birth certificate was introduced in 2003 and is being adopted by states on a voluntary, rolling basis. Data on mother's educational attainment, tobacco use during pregnancy, and prenatal care based on the 2003 revision are not comparable with data based on the 1989 revision of the U.S. Standard Certificate of Live Birth. Data from the linked file for these three measures are not presented in *Health, United States*.

Reference

Mathews TJ, MacDorman MF. Infant mortality statistics from the 2007 period Linked Birth/Infant Death data set. National vital statistics report; vol 59 no 6. Hyattsville, MD: NCHS; 2011. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_06.pdf.

For More Information. See the NCHS Linked Birth and Infant Death Data website at: <http://www.cdc.gov/nchs/linked.htm>.

Compressed Mortality File (CMF)

Overview. The CMF is a county-level national mortality and population database.

Selected Content. The CMF contains mortality data derived from the detailed Mortality files of the NVSS and estimates of U.S. national, state, and county resident populations from the U.S. Census Bureau. For 1968–1998, the number of deaths, crude death rates, and age-adjusted death rates can be obtained by place of residence (total U.S., state, and county), age group, race (white, black, and other), sex, year of death, and underlying cause of death. For 1999–2007, mortality statistics can be obtained by place of residence, by age group and expanded race groups (white, black, American Indian or Alaska Native, Asian or Pacific Islander), and by Hispanic origin.

Data Years. The CMF spans the years 1968–2007. On CDC WONDER, data are available starting with 1979.

Methodology. In *Health, United States*, the CMF is used to compute death rates by urbanization level of the decedent's county of residence. Counties are categorized according to level of urbanization based on the 2006 "NCHS Urban–Rural Classification Scheme for Counties" (available from: http://www.cdc.gov/nchs/data_access/urban_rural.htm).

This scheme assigns counties and county equivalents to one of six urbanization levels: four metropolitan and two nonmetropolitan.

For More Information. See the CMF website at: http://www.cdc.gov/nchs/data_access/cmfm.htm and the CDC WONDER website at: <http://wonder.cdc.gov>. (Also see [Appendix II, Urbanization](#).)

Occupational Employment Statistics (OES)

Bureau of Labor Statistics (BLS)

Overview. The OES program conducts a semiannual survey designed to produce estimates of employment and wages for specific occupations.

Selected Content. The OES survey produces estimates of occupational employment and wages for most three- and four-digit, and selected five-digit, North American Industry Classification System (NAICS) levels in these sectors: forestry and logging; mining; utilities; construction; manufacturing; wholesale trade; retail trade; transportation and warehousing; information; finance and insurance; real estate and rental and leasing; professional, scientific, and technical services; management of companies and enterprises; administrative and support and waste management and remediation services; educational services; health care and social assistance; arts, entertainment, and recreation; accommodation and food services; other services (except public administration); and federal, state, and local government.

Data Years. Prior to 1996, the OES program collected only occupational employment data for selected industries in each year of the 3-year survey cycle and produced only industry-specific estimates of occupational employment. The 1996 survey round was the first year that the OES program began collecting occupational employment and wage data in every state. In addition, the program's 3-year survey cycle was modified to collect data from all covered industries each year. The year 1997 is the earliest year available for which the OES program produced estimates of cross-industry as well as industry-specific occupational employment and wages.

Coverage. The OES survey covers all full-time and part-time wage and salary workers in nonfarm establishments. Surveys collect data for the payroll period including the 12th day of May or November. The survey does not cover the self-employed, owners and partners in unincorporated firms, household workers, or unpaid family workers.

Methodology. The OES program surveys approximately 200,000 establishments per panel (every 6 months), taking 3 years to fully collect the sample of 1.2 million establishments. The estimates for occupations in nonfarm establishments are based on OES data collected for the reference months of May and November. May 2010 employment and wage estimates are based on all data collected from establishments sampled in the May 2010, November 2009, May 2009, November 2008, May 2008, and November 2007 semiannual panels. The May 2008 sample was reduced to approximately 174,000 establishments due to budget constraints. The overall national response rate for the six panels is 78% of establishments, covering 74% of employment. The OES survey is a federal–state cooperative program between BLS and state workforce agencies (SWAs). BLS provides the procedures and technical support, draws the sample, and produces the survey materials, while SWAs collect most of the data. SWAs from all 50 states plus the District of Columbia (D.C.), Puerto Rico, Guam, and the U.S. Virgin Islands participate in the survey. Occupational employment and wage rate estimates at the national level are produced by BLS using data from the 50 states and D.C. Employers who respond to states' requests to participate in the OES survey make these estimates possible.

Issues Affecting Interpretation. The OES survey began using NAICS in 2002. In 2008, the survey switched to the 2007 NAICS classification system. Data prior to 2002 are based on the Standard Industrial Classification (SIC) system. In 1999, the OES survey began using the Office of Management and Budget (OMB) Standard Occupational Classification (SOC) system. Because of the OES survey's transition to the SOC system, estimates for 1999 and subsequent years are not directly comparable with previous years' estimates, which were based on a classification system having seven major occupational groups and 770 detailed occupations.

The May 2010 OES estimates mark the first set of estimates based in part on data collected using the 2010 SOC system, which consists of 840 detailed occupations grouped into 461 broad occupations, 97 minor groups, and 23 major groups. Previous estimates were based on the 2000 SOC. The OES program produces employment and wage estimates at the major group and detailed occupation level for 22 of the 23 SOC major groups. Major group 55, Military Specific Occupations, is not included. Although most occupations in the May 2010 OES estimates are 2010 SOC occupations, in some cases temporary codes were used. The May 2012 OES data will reflect the full set of detailed occupations in

the 2010 SOC. For more information, see http://www.bls.gov/oes/oes_ques.htm#Ques41.

Reference

Bureau of Labor Statistics. Occupational employment and wages, May 2010. Washington, DC: U.S. Department of Labor; May 2011.

For More Information. See the OES website at: <http://www.bls.gov/OES>.

Online Survey Certification and Reporting Database (OSCAR)

Centers for Medicare & Medicaid Services (CMS)

Overview. OSCAR is an administrative database containing detailed information on all Medicare- and Medicaid-certified institutional health care providers, including all currently and previously certified Medicare and Medicaid nursing homes, short-term hospitals, and intermediate care facilities for the mentally retarded in the United States and territories. (Data for the territories are not shown in *Health, United States*.) The purpose of the facility survey certification process is to ensure that facilities meet the current CMS care requirements and thus can be reimbursed for services furnished to Medicare and Medicaid beneficiaries.

Selected Content. OSCAR contains information on facility and patient characteristics and health deficiencies issued by the government during state surveys.

Data Years. OSCAR has been maintained by CMS [formerly the Health Care Financing Administration (HCFA)], since 1992. OSCAR is an updated version of the Medicare and Medicaid Automated Certification System that had been in existence since 1972.

Coverage. Facilities in the United States that receive Medicare or Medicaid payments are included.

Methodology. A facility representative fills out the forms with the required information, and the forms are submitted to CMS. The information provided can be audited at any time.

All certified facilities are inspected periodically by representatives of the state survey agency (generally the department of health). Some facilities are inspected twice, or more often, during any given reporting cycle. To avoid overcounting, the data must be edited and duplicates removed. Data editing and compilation of nursing home data were performed by Cowles Research Group (CRG) and published in

the group's *Nursing Home Statistical Yearbook* series. Data editing and compilation for other facilities were performed by NCHS staff.

References

Cowles CM, ed. Nursing home statistical yearbooks for 1995, 1996, and 1997. Anacortes, WA: Cowles Research Group; published 1995, 1997, and 1998, respectively.

Cowles CM, ed. Nursing home statistical yearbooks for 1998, 1999, 2000, 2001, and 2002. Washington, DC: American Association of Homes and Services for the Aging; published 1999, 2000, 2001, 2002, and 2003, respectively.

Cowles CM, ed. Nursing home statistical yearbooks for 2003–2010. McMinnville, OR: Cowles Research Group; published 2004–2011, respectively.

Centers for Medicare & Medicaid Services (CMS). Certification and compliance. Baltimore, MD: CMS; 2005. Available from: http://www.cms.gov/CertificationandCompliance/01_Overview.asp.

For More Information. See the CMS website at: <http://www.cms.hhs.gov/NonIdentifiableDataFiles> and the CRG website at: <http://www.longtermcareinfo.com/index.html>.

Population Census and Population Estimates

U.S. Census Bureau

Decennial Census

The census of population (decennial census) has been held in the United States every 10 years since 1790. It has enumerated the resident population as of April 1 of the census year since 1930. Data on sex, race, Hispanic origin, age, and marital status are collected from 100% of the enumerated population. More detailed information such as income, education, housing, occupation, and industry are collected from a representative sample of the population.

Race Data on the 1990 Census

The question on race on the 1990 census was based on the Office of Management and Budget's (OMB) 1977 *Race and Ethnic Standards for Federal Statistics and Administrative Reporting* (Statistical Policy Directive 15). This document specified rules for the collection, tabulation, and reporting of race and

ethnicity data within the federal statistical system. The 1977 Standards required federal agencies to report race-specific tabulations using four single-race categories: American Indian or Alaska Native, Asian or Pacific Islander, black, and white. Under the 1977 Standards, race and ethnicity were considered to be two separate and distinct concepts. Thus, persons of Hispanic origin may be of any race.

Race Data on the 2000 Census

The question on race on the 2000 census was based on OMB's 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* (Fed Regist 1997 October 30;62:58781–90). (Also see [Appendix II, Race](#).) The 1997 Standards incorporated two major changes in the collection, tabulation, and presentation of race data. First, the 1997 Standards increased from four to five the minimum set of categories to be used by federal agencies for identification of race: American Indian or Alaska Native, Asian, black or African American, Native Hawaiian or Other Pacific Islander, and white. Second, the 1997 Standards included the requirement that federal data collection programs allow respondents to select one or more race categories when responding to a query on their racial identity. This provision means that there are potentially 31 race groups, depending on whether an individual selects one, two, three, four, or all five of the race categories. The 1997 Standards continue to call for use, when possible, of a separate question on Hispanic or Latino ethnicity and specify that the ethnicity question should appear before the question on race. Thus, under the 1997 Standards, as under the 1977 Standards, persons of Hispanic origin may be of any race.

Race Data on the 2010 Census

Like the race data on the 2000 census, the question on race on the 2010 census was based on OMB's 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* (Fed Regist 1997 October 30;62:58781–90). (Also see [Appendix II, Race](#).) The 1997 Standards required a minimum set of categories to be used by federal agencies for identification of race: American Indian or Alaska Native, Asian, black or African American, Native Hawaiian or Other Pacific Islander, and white and require that federal data collection programs allow respondents to select one or more race categories when responding to a query on their racial identity. The 1997 Standards continue to call for use, when possible, of a separate question on Hispanic or Latino ethnicity and specify that the ethnicity question should appear before the question on race. Thus,

under the 1997 Standards, as under the 1977 Standards, persons of Hispanic origin may be of any race.

Modified Decennial Census Files

For several decades the U.S. Census Bureau has produced Modified Decennial Census files. These modified files incorporate adjustments to the 100% April 1 count data for (a) errors in the census data discovered subsequent to publication, (b) misreported age data, and (c) nonspecified race.

For the 1990 census, the U.S. Census Bureau modified the age, race, and sex data on the census and produced the Modified Age-Race-Sex (MARS) file. The differences between the population counts in the original census file and the MARS file are primarily due to modification of the race data. Of the 248.7 million persons enumerated in 1990, 9.8 million did not specify their race (over 95% were of Hispanic origin). For the 1990 MARS file, these persons were assigned the race reported by a nearby person with an identical response to the Hispanic origin question.

For the 2000 census, the U.S. Census Bureau modified the race data on the census and produced the Modified Race Data Summary file. For this file, persons who reported the category Some Other Race as part of their race response were assigned to one of the 31 race groups, which are the single- and multiple-race combinations of the five race categories specified in the 1997 OMB race and ethnicity standards. Persons who did not specify their race were assigned to one of the 31 race groups by imputation. Of the 18.5 million persons who reported the category Some Other Race as part of their race response, or who did not specify their race, 16.8 million (90.4%) were of Hispanic origin.

Bridged-race Population Estimates for Census 2000

Race data on the 2000 census are not comparable with race data on other data systems that are continuing to collect data using the 1977 Standards on race and ethnicity during the transition to full implementation of the 1997 Standards. For example, states are implementing the revised birth and death certificates—which have race and ethnicity items that are compliant with the 1997 Standards—at different times, and to date many states are still using the 1989 certificates that collect race and ethnicity data in accordance with the 1977 Standards. Thus, population estimates for 2000 and beyond with race categories comparable to the 1977 categories are

needed so that race-specific birth and death rates can be calculated. To meet this need, NCHS, in collaboration with the U.S. Census Bureau, developed methodology to bridge the 31 race groups in Census 2000 to the four single-race categories specified under the 1977 Standards.

The bridging methodology was developed using information from the 1997–2000 National Health Interview Survey (NHIS). NHIS provides a unique opportunity to investigate multiple-race groups because, since 1982, it has allowed respondents to choose more than one race but has also asked respondents reporting multiple races to choose a primary race. The bridging methodology developed by NCHS involved the application of regression models relating person-level and county-level covariates to the selection of a particular primary race by the multiple-race respondents. Bridging proportions derived from these models were applied by the U.S. Census Bureau to the Census 2000 Modified Race Data Summary file. This application resulted in bridged counts of the April 1, 2000, resident single-race populations for four racial groups: American Indian or Alaska Native, Asian or Pacific Islander, black, and white. Because bridged-race population estimates continue to be needed for the calculation of vital rates, the Census Bureau annually produces postcensal bridged-race estimates of the July 1 resident single-race populations.

Reference

Ingram DD, Parker JD, Schenker N, et al. United States Census 2000 population with bridged race categories. *Vital Health Stat* 2(135). Hyattsville, MD: NCHS; 2003. Available from: http://www.cdc.gov/nchs/data/series/sr_02/sr02_135.pdf.

For More Information. See the NCHS website for U.S. Census Populations With Bridged Race Categories: http://www.cdc.gov/nchs/nvss/bridged_race.htm.

Postcensal Population Estimates

Postcensal population estimates are estimates made for the years following a census, before the next census has been taken. National postcensal population estimates are derived annually by updating the resident population enumerated in the decennial census using a components-of-population-change approach. Each annual series includes estimates for the current data year and revised estimates for the earlier years in the decade. The following formula is used to derive the estimates

for a given year from those for the previous year, starting with the decennial census enumerated resident population as the base:

Resident population
+ births to U.S. resident women
– deaths to U.S. residents
+ net international migration.

The postcensal estimates are consistent with official decennial census figures and do not reflect estimated decennial census underenumeration.

Estimates for the earlier years in a given series are revised to reflect changes in the components-of-change data sets (for example, births to U.S. resident women from a preliminary natality file are replaced with counts from a final natality file). To help users keep track of which postcensal estimate is being used, each annual series is referred to as a “vintage,” and the last year in the series is used to name the series. For example, the Vintage 2001 postcensal series has estimates for July 1, 2000, and July 1, 2001; and the Vintage 2002 postcensal series has revised estimates for July 1, 2000, and July 1, 2001, as well as estimates for July 1, 2002. The estimates for July 1, 2000, and for July 1, 2001, from the Vintage 2001 and Vintage 2002 postcensal series differ.

The U.S. Census Bureau also produces postcensal estimates of the resident population for each state and county by using a components-of-population-change method at the county level. An additional component of population change, net internal migration, is involved. The state population estimates are produced by summing all county populations within each state.

The Census Bureau has annually produced a postcensal series of estimates of the July 1 resident population of the United States based on Census 2000 by applying the components-of-change methodology to the Modified Race Data Summary file. These series of postcensal estimates have race data for 31 race groups, in accordance with the 1997 race and ethnicity standards. So that the race data for 2000-based postcensal estimates will be comparable with race data on vital records, the Census Bureau has applied the NHIS bridging methodology to each 31-race-group postcensal series of population estimates to obtain bridged-race postcensal estimates (estimates for the four single-race categories: American Indian or Alaska Native, Asian or Pacific Islander, black, and white). Bridged-race postcensal population estimates are available from: http://www.cdc.gov/nchs/nvss/bridged_race.htm.

Vital rates for 2000 were calculated using the bridged-race April 1, 2000, census counts, and vital rates for 2001 and beyond were calculated using bridged-race estimates of the July 1 population from the corresponding postcensal vintage.

Intercensal Population Estimates

Intercensal population estimates are estimates made for the years between two censuses and are produced once the decennial census at the end of the decade has been completed. They replace the postcensal estimates that were produced prior to the completion of the census at the end of the decade. Intercensal estimates are more accurate than postcensal estimates because they are based on both the census at the beginning and the census at the end of the decade and thus correct for the error of closure (the difference between the estimated population at the end of the decade and the census count for that date). The error of closure at the national level was quite small for the 1960s (379,000). However, for the 1970s it amounted to almost 5 million; for the 1980s, 1.5 million; and for the 1990s, about 6 million. The error of closure affects age, race, sex, and Hispanic origin subgroup populations differently, as well as the rates based on these populations. Vital rates that were calculated using postcensal population estimates are routinely revised when intercensal estimates become available.

Intercensal estimates for the 1990s with race data comparable to the 1977 Standards have been derived so that vital rates for the 1990s could be revised to reflect Census 2000. Calculation of the intercensal population estimates for the 1990s was complicated by the incomparability of the race data on the 1990 and 2000 censuses. The Census Bureau, in collaboration with National Cancer Institute and NCHS, derived race-specific intercensal population estimates for the 1990s using the 1990 Modified Age-Race-Sex (MARS) file as the beginning population base and the bridged-race population estimates for April 1, 2000, as the ending population base. Bridged-race intercensal population estimates are available from: http://www.cdc.gov/nchs/nvss/bridged_race.htm.

Some intercensal population estimates using the data from the 2010 census have been released but have not yet been incorporated into vital statistics rates in *Health, United States*.

For More Information. See the U.S. Census Bureau website at: <http://www.census.gov>.

Sexually Transmitted Disease (STD) Surveillance

CDC/National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)

Overview. Surveillance information on the incidence and prevalence of STDs is used to inform public and private health efforts to control these diseases.

Selected Content. Case reporting data are available for nationally notifiable chancroid, chlamydia, gonorrhea, and syphilis. Surveillance of other STDs, such as genital herpes simplex virus, genital warts or other human papillomavirus infections, and trichomoniasis are based on estimates of office visits in physician office practices provided by the National Disease and Therapeutic Index.

Data Years. STD national surveillance data have been collected since 1941.

Coverage. Case reports of STDs are reported to CDC by STD surveillance systems operated by state and local STD control programs and health departments in 50 states, the District of Columbia, selected cities, 3,141 U.S. counties, and outlying areas consisting of U.S. dependencies, possessions, and independent nations in free association with the United States. Data from outlying areas are not included in *Health, United States*.

Methodology. Information is obtained from the following data sources: (a) case reports from STD project areas; (b) prevalence data from the Regional Infertility Prevention Project, the National Job Training Program (formerly the Job Corps), the Corrections STD Prevalence Monitoring Projects, and the Men Who Have Sex With Men Prevalence Monitoring Project; (c) sentinel surveillance of gonococcal antimicrobial resistance from the Gonococcal Isolate Surveillance Project; and (d) national sample surveys implemented by federal and private organizations. STD data are submitted to CDC on a variety of hard-copy summary reporting forms (monthly, quarterly, and annually) and in electronic summary or individual case-specific (line-listed) formats via the National Electronic Telecommunications System for Surveillance.

Issues Affecting Interpretation. Because of incomplete diagnosis and reporting, the number of STD cases reported to CDC undercounts the actual number of cases occurring among the U.S. population.

Reference

CDC. Sexually transmitted diseases surveillance, 2009. Atlanta, GA: CDC, Division of STD Prevention; 2010. Available from: <http://www.cdc.gov/std/stats09/default.htm>.

For More Information. See the STD Surveillance Report website at: <http://www.cdc.gov/std/stats> and the STD website at: <http://www.cdc.gov/std/default.htm>.

Surveillance, Epidemiology, and End Results Program (SEER)

National Cancer Institute (NCI)

Overview. SEER tracks the incidence of new cancers each year and collects follow-up information on all previously diagnosed patients until their death.

Selected Content. For each cancer, SEER registries routinely collect data on patient demographics, primary tumor site, morphology, stage at diagnosis, first course of treatment, and follow-up for vital status.

Data Years. Case ascertainment for SEER began January 1, 1973, and has continued for more than 38 years. The most recent data available are for 2008.

Coverage. The SEER 9 registries (Atlanta, Connecticut, Detroit, Hawaii, Iowa, New Mexico, San Francisco–Oakland, Seattle–Puget Sound, and Utah) have been part of the program continuously since 1975. The SEER 13 registries (the SEER 9 registries plus Los Angeles, San Jose–Monterey, rural Georgia, and the Alaska Native Tumor Registry) have been part of the program continuously since 1992. The SEER 17 registries (the SEER 13 plus Kentucky, Greater California, New Jersey, and Louisiana) have been part of the program continuously since 2000. SEER currently collects and publishes cancer incidence and survival data from 17 population-based cancer registries covering approximately 26% of the U.S. population.

To ensure continuity in reporting areas for trend data, the SEER data file is commonly used both for statistical analyses and for analysis of cancer survival rates in *Health, United States*. The SEER 13 data file is commonly used for analysis of cancer incidence by expanded racial and ethnic groups.

Methodology. A cancer registry collects and stores data on cancers diagnosed in a specific hospital or medical facility (hospital-based registry) or in a defined geographic area (population-based registry). A population-based registry includes, but is not

limited to, a number of hospital-based registries. In SEER registry areas, trained coders abstract medical records using the *International Classification of Diseases for Oncology, 3rd Edition (ICD–O–3)*, which provides coding systems for site and tumor morphology. The third edition, implemented in 2001, is the first complete review and revision of the text and guidelines since the original publication in 1988. The major staging systems used by cancer registries are American Joint Committee on Cancer TNM (tumor, nodes, metastasis) staging and SEER Summary Stage. The SEER Extent of Disease (EOD) and TNM stages include schemes for all sites and morphologies and are used by NCI to derive SEER Summary Stage and Collaborative Staging.

NCI obtains population counts from the U.S. Census Bureau and uses them to calculate incidence rates. It also uses estimation procedures as needed to obtain estimates for years and races not included in data provided by the Census Bureau. Life tables used to determine general population life expectancy when calculating relative survival rates were obtained from NCHS and in-house calculations. Separate life tables are used for each race-sex-specific group included in SEER.

Issues Affecting Interpretation. Because of the addition of registries over time, analysis of long-term incidence and survival trends is limited to those registries that have been in SEER for similar lengths of time. Analysis of Hispanic and American Indian and Alaska Native data is limited to shorter trends. Starting with *Health, United States, 2006*, the North American Association of Central Cancer Registries (NAACCR) Hispanic Identification Algorithm was used on a combination of variables to classify cases as Hispanic for analytic purposes. Starting with *Health, United States, 2007*, Hispanic incidence data exclude data for Alaska. Earlier editions of *Health, United States* also excluded Hispanic data for Hawaii and Seattle. Starting with *Health, United States, 2007*, incidence estimates for the American Indian or Alaska Native population are limited to contract health service delivery area (CHSDA) counties within SEER reporting areas. This change is believed to produce estimates that more accurately reflect the incidence rates for this population group. More information on CHSDA is available from: <http://www.ihs.gov/nonmedicalprograms/chs/index.cfm>. For more information on SEER estimates by race and ethnicity, see: http://seer.cancer.gov/seerstat/variables/seer/race_ethnicity/index.html. Rates presented in this report may differ somewhat from those reported previously due to changes in population estimates and the addition and deletion of small numbers of incidence cases.

Reference

Howlander N, Noone AM, Krapcho M, Neyman N, Aminou R, Waldron W, et al., eds. SEER cancer statistics review, 1975–2008. (Based on November 2010 SEER data submission.) Bethesda, MD: National Cancer Institute; 2011. Available from: http://seer.cancer.gov/csr/1975_2008/.

For More Information. See the SEER website at: <http://seer.cancer.gov>.

Survey of Occupational Injuries and Illnesses (SOII)

Bureau of Labor Statistics (BLS)

Overview. SOII is a federal and state program that collects statistics used to identify problems with workplace safety and to develop programs to improve workplace safety. Occupational Safety and Health Administration (OSHA) regulations require the recording and reporting by employers of occupational fatalities, injuries, and illnesses. Each January, a sample of employers is selected by BLS to participate in a mandatory SOII for that calendar year.

Selected Content. Data include the number of new nonfatal injuries and illnesses by industry. The case and demographic data provide additional details on workers injured, the nature of the disabling condition, and the event and source producing that condition for those cases that involve one or more days away from work.

Data Years. BLS has conducted an annual survey since 1971.

Coverage. The data represent persons employed in private industry establishments in the United States. The survey excludes the self-employed, farms with fewer than 11 employees, private households, and federal government agencies. BLS produces annual estimates of injuries and illnesses for many of the two-, three-, four-, five-, and six-digit private-sector industries as defined by the North American Industry Classification System (NAICS).

Methodology. Survey estimates of occupational injuries and illnesses are based on a scientifically selected probability sample of establishments, rather than a census of all establishments. Each January, an independent sample of establishments is selected for each state and the District of Columbia to participate in the mandatory SOII. BLS includes all the state samples in the national sample.

Establishments included in the survey are instructed to maintain lists of injuries and illnesses and to track

days away from work, restricted, or transferred for the calendar year, using the OSHA Summary of Work-Related Injuries and Illnesses form (OSHA no 300A). In January following the year of data collection, BLS mails this sample of employers the SOII. An occupational injury is any injury, such as a cut, fracture, sprain, or amputation, that results from a work-related event or from a single instantaneous exposure in the work environment. An occupational illness is any abnormal condition or disorder, other than one resulting from an occupational injury, caused by exposure to factors associated with employment. It includes acute and chronic illnesses or diseases that may be caused by inhalation, absorption, ingestion, or direct contact. Prior to 2002, injury and illness cases involved days away from work, days of restricted work activity, or both (lost workday cases). Starting in 2002, injury and illness cases may involve days away from work, job transfer, or restricted work activity. Restriction may involve shortened hours, a temporary job change, or temporary restrictions on certain duties (for example, no heavy lifting) of a worker's regular job.

Sample Size and Response Rate. Employer reports were collected from about 198,300 private industry establishments in 2009. Not all establishments included in the survey return the survey. The survey response rate was 91% in 2009.

Issues Affecting Interpretation. The number of new injuries and illnesses reported in any given year can be influenced by the level of economic activity, working conditions and work practices, worker experience and training, and number of hours worked. Long-term latent illnesses caused by exposure to carcinogens are believed to be understated in the survey's illness measures. In contrast, new illnesses such as contact dermatitis and carpal tunnel syndrome are easier to relate directly to workplace activity.

Effective January 1, 2002, OSHA revised its requirement for recording occupational injuries and illnesses. Because of the revised recordkeeping rule, the estimates from the 2002 survey and beyond are not comparable with those from previous years. See <http://www.osha.gov/recordkeeping/index.html> for details on the revised recordkeeping requirements.

Data for the mining industry and for railroad activities are provided by the Department of Labor's Mine Safety and Health Administration and the Department of Transportation's Federal Railroad Administration. Neither of these agencies adopted the revised OSHA recordkeeping requirements for 2002. Therefore, estimates for these industries for 2002 and beyond are not comparable with estimates for other industries but are comparable with

estimates for prior years. Excluded from the survey are self-employed individuals, farmers with fewer than 11 employees, private households, federal government agencies, and employees in state and local government agencies.

Starting with 2003 data, SOII began using NAICS to classify industries. Prior to 2003, the program used the Standard Industrial Classification (SIC) system and the Bureau of the Census occupational classification system. Although some titles in SIC and NAICS are similar, there is limited compatibility because industry groupings are defined differently in the two systems. (See [Appendix II, Industry of employment.](#))

Reference

Bureau of Labor Statistics. Workplace injuries and illnesses—2009 [press release]. USDL pub no 10–1451. Washington, DC: U.S. Department of Labor; 2010 October 21. Available from: http://www.bls.gov/news.release/archives/osh_10212010.htm.

For More Information. See the SOII website at: <http://www.bls.gov/iif/home.htm> and the SOII section of the BLS Handbook of Methods at: http://www.bls.gov/opub/hom/homch9.htm#scope_SOII.

United States Renal Data System (USRDS)

National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), in conjunction with the Centers for Medicare & Medicaid Services (CMS) and the Health Resources and Services Administration (HRSA)

Overview. USRDS is a national data system that collects, analyzes, and distributes information about end-stage renal disease (ESRD) in the United States. USRDS staff collaborate with staff from CMS, HRSA, the Organ Procurement and Transplantation Network (OPTN) under the auspices of HRSA, and the ESRD networks, sharing data sets and actively working to improve the accuracy of ESRD patient information. USRDS has five goals: (a) to characterize the ESRD population; (b) to describe the prevalence and incidence of ESRD, along with trends in mortality and disease rates; (c) to investigate relationships among patient demographics, treatment modalities, and morbidity; (d) to identify new areas for special renal studies and support investigator-initiated research; and (e) to provide data sets and samples of national data to support research by the Special Studies Centers.

Selected Content. USRDS maintains a stand-alone database with data on the diagnoses and demographic characteristics of ESRD patients, along with biochemical data, dialysis claims, and information on treatment and payer histories, hospitalization events, deaths, physician and supplier services, and providers.

Data Years. Data have been compiled annually since 1988.

Coverage. The primary source of ESRD identification is the ESRD Medical Evidence form that is used to register patients at the onset of ESRD and that must be submitted by dialysis or transplant providers within 45 days of initiation. The form establishes Medicare eligibility for individuals previously not Medicare beneficiaries, reclassifies previously eligible beneficiaries as ESRD patients, and provides demographic and diagnostic information on all new patients. The CMS, USRDS, and renal research communities rely on the form to ascertain patient demographics, primary diagnosis, comorbidities, and biochemical test results at the time of ESRD initiation. Since 1995, providers have been required to complete the form for all new ESRD patients (Medicare and non-Medicare eligible).

Methodology. Data for the USRDS database are compiled from existing data sources including the CMS Renal Management Information System (REMIS), CMS claims data, facility survey data, CDC survey data [National Health and Nutrition Examination Survey (NHANES)], Standard Information Management System (SIMS), Medicare Evidence form (CMS–2728), ESRD Death Notification form (CMS–274 6), and OPTN transplant and wait-list data. The CMS data files are supplemented by CMS with enrollment, payer history, and other administrative data, to provide utilization and demographic information on ESRD patients.

Sample Size and Response Rate. Response or coverage rates are 100% of people treated for ESRD since May 1995 because the amended ESRD entitlement policy requires a Medicare Evidence form to be submitted for all ESRD patients, regardless of their insurance and eligibility status. However, the payment data for non-Medicare ESRD patients may be absent during the 30-month coordination period. Ascertainment of incident cases may also be incomplete because the data are for persons receiving ESRD treatment as reported to CMS and do not include patients who die of ESRD before receiving treatment and those who are not reported to CMS.

For More Information. See the USRDS website at: <http://www.usrds.org>.

Youth Risk Behavior Survey (YRBS)

CDC/National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)

Overview. YRBS monitors health risk behaviors among students in grades 9–12 that contribute to morbidity and mortality in both adolescence and adulthood.

Selected Content. Data are collected on behaviors that contribute to unintentional injuries and violence; tobacco use; alcohol and other drug use; sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases (STDs), including human immunodeficiency virus (HIV) infection; unhealthy dietary behaviors; and physical inactivity. In addition, YRBS monitors the prevalence of obesity and asthma.

Data Years. The national YRBS of high school students was conducted in 1990, 1991, 1993, 1995, 1997, 1999, 2001, 2003, 2005, 2007, 2009, and 2011 (scheduled for release in summer 2012).

Coverage. Data are representative of high school students in public and private schools in the United States.

Methodology. The national YRBS school-based surveys employ a three-stage cluster sample design to produce a nationally representative sample of students in grades 9–12 attending public and private high schools. The first-stage sampling frame contains primary sampling units (PSUs) consisting of large counties or groups of smaller, adjacent counties. The PSUs are then stratified based on degree of urbanization and relative percentage of black and Hispanic students in the PSU. The PSUs are selected from these strata with probability proportional to school enrollment size. At the second sampling stage, schools are selected with probability proportional to school enrollment size. To enable separate analysis of data for black and Hispanic students, schools with substantial numbers of black and Hispanic students are sampled at higher rates than all other schools. The third stage of sampling consists of randomly selecting one or two intact classes of a required subject from grades 9 through 12 at each chosen school. All students in the selected classes are eligible to participate in the survey. A weighting factor is applied to each student record to adjust for nonresponse and for the varying probabilities of selection, including those resulting from the oversampling of black and Hispanic students.

Sample Size and Response Rate. The sample size for the 2009 YRBS was 16,460 students in 158 schools. The school response rate was 81%, and the student response rate was 88%, for an overall response rate of 71%.

Issues Affecting Interpretation. National YRBS data are subject to at least two limitations. First, these data apply only to adolescents who attend regular high school. These students may not be representative of all persons in this age group because those who have dropped out of high school or attend an alternative high school are not surveyed. Second, the extent of underreporting or overreporting cannot be determined, although the survey questions demonstrate good test–retest reliability.

Estimates of substance use for youth based on YRBS differ from the National Survey on Drug Use & Health (NSDUH) and the Monitoring the Future (MTF) Study. Rates are not directly comparable across these surveys because of differences in populations covered, sample design, questionnaires, and interview setting. NSDUH collects data in residences, whereas MTF and YRBS collect data in school classrooms. In addition, NSDUH estimates are tabulated by age, whereas MTF and YRBS estimates are tabulated by grade, representing different ages as well as different populations.

References

CDC. Methodology of the Youth Risk Behavior Surveillance System. MMWR 2004;53(RR-12):1–13. Available from: <http://www.cdc.gov/mmwr/PDF/rr/rr5312.pdf>.

Eaton DK, Kann L, Kinchen S, Shanklin S, Ross J, Hawkins J, et al. Youth Risk Behavior Surveillance—United States, 2009. MMWR Surveill Summ 2010;59(SS-5):1–142. Available from: <http://www.cdc.gov/mmwr/PDF/ss/ss5905.pdf>.

Cowan CD. Coverage, sample design, and weighting in three federal surveys. J Drug Issues 2001;31(3):599–614.

For More Information. See the YRBS website at: <http://www.cdc.gov/yrbs>.

Private and Global Sources

American Association of Colleges of Osteopathic Medicine (AACOM)

AACOM, founded in 1898, compiles data on various aspects of osteopathic medical education for distribution to the profession, the government, and the public. Questionnaires are sent annually to schools of osteopathic medicine requesting information on characteristics of applicants, students and graduates, faculty, curriculum, contract and grant activity, revenues and expenditures, and clinical facilities. The response rate is 96% for the 2007–2008 survey year.

Reference

American Association of Colleges of Osteopathic Medicine (AACOM). A report on a survey of Osteopathic Medical School Growth, 2007–2008. Chevy Chase, MD: AACOM; 2008.

For More Information. Contact the American Association of Colleges of Osteopathic Medicine, 5550 Friendship Boulevard, Suite 310, Chevy Chase, MD 20815; or see the AACOM website at: <http://www.aacom.org>.

American Association of Colleges of Pharmacy (AACP)

AACP compiles data on colleges and schools of pharmacy, including information on student enrollment and types of degrees conferred. Data are collected through an annual survey. In 2009, the response rate was 100%.

Reference

American Association of Colleges of Pharmacy (AACP). Profile of pharmacy students: Fall 2009. Alexandria, VA: AACP; 2010.

For More Information. Contact the American Association of Colleges of Pharmacy, 1727 King Street, Alexandria, VA 22314; or see the AACP website at: <http://www.aacp.org>.

American Association of Colleges of Podiatric Medicine (AACPM)

AACPM compiles data on colleges of podiatric medicine, including information on the schools and

enrollment. Data are collected annually through written questionnaires. The response rate is 100%.

Reference

American Association of Colleges of Podiatric Medicine. Applicant, matriculant, and graduate statistics. Available from: <http://www.aacpm.org>.

For More Information. Contact the American Association of Colleges of Podiatric Medicine, 15850 Crabbs Branch Way, Suite 320, Rockville, MD 20855; or see the AACPM website at: <http://www.aacpm.org>.

American Dental Association (ADA)

ADA's Division of Educational Measurement conducts annual surveys of predoctoral dental educational institutions. A questionnaire, mailed to all dental schools, collects information on academic programs, admissions, enrollment, attrition, graduates, educational expenses and financial assistance, patient care, advanced dental education, and faculty positions.

Reference

American Dental Association (ADA). 2009–2010 Survey of dental education, vol 1: Academic programs, enrollment, and graduates. Chicago, IL: ADA; 2011. Available from: <http://www.ada.org/1621.aspx>.

For More Information. Contact the American Dental Association, 211 East Chicago Avenue, Chicago, IL 60611; or see the ADA website at: <http://www.ada.org>.

American Hospital Association (AHA) Annual Survey of Hospitals

Data from the AHA's annual survey are based on questionnaires sent to all AHA-registered and nonregistered hospitals in the United States and its associated areas: American Samoa, Guam, the Marshall Islands, Puerto Rico, and the Virgin Islands. U.S. government hospitals located outside the United States are excluded. Overall, the average response rate over the past 5 years has been approximately 83%. For nonreporting hospitals and for the survey questionnaires of reporting hospitals on which some information was missing, estimates are made for all data except those on beds, bassinets, facilities, and services. Data for beds and bassinets of nonreporting hospitals are based on the most recent information available from those hospitals. Data for facilities and services are based only on reporting hospitals.

Estimates of other types of missing data are based on data reported the previous year, if available. When unavailable, estimates are based on data furnished by reporting hospitals similar in size, control, major service provided, length of stay, and geographic and demographic characteristics.

For More Information. Contact the AHA Annual Survey of Hospitals, Health Forum, LLC, an American Hospital Association Company, One North Franklin Street, Chicago, IL 60606; or see the AHA website at: <http://www.aha.org>.

American Medical Association (AMA) Physician Masterfile

A master file of physicians has been maintained by the AMA since 1906. The Physician Masterfile contains data on all physicians in the United States, both members and nonmembers of the AMA, and on those graduates of American medical schools temporarily practicing overseas. The file also includes information on international medical graduates (IMGs) who are graduates of foreign medical schools, who reside in the United States, and who meet U.S. educational standards for primary recognition as physicians.

A file is initiated on each individual upon entry into medical school or, in the case of IMGs, upon entry into the United States. Between 1969 and 1985, a mail questionnaire survey was conducted every 4 years to update the file information on professional activities, self-designated area of specialization, and present employment status. Between 1985 and 2006, approximately one-third to one-fourth of all physicians are surveyed each year. Since then, the AMA has employed a more diversified survey approach in which more than 500,000 active physicians are targeted each year via mail, telephone, and Web-based surveys.

Reference

American Medical Association (AMA), Division of Survey and Data Resources. Physician characteristics and distribution in the U.S., 2011. Chicago, IL: AMA; 2011.

For More Information. Contact the American Medical Association, 515 North State Street, Chicago, IL 60654; or see the AMA website at: <http://www.ama-assn.org>.

American Osteopathic Association (AOA)

AOA was established to promote the public health, to encourage scientific research, and to maintain and improve high standards of medical education in osteopathic colleges. The AOA Department of Educational Affairs sets the standards for and accredits osteopathic medical colleges and hospitals, postdoctoral training, and board certification programs. AOA publishes both professional and public informational materials. Professional publications include information on osteopathic education, accreditation of hospitals and other health care delivery facilities, and physician licensing. Public information materials include introductory materials on osteopathic medicine, brochures on osteopathic physicians and osteopathic medicine, and patient education materials. AOA compiles the number of osteopathic physicians (DOs); the number of active DOs by gender, age, and specialty and by 50 states and the District of Columbia; and the number of osteopathic medical students by selected characteristics.

Reference

American Osteopathic Association (AOA). Osteopathic medical profession report, 2009. Chicago, IL: AOA; 2011. Available from: <http://www.osteopathic.org/inside-aoa/about/who-we-are/Documents/Osteopathic-Medical-Profession-Report-2009.pdf>.

For More Information. Contact the American Osteopathic Association, 142 East Ontario Street, Chicago, IL 60611; or see the AOA website at: <http://www.osteopathic.org>.

Association of American Medical Colleges (AAMC)

AAMC collects information on student enrollment in medical schools through its annual Liaison Committee on Medical Education questionnaire, the fall enrollment questionnaire, and the American Medical College Application Service (AMCAS) data system. Other data sources are the Medical School Profile System, the Pre-MCAT questionnaire, the Minority Student Opportunities in Medicine questionnaire, the Faculty Roster system, data from the Medical College Admission Test, and one-time surveys developed for special projects.

The AAMC Data Warehouse (DW) stores two sections of data relevant to applicants and students: AAMC DW: AMF (Applicant Matriculant file) and AAMC DW:

Student. From these two source files, AAMC derives summary statistics about applicants, accepted applicants, matriculants, enrollees, and graduates. AAMC DW: AMF compiles applicant and matriculant data from AMCAS and other medical school application processes. AAMC DW: Student compiles enrollee and graduate data from the AAMC Student Records System. Applicant, enrollment, and graduate statistical data are arranged by academic year, which begins July 1 and ends June 30.

Reference

Association of American Medical Colleges (AAMC). AAMC data book: Medical schools and teaching hospitals by the numbers, 2011. Washington, DC: AAMC; 2011.

For More Information. Contact the Association of American Medical Colleges, 2450 N Street, NW, Washington, DC 20037; or see the AAMC website at: <http://www.aamc.org>.

Association of Schools and Colleges of Optometry (ASCO)

ASCO compiles data on various aspects of optometric education, including data on schools and enrollment. Schools and colleges complete an annual questionnaire. The response rate is 100%.

Reference

Association of Schools and Colleges of Optometry (ASCO). Annual survey of optometric educational institutions: 2009–2010. Rockville, MD: ASCO; 2011.

For More Information. Contact the Association of Schools and Colleges of Optometry, 6110 Executive Boulevard, Suite 420, Rockville, MD 20852; or see the ASCO website at: <http://www.opted.org>.

Association of Schools of Public Health (ASPH)

ASPH compiles data on schools of public health in the United States and Puerto Rico. Unlike health professional schools that emphasize specific clinical occupations, schools of public health offer study in specialty areas such as biostatistics, epidemiology, environmental health, occupational health, health administration, health planning, nutrition, maternal and child health, social and behavioral sciences, and other population-based sciences. Questionnaires are sent annually to all member schools. The response rate is 100%.

Reference

Association of Schools of Public Health (ASPH). Annual data report, 2010. Washington, DC: ASPH; 2011. Available from: <http://www.asph.org/UserFiles/DataReport2010.pdf>.

For More Information. Contact the Association of Schools of Public Health, 1101 15th Street NW, Suite 910, Washington, DC 20005; or see the ASPH website at: <http://www.asph.org>.

Computed Tomography (CT) and Magnetic Resonance Imaging (MRI) Census

The CT/MRI Census is a biennial telephone survey that queries all hospital and nonhospital sites in the United States performing CT and MRI procedures. The census details the types of procedures being performed, procedure volumes, staffing and productivity, installed equipment, planned equipment purchases, and annual budgets for consumables, including contrast media.

Candidate sites for MRI/CT procedures are identified in the American Hospital Association's *AHA Guide*. U.S. territories are not included.

References

American Hospital Association (AHA). AHA guide, 2010. Chicago, IL: AHA; 2009.

IMV, Medical Information Division. 2007 Computed tomography (CT) and magnetic resonance imaging (MRI) census, benchmark report: Installed base of CT scanners; Installed base of MRI scanners. Des Plaines, IL: IMV Ltd., Medical Information Division; 2008.

For More Information. Contact IMV, 6301 Ivy Lane, Suite 204, Greenbelt, MD 20770; or see the IMV website at: <http://www.imvinfo.com/index.aspx?sec=def>.

Guttmacher Institute Abortion Provider Census

The Guttmacher Institute (previously called the Alan Guttmacher Institute, or AGI) is a not-for-profit organization for reproductive health research, policy analysis, and public education. The Institute's abortion provider surveillance program documents the number of legal induced abortions, monitors unintended pregnancy, and assists in efforts to identify and reduce preventable causes of morbidity

and mortality associated with abortions. Guttmacher has collected or estimated national abortion data since 1973. Fifteen provider surveys have been conducted for selected data years 1973–2009. Guttmacher reports the number of induced abortions and the number, types, and locations of abortion providers by state and region. *Health, United States* presents the total number of abortions reported by Guttmacher for each data year.

The abortion data reported to Guttmacher include women of all ages, including adolescents, who obtain legal induced abortions, and includes both surgical and medication (e.g., using mifepristone, misoprostol, or methotrexate) abortion procedures. Data are collected from three major categories of providers that were identified as potential providers of abortion services: clinics, physicians, and hospitals. For the 2009 data, the distributor of mifepristone also mailed surveys to all facilities and medical professionals that had ever purchased mifepristone (which was approved for use in medical abortion in 2000).

A version of the 2009 survey questionnaire was created for each of the three major categories of providers, modeled on the survey questionnaire used for Guttmacher's data collection in 2004–2005. Questionnaires were mailed to all potential providers, with two additional mailings and telephone follow-up for nonresponse. All surveys asked the number of induced abortions performed at the provider's location. State health statistics agencies were also contacted, requesting all available data reported by providers to each state health agency on the number of abortions performed in the survey year. For states that provided data to The Guttmacher Institute, the health agency figures were used for providers who did not respond to the survey. Estimates of the number of abortions performed by some providers were ascertained from knowledgeable sources in the community. Of the 2,344 potential providers surveyed for 2009 data, 1,525 responded directly or in follow-up; health department data were used for 451 providers; knowledgeable sources were used for 109 providers; and Guttmacher made its own estimates for 230 facilities. The level of internal estimation was higher than in previous years because health department data from New York and California were less complete.

To estimate the number of abortions performed in 2001, 2002, and 2003, the Guttmacher Institute first estimated the change in the number of abortions between 2000 and 2001, beginning with the number of abortions occurring in each state, as reported by CDC, in each of those 2 years (see [Appendix I, Abortion Surveillance System](#)). The three states

without reporting systems were excluded. Guttmacher also eliminated the states with very incomplete or inconsistent reporting [Arizona, Maryland, Nevada, and the District of Columbia (D.C.)] and summed the number of abortions that took place in the 44 remaining states for each year. The percentage change between 2000 and 2001 was then applied to Guttmacher's more complete nationwide count of 1,312,990 abortions in 2000 to arrive at the national estimate for 2001. The same procedure was used to estimate the change in the number of abortions between 2001 and 2002 and between 2002 and 2003, except that the data for both years were collected directly from state health departments because the CDC abortion surveillance report for the latest year was not yet available. The states without reporting systems were not included, and, as before, Guttmacher excluded states with incomplete or inconsistent reporting. Further adjustments were made after the 2004–2005 Guttmacher survey results became available.

The CDC national count of abortions was 15% lower than the Guttmacher survey in 1977 and 1978, 12% lower in 1987, 11% lower in 1991 and 1992, and 12% lower in 1995. Beginning in 1998, CDC reported totals for only 48 states and D.C.; since then, the total number of abortions reported to CDC has been about 34% less than the total estimated by Guttmacher. The three reporting areas that did not report abortions to CDC in 2005 (the largest of which was California) accounted for 18% of all abortions tallied by Guttmacher's 2005 survey. (See [Appendix I, Abortion Surveillance System](#).)

References

Finer LB, Henshaw SK. Abortion incidence and services in the United States in 2000. *Perspect Sex Reprod Health* 2003;35(1):6–15. Available from: <http://www.guttmacher.org/pubs/psrh/full/3500603.pdf>.

Jones RK, Kooistra K. Abortion incidence and access to services in the United States, 2008. *Perspect Sex Reprod Health* 2011;43(1):41–50. Available from: <http://www.guttmacher.org/pubs/journals/4304111.pdf>.

For More Information. Contact The Guttmacher Institute, 125 Maiden Lane, 7th floor, New York, NY 10038; or see The Guttmacher Institute website at: <http://www.guttmacher.org>.

Organisation for Economic Co-operation and Development (OECD) Health Data

For More Information. Contact the OECD Washington Center, 2001 L Street, NW, Suite 650, Washington, DC 20036; or see the OECD website at: <http://www.oecd.org/health>.

OECD provides annual data on statistical indicators for health and health systems collected from 34 member countries, with some time series going back to 1960. The international comparability of health expenditure estimates depends on the quality of national health accounts in OECD member countries. In recent years, an increasing number of countries have adopted the standards for health accounting defined by OECD, greatly increasing the comparability of national health expenditure data reporting. Additional limitations in international comparisons include differing boundaries between health care and other social care, particularly for the disabled and elderly, and underestimation of private expenditures on health.

OECD was established in 1961 with a mandate to promote policies to achieve the highest sustainable economic growth and a rising standard of living among member countries. The organization now comprises 34 member countries: Australia, Austria, Belgium, Canada, Chile, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Japan, Korea, Luxembourg, Mexico, the Netherlands, New Zealand, Norway, Poland, Portugal, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, Turkey, the United Kingdom, and the United States.

As part of its mission, OECD has developed a number of activities related to health and health care systems. The main aim of OECD work on health policy is to conduct cross-national studies of the performance of OECD health systems and to facilitate exchanges between member countries regarding their experiences in financing, delivering, and managing health services. To support this work, each year OECD compiles cross-country data in the OECD Health Data database, one of the most comprehensive sources of comparable health-related statistics. OECD Health Data is an essential tool for conducting comparative analyses and drawing lessons from international comparisons of diverse health care systems. This international database now incorporates the first results arising from implementation of the OECD manual, *A System of Health Accounts*, which provides a standard framework for producing a set of comprehensive, consistent, and internationally comparable data on health spending. OECD collaborates with other international organizations such as the World Health Organization.

Appendix II. Definitions and Methods

This appendix contains an alphabetical listing of terms used in *Health, United States*, and these definitions are specific to the data presented in this report. The methods used for calculating age-adjusted rates, average annual rates of change, relative standard errors, birth rates, death rates, and years of potential life lost are described. Included are standard populations used for age adjustment (Tables I–II); *International Classification of Diseases* (ICD) codes for cause of death from the 6th through 10th revisions of ICD (Table IV) and the years when the revisions were in effect (Table III); comparability ratios between the 9th and 10th revisions (ICD–9 and ICD–10) for selected causes (Table V); imputed family income percentages from the National Health Interview Survey (NHIS) (Table VI); an analysis of the effect of added probe questions for Medicare and Medicaid coverage on health insurance rates in NHIS (Table VII); industry codes from the North American Industry Classification System (NAICS) (Table VIII); and ICD–9–Clinical Modification (CM) codes for external causes of injury, diagnostic, and procedure categories (Tables IX–XII). Standards for presenting federal data on race and ethnicity are described, and sample tabulations of NHIS data comparing the 1977 and 1997 Office of Management and Budget standards for the classification of federal data on race and ethnicity are presented in Tables XIII and XIV.

Acquired immunodeficiency syndrome (AIDS)—Human immunodeficiency virus (HIV) is the pathogen that causes AIDS, and HIV disease is the term that encompasses all the condition's stages—from infection to the deterioration of the immune system and the onset of opportunistic diseases. However, AIDS is still the term most people use to refer to the immune deficiency caused by HIV. An AIDS diagnosis (indicating that the person has reached the late stages of the disease) is given to people with HIV who have CD4⁺ cell (also known as T cells or T4 cells, which are the main target of HIV) counts below 200 cells per cubic millimeter (fewer than 200 cells/ μ L) or less than 14% of total lymphocytes, or who have been diagnosed with at least one of a set of opportunistic diseases. All 50 states and the District of Columbia report AIDS cases to CDC using a uniform surveillance case definition and case report form. The case reporting definitions were expanded in 1985 (see MMWR 1985;34:373–5); 1987 [MMWR 1987;36(SS–01):15–15S]; 1993 for adults and adolescents [MMWR 1992;41(RR–17):1–19]; and 1994 for pediatric cases [MMWR

1994;43(RR–12):1–19]. The revisions incorporated a broader range of AIDS-indicator diseases and conditions and used HIV diagnostic tests to improve the sensitivity and specificity of the definition. The 1993 expansion of the case definition caused a temporary distortion of AIDS incidence trends.

In 2005, CDC collaborated with the Council of State and Territorial Epidemiologists (CSTE) to recommend a change in the AIDS case definition to require laboratory confirmation of HIV infection in addition to a CD4⁺ T-lymphocyte count of fewer than 200 cells/ μ L, a CD4⁺ T-lymphocyte percentage of total lymphocytes of less than 14%, or diagnosis of an AIDS-defining condition. This CDC/CSTE recommendation has been incorporated into the 2008 HIV infection case definition, which includes AIDS (stage 3) (see MMWR 2008;57(RR–10):1–8). In 1996, regimens of proven combinations of medications, known as highly active antiretroviral therapy (HAART), became the standard of care for HIV and AIDS. These therapies have prevented or delayed the onset of AIDS and premature death among many HIV-infected persons, and this should be considered when interpreting trend data. AIDS surveillance data are published annually by CDC in the *HIV/AIDS Surveillance Report*, available from: <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/index.htm>. [Also see Appendix II, **Human immunodeficiency virus (HIV) disease.**]

Active physician—See **Physician**.

Activities of daily living (ADL)—ADLs are activities related to personal care and include bathing or showering, dressing, getting into or out of bed or a chair, using the toilet, and eating. In the National Health Interview Survey, respondents were asked whether they or family members 3 years of age and over need the help of another person with personal care because of a physical, mental, or emotional problem.

In the Medicare Current Beneficiary Survey, if a sample person had any difficulty performing an activity by him or herself and without special equipment, or did not perform the activity at all because of health problems, the person was categorized as having a limitation in that activity. The limitation may have been temporary or chronic at the time of interview. Sampled people who were administered a community interview answered questions about health status and functioning

Table I. United States year 2000 standard population and age groups used to age-adjust data

<i>Data system and age</i>	<i>Population</i>
DVS mortality data	
Total	274,633,642
Under 75 years.	258,059,676
Under 1 year.	3,794,901
1–4 years	15,191,619
5–14 years	39,976,619
15–24 years	38,076,743
25–34 years	37,233,437
35–44 years	44,659,185
45–54 years	37,030,152
55–64 years	23,961,506
65–74 years	18,135,514
75–84 years	12,314,793
85 years and over.	4,259,173
NHIS, NAMCS, NHAMCS, and NHDS	
All ages	274,633,642
18 years and over	203,852,188
25 years and over	177,593,760
40 years and over	118,180,367
65 years and over	34,709,480
Under 18 years	70,781,454
2–17 years	63,227,991
18–44 years	108,151,050
18–24 years.	26,258,428
25–34 years.	37,233,437
35–44 years.	44,659,185
45–64 years	60,991,658
45–54 years.	37,030,152
55–64 years.	23,961,506
65–74 years	18,135,514
75 years and over	16,573,966
18–49 years	127,956,843
40–64 years:	
40–49 years.	42,285,022
50–64 years.	41,185,865
NHES and NHANES	
20 years and over	195,850,985
20–74 years	179,277,019
20–34 years.	55,490,662
35–44 years.	44,659,185
45–54 years.	37,030,152
55–64 years.	23,961,506
65–74 years.	18,135,514
or	
65 years and over.	34,709,480

See footnotes at end of table.

Table I. United States year 2000 standard population and age groups used to age-adjust data—Con.

<i>Data system and age</i>	<i>Population</i>
NHANES (Tables 50 and 69)	
20–44 years	100,149,847
45–64 years	60,991,658
65 years and over	34,709,480
NHANES (Table 99)	
Under 18 years	70,781,454
18–44 years	108,151,050
45–64 years	60,991,658
65 years and over	34,709,480

NOTES: DVS is Division of Vital Statistics. NHIS is National Health Interview Survey. NAMCS is National Ambulatory Medical Care Survey. NHAMCS is National Hospital Ambulatory Medical Care Survey. NHDS is National Hospital Discharge Survey. NHES is National Health Examination Survey. NHANES is National Health and Nutrition Examination Survey.

SOURCE: National Institutes of Health, National Cancer Institute. Surveillance, Epidemiology, and End Results (SEER). Standard populations—single ages. Available from: <http://seer.cancer.gov/stdpopulations>.

themselves, if able to do so. For persons in a long-term care facility, a proxy such as a nurse answered questions about the sample person’s health status and functioning. Starting in 1997, interview questions for people residing in long-term care facilities were changed slightly from those administered to people living in the community, in order to differentiate residents who were independent from those who received supervision or assistance with transferring, locomotion on unit, dressing, eating, toilet use, and bathing. [Also see [Appendix II, Complex activity limitation; Instrumental activities of daily living \(IADL\); Limitation of activity.](#)]

Admission—The American Hospital Association defines admissions as persons, excluding newborns, accepted for inpatient services during the survey reporting period. (Also see [Appendix II, Days of care; Discharge; Inpatient.](#))

Age—Age is reported as age at last birthday (i.e., age in completed years), often calculated by subtracting the date of birth from the reference date, with the reference date being the date of the examination, interview, or other contact with an individual.

Mother’s (maternal) age is reported on the birth certificate by all states. Birth statistics are presented for mothers 10–49 years of age through 1996 and 10–54 years of age starting in 1997, based on mother’s date of birth or age as reported on the birth

certificate. The age of the mother is edited for upper and lower limits. When the age of the mother is computed to be under 10 years or 55 years and over (50 years and over in 1964–1996), it is considered not stated and is imputed according to the age of the mother from the previous birth record of the same race and total birth order (total of fetal deaths and live births). Before 1963, not stated ages were distributed in proportion to the known ages for each racial group. Beginning in 1997, the birth rate for the maternal age group 45–49 years of age has included data for mothers 50–54 years of age in the numerator and has been based on the population of women 45–49 years of age in the denominator. Beginning with 2003 data, age of mother is imputed for stated ages 8 years and under and 65 years and over, for births occurring in states using the 2003 revision of the birth certificate. Starting with 2007 data, age of mother is imputed for all births for stated ages 8 years and under and 65 years and over. As with data for earlier years, age is imputed according to the age of mother from the previous record with the same race and total birth order.

Age adjustment—Age adjustment is used to compare risks for two or more populations at one point in time or for one population at two or more points in time. Age-adjusted rates are computed by the direct method by applying age-specific rates in a population of interest to a standardized age distribution, to eliminate differences in observed rates that result from age differences in population composition. Age-adjusted rates should be viewed as relative indexes rather than actual measures of risk.

Age-adjusted rates are calculated by the direct method, as follows:

$$\sum_{i=1}^n r_i \times (p_i / P)$$

where r_i = rate in age group i in the population of interest

p_i = standard population in age group i

$$P = \sum_{i=1}^n p_i$$

n = total number of age groups over the age range of the age-adjusted rate.

Age adjustment by the direct method requires the use of a standard age distribution. The standard for age-adjusting death rates and estimates from surveys in *Health, United States* is the projected year 2000 U.S. resident population. Starting with *Health, United States, 2000*, the year 2000 U.S. standard

population replaced the 1970 civilian noninstitutionalized population for age-adjusting estimates from most NCHS surveys; and starting with *Health, United States, 2001*, it was used uniformly and replaced the 1940 U.S. population for age-adjusting mortality statistics and the 1980 U.S. resident population, which previously had been used for age-adjusting estimates from the National Health and Nutrition Examination Survey.

Changing the standard population has implications for racial and ethnic differentials in mortality. For example, the mortality ratio for the black to white populations is reduced from 1.6 using the 1940 standard to 1.4 using the 2000 standard, reflecting the greater weight the 2000 standard gives to the older population, in which race differentials in mortality are smaller.

Age-adjusted estimates from any data source presented in *Health, United States* may differ from age-adjusted estimates based on the same data presented in other reports if different age groups are used in the adjustment procedure.

For more information on implementing the 2000 population standard for age-adjusting death rates, see: Anderson RN, Rosenberg HM. Age standardization of death rates: Implementation of the year 2000 standard. National vital statistics reports; vol 47 no 3. Hyattsville, MD: NCHS; 1998. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr47/nvs47_03.pdf. For more information on the derivation of age-adjustment weights for use with NCHS survey data, see: Klein RJ, Schoenborn CA. Age adjustment using the 2000 projected U.S. population. Healthy People 2010 statistical notes, no 20. Hyattsville, MD: NCHS; 2001. Available from: <http://www.cdc.gov/nchs/data/statnt/statnt20.pdf>. The year 2000 U.S. standard population is available from the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) Program: <http://seer.cancer.gov/stdpopulations/stdpop.singleages.html>.

Mortality data—Death rates are age-adjusted to the year 2000 U.S. standard population (Table I). Prior to 2003 data, age-adjusted rates were calculated using standard million proportions based on rounded population numbers (Table II). Starting with 2003 data, unrounded population numbers are used to age-adjust. Adjustment is based on 11 age groups, with two exceptions. First, age-adjusted death rates for black males and black females in 1950 are based on nine age groups, with under 1 year and 1–4 years of age combined as one group and 75–84 years and 85 years of age and over combined as one group. Second, age-adjusted death rates by

Table II. United States year 2000 standard population and proportion distribution by age, for age-adjusting death rates prior to 2003

Age	Population	Proportion distribution (weight)	Standard million
Total	274,634,000	1.000000	1,000,000
Under 1 year	3,795,000	0.013818	13,818
1–4 years	15,192,000	0.055317	55,317
5–14 years	39,977,000	0.145565	145,565
15–24 years.	38,077,000	0.138646	138,646
25–34 years.	37,233,000	0.135573	135,573
35–44 years.	44,659,000	0.162613	162,613
45–54 years.	37,030,000	0.134834	134,834
55–64 years.	23,961,000	0.087247	87,247
65–74 years.	18,136,000	0.066037	66,037
75–84 years.	12,315,000	*0.044842	44,842
85 years and over.	4,259,000	0.015508	15,508

* Figure is rounded up instead of down to force total to 1.0.

SOURCE: CDC/NCHS. Anderson RN, Rosenberg HM. Age standardization of death rates: Implementation of the year 2000 standard. National vital statistics reports; vol 47 no 3. Hyattsville, MD: NCHS; 1998. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr47/nvs47_03.pdf.

educational attainment for the age group 25–64 years are based on four 10-year age groups (25–34 years, 35–44 years, 45–54 years, and 55–64 years).

Age-adjusted rates for years of potential life lost before 75 years of age also use the year 2000 standard population and are based on eight age groups: under 1 year, 1–14 years, 15–24 years, and 10-year age groups through 65–74 years.

National Health and Nutrition Examination Survey (NHANES)—Estimates based on the National Health Examination Survey and NHANES are generally age-adjusted to the year 2000 U.S. standard population by using five age groups: 20–34 years, 35–44 years, 45–54 years, 55–64 years, and 65–74 years or 65 years and over (Table I). Prior to *Health, United States, 2001*, these estimates were age-adjusted to the 1980 U.S. resident population.

National Health Care Surveys—Estimates based on the National Hospital Discharge Survey, the National Ambulatory Medical Care Survey, and the National Hospital Ambulatory Medical Care Survey are age-adjusted to the year 2000 U.S. standard population (Table I). Information on the age groups used in the age-adjustment procedure is contained in the footnotes to the specific tables.

National Health Interview Survey (NHIS)—Estimates based on NHIS are age-adjusted to the year 2000 U.S. standard population (Table I).

Prior to *Health, United States, 2000*, NHIS estimates were age-adjusted to the 1970 civilian noninstitutionalized population. Information on the age groups used in the age-adjustment procedure is contained in the footnotes to the specific tables.

AIDS—See [Acquired immunodeficiency syndrome \(AIDS\)](#).

Alcohol consumption—Alcohol consumption is measured differently in the following data systems. (Also see [Appendix II, Binge drinking](#).)

Monitoring the Future (MTF) Study—This school-based survey of secondary school students collects information on alcohol use by using self-completed questionnaires. To determine whether they have tried alcohol in their lifetime, students are asked a preliminary alcohol consumption (defined as beer, wine, liquor, and any other beverage that contains alcohol) screening question: “Have you ever had any alcoholic beverage to drink—more than just a few sips?” Students who reply in the affirmative are then asked additional questions about their alcohol consumption over different time frames: “On how many occasions (if any) have you had alcohol to drink—more than just a few sips... in your lifetime, ...in the last 12 months, ...in the last 30 days?” A subsequent question asks, “Think back over the last two weeks. How many times have you had five or more drinks in a row?” A drink is defined as a

bottle of beer, a glass of wine, a shot glass of liquor, a mixed drink, etc.

National Health Interview Survey (NHIS)—Starting with the 1997 NHIS, information on alcohol consumption has been collected in the Sample Adult questionnaire. Adult respondents are asked two screening questions about their lifetime alcohol consumption: “In any 1 year, have you had at least 12 drinks of any type of alcoholic beverage?” and “In your entire life, have you had at least 12 drinks of any type of alcoholic beverage?” Persons who report at least 12 drinks in a lifetime are then asked several questions about alcohol consumption in the past year: “In the past year, how often did you drink any type of alcoholic beverage?” and “In the past year, on those days that you drank alcoholic beverages, on the average, how many drinks did you have?” Adults who had at least one drink in the past year were also asked, “In the past year, on how many days did you have five or more drinks of any alcoholic beverage?”

Levels of alcohol consumption are defined as follows: light drinkers, 3 drinks or fewer per week; moderate drinkers, more than 3 and up to 14 drinks per week for men and more than 3 and up to 7 drinks per week for women; heavier drinkers, more than 14 drinks per week for men and more than 7 drinks per week for women, on average.

National Survey on Drug Use & Health (NSDUH)—Starting in 1999, NSDUH information about the frequency of the consumption of alcoholic beverages in the past 30 days has been obtained for all persons surveyed who are 12 years of age and over. An extensive list of examples of the kinds of beverages covered is given to respondents prior to question administration. A drink is defined as a can or bottle of beer, a glass of wine or a wine cooler, a shot of liquor, or a mixed drink with liquor in it. Those times when the respondent had only a sip or two from a drink are not considered consumption. Alcohol use is based on the following questions: “During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?”, “On the days that you drank during the past 30 days, how many drinks did you usually have?”, and “During the past 30 days, on how many days did you have five or more drinks on the same occasion?”

Any-listed diagnosis—See [Diagnosis](#).

Average annual rate of change (percent change)—In *Health, United States*, average annual rates of change, or growth rates, are calculated as follows:

$$[(P_n / P_o)^{1/N} - 1] \times 100$$

where P_n = later time period

P_o = earlier time period

N = number of years in interval.

This geometric rate of change assumes that a variable increases or decreases at the same rate during each year between the two time periods.

Average length of stay—In the National Hospital Discharge Survey, average length of stay is computed by dividing the total number of hospital days of care (counting the date of admission but not the date of discharge) by the number of patients discharged. The American Hospital Association computes average length of stay by dividing the number of inpatient days by the number of admissions. (Also see [Appendix II, Days of care; Discharge; Inpatient](#).)

Basic actions difficulty—Basic actions difficulty captures limitations or difficulties in movement, emotional, sensory, or cognitive functioning associated with a health problem. Persons with more than one of these difficulties are counted only once in the estimates. The full range of functional areas cannot be assessed on the basis of National Health Interview Survey (NHIS) questions; however, the available questions can identify difficulty in the following core areas of functioning:

- Movement (walking, standing, sitting, bending or kneeling, reaching overhead, grasping objects with fingers, and lifting).
- Selected elements of emotional functioning, in particular, feelings that interfere with accomplishing daily activities. Respondents were classified based on responses to a series of questions that measure psychological distress.
- Sensory functioning, based on difficulties seeing or hearing.
- Selected elements in cognitive functioning, specifically difficulties with remembering or experiencing confusion.

For many measures of disability, only disabilities resulting from an underlying condition that is chronic (based on nature and duration) are

considered. However, whether the underlying conditions related to the core areas of basic actions difficulty were chronic was not a requirement in classifying persons. For more information on how this measure was constructed using NHIS data, including the specific questions asked, see: Altman B, Bernstein A. Disability and health in the United States, 2001–2005. Hyattsville, MD: NCHS; 2008. Available from: <http://www.cdc.gov/nchs/data/misc/disability2001-2005.pdf>.

(Also see [Appendix II, Complex activity limitation; Hearing trouble.](#))

Bed, health facility—The American Hospital Association defines bed count as the number of beds, cribs, and pediatric bassinets that are set up and staffed for use by inpatients on the last day of the reporting period. In the Center for Medicare & Medicaid Service’s Online Survey Certification and Reporting (OSCAR) database, all beds in certified facilities are counted on the day of certification inspection. The Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration counts the number of beds set up and staffed for use in inpatient and residential treatment services on the last day of the survey reporting period. (Also see [Appendix II, Hospital; Mental health organization; Mental health service type; Occupancy rate.](#))

Binge drinking—Binge drinking is measured in the following data systems. (Also see [Appendix II, Alcohol consumption.](#))

Monitoring the Future (MTF) Study—This school-based survey of secondary school students collects information on alcohol use by using self-completed questionnaires. To determine whether they have tried alcohol, students are asked a preliminary screening question: “Have you ever had any alcoholic beverage to drink—more than just a few sips?” Students who reply in the affirmative are then asked additional questions about their alcohol consumption, including one on binge drinking: “Think back over the last two weeks. How many times have you had five or more drinks in a row?” A drink is defined as a bottle of beer, a glass of wine, a shot glass of liquor, a mixed drink, etc. Information on binge drinking is obtained for high school seniors (starting in 1975) and for 8th and 10th graders (starting in 1991).

National Survey on Drug Use & Health (NSDUH)—In NSDUH, binge alcohol use is defined as “Five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) at least once in the past 30 days.” Heavy alcohol use is defined as “Five or more drinks on the same occasion (binge drinking) on at least 5 different days in the past 30 days.” (Also see [Appendix II, Alcohol consumption.](#))

Birth cohort—A birth cohort consists of all persons born within a given period of time, such as a calendar year.

Birth rate—See [Rate: Birth and related rates.](#)

Birthweight—Birthweight is the first weight of the newborn obtained after birth. Low birthweight is defined as weighing less than 2,500 grams (5 lb 8 oz). Very low birthweight is defined as weighing less than 1,500 grams (3 lb 4 oz). Before 1979, low birthweight was defined as weighing 2,500 grams or less and very low birthweight as 1,500 grams or less.

Blood pressure, high—In *Health, United States*, a person is considered to have hypertension if they have measured high blood pressure (i.e., average measured systolic blood pressure of at least 140 mm Hg or diastolic pressure of at least 90 mm Hg) and/or if they report that they are taking a prescription medicine for high blood pressure (respondents were asked, “Are you now taking prescribed medicine for your high blood pressure?”), even if their blood pressure readings are within the normal range. Uncontrolled high blood pressure is defined as having an average measured systolic blood pressure of at least 140 mm Hg or diastolic pressure of at least 90 mm Hg, among those with hypertension. Those with uncontrolled high blood pressure also may be taking prescribed medicine for high blood pressure. These blood pressure standards are consistent with the following: National Heart, Lung, and Blood Institute. Seventh report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure. NIH pub no 04–5230. Bethesda, MD: National Institutes of Health; 2004. Available from: <http://www.nhlbi.nih.gov/guidelines/hypertension/jnc7full.pdf>.

Blood pressure data presented in *Health, United States* are from the National Health and Nutrition Examination Survey (NHANES). Blood pressure is measured by averaging up to three blood

pressure readings taken for an NHANES participant. Blood pressure readings of 0 mm Hg are assumed to be in error and are not included in the estimates. The methods used to measure the blood pressure of participants have changed over the different NHANES survey years. Changes include the following:

- Number of blood pressure measurements taken (increased from 1 to 4).
- Equipment maintenance procedures.
- Training of persons taking readings (physician, nurse, interviewer).
- Proportion zero end digits for systolic and diastolic readings.
- Published diastolic definition.
- Location where the measurements were taken [mobile examination center (MEC) or home].

In 1999 and subsequent years, blood pressure has been measured in the NHANES MEC by one of the MEC physicians. For people 8 years of age and over, three consecutive blood pressure readings are obtained using the same arm. If a blood pressure measurement was interrupted or the measurer was unable to get one or more of the readings, a fourth attempt may be made. Both systolic and diastolic measurements are recorded to the nearest even number.

In NHANES III, three sets of blood pressure measurements were taken in the MEC for examinees 5 years of age and over. Blood pressure measurements were also taken by trained interviewers during the household interview, on sample persons 17 years of age and over. Systolic and diastolic average blood pressures were computed as the arithmetic mean of six or fewer measurements obtained at the household interview (maximum of three) and the MEC examination (maximum of three). If the examinee did not have blood pressure measurements taken in the MEC, this variable was calculated from measurements taken at the household interview. Both systolic and diastolic measurements were recorded to the nearest even number.

For more information on changes in blood pressure measurement in NHANES up to 1991, see: Burt VL, Cutler JA, Higgins M, Horan MJ, Labarthe D, Whelton P, et al. Trends in the prevalence, awareness, treatment, and control of hypertension in the adult US population: Data from the health examination surveys, 1960 to 1991. *Hypertension* 1995;26(1):60–9.

Body mass index (BMI)—BMI is a measure that adjusts body weight for height. It is calculated as weight in kilograms divided by height in meters squared. Healthy weight for adults is defined as a BMI of 18.5 to less than 25; overweight (including obese) is greater than or equal to 25; and obesity is greater than or equal to 30. Within the obesity category, Grade 1 obesity is defined as a BMI of 30.0 to less than 35.0; Grade 2 is 35.0 to less than 40.0; and Grade 3 is 40.0 or greater. Prior to assigning a person to a BMI category, BMI is rounded to one decimal place. BMI cut points are defined in the following: U.S. Department of Agriculture and U.S. Department of Health and Human Services. *Dietary guidelines for Americans, 2010, 7th ed.* Washington, DC: U.S. Government Printing Office, 2010. Available from: <http://www.cnpp.usda.gov/DGAs2010-PolicyDocument.htm>; National Heart, Lung, and Blood Institute. *Clinical guidelines on the identification, evaluation, and treatment of overweight and obesity in adults: The evidence report.* NIH pub no 98–4083. Bethesda, MD: National Institutes of Health, 1998. Available from: http://www.nhlbi.nih.gov/guidelines/obesity/ob_gdlns.htm; and U.S. Department of Health and Human Services. *Healthy people 2020: Nutrition, physical activity, and obesity.* 2012. Available from: <http://www.healthypeople.gov/2020/LHI/nutrition.aspx>.

Obesity for children and adolescents is defined as a BMI at or above the sex- and age-specific 95th percentile BMI cut points from the 2000 CDC Growth Charts (<http://www.cdc.gov/growthcharts/>). Starting with *Health United States, 2010*, the terminology describing excess weight among children changed from previous editions. The term obesity now refers to children who were formerly labeled as overweight. This is a change in terminology only and not a change in measurement. For more information, see: Ogden CL, Flegal KM. Changes in terminology for childhood overweight and obesity. *National health statistics report*; no 25. Hyattsville, MD: NCHS; 2010. Available from: <http://www.cdc.gov/nchs/data/nhsr/nhsr025.pdf>.

Cause of death—For the purpose of national mortality statistics, every death is attributed to one underlying condition, based on information reported on the death certificate and using the international rules for selecting the underlying cause of death from the conditions stated on the certificate. The underlying cause is defined by the World Health Organization (WHO) as “the

disease or injury that initiated the train of events leading directly to death, or the circumstances of the accident or violence that produced the fatal injury.” Generally, more medical information is reported on death certificates than is directly reflected in the underlying cause of death. Conditions that are not selected as underlying cause of death constitute the nonunderlying causes of death, also known as multiple cause of death.

Cause of death is coded according to the appropriate revision of the *International Classification of Diseases (ICD)* (see [Table III](#)). Effective with deaths occurring in 1999, the United States began using the 10th revision of the ICD (ICD–10); during the period 1979–1998, causes of death were coded and classified according to the 9th revision (ICD–9). [Table IV](#) lists ICD codes for the 6th through 10th revisions for causes of death shown in *Health, United States*.

Each ICD revision has produced discontinuities in cause-of-death trends. These discontinuities are measured by using comparability ratios that are essential to the interpretation of mortality trends. For further discussion, see: http://www.cdc.gov/nchs/nvss/mortality/comparability_icd.htm.

[Also see [Appendix II, Comparability ratio; International Classification of Diseases \(ICD\)](#); and [Appendix I, National Vital Statistics System \(NVSS\); Multiple Cause-of-Death File](#).]

Cause-of-death ranking—Selected causes of death of public health and medical importance are compiled into tabulation lists and are ranked according to the number of deaths assigned to these causes. The top-ranking causes determine the leading causes of death. Certain causes on the tabulation lists are not ranked if, for example, the category title represents a group title (such as “Major cardiovascular diseases” and “Symptoms, signs, and abnormal clinical and laboratory findings, not elsewhere classified”) or the category title begins with the words “Other” or “All other.” In addition, when one of the titles that represents a subtotal (such as “Malignant neoplasms”) is ranked, its component parts are not ranked. The tabulation lists used for ranking in the 10th revision of the *International Classification of Diseases (ICD–10)* include the List of 113 Selected Causes of Death, which replaces the ICD–9 List of 72 Selected Causes, HIV Infection and Alzheimer’s Disease; and the ICD–10 List of 130 Selected Causes of Infant Death, which replaces the ICD–9 List of 60

Table III. Revision of the *International Classification of Diseases (ICD)*, by year of conference by which adopted and years in use in the United States

ICD revision	Year of conference by which adopted	Years in use in United States
1st	1900	1900–1909
2nd	1909	1910–1920
3rd	1920	1921–1929
4th	1929	1930–1938
5th	1938	1939–1948
6th	1948	1949–1957
7th	1955	1958–1967
8th	1965	1968–1978
9th	1975	1979–1998
10th	1990	1999–present

SOURCE: CDC/NCHS. Available from: <http://www.cdc.gov/nchs/icd.htm>.

Selected Causes of Infant Death and HIV Infection. Causes that are tied receive the same rank; the next cause is assigned the rank it would have received had the lower-ranked causes not been tied, that is, a rank is skipped. For more information, see: Miniño AM, Murphy SL, Xu J, Kochanek KD. Deaths: Final data for 2008. National vital statistics reports; vol 59 no 10. Hyattsville, MD: NCHS; 2010. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_10.pdf. [Also see [Appendix II, International Classification of Diseases \(ICD\)](#).]

Children’s Health Insurance Program (CHIP)—Title XXI of the Social Security Act, often referred to as the Children’s Health Insurance Program (CHIP), is a program originally enacted by the Balanced Budget Act of 1997. The Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA, P.L. 111–3) reauthorized CHIP and appropriated funding for CHIP through FY 2013. The Patient Protection and Affordable Care Act of 2010 (ACA, P.L. 111–148) extends CHIP funding through FY 2015. CHIP provides federal funds for states to provide health care coverage to eligible low-income, uninsured children who do not qualify for Medicaid. CHIP gives states broad flexibility in program design within a federal framework that includes important beneficiary protections. Funds from CHIP may be used for a separate child health program or to expand Medicaid. Although CHIP is not part of Medicaid, in some instances in *Health, United States*, data on CHIP and Medicaid are presented together. For more information, see:

Table IV. Cause-of-death codes, by applicable revision of the *International Classification of Diseases (ICD)*

<i>Cause of death (10th Revision titles)</i>	<i>6th and 7th Revisions</i>	<i>8th Revision</i>	<i>9th Revision</i>	<i>10th Revision</i>
Communicable diseases . . . . .	...	...	001–139, 460–466, 480–487, 771.3	A00–B99, J00–J22
Chronic and noncommunicable diseases . . . . .	...	...	140–459, 470–478, 490–799	C00–I99, J30–R99
Meningococcal infection . . . . .	...	...	036	A39
Septicemia . . . . .	...	...	038	A40–A41
Human immunodeficiency virus (HIV) disease ¹ . . . . .	...	...	*042–*044	B20–B24
Malignant neoplasms	140–205	140–209	140–208	C00–C97
Colon, rectum, and anus	153–154	153–154	153, 154	C18–C21
Trachea, bronchus, and lung	162–163	162	162	C33–C34
Breast	170	174	174–175	C50
Prostate	177	185	185	C61
In situ neoplasms and benign neoplasms . . . . .	...	...	210–239	D00–D48
Diabetes mellitus	260	250	250	E10–E14
Anemias . . . . .	...	...	280–285	D50–D64
Meningitis . . . . .	...	...	320–322	G00, G03
Alzheimer's disease . . . . .	...	...	331.0	G30
		390–398,		
Diseases of heart	400–402, 410–443	402, 404, 410–429	390–398, 402, 404, 410–429	I00–I09, I11, I13, I20–I51
Ischemic heart disease . . . . .	...	...	410–414, 429.2	I20–I25
Essential hypertension and hypertensive renal disease . . . . .	...	...	...	I10, I12, I15
Cerebrovascular diseases	330–334	430–438	430–434, 436–438	I60–I69
Atherosclerosis . . . . .	...	...	440	I70
Influenza and pneumonia ²	480–483, 490–493	470–474, 480–486	480–487	J09–J18
Chronic lower respiratory diseases	241, 501, 502, 527.1	490–493, 519.3	490–494, 496	J40–J47
Chronic liver disease and cirrhosis	581	571	571	K70, K73–K74
Nephritis, nephrotic syndrome, and nephrosis . . . . .	...	...	580–589	N00–N07, N17–N19, N25–N27
Pregnancy, childbirth, and the puerperium	640–689	630–678	630–676	O00–O99
Congenital malformations, deformations, and chromosomal abnormalities . . . . .	...	...	740–759	Q00–Q99
Certain conditions originating in the perinatal period . . . . .	...	...	760–779	P00–P96
Newborn affected by maternal complications of pregnancy . . . . .	...	...	761	P01
Newborn affected by complications of placenta, cord, and membranes . . . . .	...	...	762	P02
Disorders related to short gestation and low birthweight, not elsewhere classified . . . . .	...	...	765	P07
Birth trauma . . . . .	...	...	767	P10–P15
Intrauterine hypoxia and birth asphyxia . . . . .	...	...	768	P20–P21
Respiratory distress of newborn . . . . .	...	...	769	P22
Sudden infant death syndrome . . . . .	...	...	798.0	R95

See footnotes at end of table.

Table IV. Cause-of-death codes, by applicable revision of the *International Classification of Diseases (ICD)*—Con.

<i>Cause of death (10th Revision titles)</i>	<i>6th and 7th Revisions</i>	<i>8th Revision</i>	<i>9th Revision</i>	<i>10th Revision</i>
Occupational diseases:				
Angiosarcoma of liver . . . . .	...	...	...	C22.3
Malignant mesothelioma . . . . .	...	...	158.8, 158.9, 163	C45
Pneumoconiosis . . . . .	...	...	500–505	J60–J66
Coal workers' pneumoconiosis . . . . .	...	...	500	J60
Asbestosis . . . . .	...	...	501	J61
Silicosis . . . . .	...	...	502	J62
Other (including unspecified) . . . . .	...	...	503–505	J63–J66
Injuries ² . . . . .	...	...	E800–E869, E880–E929, E950–E999	*U01–*U03, V01–Y36, Y85–Y87, Y89
Unintentional injuries ³	E800–E936, E960–E965	E800–E929, E940–E946	E800–E869, E880–E929	V01–X59, Y85–Y86
Motor vehicle-related injuries ³	E810–E835	E810–E823	E810–E825	V02–V04, V09.0, V09.2, V12–V14, V19.0–V19.2, V19.4–V19.6, V20–V79, V80.3–V80.5, V81.0– V81.1, V82.0–V82.1, V83–V86, V87.0–V87.8, V88.0–V88.8, V89.0, V89.2
Poisoning	E870–E888, E890–E895	E850–E877	E850–E869	X40–X49
Suicide ²	E963, E970– E979	E950–E959	E950–E959	*U03, X60–X84, Y87.0
Homicide ²	E964, E980– E983	E960–E969	E960–E969	*U01–*U02, X85–Y09, Y87.1
Firearm-related injury . . . . .	...	E922, E955, E965, E970, E985	E922, E955.0– E955.4, E965.0–E965.4, E970, E985.0– E985.4	*U01.4, W32–W34, X72–X74, X93–X95, Y22–Y24, Y35.0
Injury by drug poisoning . . . . .	...	...	...	X40–X44, X60–X64, X85, Y10–Y14
Opioid analgesics . . . . .	...	...	...	X40–X44, X60–X64, X85, Y10–Y14 (underlying cause) and T40.2–T40.4 (multiple cause)

... Cause-of-death codes are not provided for causes not shown in *Health, United States*.

¹Categories for coding human immunodeficiency virus (HIV) infection were introduced in 1987. The asterisk (*) indicates codes that are not part of ICD–9.

²Starting with 2001 data, NCHS introduced categories *U01–*U03 for classifying and coding deaths due to acts of terrorism. The asterisk (*) indicates codes that are not part of ICD–10. Starting with 2007 data, NCHS introduced the category J09 for coding avian influenza virus.

³In the public health community, the term unintentional injuries is preferred to accidents, and the term motor vehicle-related injuries is preferred to motor vehicle accidents.

SOURCE: CDC/NCHS. Advance report: Final mortality statistics, 1974. Monthly vital statistics report; vol 24 no 11 suppl. Hyattsville, MD: NCHS; 1976. Available from: http://www.cdc.gov/nchs/data/mvsr/supp/mv24_11sacc.pdf.

Hoyert DL, Kochanek KD, Murphy SL. Deaths: Final data for 1997. National vital statistics reports; vol 47 no 19. Hyattsville, MD: NCHS; 1999. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr47/nvs47_19.pdf.

Hoyert DL, Heron MP, Murphy SL, Kung H-C. Deaths: Final data for 2003. National vital statistics reports; vol 54 no 13. Hyattsville, MD: NCHS; 2006. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr54/nvsr54_13.pdf.

Miniño AM, Murphy SL, Xu JQ, Kochanek KD. Deaths: Final data for 2008. National vital statistics reports; vol 59 no 10. Hyattsville, MD: NCHS; 2011. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_10.pdf.

Kochanek KD, Xu JQ, Murphy SL, Miniño AN, Kung HC. Deaths: Final data for 2009. National vital statistics reports; vol 60 no 3. Hyattsville, MD: NCHS; 2012. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr60/nvsr60_3.pdf.

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Childrens-Health-Insurance-Program-CHIP/CHIPRA.html>. (Also see [Appendix II, Health insurance coverage; Medicaid](#).)

Cholesterol—Serum total cholesterol is a combination of high-density lipoproteins (HDLs), low-density lipoproteins (LDLs), and very-low-density lipoproteins (VLDLs). High serum total cholesterol is a risk factor for cardiovascular disease. According to the National Cholesterol Education Program, high serum total cholesterol is defined as being greater than or equal to 240 mg/dL (6.20 mmol/L). Borderline high serum total cholesterol is defined as greater than or equal to 200 mg/dL and less than 240 mg/dL. Assessments of the components of total cholesterol, or lower thresholds for high total cholesterol, may be used for individuals with other risk factors for cardiovascular disease. For more information on high cholesterol guidelines, see: National Cholesterol Education Program (NCEP). Third report of the NCEP Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III): Final report. NIH pub no 02–5215. Bethesda, MD: National Institutes of Health, National Heart, Lung, and Blood Institute; 2002. Available from: <http://www.nhlbi.nih.gov/guidelines/cholesterol/atp3full.pdf>.

In *Health, United States*, three measures of total cholesterol are presented: high total cholesterol, high serum total cholesterol, and mean serum total cholesterol level. High cholesterol is based on both laboratory testing and self-reported medication use. It is defined as measured serum total cholesterol greater than or equal to 240 mg/dL or reporting taking cholesterol-lowering medications. Respondents answering “yes” to the question, “Are you now following this advice [from a doctor of health professional] to take prescribed medicine [to lower your cholesterol]?” were classified as taking cholesterol-lowering medications. High serum total cholesterol is defined as measured serum total cholesterol greater than or equal to 240 mg/dL (6.20 mmol/L). Mean serum total cholesterol level is based on serum samples collected during the National Health and Nutrition Examination Survey (NHANES) examination.

Venous blood serum samples collected from NHANES participants at mobile examination centers were frozen and shipped on dry ice to the laboratory conducting the lipid analyses. Serum total cholesterol was measured on all

examined adults regardless of whether they had fasted, and data were analyzed regardless of fasting status. Cholesterol measurements are standardized according to the criteria of the CDC—and later the CDC–National Heart, Lung, and Blood Institute Cholesterol Standardization Program—to ensure comparable and accurate measurements. For more information, see: Myers GL, Cooper GR, Winn CL, Smith SJ. The Centers for Disease Control–National Heart, Lung, and Blood Institute Lipid Standardization Program: An approach to accurate and precise lipid measurements. *Clin Lab Med* 1989;9(1):105–35. A detailed summary of the procedures used for measurement of total cholesterol in the earlier NHANES survey years has been published in: Johnson CL, Rifkind BM, Sempos CT, Carroll MD, Bachorik PS, Briefel RR, et al. Declining serum total cholesterol levels among U.S. adults: The National Health and Nutrition Examination Surveys. *JAMA* 1993;269(23):3002–8. A description of the laboratory procedures for the total cholesterol measurement for different NHANES survey years is published by NCHS. Available from: <http://www.cdc.gov/nchs/nhanes.htm>.

Cigarette smoking—Cigarette smoking and related tobacco use are measured in the following data systems.

Birth file—With the 1989 revision of the U.S. Standard Certificate of Live Birth, information on cigarette smoking by the mother during pregnancy became available for the first time. Data from the 1989 revision are based on “yes/no” responses to the birth certificate item: “Other risk factors for this pregnancy: Tobacco use during pregnancy” and the average number of cigarettes per day with no specificity on timing during pregnancy. In 1989, 43 states and the District of Columbia (D.C.) collected data on tobacco use. The following states did not require the reporting of tobacco use in the standard format on the birth certificate: California, Indiana, Louisiana, Nebraska, New York, Oklahoma, and South Dakota. In 1990, information on tobacco use became available from Louisiana and Nebraska, increasing the number of reporting states to 45 and D.C. In 1991–1993, with the addition of Oklahoma to the reporting area, information on tobacco use was available for 46 states and D.C.; in 1994–1998, 46 states, D.C., and New York City reported tobacco use. In 1999, information on tobacco use became available from

Indiana and New York, increasing the number of reporting states to 48 and D.C.; starting in 2000, with the addition of South Dakota, the reporting area included 49 states and D.C. During 1989–2006, California did not require the reporting of tobacco use. The area reporting tobacco use encompassed 87% of U.S. births in 1999–2002.

Beginning in 2003, some states implemented the 2003 revision of the U.S. Standard Certificate of Live Birth, which asked for the number of cigarettes smoked at different intervals before and during pregnancy. Data on mother's tobacco use during pregnancy from the 2003 revision of the birth certificate are not comparable with data from the 1989 revision. Therefore, 2007 and 2008 data on cigarette smoking are shown only for the 21 reporting areas that used the 2003 revision in 2007 and 2008, in order to provide 2 years of comparable data. The 21 states that used the 2003 revision of the U.S. Standard Certificate of Live Birth for data on smoking in 2007 and 2008 were California, Colorado, Delaware, Idaho, Indiana, Iowa, Kansas, Kentucky, Nebraska, New Hampshire, New York state (excluding New York City), North Dakota, Ohio, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Vermont, Washington state, and Wyoming. In *Health, United States*, data were not shown for the five states that implemented the 2003 revision sometime during 2008 and therefore do not have consistent smoking data for 2007–2008 (Georgia, Michigan, Montana, New Mexico, Oregon). Florida collected smoking data, but these data are not comparable and therefore are not presented.

Monitoring the Future (MTF) Study—Information on current cigarette smoking was obtained for high school seniors (starting in 1975) and for 8th and 10th graders (starting in 1991), based on the following question: “How frequently have you smoked cigarettes during the past 30 days?”

National Health Interview Survey (NHIS)—Information about cigarette smoking is obtained for adults 18 years of age and over. Starting in 1993, current smokers are identified by asking the following two questions: “Have you smoked at least 100 cigarettes in your entire life?” and “Do you now smoke cigarettes every day, some days, or not at all?” Persons who smoked 100

cigarettes and who now smoke every day or some days were defined as current smokers. Before 1992, current smokers were identified based on positive responses to the following two questions: “Have you smoked 100 cigarettes in your entire life?” and “Do you smoke now?” (traditional definition). In 1992, the definition of current smoker in NHIS was modified to specifically include persons who smoked on some days (revised definition). In 1992, cigarette smoking data were collected for a half-sample with half the respondents (one-quarter sample) using the traditional smoking questions and the other half of respondents (one-quarter sample) using the revised smoking question (“Do you smoke every day, some days, or not at all?”). An unpublished analysis of the 1992 traditional smoking measure revealed that the crude percentage of current smokers 18 years of age and over remained the same as for 1991. The estimates for 1992 shown in *Health, United States* combine data collected using both the traditional and revised questions.

In 1993–1995, estimates of cigarette smoking prevalence were based on a half-sample. Smoking data were not collected in 1996. Starting in 1997, smoking data were collected in the Sample Adult questionnaire. For more information on survey methodology and sample sizes pertaining to NHIS cigarette smoking data, see the NHIS tobacco information website at: <http://www.cdc.gov/nchs/nhis/tobacco.htm>.

National Survey on Drug Use & Health (NSDUH)—Information on current cigarette smoking is obtained for all persons surveyed who were 12 years of age and over, based on the following question: “During the past 30 days, have you smoked part or all of a cigarette?”

Civilian noninstitutionalized population; Civilian population—See [Population](#).

Colorectal tests or procedures—Colorectal tests or procedures are used to detect polyps, abnormal cell growth, lesions, and other gastrointestinal conditions, including colon cancer. In the National Health Interview Survey (NHIS), questions about colorectal tests or procedures were asked on an intermittent schedule.

In 2000, 2003, 2005, and 2008, respondents 40 years of age and over were asked, “Have you

ever had a sigmoidoscopy, colonoscopy, or proctoscopy?" In 2010, the questionnaire was redesigned and the aforementioned question was divided into two separate questions: "Have you ever had a colonoscopy?" and "Have you ever had a sigmoidoscopy?" An additional question about colorectal testing, "Have you ever had a blood stool test using a home testing kit?" was asked in each of these survey years.

Respondents who replied that they had a colorectal test or procedure were asked subsequent questions about the month, year, and time since their most recent test or procedure. In 2000 and 2003, if respondents did not provide the year of, or the time since, their most recent colorectal exam, they were asked about the time frame of their most recent exam (i.e., whether they had the exam a year ago or less, more than 1 year ago but not more than 2 years ago, more than 2 years ago but not more than 3 years ago, more than 3 years ago but not more than 5 years ago, more than 5 years ago but not more than 10 years ago, or over 10 years ago). For adults who provided the year, but not the month, of their most recent exam, the exam date was coded as July 15 of the provided year.

In 2005, 2008, and 2010, the questionnaire pattern was modified so that respondents giving an incomplete or partial date (missing month or year) of their most recent colorectal exam were asked a follow-up question about the time since their most recent exam (i.e., whether they had the exam a year ago or less, more than 1 year ago but not more than 2 years ago, more than 2 years ago but not more than 3 years ago, more than 3 years ago but not more than 5 years ago, more than 5 years ago but not more than 10 years ago, or over 10 years ago). Because of this additional probing when the month of exam was not provided, there was no need to code the missing data on the month of the most recent exam as July 15 of the provided year in order to determine the time frame since the most recent colorectal procedure.

In *Health, United States*, colorectal tests or procedures include reports of a home fecal occult blood test (FOBT) in the past year, a sigmoidoscopy procedure in the past 5 years with FOBT in the past 3 years, or a colonoscopy in the past 10 years.

Colorectal screening tests and procedures may be used for diagnostic or screening purposes. Recommendations for screening tests and time between screening varies based on individual risks and the particular

colorectal tests. For a summary of current colorectal screening recommendations see the U.S. Preventive Services Task Force summary of recommendations on screening for colorectal cancer. Available from: <http://www.uspreventiveservicestaskforce.org/uspstf/uspscolo.htm>.

Community hospital—See [Hospital](#).

Comparability ratio—About every 10 to 20 years, the *International Classification of Diseases* (ICD) is revised to stay abreast of advances in medical science and changes in medical terminology. Each of these revisions produces breaks in the continuity of cause-of-death statistics because of changes in classification and in the rules for selecting an underlying cause of death. Classification and rule changes affect cause-of-death trend data by shifting deaths away from some cause-of-death categories and into others. Comparability ratios measure the effect of changes in classification and coding rules. For the causes shown in [Table V](#), comparability ratios range between 0.6974 and 1.0365. Influenza and pneumonia had the lowest comparability ratio (0.6974), indicating that this cause is about 30% less likely to be selected as the underlying cause of death under ICD–10 than under ICD–9. Unintentional poisoning had the highest comparability ratio (1.0365), indicating that unintentional poisoning is more than 3% more likely to be selected as the underlying cause when ICD–10 coding is used.

For selected causes of death, the ICD–9 codes used to calculate death rates for 1980–1998 differ from the ICD–9 codes most nearly comparable with the corresponding ICD–10 cause-of-death category, which also affects the ability to compare death rates across ICD revisions. Examples of these causes are ischemic heart disease; cerebrovascular diseases; trachea, bronchus and lung cancer; unintentional injuries; and homicide. To address this source of discontinuity, mortality trends for 1980–1998 were recalculated using ICD–9 codes that are more comparable with codes for corresponding ICD–10 categories. [Table IV](#) shows the ICD–9 codes used for these causes. This modification may lessen the discontinuity between the 9th and 10th revisions, but the effect on the discontinuity between the 8th and 9th revisions is not measured.

Comparability ratios shown in [Table V](#) are based on a comparability study in which the same deaths were coded using both the 9th and 10th

Table V. Comparability of selected causes of death between the 9th and 10th revisions of the *International Classification of Diseases (ICD)*

<i>Cause of death</i> ¹	<i>Final comparability ratio</i> ²
Human immunodeficiency virus (HIV) disease	1.0821
Malignant neoplasms	1.0093
Colon, rectum, and anus	0.9988
Trachea, bronchus, and lung	0.9844
Breast	1.0073
Prostate	1.0144
Diabetes mellitus	1.0193
Alzheimer's disease	1.5812
Diseases of heart	0.9852
Ischemic heart diseases	1.0006
Essential (primary) hypertension and hypertensive renal disease	1.1162
Cerebrovascular diseases	1.0502
Influenza and pneumonia	0.6974
Chronic lower respiratory diseases	1.0411
Chronic liver disease and cirrhosis	1.0321
Nephritis, nephrotic syndrome, and nephrosis	1.2555
Pregnancy, childbirth, and the puerperium	1.1404
Unintentional injuries	1.0251
Motor vehicle-related injuries	0.9527
Poisoning	1.0365
Suicide	1.0022
Homicide	1.0020
Firearm-related injury	1.0012
Chronic and noncommunicable diseases	1.0100
Injuries	1.0159

¹See Table IV for ICD–9 and ICD–10 cause-of-death codes.

²Ratio of number of deaths classified by ICD–10 to number of deaths classified by ICD–9.

SOURCE: CDC/NCHS. Final comparability ratios for 113 selected causes of death. Available from: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Datasets/Comparability/icd9_icd10/Comparability_Ratio_tables.xls.

Miniño M, Anderson RN, Fingerhut LA, Boudreault MA, Warner M. Deaths: Injuries, 2002. National vital statistics reports; vol 54 no 10. Hyattsville, MD: NCHS; 2006. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr54/nvsr54_10.pdf.

revisions. The comparability ratio was calculated by dividing the number of deaths classified by ICD–10 by the number of deaths classified by ICD–9. The resulting ratios represent the net effect of the 10th revision on cause-of-death statistics and can be used to adjust mortality statistics for causes of death classified by the 9th revision to be comparable with cause-specific mortality statistics classified by the 10th revision.

The application of comparability ratios to mortality statistics helps make the analysis of change between 1998 and 1999 more accurate

and complete. The 1998 comparability-modified death rate is calculated by multiplying the comparability ratio by the 1998 death rate. Comparability-modified rates should be used to estimate mortality change between 1998 and 1999.

Caution should be used when applying the comparability ratios presented in Table V to age-, race-, and sex-specific mortality data. Demographic subgroups may sometimes differ with regard to their cause-of-death distribution, and this would result in demographic variation in cause-specific comparability ratios.

For more information, see: Anderson RN, Miniño AM, Hoyert DL, Rosenberg HM. Comparability of cause of death between ICD–9 and ICD–10: Preliminary estimates. National vital statistics reports; vol 49 no 2. Hyattsville, MD: NCHS; 2001; Kochanek KD, Smith BL, Anderson RN. Deaths: Preliminary data for 1999. National vital statistics reports; vol 49 no 3. Hyattsville, MD: NCHS; 2001; Final ratios for 113 selected causes of death. Available from: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Datasets/Comparability/icd9_icd10/; and the ICD comparability ratio website at: http://www.cdc.gov/nchs/nvss/mortality/comparability_icd.htm. [Also see Appendix II, Cause of death; *International Classification of Diseases (ICD)*.]

Compensation—See [Employer costs for employee compensation](#).

Complex activity limitation—Complex activity limitation is a construct used to measure disability as defined by the inability to function successfully in certain social roles. Complex activities consist of the tasks and organized activity that make up numerous social roles like working, maintaining a household, living independently, or participating in community activities. Complex activity performance requires the execution of a combination of core areas of functioning. Complex activity limitation describes limitations or restrictions in an individual's ability to participate fully in social role activities. Complex activities include the following:

- Maintaining independence, including self care and the ability to carry out activities associated with maintaining a household, such as shopping, cooking, and taking care of bills [measures are based on questions commonly known as activities of daily living (ADLs) and instrumental activities of daily living (IADLs)].

Limitations in these activities usually reflect severe restrictions and are associated with limitations in other complex activities.

- Difficulties experienced with social and leisure activities—represented in this measure by using questions about attending movies or sporting events, visiting with friends, or pursuing hobbies or relaxation activities.

- Perceived limitation in the ability to work (a core aspect of social participation for the majority of the U.S. population)—represented by the respondent’s self-defined limitation in the kind or amount of work they can do or their inability to work at a job or business.

For many measures of disability, only disabilities resulting from an underlying condition that is chronic (based on nature and duration) are considered. However, whether the underlying conditions related to the complex activities were chronic was not a requirement in classifying persons as having a complex activity limitation. For more information on how this measure was constructed using data from the National Health Interview Survey, including the specific questions asked, see: Altman B, Bernstein A. Disability and health in the United States, 2001–2005. Hyattsville, MD: NCHS; 2008. Available from: <http://www.cdc.gov/nchs/data/misc/disability2001-2005.pdf>. [Also see [Appendix II, Activities of daily living \(ADL\); Basic actions difficulty; Instrumental activities of daily living \(IADL\).](#)]

Computed tomography (CT) scanner—A CT, or computed axial tomography (CAT), scanner is an x-ray machine that combines many x-ray images, with the aid of a computer, to generate cross-sectional views and, if needed, three-dimensional images of the internal organs and structures of the body.

Consumer Price Index (CPI)—The CPI, prepared by the U.S. Bureau of Labor Statistics, is a monthly measure of the average change in prices of goods and services purchased by urban households. The medical care component of the CPI shows trends in medical care prices based on specific indicators of hospital, medical, and drug prices. A revision of the definition of the CPI has been in use since January 1988. [Also see [Appendix II, Gross domestic product \(GDP\); Health expenditures, national;](#) and [Appendix I, Consumer Price Index \(CPI\).](#)]

Contraception—The National Survey of Family Growth collects information on contraceptive use during heterosexual vaginal intercourse, as reported by women 15–44 years of age. For current contraceptive use, women were asked about contraceptive use during the month of interview. Women were classified by whether they reported using any of 19 methods of contraception at any time in the month of interview. Contraceptive methods listed as “other methods” in 2006–2008 included the contraceptive ring, female condom/vaginal pouch, foam, cervical cap, Today-brand sponge, suppository or insert, jelly or cream (without diaphragm), and other methods. Previously, contraceptive methods listed as other methods included the following: for 2002, the female condom, foam, cervical cap, Today sponge, suppository or insert, jelly or cream (without diaphragm), or other method; for 1995, the female condom or vaginal pouch, foam, cervical cap, Today sponge, suppository or insert, jelly or cream, or other method; for 1988, foam, douche, Today sponge, suppository or insert, jelly or cream, or other method; and for 1982, foam, douche, suppository or insert, or other method.

Cost-charge ratio—The Agency for Healthcare Research and Quality’s Healthcare Cost and Utilization Project (HCUP) contains data on total charges per discharge as reported on the hospital discharge record. This charge information represents the amount the hospital billed for services but does not reflect how much hospital services actually cost or the specific amounts that hospitals received in payment. Data on costs may be of more interest to some users. The HCUP Cost-to-Charge Ratio Files convert charges to costs. Each file contains hospital-specific cost-to-charge ratios based on all-payer inpatient cost for nearly every hospital in HCUP. Cost information was obtained from hospital accounting reports collected by the Centers for Medicare & Medicaid Services. Some imputations for missing values were necessary. These files are unique by year.

Critical access hospital—See [Hospital](#).

Crude birth rate; Crude death rate—See [Rate: Birth and related rates;](#) [Rate: Death and related rates.](#)

Days of care—Days of care is defined similarly in several data systems, as discussed below. (Also see [Appendix II, Admission; Average length of stay; Discharge; Hospital; Hospital utilization; Inpatient.](#))

American Hospital Association—Days, hospital days, or inpatient days are the number of adult and pediatric days of care rendered during the entire reporting period. Days of care for newborns are excluded.

National Health Interview Survey (NHIS)—Hospital days during the year refer to the total number of hospital days occurring in the 12-month period before the interview week. A hospital day is a night spent in the hospital (excluding a night spent in the emergency department) for persons admitted as inpatients. Starting in 1997, hospitalization data from NHIS are for all inpatient stays, whereas estimates for prior years published in previous editions of *Health, United States* excluded hospitalizations for deliveries and newborns.

National Hospital Discharge Survey (NHDS)—Days of care refers to the total number of patient days accumulated by inpatients at the time of discharge from nonfederal short-stay hospitals during a reporting period. All days from and including the date of admission, but not including the date of discharge, are counted.

Death rate—See [Rate: Death and related rates.](#)

Dental caries—Dental caries is evidence of dental decay on any surface of a tooth. Untreated dental caries was determined by an oral examination as part of the National Health and Nutrition Examination Survey (NHANES). In *Health, United States*, data on dental caries for 2001–2004 and earlier are based on an examination conducted by a trained dentist. Untreated dental caries refers to coronal caries, that is, caries on the crown or enamel surface of the tooth. Treated dental caries and root caries are not included. Study participants 2 years of age and over were eligible for the examination, as long as they did not meet other exclusion criteria. Both permanent and primary (baby) teeth were evaluated, depending on the age of the participant. For children 2–5 years of age, only caries in primary teeth was included. For children 6–11 years of age, caries in both primary and permanent teeth was included. For children 12 years of age and over, and for adults, only

caries in permanent teeth was included. Starting with 2005–2006 NHANES data, data on dental caries were collected using the Basic Screening Examination (BSE), a simplified screening process to collect information on untreated caries, dental restorations, and dental sealants. BSE differs from previous NHANES oral health protocols because it does not assess each tooth surface, the assessments are not made by a dentist, and the presence of dental caries on primary or permanent teeth cannot be distinguished in the data set. Dental caries and other oral health surveillance data are collected by a health technologist on examined persons 5 years of age and over. In *Health, United States*, only dental caries on 28 teeth was considered; the four back molars were excluded. Because of this change in the examination process and because 2005–2008 dental caries data are based on both primary and permanent teeth, regardless of age, data for 2005–2008 need to be interpreted with caution, especially when comparing with earlier data. For more information, see: Dye BA, Barker LK, Li X, Lewis BG, Beltran-Aguilar ED. Overview and quality assurance for the Oral Health Component of the National Health and Nutrition Examination Survey (NHANES), 2005–08. *J Public Health Dent* 2011;71(1):54–61.

For more information, see: http://www.cdc.gov/nchs/data/nhanes/nhanes_05_06/ohx_d.pdf and http://www.cdc.gov/nchs/nhanes/nhanes2007-2008/OHX_E.htm.

Dental visit—Starting in 1997, National Health Interview Survey respondents were asked “About how long has it been since you last saw or talked to a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists as well as hygienists.” Starting in 2001, the question was modified slightly to ask respondents how long it had been since they last saw a dentist. Questions about dental visits were not asked for children under 2 years of age for years 1997–1999 and under 1 year of age for years 2000 and beyond. Starting with 1997 data, estimates are presented for people with a dental visit in the past year. Prior to 1997, dental visit estimates were based on a 2-week recall period.

Diabetes—Diabetes is a group of conditions in which insulin is not adequately secreted or utilized. Diabetes is a leading cause of disease and death in the United States. Using data from the National Health and Nutrition Examination Survey (NHANES), three measures of diabetes are

presented in *Health, United States*: physician-diagnosed diabetes, undiagnosed diabetes, and total diabetes. Physician-diagnosed diabetes was obtained by self-report and excludes women who reported having diabetes only during pregnancy. Respondents who answered “yes” to the question, “Other than during pregnancy, have you ever been told by a doctor or health professional that you have diabetes or sugar diabetes?” were classified as having physician-diagnosed diabetes.

Only respondents who were not classified as having physician-diagnosed diabetes were evaluated to determine if they had undiagnosed diabetes. Undiagnosed diabetes was based on the results of laboratory testing of blood plasma samples collected from NHANES participants at mobile examination centers. Undiagnosed diabetes was defined as a fasting plasma glucose (FPG) of at least 126 mg/dL or a hemoglobin A1c of at least 6.5% and no reported physician diagnosis. Respondents had fasted for at least 8 hours and less than 24 hours. Fasting is not necessary to measure hemoglobin A1c. However, to be consistent with the subsample of fasting respondents used for FPG, assessment of undiagnosed diabetes in *Health, United States* is limited to the fasting subsample. In 2005–2006, testing was performed at a different laboratory and using different instruments than testing in earlier years. NHANES conducted crossover studies to evaluate the impact of these changes on FPG and A1c measurements, and thus their impact on evaluation of data over time. At the time the 2005–2006 data were released, NHANES recommended that 2005–2006 data on FPG and A1c measurements be adjusted to be compatible with earlier years. The adjustments to 2005–2006 FPG data recommended by NHANES were incorporated. The adjustments recommended by NHANES after the initial release of the A1c data were made, and adjusted estimates were presented in prior editions of *Health, United States*. After additional evaluation of the A1c data, in November 2011 NHANES changed its guidance and recommended no adjustments to the 2005–2006 and subsequent A1c data. Estimates for 2003–2006 shown in this edition of *Health, United States* are produced without any correction factor applied to A1c data. Implementation of this new guidance caused no change in the percentage of adults with diabetes (total, physician-diagnosed, and undiagnosed). Estimates of poor glycemic control among persons with diagnosed diabetes changed between 0.0 and 1.0 percentage point.

Estimates for 2007 and beyond are currently under study and when finalized will be available on the *Health, United States* website. Available from: <http://www.cdc.gov/nchs/hus.htm>.

For more information, see: http://www.cdc.gov/nchs/data/nhanes/A1c_webnotice.pdf, http://www.cdc.gov/nchs/data/nhanes/nhanes_05_06/glu_d.pdf, and http://www.cdc.gov/nchs/data/nhanes/nhanes_05_06/ghb_d.pdf.

Starting with *Health, United States, 2010*, an elevated hemoglobin A1c (greater than or equal to 6.5%) was included as a component of the definition of undiagnosed diabetes, along with FPG. Previous editions of *Health, United States* did not evaluate hemoglobin A1c to classify respondents as having undiagnosed diabetes; undiagnosed diabetes was solely based on elevated FPG (greater than or equal to 126 mg/dL) among those without physician-diagnosed diabetes. The revised definition of undiagnosed diabetes was based on recommendations from the American Diabetes Association. Hemoglobin A1c was recommended as a component in diagnosing diabetes because recent improvements in assay standardization make A1c results more reliable. In addition, research has provided evidence linking elevated A1c levels with diabetic complications, thus allowing for a threshold to be set above which patients would be diagnosed as having diabetes. For more information, see: Standards of medical care in diabetes—2010. *Diabetes Care* 2010;33(suppl 1):S11–S61; and International expert committee report on the role of the A1c assay in the diagnosis of diabetes. *Diabetes Care* 2009;32(7):1327–34. As expected, this revised definition increased the percentage of respondents classified as having undiagnosed diabetes.

Prevalence estimates of undiagnosed diabetes among those 20 years of age and over in 1988–1994 increased from 2.7% to 3.3% using the new definition, and total diabetes prevalence increased from 7.8% to 8.4%. Among men, the prevalence using the new definition increased from 3.0% to 3.7%, and among women it increased to from 2.4% to 3.0%. The prevalence for non-Hispanic white persons increased from 2.5% to 2.8%, for non-Hispanic black persons from 3.4% to 6.0%, and for Mexican persons from 3.4% to 4.1%. Increases in the prevalence of undiagnosed diabetes by age group were from 0.8% to 1.0% among those 20–44 years of age, from 5.0% to 6.0% among those 45–64 years of

age, and from 5.6% to 6.7% among those 65 years of age and over. For 2005–2006, the prevalence of undiagnosed diabetes among those 20 years of age and over increased from 2.5% to 3.0% using the new definition, and total diabetes prevalence increased from 10.3% to 10.7%. Among men, the prevalence of undiagnosed diabetes increased from 3.5% to 4.0%, and among women it increased from 1.7% to 2.0%. The prevalence for non-Hispanic white persons increased from 2.6% to 2.9%, for non-Hispanic black persons from 2.5% to 3.4%, and for persons of Mexican origin from 3.0% to 3.6%. Increases by age group were from 0.9% to 1.1% among those 18–44 years of age, from 3.0% to 3.5% among those 45–64 years of age, and from 6.4% to 7.3% among those 65 years of age and over.

Total diabetes includes those who were classified as having either physician-diagnosed or undiagnosed diabetes. Prevalence estimates of total diabetes increased using the new definition of undiagnosed diabetes.

Diagnosis—Diagnosis is the act or process of identifying or determining the nature and cause of a disease or injury through evaluation of patient history, examination, and review of laboratory data. Diagnoses in the National Hospital Discharge Survey, the National Ambulatory Medical Care Survey, and the National Hospital Ambulatory Medical Care Survey are abstracted from medical records and coded to the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM). For a given medical care encounter, the first-listed diagnosis can be used to categorize the visit, or, if more than one diagnosis is recorded on the medical record, the visit can be categorized based on all diagnoses recorded. Analyzing first-listed diagnoses avoids double-counting events such as visits or hospitalizations; the first-listed diagnosis is often, but not always, considered the most important or dominant condition among all comorbid conditions. However, the choice of the first-listed diagnosis by the medical facility may be influenced by reimbursement or other factors. A hospital discharge would be considered a first-listed stroke discharge if the ICD–9–CM diagnosis code for stroke was recorded in the first diagnosis field on the hospital record. An any-listed stroke discharge would classify all diagnoses of stroke recorded on the hospital face sheet, regardless of the order in which they are listed. Any-listed diagnoses double-count

events such as visits or hospitalizations with more than one recorded diagnosis but provide information on the burden a specific diagnosis presents to the health care system. (Also see [Appendix II, External cause of injury; Injury; Injury-related visit.](#))

Diagnostic and other nonsurgical procedure—See [Procedure](#).

Dietary supplement—A dietary supplement is a product that contains one or more dietary ingredients, such as vitamins, minerals, botanicals, or amino acids. Data on dietary supplement use come from the National Health and Nutrition Examination Survey (NHANES). During the in-person household interviews, participants were asked “Have you used or taken any vitamins, minerals, herbals, or other dietary supplements in the past 30 days? Include prescription and non-prescription supplements.” Participants reporting supplement use were asked to show the supplement containers to the interviewer. If no container was available, the interviewer asked the participant for a detailed name of the supplement. For each supplement reported, the interviewer recorded the supplement’s name and manufacturer. Trained nutritionists at NCHS matched the product names entered by the interviewer to a known dietary supplement product. NCHS attempts to obtain a label for each supplement reported by a participant from sources such as the manufacturer or retailer, the Internet, company catalogs, and the *Physician’s Desk Reference*. In *Health, United States*, three measures of dietary supplement use are included: (a) taking any supplement, (b) taking any supplement containing folic acid, and (c) taking any supplement containing vitamin D (or cholecalciferol, calciferol, ergocalciferol, or calcitriol).

The question wording for 1999–2000 and 1988–1994 differed slightly from the question used from 2001 to present. In 1999–2000, the question was “Have you used or taken any vitamins, minerals or other dietary supplements in the past month? Include those products prescribed by a health professional such as a doctor or dentist, and those that do not require a prescription.” In 1988–1994, the question was “Have you taken any vitamins or minerals in the past month?” Respondents who answered “yes” were asked subsequent questions to determine the specific supplement, the dosage, and the duration of use. For more information, see ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/nhanes/nhanes3/2A/ADULTX-acc.pdf.

For more information on dietary supplement data in NHANES, see: <http://www.cdc.gov/nchs/nhanes.htm> and http://www.cdc.gov/nchs/nhanes/nhanes2007-2008/DSQ3_E.htm.

For more information on dietary supplements, see the Web page for the National Institutes of Health Office of Dietary Supplements: <http://ods.od.nih.gov/index.aspx>.

Discharge—The National Health Interview Survey defines a hospital discharge as the completion of any continuous period of stay of one night or more in a hospital as an inpatient. According to the National Hospital Discharge Survey and the Healthcare Cost and Utilization Project—Nationwide Inpatient Sample, a discharge is a completed inpatient hospitalization. A hospitalization may be completed by death or by releasing the patient to the customary place of residence, a nursing home, another hospital, or other locations. (Also see [Appendix II, Admission; Average length of stay; Days of care; Inpatient.](#))

Domiciliary care home—See [Long-term care facility; Nursing home.](#)

Drug—Drugs are pharmaceutical agents, by any route of administration, for the prevention, diagnosis, or treatment of medical conditions or diseases. Data on specific drug use are collected in three NCHS surveys. (Also see [Appendix II, Multum Lexicon Plus therapeutic class.](#))

National Health and Nutrition Examination Survey (NHANES)—Drug information from NHANES III and from NHANES from 1999 onward was collected during an in-person interview conducted in the participant's home. Starting with 2001 data, participants were asked whether they had taken a medication in the past 30 days for which they needed a prescription. For 1999–2000 and 1988–1994 data, the question wording differed slightly; participants were asked whether they had taken a prescription medication in the past month. For all survey years, those who answered “yes” were asked to produce the prescription medication containers for the interviewer. For each medication reported, the interviewer entered the product's complete name from the container. If no container was available, the interviewer asked the participant to verbally report the name of the medication. In addition, participants were asked how long

they had been taking the medication and the main reason for use.

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

Drug data from NHANES provide a snapshot of all prescribed drugs reported by a sample of the civilian noninstitutionalized population for a 30-day period (or past month, for earlier survey years). Drugs taken on an irregular basis, such as every other day, once per week, or for a 10-day period, were captured in the 30-day recall period. Data shown in *Health, United States* for the percentage of the population reporting multiple prescription drugs during the past 30 days include a range of drug utilization patterns; for example, persons who took three or more drugs daily during the past 30 days or persons who took a different drug three separate times would be classified as taking three or more drugs in the past 30 days, as long as at least three different drugs were taken at some time during the past 30 days.

For more information on prescription drug data collection and coding in NHANES, see: http://www.cdc.gov/nchs/nhanes/nhanes2007-2008/RXQ_DRUG.htm.

For more information on NHANES III prescription drug data collection and coding, see: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/nhanes/nhanes3/2A/pupremed.pdf. [Also see [Appendix I, National Health and Nutrition Examination Survey \(NHANES\).](#)]

Drug abuse—See [Illicit drug use.](#)

Education—Several approaches to defining educational categories are used in *Health, United States*.

Birth file—Information on educational attainment of mother is based on number of years of school completed, as reported by the mother on the birth certificate. Between 1970 and 1992, the reporting area for maternal education expanded.

Mother's education was reported on the birth certificate by 38 states in 1970. Data

were not available from Alabama, Arkansas, California, Connecticut, Delaware, the District of Columbia (D.C.), Georgia, Idaho, Maryland, New Mexico, Pennsylvania, Texas, and Washington state. In 1975, these data became available from Connecticut, Delaware, Georgia, Maryland, and D.C., increasing the number of states reporting mother's education to 42 and D.C. Between 1980 and 1988, only three states—California, Texas, and Washington—did not report mother's education. In 1988, mother's education was also missing for New York state outside New York City. In 1989–1991, mother's education was missing only from Washington state and New York state outside New York City. During 1992–2002, mother's education was reported by all 50 states and D.C.

Starting in 2003, some states implemented the 2003 revision of the U.S. Standard Certificate of Live Birth. The education item on the 2003 revision asks for the highest degree or level of school completed, whereas the education item on the 1989 revision asks for highest grade completed. Data on mother's education from the 2003 revision of the birth certificate are not comparable with data from the 1989 revision. Therefore, 2007 and 2008 data on mother's education are shown only for the 22 reporting areas that used the 2003 revision in 2007 and 2008, in order to provide 2 years of comparable data. The 22 reporting areas that used the 2003 revision of the U.S. Standard Certificate of Live Birth for data on mother's education were California, Colorado, Delaware, Florida, Idaho, Indiana, Iowa, Kansas, Kentucky, Nebraska, New Hampshire, New York state (excluding New York City), North Dakota, Ohio, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Vermont, Washington state, and Wyoming. Data are not shown in *Health, United States* for reporting areas that were transitioning to the 2003 revision during 2007 and 2008.

National Health Interview Survey (NHIS)—Starting in 1997, the NHIS questionnaire was changed to ask “What is the highest level of school [person] has completed or the highest degree received?” Responses were used to categorize adults according to educational credentials [i.e., no high school diploma or general educational development high school equivalency diploma (GED); high

school diploma or GED; some college, no bachelor's degree; bachelor's degree or higher].

Prior to 1997, the education variable in NHIS was measured by asking, “What is the highest grade or year of regular school [person] has ever attended?” and “Did [person] finish the grade/year?” Responses were used to categorize adults according to years of education completed (i.e., less than 12 years, 12 years, 13–15 years, and 16 or more years).

Data from the 1996 and 1997 NHIS were used to compare distributions of educational attainment for adults 25 years of age and over, using categories based on educational credentials (1997) and categories based on years of education completed (1996). A larger percentage of persons reported some college than 13–15 years of education, and a correspondingly smaller percentage reported high school diploma or GED than 12 years of education. In 1997, 19% of adults reported no high school diploma, 31% a high school diploma or GED, 26% some college, and 24% a bachelor's degree or higher. In 1996, 18% of adults reported less than 12 years of education, 37% 12 years of education, 20% 13–15 years, and 25% 16 or more years of education.

National Health and Nutrition Examination Survey (NHANES)—In 1988–1994 (NHANES III) the questionnaire asked, “What is the highest grade or year of regular school [person] has completed?” Responses were used to categorize adults according to educational credentials [i.e., no high school diploma or general educational development high school equivalency diploma (GED); high school diploma or GED; some college, no bachelor's degree; bachelor's degree or higher]. Starting with 1999–2000 data, the questionnaire was changed to ask “What is the highest grade or level of school (you have/[person] has) completed or the highest degree (you have/[person] has) received?” For data on children, education is based on the level of education completed by the head of the household. The question asked is “What is the highest grade or level of school (you have/[non_SP head] has) completed or the highest degree (you have/[person] has) received?”

Emergency department—According to the National Hospital Ambulatory Medical Care Survey, an emergency department is a hospital facility that is staffed 24 hours a day and provides unscheduled outpatient services to patients whose condition requires immediate care. Off-site emergency departments open fewer than 24 hours are included if staffed by the hospital's emergency department. (Also see [Appendix II, Emergency department or emergency room visit](#); [Outpatient department](#).)

Emergency department or emergency room visit—Starting with the 1997 National Health Interview Survey, respondents to the Sample Adult questionnaire and the Sample Child questionnaire (generally a parent) were asked about the number of visits to hospital emergency rooms during the past 12 months, including visits that resulted in hospitalization. In the National Hospital Ambulatory Medical Care Survey, an emergency department visit is a direct personal exchange between a patient and a physician or other health care provider working under the physician's supervision, for the purpose of seeking care and receiving personal health services. (Also see [Appendix II, Emergency department](#); [Injury-related visit](#).)

Employer costs for employee compensation—Employer costs for employee compensation is a measure of the average cost, per employee hour worked, to employers for wages, salaries, and benefits. Wages and salaries are defined as the hourly straight-time wage rate or, for workers not paid on an hourly basis, straight-time earnings divided by the corresponding hours. Straight-time wage and salary rates are total earnings before payroll deductions, excluding premium pay for work in addition to the regular work schedule, (e.g., overtime, weekends, and holidays), shift differentials, and nonproduction bonuses such as discretionary holiday bonuses and lump-sum payments provided in lieu of wage increases. Production bonuses, incentive earnings, commission payments, and cost-of-living adjustments are included in straight-time wage and salary rates. Benefits covered are paid leave (paid vacations, holidays, sick leave, and other leave); supplemental pay (premium pay for overtime, weekends, or holidays), shift differentials, nonproduction bonuses, insurance benefits (life, health, and short- and long-term disability), retirement and savings benefits (pension and other retirement plans and savings and thrift plans); and legally required benefits (Social Security, Medicare, federal and state

unemployment insurance, and workers' compensation). As of June 2006, the "other benefits" category, which included severance pay and supplemental unemployment benefits, was eliminated from survey collection. As of June 2008, "other leave benefit" includes only paid personal leave. [Also see [Appendix I, National Compensation Survey \(NCS\)](#).]

End-stage renal disease (ESRD)—ESRD is a complete or near complete failure of the kidneys to function to excrete wastes, concentrate urine, and regulate electrolytes. ESRD occurs when the kidneys are no longer able to function at the level necessary for day-to-day life. It usually occurs as chronic renal failure worsens to the point where kidney function is less than 10% of normal. At that point, kidney function is so low that without dialysis or kidney transplantation, complications are multiple and severe, and death will occur from accumulation of fluids and waste products in the body. Without treatment, the loss of kidney function in ESRD is usually irreversible and permanent, and death follows.

Although the Medicare program covers the majority of ESRD-certified patients, not all individuals with ESRD are eligible for Medicare. In addition to being medically determined to have ESRD, filing an application, and meeting any applicable waiting period, an individual must meet one of the following criteria:

- The individual has earned the required work credits under Social Security, Railroad Retirement, or as a government employee.
- The individual is receiving Social Security or Railroad Retirement benefits.
- The individual is the spouse or dependent child of a person who has earned the required work credits or is receiving Social Security or Railroad Retirement benefit.

The United States Renal Data System has tracked both Medicare-eligible and ineligible ESRD patients since May 1995. For more information, see [Appendix I, United States Renal Data System \(USRDS\)](#).

Ethnicity—See [Hispanic origin](#).

Exercise—See [Physical activity, leisure-time](#).

Expenditures—See [Health expenditures, national](#). [Also see [Appendix I, National Health Expenditure Accounts \(NHEA\)](#).]

External cause of injury—The external cause of injury is used for classifying the circumstances in which injuries occur. The *International Classification of Diseases, 9th Revision (ICD–9)*, External Cause of Injury Matrix is a two-dimensional array describing both the mechanism or external cause of the injury (e.g., fall, motor-vehicle traffic) and the manner or intent of the injury (e.g., unintentional, self-inflicted, or assault). Although this matrix was originally developed for mortality, it has been adapted for use with the ICD–9 Clinical Modification (ICD–9–CM). For more information, see the NCHS website at: http://www.cdc.gov/nchs/injury/injury_tools.htm; and see: Bergen G, Chen LH, Warner M, Fingerhut LA. Injury in the United States: 2007 chartbook. Hyattsville, MD: NCHS; 2008. Available from: <http://www.cdc.gov/nchs/data/misc/injury2007.pdf>.

Family income—For the National Health Interview Survey and the National Health and Nutrition Examination Survey, all people within a household who are 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. For the National Survey of Children's Health, multiple families could live in a child's household, but the survey does not explicitly define the term "family" to the respondents. The respondents can answer about the health and health care of the child if they live in the child's household. The total income of the family is derived from the total combined income for all members in the child's household.

National Health Interview Survey (NHIS)—Prior to 1997, family income was the total income received by members of a family (or by an unrelated individual) in the 12 months before interview. Family income included wages, salaries, rents from property, interest, dividends, profits and fees from their own businesses, pensions, and help from relatives. Starting in 1997, NHIS collected family income data for the calendar year prior to interview (e.g., 2010 family income data were based on calendar year 2009 information). The 1997–2006 instrument allowed the respondent to supply a specific dollar amount (up to \$999,995). Any family income responses greater than \$999,995 were entered as \$999,996. Respondents who did not know or refused to give a dollar amount in response to this question were asked if

their total combined family income for the previous year was \$20,000 or more, or less than \$20,000. If the respondent answered this question, he or she was then given one of two flash cards and asked to indicate which income group listed on the card best represented the family's combined income during the previous calendar year. One flash card listed incomes that were \$20,000 or more, and the other flash card listed incomes that were less than \$20,000. Starting with the 2007 NHIS, the income amount follow-up questions that had been in place since 1997 were replaced with a series of unfolding bracket questions. The unfolding bracket method asked a series of closed-ended income range questions (e.g., "Is it less than \$50,000?") if the respondent did not provide an answer to the exact income amount question. The closed-ended income range questions were constructed so that each successive question establishes a smaller range for the amount of the family's income. For more information on the current income questions, see: 2010 NHIS public-use data release. NCHS. 2011. Available from: ftp://ftp.cdc.gov/pub/health_statistics/nchs/dataset_documentation/nhis/2010/srvydesc.pdf.

Also see: Pleis JR, Cohen RA. Impact of income bracketing on poverty measures used in the National Health Interview Survey's Early Release Program: Preliminary data from the 2007 NHIS. Hyattsville, MD: NCHS. 2007. Available from: <http://www.cdc.gov/nchs/data/nhis/income.pdf>.

Family income data are used in the computation of poverty level. Starting with *Health, United States, 2004*, a new methodology for imputing family income data for NHIS was implemented for data years 1997 and beyond. Multiple imputations were performed for survey years 1997 and beyond, with five sets of imputed values created to allow for the assessment of variability caused by imputation. A detailed description of the multiple imputation procedure, and data files for 1997 and beyond, are available from: http://www.cdc.gov/nchs/nhis/quest_data_related_1997_forward.htm, through the Data Release or the Imputed Income Files link under that year. For data years 1990–1996, about 16%–18% of persons had missing data for family income. In those years, missing values were imputed for family income by using a sequential hot deck within matrix

Table VI. Imputed family income percentages in the National Health Interview Survey, by age: United States, 1990–2010

Year	All ages	Under 18 years	18 years and over	18–64 years	Under 65 years	1–64 years	65 years and over	Females	Females	2 years and over	45 years and over
								18 years and over	40 years and over		
Percent											
1990	16	14	18	16	15	15	24	18	21	17	22
1991	18	15	19	17	17	17	26	19	23	18	23
1992	18	16	19	18	17	17	27	20	23	18	23
1993	16	14	17	16	15	15	23	17	19	16	20
1994	17	15	18	17	16	16	25	18	21	17	21
1995	16	14	16	15	15	15	22	17	19	16	19
1996	17	14	17	16	16	16	24	18	20	17	20
1997	24	21	26	24	23	23	34	26	30	17	30
1998	29	25	30	28	27	27	39	30	34	29	34
1999	31	27	32	30	29	29	43	33	37	31	37
2000	32	28	33	31	30	31	45	34	38	32	38
2001	32	27	33	30	30	30	44	34	37	32	38
2002	32	28	33	31	30	30	44	33	37	32	37
2003	33	30	35	33	32	32	44	35	38	34	38
2004	33	29	34	32	31	31	41	34	36	33	37
2005	33	29	34	32	31	31	44	35	37	33	38
2006	34	31	35	33	33	33	45	36	39	34	39
2007	33	29	34	32	31	31	43	35	38	33	37
2008	30	27	31	29	29	29	40	32	34	30	34
2009	25	21	26	24	23	23	34	26	29	25	29
2010	25	20	26	24	23	23	36	27	30	25	30

NOTES: Weighted percentages. See [Appendix II, Family income](#).

SOURCE: CDC/NCHS, National Health Interview Survey. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

cells imputation approach. A detailed description of the imputation procedure and data files, with imputed annual family income for 1990–1996, is available from:

ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Datasets/NHIS/1990-96_Family_Income/. (Also see [Appendix II, Table VI](#).)

National Health and Nutrition Examination Survey (NHANES)—In NHANES 1999 and onward, family income is asked in a series of questions about possible sources of income, including wages, salaries, interest and dividends, federal programs, child support, rents, royalties, and other possible sources. After the information about sources of income was obtained in the family interview income section of the questionnaire, the respondent was asked to report total combined family income for him- or herself and the other members of their family, in dollars. If the respondent did not provide an answer or did not know the total combined family income, he or she was asked if the total family income was less than \$20,000 or \$20,000 or more. If the respondent answered, a follow-up question asked the respondent

to select an income range from a list on a printed hand card. The midpoint of the income range was then used as the total family income value. Family income values were used to calculate the poverty income ratio. NHANES II included questions on components of income; NHANES III did not ask the detailed components-of-income questions but asked respondents to identify their income based on a set of ranges provided on a flash card. Family income was not imputed for individuals or families with no reported income information in any of the NHANES survey years. (Also see [Appendix II, Poverty](#).)

National Immunization Survey (NIS)—Prior to 1998, family income was the total income received by all family members in the past 12 months at the time of interview. In 1998 and onward, NIS changed the reference period (following the changes in the NHIS income questions) and collected income received by all family members for the calendar year prior to the interview year for households with age-eligible children (e.g., 2010 NIS family income data are based on calendar year 2009

income). Family income is the total income received by all members of a family before taxes. For the family income questions, the household respondent is asked to include income received from jobs, social security, retirement income, unemployment payments, public assistance, interest, dividends, net income from business, farm, rent, or any other sources. Respondents who answered “don’t know” or refused to give a dollar amount for the total family income were asked a cascading sequence of income questions (a total of 15 cascading questions that attempt to place the family income into one of 15 income intervals ranging from less than or equal to \$7,500 to greater than or equal to \$75,000). The initial question asks if the family income for the prior year was more or less than \$20,000. Subsequent sets of income range questions are asked so that each successive question establishes a smaller income range. The midpoint of the income range is used as the total family income value for respondents who answered “don’t know” or refused to give a dollar amount. A family income variable is constructed from the total family income question and the cascading income questions. If an exact income is given, family income is set to this amount; otherwise it is set to the midpoint of the tightest bounds established by the cascading income questions. The values of the total family income are used to calculate an income-to-poverty ratio, which gives data users the flexibility to define any desired poverty level (e.g., 100% of poverty, 125% of poverty, or 200% of poverty). A household at or below the poverty level would have an income-to-poverty ratio less than or equal to 1.0. For NIS, this ratio is calculated only for households with age-eligible children, using the actual family income value or the midpoint of the interval from the series of cascading questions in the numerator and the poverty threshold provided by the Census Bureau for the size of the family and the number of related children in the household in the denominator. Details of the income questions and computation of the income-to-poverty ratio for each data collection year can be found in the NIS data documentation (Data User’s Guide and Household Interview Questionnaire) provided on the NIS website at: http://www.cdc.gov/nchs/nis/data_files.htm.

For more information, see: Battaglia MP, Hoaglin DC, Izrael D, Khare M, Mokdad A. Improving income imputation by using partial income information and ecological variables. Presented at the American Statistical Association–Joint Statistical Meeting; 2002 Aug 11–15, New York, NY. Available from: http://www.cdc.gov/nchs/data/nis/estimation_weighting/Battaglia2002.pdf.

National Survey of Children’s Health (NSCH)—Income included money from jobs, child support, Social Security, retirement income, unemployment payments, public assistance, interest, dividends, net income from business, farm, rent, and any other money income received. When a respondent did not supply a specific dollar amount for family income, the respondent was asked a series of questions about whether the income was below, exactly at, or above threshold amounts. The unfolding bracket questions asked a series of closed-ended income range questions (e.g., “Is it less than \$50,000?”). The closed-ended income range questions were constructed so that each successive question establishes a smaller range for the amount of the family’s income. If the respondent did not complete the series of unfolding bracket questions, either because they refused or did not know the answer to one of the questions, his or her income was set as “missing.” For the 2007 NSCH, income is missing for 8.5% of the households. For the 2003 NSCH, income is missing for 9.0% of the households. Missing income and household size were each imputed five times, to allow for the assessment of variability caused by imputation.

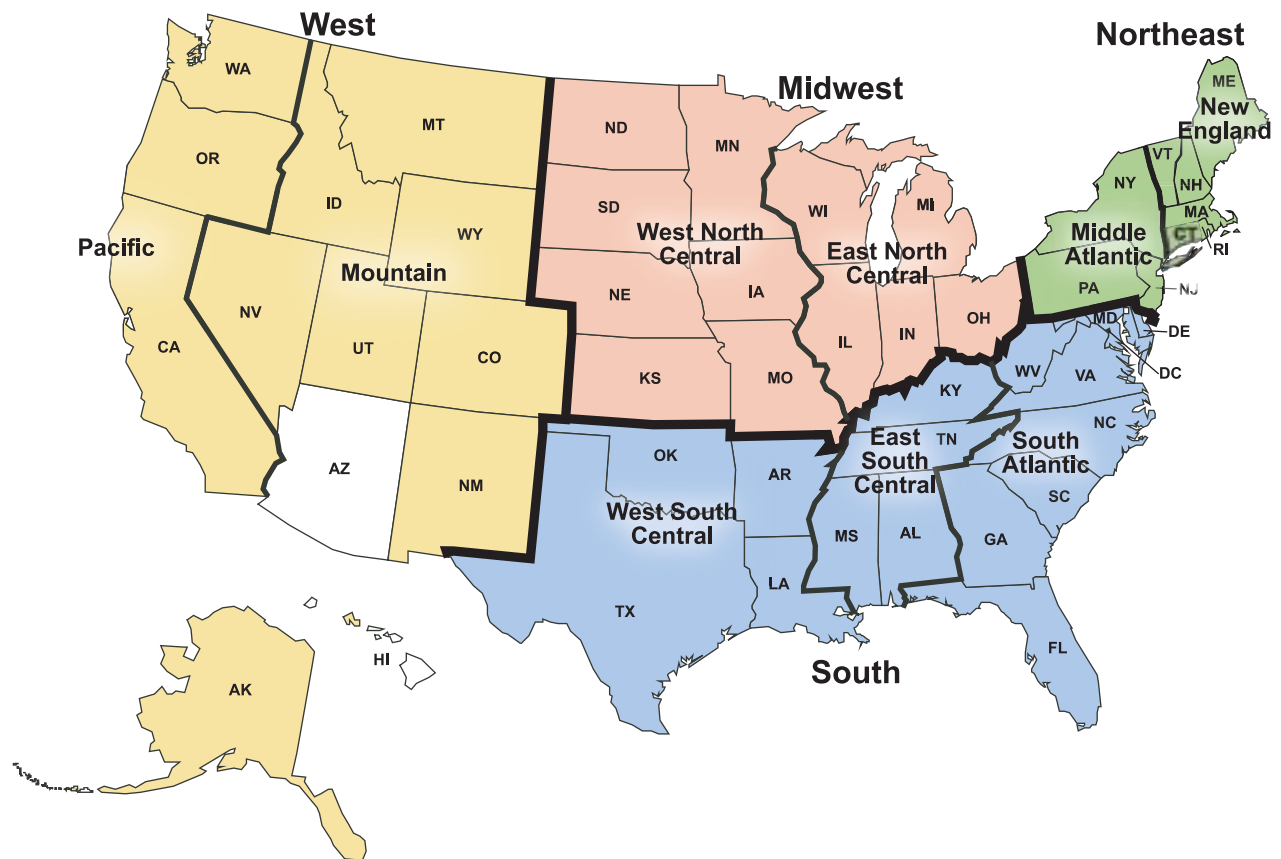
For more information, see: Blumberg SJ, Foster EB, Frasier AM, et al. Design and operation of the National Survey of Children’s Health, 2007. *Vital Health Stat 1. NCHS*. 2009. Available from: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/slits/nsch07/2_Methodology_Report/NSCH_Design_and_Operations_052109.pdf.

Also see: Imputed data in SLAITS microdata sets. Available from: http://www.cdc.gov/nchs/slits/imputed_data.htm.

Federal hospital—See [Hospital](#).

Fee-for-service health insurance—Fee-for-service health insurance is private (commercial) health insurance that reimburses health care

Figure I. U.S. Census Bureau: Four geographic regions and nine divisions of the United States



SOURCE: U.S. Census Bureau.

providers on the basis of a fee for each health service provided to the insured person. It is also known as indemnity health insurance. In addition, “fee-for-service” is a term often applied to original Medicare, before Medicare managed-care plans or other new payment systems were introduced. (Also see [Appendix II, Health insurance coverage; Managed care; Medicare.](#))

Fertility rate—See [Rate: Birth and related rates.](#)

General hospital—See [Hospital.](#)

General hospital providing separate psychiatric services—See [Mental health organization.](#)

Geographic region—The U.S. Census Bureau groups the 50 states and the District of Columbia, for statistical purposes, into four geographic regions—Northeast, Midwest, South, and West—and nine divisions based on geographic proximity. (See [Figure I.](#))

Gestation—For the National Vital Statistics System and CDC’s Abortion Surveillance System, the period of gestation is defined as beginning with the first day of the last normal menstrual period and ending with the day of birth or day of termination of pregnancy. Data on gestational age are subject to error for several reasons, including imperfect maternal recall or misidentification of the last menstrual period because of postconception bleeding, delayed ovulation, or intervening early miscarriage.

Gross domestic product (GDP)—The GDP is the market value of the goods and services produced by labor and property located in the United States. As long as the labor and property are located in the United States, the suppliers (i.e., the workers and, for property, the owners) may be U.S. residents or residents of other countries. [Also see [Appendix II, Consumer Price Index \(CPI\); Health expenditures, national.](#)]

Health care contact—Starting in 1997, the National Health Interview Survey has collected information on health care contacts with doctors and other health care professionals by using the following questions: “During the past 12 months, how many times have you gone to a hospital emergency room about your own health?”, “During the past 12 months, did you receive care at home from a nurse or other health care professional? What was the total number of home visits received?”, and “During the past 12 months, how many times have you seen a doctor or other health care professional about your own health at a doctor’s office, a clinic, or some other place? Do not include times you were hospitalized overnight, visits to hospital emergency rooms, home visits, or telephone calls.” Starting with 2000 data, this question was amended to exclude dental visits.

For 1997–1999, for each question, respondents were shown a flash card with response categories of 0, 1, 2–3, 4–9, 10–12, or 13 or more visits. For tabulation of the 1997–1999 data, responses of 2–3 were recoded to 2, responses of 4–9 were recoded to 6, responses of 10–12 were recoded to 11, and 13 or more visits were recoded to 13. The recoded values for the three types of visits were then added to yield an estimate of total health care contacts. Starting with 2000 data, response categories were expanded to 0, 1, 2–3, 4–5, 6–7, 8–9, 10–12, 13–15, or 16 or more. For 2000 and more recent data, these response categories were recoded to the midpoint of the range. The category of 16 or more was recoded to 16. The recoded values for the three types of visits were then added to yield an estimate of summary measure of health care contacts (including doctor’s visits, hospital emergency room visits, and home visits). After summing the three component visit variables, respondents with values on the edge of the categories presented in *Health, United States* were rounded down to provide a more conservative estimate of the number of visits. For example, a respondent with 3.5 health care contacts was included in the 1–3 visits category and a respondent with 9.5 health care contacts was included in the 4–9 visits category. Respondents were included in this analysis only if they were known on all three visit variables.

Analyses of the percentage of children without a health care visit are based on the following question: “During the past 12 months, how many times has [person] seen a doctor or other health care professional about (his/her) health at a doctor’s office, a clinic, or some other place? Do

not include times [person] was hospitalized overnight, visits to hospital emergency rooms, home visits, or telephone calls.” (Also see [Appendix II, Emergency department or emergency room visit](#); [Home visit](#).)

Health expenditures, national—National health expenditures are estimated by the Centers for Medicare & Medicaid Services (CMS) and measure spending for health care in the United States by type of service delivered (e.g., hospital care, physician services, nursing home care) and source of funding for those services (e.g., private health insurance, Medicare, Medicaid, out-of-pocket spending). CMS produces both historical and projected estimates of health expenditures by category. [Also see [Appendix II, Consumer Price Index \(CPI\)](#); [Gross domestic product \(GDP\)](#).] Types of national health expenditures include:

National health expenditures estimates the amount spent for all health services and supplies, and health-related investment, produced in the United States during the calendar year. Detailed estimates are available by source of expenditure and by type of expenditure and are in current dollars for the year of report. Data are compiled from a variety of sources.

Health consumption expenditures are outlays for goods and services relating directly to patient care, plus expenses for administering health insurance programs and public health activities. This category is equivalent to total national health expenditures minus expenditures for investment in noncommercial research and structures and equipment.

Personal health care expenditures are outlays for goods and services relating directly to patient care. The expenditures are total national health expenditures minus expenditures for investment, health insurance program administration and the net cost of insurance, and public health activities.

Business, household, and other private expenditures are outlays for services provided or paid for by nongovernmental sources: consumers, private industry, and philanthropic and other non-patient-care sources.

Government expenditures are outlays for services provided or paid for by federal, state, and local government agencies or expenditures required by governmental

mandate (such as worker's compensation insurance payments).

Health insurance coverage—Health insurance is broadly defined to include both public and private payers who cover medical expenditures incurred by a defined population in a variety of settings.

National Health Interview Survey (NHIS)—For point-in-time health insurance estimates, NHIS respondents were asked about their coverage at the time of interview. For 1993–1996, respondents were asked about their coverage in the previous month. Questions on health insurance coverage were expanded starting in 1993 compared with previous years. In 1997, the entire questionnaire was redesigned and data were collected using a computer-assisted personal interview (CAPI). In 2007, questions on health insurance coverage were expanded again to include three new questions on high deductible health plans, health savings accounts, and flexible spending accounts.

Respondents were considered to be covered by private health insurance if they indicated private health insurance or, prior to 1997, if they were covered by a single-service hospital plan. Private health insurance includes managed care such as health maintenance organizations (HMOs).

Private insurance obtained through the workplace was defined as any private insurance that was originally obtained through a present or former employer or union, or, starting in 1997, through the workplace, self-employment, or a professional association.

Until 1996, persons were defined as having Medicaid or other public assistance coverage if they indicated that they had either Medicaid or other public assistance or if they reported receiving Aid to Families with Dependent Children (AFDC) or Supplemental Security Income (SSI). After welfare reform in late 1996, Medicaid was delinked from AFDC and SSI. Starting in 1997, persons were considered to be covered by Medicaid if they reported Medicaid or a state-sponsored health program. Starting in 1999, persons were considered covered by Medicaid if they reported coverage by the Children's Health Insurance Program (CHIP). Medicare or military health plan coverage was also determined in the interview, and starting in

1997 other government-sponsored program coverage was determined as well.

If respondents did not report coverage under one of the above types of plans and they had unknown coverage under either private health insurance or Medicaid, they were considered to have unknown coverage.

The remaining respondents without any indicated coverage were considered uninsured. The uninsured were persons who did not have coverage under private health insurance, Medicare, Medicaid, public assistance, a state-sponsored health plan, other government-sponsored programs, or a military health plan. Persons with only Indian Health Service coverage were considered uninsured. Estimates of the percentage of persons who were uninsured based on NHIS may differ slightly from those based on the March Current Population Survey (CPS) because of differences in survey questions, recall period, and other aspects of survey methodology.

In NHIS, on average, fewer than 2% of people 65 years of age and over reported no current health insurance coverage, but the small sample size precludes the presentation of separate estimates for this population. Therefore, the term "uninsured" refers only to the population under age 65.

Two additional questions were added to the health insurance section of NHIS beginning with the third quarter of 2004 (Table VII). One question was asked of persons 65 years of age and over who had not indicated that they had Medicare: "People covered by Medicare have a card which looks like this. [Are/Is] [person] covered by Medicare?" The other question was asked of persons under 65 years of age who had not indicated any type of coverage: "There is a program called Medicaid that pays for health care for persons in need. In this state it is also called [state name]. [Are/Is] [person] covered by Medicaid?"

Respondents who originally classified themselves as uninsured, but whose classification was changed to Medicare or Medicaid on the basis of a "yes" response to either question, subsequently received appropriate follow-up questions concerning periods of noncoverage for insured respondents. Of the 892 people (unweighted) who were eligible to receive the Medicare

Table VII. Percentage of persons under 65 years of age with Medicaid or who are uninsured, by selected demographic characteristics, using Method 1 and Method 2 estimation procedures: United States, 2004

Characteristic	Medicaid ¹		Uninsured ²	
	Method 2 ³	Method 1 ³	Method 2 ³	Method 1 ³
	Percent (standard error)			
Age				
Under 65 years	12.0 (0.24)	11.8 (0.24)	16.4 (0.23)	16.6 (0.23)
Under 18 years	25.4 (0.49)	24.9 (0.49)	9.2 (0.30)	9.7 (0.29)
18–64 years	6.6 (0.17)	6.5 (0.17)	19.3 (0.26)	19.4 (0.26)
Percent of poverty level ⁴				
Below 100%	47.5 (1.03)	46.6 (1.03)	29.6 (0.89)	30.5 (0.92)
100%–less than 200%	22.0 (0.59)	21.5 (0.60)	28.9 (0.66)	29.4 (0.66)
200% or more	2.9 (0.13)	2.8 (0.13)	9.4 (0.23)	9.5 (0.23)
Age and percent of poverty level ⁴				
Under 18 years:				
Below 100%	71.9 (1.35)	70.2 (1.35)	14.5 (1.15)	16.2 (1.22)
100%–less than 200%	39.2 (1.13)	38.4 (1.14)	15.0 (0.81)	15.8 (0.82)
200% or more	6.2 (0.33)	6.1 (0.33)	4.9 (0.30)	4.9 (0.30)
18–64 years:				
Below 100%	31.2 (1.02)	30.8 (1.02)	39.7 (1.09)	40.1 (1.09)
100%–less than 200%	12.0 (0.48)	11.8 (0.48)	37.0 (0.72)	37.2 (0.72)
200% or more	1.7 (0.11)	1.7 (0.10)	11.0 (0.26)	11.1 (0.26)
Hispanic origin and race ⁵				
Hispanic or Latino	22.2 (0.55)	21.5 (0.55)	34.4 (0.64)	35.1 (0.65)
Mexican	22.0 (0.63)	21.5 (0.63)	37.6 (0.82)	38.1 (0.83)
Not Hispanic or Latino	10.2 (0.25)	10.1 (0.25)	13.2 (0.23)	13.3 (0.23)
White only	7.4 (0.26)	7.4 (0.26)	12.0 (0.25)	12.1 (0.25)
Black or African American only	23.9 (0.80)	23.5 (0.79)	17.3 (0.58)	17.8 (0.58)

¹The category Medicaid includes persons who do not have private coverage, but who have Medicaid or other state-sponsored health plans, including the Children's Health Insurance Program (CHIP).

²The category uninsured includes persons who have not indicated that they are covered at the time of interview under private health insurance, Medicare, Medicaid, CHIP, a state-sponsored health plan, other government programs, or military health plan (includes VA, TRICARE, and CHAMP–VA). This category includes persons who are only covered by Indian Health Service (IHS) or only have a plan that pays for one type of service, such as accidents or dental care.

³Starting with the third quarter of 2004, two additional questions were added to the National Health Interview Survey (NHIS) insurance section to reduce potential errors in reporting of Medicare and Medicaid status. Persons 65 years of age and over not reporting Medicare coverage were asked explicitly about Medicare coverage, and persons under 65 years of age with no reported coverage were asked explicitly about Medicaid coverage. Estimates calculated without using the additional information from these questions are noted as Method 1. Estimates calculated using the additional information from these questions are noted as Method 2.

⁴Percent of poverty level is based on family income and family size and composition, using the U.S. Census Bureau's poverty thresholds. The percentage of respondents with unknown poverty level was 28.2% in 2004. See the NHIS Survey Description Document for 2004. Available from: <http://www.cdc.gov/nchs/data/nhis/srvydesc.pdf>.

⁵Persons of Hispanic origin may be of any race or combination of races. Similarly, the category Not Hispanic or Latino refers to all persons who are not of Hispanic or Latino origin, regardless of race.

SOURCE: CDC/NCHS, National Health Interview Survey, 2004, Family Core Component. Data are based on household interviews of a sample of the civilian noninstitutionalized population. Available from: <http://www.cdc.gov/nchs/data/hestat/impact04/impact04.htm>. See Appendix I, National Health Interview Survey (NHIS).

probe question in the third and fourth quarters of 2004, 55% indicated that they were covered by Medicare. Of the 9,146 people (unweighted) who were eligible to receive the Medicaid probe question in the third and fourth quarters of 2004, 3% indicated that they were covered by Medicaid. Estimates in *Health, United States* were calculated using the responses to the two additional probe questions. For a complete discussion of the effect of the addition of these two probe questions on the estimates for insurance coverage, see: Cohen RA, Martinez ME. Impact of Medicare and Medicaid probe questions on health insurance estimates from the National Health Interview Survey, 2004. Health E-Stats. NCHS. 2005. Available from: <http://www.cdc.gov/nchs/data/hestat/impact04/impact04.htm>.

Survey respondents may be covered by health insurance at the time of interview but may have experienced one or more lapses in coverage during the 12 months prior to interview. Starting with *Health, United States, 2006*, NHIS estimates have been presented for the following three exhaustive categories: (a) people with health insurance continuously for the full 12 months prior to interview, (b) those who had a period of up to 12 months prior to interview without coverage, and (c) those who were uninsured for more than 12 months prior to interview. This stub variable has been added to selected tables. Two additional NHIS questions were used to determine the appropriate category for the survey respondents: (a) all persons without a known comprehensive health insurance plan were asked, "About how long has it been since [person] last had health care coverage?" and (b) all persons with known health insurance coverage were asked, "In the past 12 months, was there any time when [person] did NOT have ANY health insurance coverage?"

[Also see [Appendix II, Children's Health Insurance Program \(CHIP\)](#); [Fee-for-service health insurance](#); [Health maintenance organization \(HMO\)](#); [Managed care](#); [Medicaid](#); [Medicare](#); [Uninsured](#).]

Health maintenance organization (HMO)—An HMO is a health care system that assumes or shares both the financial risks and the delivery risks associated with providing comprehensive medical services to a voluntarily enrolled population in a particular geographic area,

usually in return for a fixed, prepaid fee. Pure HMO enrollees use only the prepaid, capitated health services of the HMO panel of medical care providers. Open-ended HMO enrollees use the prepaid HMO health services but may also receive medical care from providers who are not part of the HMO panel. There is usually a substantial deductible, copayment, or coinsurance associated with use of nonpanel providers. HMO model types are as follows:

Group model HMO is an HMO that contracts with a single multispecialty medical group to provide care to the HMO's membership. The group practice may work exclusively with the HMO, or it may provide services to non-HMO patients as well. The HMO pays the medical group a negotiated per capita rate, which the group distributes among its physicians, usually on a salaried basis.

Staff model HMO is a closed-panel HMO (where patients can receive services only through a limited number of providers) in which physicians are HMO employees. The providers see members in the HMO's own facilities.

Network model HMO is an HMO that contracts with multiple physician groups to provide services to HMO members. It may include single or multispecialty groups.

Individual practice association (IPA) is a health care provider organization composed of a group of independent practicing physicians who maintain their own offices and band together for the purpose of contracting their services to HMOs, preferred provider organizations, and insurance companies. An IPA may contract with and provide services to both HMO and non-HMO plan participants.

Mixed model HMO is an HMO that combines features of more than one HMO model.

[Also see [Appendix II, Managed care](#); [Preferred provider organization \(PPO\)](#).]

Health services and supplies expenditures—See [Health expenditures, national](#).

Health status, respondent-assessed—Health status was measured in the National Health Interview Survey by asking the family respondent about his or her health or the health of a family member: "Would you say [person's] health in general is excellent, very good, good, fair, or poor?"

Hearing trouble—In the National Health Interview Survey, information about hearing trouble is obtained by asking respondents how well they hear without the use of hearing aids. Prior to 2007 data, respondents were asked, “Which statement best describes your hearing without a hearing aid: good, a little trouble, a lot of trouble, or deaf?” In *Health, United States*, a lot of trouble and deaf are combined into one category: hearing trouble. Starting with 2007 data, the question was revised to expand the response categories. Respondents were asked, “These next questions are about your hearing WITHOUT the use of hearing aids or other listening devices. Is your hearing excellent, good, a little trouble hearing, moderate trouble, a lot of trouble, or are you deaf?” For 2007 and subsequent data, a lot of trouble and deaf are still combined into the one category, hearing trouble, in *Health, United States*. However, because of the expanded response categories, 2007 and subsequent data are not strictly comparable with earlier years and caution is urged when interpreting trends. For example, in 2006, 3.5% of adults (18 years of age and over) were classified as having hearing difficulty (response categories: a lot of trouble or deaf). In 2007, 2.3% of adults (18 years and over) were classified as having hearing difficulty (response categories: a lot of trouble or deaf). This more than 30% decline from 2006 to 2007 in the estimate of those with hearing trouble is likely attributable to the addition of the moderate trouble response category, rather than changes in the prevalence of hearing trouble. Although all age groups saw a decline in the percentage reporting hearing trouble between 2006 and 2007, the amount of the decline varied. There was a 50% decline in reported hearing trouble among adults 18–44 years of age (from 0.8% in 2006 to 0.4% in 2007). Among adults 45–64 years, the percentage that reported hearing trouble declined 43%, from 3.5% in 2006 to 2.0% in 2007. Among adults 65 years and over, reported hearing trouble declined 24%, from 11.4% in 2006 to 8.7% in 2007. For all age groups, these declines are likely attributable to the additional response categories in the revised hearing question.

For more information, see: Pleis JR, Lucas JW. Summary health statistics for U.S. adults: National Health Interview Survey, 2007. *Vital Health Stat* 10(240). NCHS; 2009. Available from: http://www.cdc.gov/nchs/data/series/sr_10/sr10_240.pdf.

Hispanic origin—Hispanic or Latino origin includes persons of Mexican, Puerto Rican, Cuban, Central and South American, and other or unknown Latin American or Spanish origins. Persons of Hispanic origin may be of any race.

Birth file—The reporting area for an Hispanic-origin item on the birth certificate expanded between 1980 and 1993 [when the Hispanic item was included on the birth certificate in all states and the District of Columbia (D.C.)]. Trend data on births of Hispanic and non-Hispanic parentage in *Health, United States* are affected by expansion of the reporting area and by immigration. These two factors affect numbers of events, composition of the Hispanic population, and maternal and infant health characteristics.

In 1980 and 1981, information on births of Hispanic parentage was reported on the birth certificate by the following 22 states: Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Illinois, Indiana, Kansas, Maine, Mississippi, Nebraska, Nevada, New Jersey, New Mexico, New York, North Dakota, Ohio, Texas, Utah, and Wyoming. In 1982 Tennessee, and in 1983 D.C., began reporting this information. Between 1983 and 1987, information on births of Hispanic parentage was available for 23 states and D.C. In 1988, this information became available for Alabama, Connecticut, Kentucky, Massachusetts, Montana, North Carolina, and Washington state, increasing the number of states reporting information on births of Hispanic parentage to 30 states and D.C. In 1989, this information became available from an additional 17 states, increasing the number of Hispanic-reporting states to 47 and D.C. In 1989, only Louisiana, New Hampshire, and Oklahoma did not report Hispanic parentage on the birth certificate. With the inclusion of Louisiana in 1989 and Oklahoma in 1990 as Hispanic-reporting states, 99% of birth records included information on mother’s origin. Hispanic origin of the mother was reported on the birth certificates of 49 states and D.C. in 1991 and 1992; only New Hampshire did not provide this information. Starting in 1993, Hispanic origin of mother was reported by all 50 states and D.C.

Mortality file—The reporting area for an Hispanic-origin item on the death certificate expanded between 1985 and 1997. In 1985, mortality data by Hispanic origin of decedent

were based on deaths of residents of the following 17 states and D.C. whose data on the death certificate were at least 90% complete on a place-of-occurrence basis and of comparable format: Arizona, Arkansas, California, Colorado, Georgia, Hawaii, Illinois, Indiana, Kansas, Mississippi, Nebraska, New York, North Dakota, Ohio, Texas, Utah, and Wyoming. In 1986, New Jersey began reporting Hispanic origin of decedent, increasing the number of reporting states to 18 and D.C. in 1986 and 1987. In 1988, Alabama, Kentucky, Maine, Montana, North Carolina, Oregon, Rhode Island, and Washington state were added to the reporting area, increasing the number of states to 26 and D.C. In 1989, an additional 18 states were added, increasing the Hispanic reporting area to 44 states and D.C.; only Connecticut, Louisiana, Maryland, New Hampshire, Oklahoma, and Virginia were not included in the reporting area. Starting with 1990 data in *Health, United States*, the criterion was changed to include states whose data were at least 80% complete. In 1990, Maryland, Virginia, and Connecticut; in 1991 Louisiana; and in 1993 New Hampshire were added, increasing the reporting area for Hispanic origin of decedent to 47 states and D.C. in 1990; 48 states and D.C. in 1991 and 1992; and 49 states and D.C. in 1993–1996. Only Oklahoma did not provide this information in 1993–1996. Starting in 1997, Hispanic origin of decedent was reported by all 50 states and D.C. Based on data from the U.S. Census Bureau, the 1990 reporting area encompassed 99.6% of the U.S. Hispanic population. In 1990, more than 96% of death records included information on Hispanic origin of the decedent.

Starting with 2003 data, some states began using the 2003 revision of the U.S. Standard Certificate of Death, which allows the reporting of more than one race (multiple races) and includes some revisions in the item reporting Hispanic origin. In 2003, 7 states reported multiple-race data; in 2004, 15 states reported multiple-race data; in 2005, 21 states and D.C. reported multiple-race data; in 2006, 25 states and D.C. reported multiple-race data; in 2007, 27 states and D.C. reported multiple-race data; and in 2008, 34 states and D.C. reported multiple-race data. The effect of the 2003 revision of the Hispanic origin item on the reporting of Hispanic origin on death

certificates is presumed to be minor. For more information, see [Appendix II, Race](#). Also see: Miniño AM, Murphy SL, Xu J, Kochanek KD. Deaths: Final data for 2008. National vital statistics reports; vol 59 no 10. Hyattsville, MD: NCHS; 2011. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_10.pdf; and NCHS procedures for multiple-race and Hispanic origin data: Collection, coding, editing, and transmitting. Hyattsville, MD: NCHS; 2004. Available from: http://www.cdc.gov/nchs/data/dvs/Multiple_race_docu_5-10-04.pdf.

National Health Interview Survey (NHIS) and National Health and Nutrition Examination Survey (NHANES)—Questions on Hispanic origin are self-reported in NHANES III and subsequent years, and since 1976 in NHIS, and precede questions on race. For 1999–2006 data, the NHANES sample was designed to provide estimates specifically for persons of Mexican origin and not for all Hispanic-origin persons in the United States. Persons of Hispanic origin other than Mexican were entered into the sample with different selection probabilities that are not nationally representative of the total U.S. Hispanic population. Starting with 2007–2008 data collection, all Hispanic persons were oversampled, not just Mexican-American persons. For more information on the sampling methodology changes, see http://www.cdc.gov/nchs/nhanes/nhanes2007-2008/sampling_0708.htm. For more information on race and Hispanic origin in NHIS, see the NHIS Race and Hispanic Origin Information home page. Available from: <http://www.cdc.gov/nchs/nhis/rhoi.htm>.

Surveillance, Epidemiology, and End Results (SEER) Program—SEER data are available from the National Institutes of Health, National Cancer Institute. SEER Hispanic data used in *Health, United States* tables exclude data from Alaska. The North American Association of Central Cancer Registries, Inc. (NAACCR) Hispanic Identification Algorithm was used on a combination of variables to classify incidence cases as Hispanic for analytic purposes. See: NAACCR guideline for enhancing Hispanic–Latino identification. Bethesda, MD: National Cancer Institute; 2003. Available from: http://seer.cancer.gov/seerstat/variables/seer/yr1973_2004/race_ethnicity/.

Youth Risk Behavior Survey (YRBS)—Prior to 1999, a single question was asked about race and Hispanic origin, with the option of selecting one of the following categories: white not Hispanic, black not Hispanic, Hispanic or Latino, Asian or Other Pacific Islander, American Indian or Alaska Native, or other. Between 1999 and 2003, respondents were asked a single question about race and Hispanic origin with the option of choosing one or more of the following categories: white, black or African American, Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, or American Indian or Alaska Native. In 2005, 2007, and 2009, respondents were asked a question about Hispanic origin (“Are you Hispanic or Latino?”) and a second separate question about race that included the option of selecting one or more of the following categories: American Indian or Alaska Native, Asian, black or African American, Native Hawaiian or Other Pacific Islander, or white. Because of the differences between questions, the data about race and Hispanic ethnicity for the years prior to 1999 are not strictly comparable with estimates for the subsequent years. However, analyses of data collected between 1991 and 2003 have indicated that the data are comparable across years and can be used to study trends. See [Appendix II, Race](#); and see: Brener ND, Kann L, McManus T. A comparison of two survey questions on race and ethnicity among high school students. *Public Opin Q* 2003;67(2):227–36.

HIV—See [Human immunodeficiency virus \(HIV\) disease](#).

Home visit—Starting in 1997, the National Health Interview Survey has been collecting information on home visits received during the 12 months prior to interview. Respondents are asked “During the past 12 months, did you receive care at home from a nurse or other health care professional? What was the total number of home visits received?” These data are combined with data on visits to doctors’ offices, clinics, and emergency departments to provide a summary measure of health care visits. (Also see [Appendix II, Emergency department or emergency room visit; Health care contact](#).)

Hospital—According to the American Hospital Association (AHA), hospitals are licensed institutions with at least six beds whose primary function is to provide diagnostic and therapeutic

patient services for medical conditions; they have an organized physician staff and provide continuous nursing services under the supervision of registered nurses. The World Health Organization (WHO) considers an establishment to be a hospital if it is permanently staffed by at least one physician, can offer inpatient accommodation, and can provide active medical and nursing care. Hospitals may be classified by type of service, ownership, size in terms of number of beds, and length of stay. In the National Hospital Ambulatory Medical Care Survey, hospitals include all those with an average length of stay for all patients of less than 30 days (short-stay) or hospitals whose specialty is general (medical or surgical) or children’s general. Federal hospitals and hospital units of institutions and hospitals with fewer than six beds staffed for patient use are excluded. (Also see [Appendix II, Average length of stay; Bed, health facility; Days of care; Emergency department; Inpatient; Outpatient department](#).)

Community hospital—Community hospitals, based on the AHA definition, include all nonfederal, short-term general and special hospitals whose facilities and services are available to the public. Special hospitals include obstetrics and gynecology; eye, ear, nose, and throat; rehabilitation; orthopedic; and other specialty services. Short-term general and special children’s hospitals are also considered to be community hospitals. A hospital may include a nursing-home-type unit and still be classified as short-term, provided the majority of its patients are admitted to units where the average length of stay is less than 30 days. Hospital units of institutions such as prisons and college infirmaries that are not open to the public and are contained within a nonhospital facility are not included in the category of community hospitals. Traditionally, the definition included all nonfederal short-stay hospitals except facilities for the mentally retarded. In a revised definition, the following additional sites were excluded: hospital units of institutions, and alcoholism and chemical dependency facilities.

Critical access hospital—The designation critical access hospital (CAH) was created as part of the Balanced Budget Act of 1997. A CAH is a hospital that is certified to receive cost-based reimbursement from Medicare. The general requirements for CAHs are that they (a) be located in a rural area, (b) be more

than 35 miles from another hospital (or 15 miles in mountainous terrain), (c) maintain 25 or fewer inpatient beds, and (d) have an annual average length of stay of 96 hours or less per patient for acute inpatient care. For more information, see: https://www.cms.gov/CertificationandCompliance/04_CAHS.asp.

Federal hospital—Federal hospitals are those operated by the federal government.

For-profit hospital—For-profit hospitals are operated for profit by individuals, partnerships, or corporations.

General hospital—General hospitals provide diagnostic, treatment, and surgical services for patients with a variety of medical conditions. According to WHO, 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 in rural areas, that provide a more limited range of care.

Nonprofit hospital—Nonprofit hospitals are those controlled by nonprofit organizations, such as religious organizations and fraternal societies.

Psychiatric hospital—Psychiatric hospitals are those whose major type of service is psychiatric care. (Also see [Appendix II, Mental health organization](#).)

Registered hospital—Registered hospitals are those registered with the AHA. About 98% of U.S. hospitals are registered.

Short-stay hospital—In the National Hospital Discharge Survey, short-stay hospitals are those in which the average length of stay is less than 30 days. The National Health Interview Survey defines short-stay hospitals as any hospital or hospital department in which the type of service provided is general; maternity; eye, ear, nose, and throat; children's; or osteopathic.

Specialty hospital—Specialty hospitals are those, such as psychiatric, tuberculosis, chronic disease, rehabilitation, maternity, and alcoholic or narcotic dependency facilities, that provide a particular type of service to the majority of their patients.

Hospital-based physician—See [Physician](#).

Hospital day—See [Days of care](#).

Hospital utilization—Estimates of hospital utilization (such as hospital discharge rate, days of care rate, average length of stay, and percentage of the population with a hospitalization) presented in *Health, United States* are based on data from four sources: the Healthcare Cost and Utilization Project, Nationwide Inpatient Sample (HCUP–NIS); the National Health Interview Survey (NHIS); the National Hospital Discharge Survey (NHDS); and the American Hospital Association (AHA). HCUP–NIS data are based on hospital stays for persons discharged alive or deceased from about 1,000 hospitals sampled to approximate a 20% stratified sample of U.S. community hospitals. NHIS data are based on household interviews of the civilian noninstitutionalized population and thus exclude hospitalizations for institutionalized persons and those who died while hospitalized. NHDS data are based on hospital discharge records of persons who had an inpatient stay in a nonfederal, short-stay hospital. NHDS includes hospital discharge records for persons discharged alive or deceased and for institutionalized persons. The NHDS tables shown in *Health, United States* exclude data for newborns. Estimates for average length of stay between the NHDS and AHA data presented in *Health, United States* differ because of different methods for counting days of care. [Also see [Appendix II, Average length of stay; Days of care; Discharge](#); and [Appendix I, Healthcare Cost and Utilization Project \(HCUP\), Nationwide Inpatient Sample; National Health Interview Survey \(NHIS\); National Hospital Discharge Survey \(NHDS\)](#).]

Human immunodeficiency virus (HIV) disease—HIV disease is caused by infection with a cytopathic retrovirus, which in turn leads to destruction of parts of the immune system. A surveillance case for HIV requires laboratory-confirmed evidence of infection, including a positive result on a screening test for HIV antibody, followed by a positive result on a confirmatory test, or a positive result or detectable quantity on an HIV virologic test [see *MMWR* 2008;57(RR–10):1–8].

Since 1985, many states and U.S. dependent areas have implemented HIV case reporting as part of their comprehensive HIV and AIDS surveillance programs. As of April 2008, all states, the District of Columbia, and five U.S. independent areas had implemented HIV case surveillance using a confidential system for name-based case reporting for both HIV

infection and AIDS. To better capture and characterize populations in which HIV infection has been newly diagnosed, including persons with evidence of recent HIV infection, many states report the prevalence of those living with a diagnosis of HIV infection, including those living with AIDS. In 2008, changes were made to the case definition for HIV infection. The new case definition combined the two previous case definitions for HIV and AIDS and established a new disease staging classification. The term “HIV/AIDS” was replaced with the term “diagnosis of HIV infection” [see MMWR 2008;57(RR-10):1–8]. Mortality and morbidity coding for HIV disease are similar and have evolved over time.

Mortality coding—Starting with 1999 data and the introduction of the 10th revision of the *International Classification of Diseases* (ICD-10), the title for this cause of death was changed from HIV infection to HIV disease, and the ICD codes were changed to B20–B24. Starting with 1987 data, NCHS introduced category numbers *042–*044 for classifying and coding HIV infection as a cause of death in ICD-9. The asterisks before the category numbers indicate that these codes were not part of the original ICD-9. HIV infection was formerly referred to as human T-cell lymphotropic virus-III/lymphadenopathy-associated virus (HTLV-III/LAV) infection. Before 1987, deaths involving HIV infection were classified to Deficiency of cell-mediated immunity (ICD-9 code 279.1) contained in the title All other diseases; to Pneumocystosis (ICD-9 code 136.3) contained in the title All other infectious and parasitic diseases; to Malignant neoplasms, including neoplasms of lymphatic and hematopoietic tissues; and to a number of other causes. Therefore, before 1987, death statistics for HIV infection are not strictly comparable with data for 1987 and subsequent years and are not shown in *Health, United States*.

Morbidity coding—The National Hospital Discharge Survey codes diagnosis data using the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD-9-CM). During 1984 and 1985, only data for AIDS (ICD-9-CM code 279.19) were included. In 1986–1994, discharges with the following diagnoses were included: AIDS, HIV infection and associated conditions, and positive serological or viral culture findings for HIV (ICD-9-CM codes 042–044, 279.19, and 795.8). Beginning in 1995, discharges with

the following diagnoses were included: HIV disease and asymptomatic HIV infection status (ICD-9-CM codes 042 and V08).

[Also see [Appendix II, Acquired immunodeficiency syndrome \(AIDS\); Cause of death; International Classification of Diseases \(ICD\); International Classification of Diseases, 9th Revision, Clinical Modification \(ICD-9-CM\); Tables IV and X.](#)]

Hypertension—See [Blood pressure, high](#).

ICD; ICD codes—See [Cause of death; International Classification of Diseases \(ICD\)](#).

Illicit drug use—Illicit drug use refers to the use and misuse of illegal and controlled drugs.

Monitoring the Future (MTF) Study—In this school-based survey of secondary school students, information on illicit drug use is collected using self-completed questionnaires. The information is based on the following questions: “On how many occasions (if any) have you used marijuana in the last 30 days?” and “On how many occasions (if any) have you used hashish in the last 30 days?” Questions on cocaine use include the following: “On how many occasions (if any) have you taken crack (cocaine in chunk or rock form) during the last 30 days?” and “On how many occasions (if any) have you taken cocaine in any other form during the last 30 days?”

National Survey on Drug Use & Health (NSDUH)—Information on illicit drug use is collected for survey participants 12 years of age and over. Information on any illicit drug use includes any use of marijuana or hashish, cocaine, heroin, hallucinogens, or inhalants, as well as nonmedical use of prescription psychotherapeutic drugs. Current use (within the past month) is based on the question: “How long has it been since you last used (drug name)?” (Also see [Appendix II, Substance use](#).)

Immunization—See [Vaccination](#).

Incidence—Incidence is the number of cases of disease having their onset during a prescribed period of time. It is often expressed as a rate (e.g., the incidence of measles per 1,000 children 5–15 years of age during a specified year). Measuring incidence may be complicated because the population at risk for the disease may change during the period of interest, for example, due to births, deaths, or migration. In addition,

determining whether a case is new—that is, whether its onset occurred during the prescribed period of time—may be difficult. Because of these difficulties in measuring incidence, many health statistics are instead measured in terms of prevalence. (Also see [Appendix II, Prevalence.](#))

Income—See [Family income.](#)

Individual practice association (IPA)—See [Health maintenance organization \(HMO\).](#)

Industry of employment—For the presentation of data in *Health, United States*, industries are classified according to the North American Industry Classification System (NAICS). For each year of data presented, the most recent version of NAICS was used. NAICS groups establishments into industries based on their production or supply function: establishments using similar raw material inputs, capital equipment, and labor are classified in the same industry. This approach creates homogeneous categories well suited for economic analysis. NAICS uses a six-digit hierarchical coding system to classify all economic activity into 20 industry sectors. The first two digits of the six-digit code designate the highest level of aggregation, into the government and 19 private industry sectors ([Table VIII](#)). With the exception of the agriculture, forestry, farming, and hunting sector, private industry sectors are classified as goods- or service-producing. Mining, construction, and manufacturing are primarily goods-producing sectors, and the remaining 15 are entirely service-providing sectors. NAICS allows for the classification of 1,170 industries. For more information on NAICS, see: <http://www.census.gov/eos/www/naics/>.

NAICS replaces the Standard Industrial Classification (SIC) system, originally designed in the 1930s and revised and updated periodically to reflect changes in the U.S. economy. The last SIC revision was in 1987. The SIC system focused on the manufacturing sector of the economy and provided significantly less detail for the now-dominant service sector, including newly developed industries in information services, health care delivery, and high-tech manufacturing. Although some titles in SIC and NAICS are similar, there is little comparability between the two systems because industry groupings are defined differently. Estimates of deaths, injuries, and illnesses classified by NAICS should not be compared with earlier estimates that used SIC.

Table VIII. Codes for industries, based on the North American Industry Classification System (NAICS)

<i>Industry</i>	<i>Code</i>
Agriculture, forestry, fishing and hunting	11
Mining, quarrying, and oil and gas extraction	21
Utilities	22
Construction	23
Manufacturing	31–33
Wholesale trade	42
Retail trade	44–45
Transportation and warehousing	48–49
Information	51
Finance and insurance	52
Real estate and rental and leasing	53
Professional, scientific, and technical services	54
Management of companies and enterprises	55
Administrative and support and waste management and remediation services	56
Educational services	61
Health care and social assistance	62
Arts, entertainment, and recreation	71
Accommodation and food services	72
Other services, except public administration	81
Public administration	92

SOURCE: Bureau of Labor Statistics. Available from: <http://www.census.gov/eos/www/naics/>.

Starting with *Health United States, 2005*, health data by industry from the Bureau of Labor Statistics' Census of Fatal Occupational Injuries (CFOI) and Survey of Occupational Injuries and Illnesses (SOII) data systems are classified using the NAICS system and replace trends in occupational health data based on the SIC system in previous editions of *Health, United States*.

Infant death—An infant death is the death of a live-born child before his or her first birthday. Age at death may be further classified as neonatal or postneonatal. Neonatal deaths are those that occur before the 28th day of life; postneonatal deaths are those that occur within 28 days to under 1 year of age. (Also see [Appendix II, Rate: Death and related rates.](#))

Injury—The International Classification of External Causes of Injuries (ICECI) Coordination and Maintenance Group defines injury as a (suspected) bodily lesion resulting from acute overexposure to energy (this can be mechanical, thermal, electrical, chemical, or radiant)

Table IX. Codes for external causes of injury, from the *International Classification of Diseases, 9th Revision, Clinical Modification*

<i>External cause of injury category</i>	<i>E code</i>
All injury	E800–E869, E880–E929, E950–E999
Unintentional.	E800–E869, E880–E929
Motor vehicle traffic	E810–E819
Falls	E880–E886, E888
Struck by or against objects or persons	E916–E917
Caused by cutting and piercing instruments or objects.	E920
Intentional (suicide and homicide)	E950–E969, E979, E999.1
Undetermined.	E980–E989
Other (includes legal intervention and operations of war).	E970–E978, E990–E999.0

SOURCE: Recommended framework of E-code groupings for presenting injury morbidity data. Available from: http://www.cdc.gov/injury/wisqars/ecode_matrix.html, and the *International Classification of Diseases, 9th Revision, Clinical Modification*. Available from: <http://www.cdc.gov/nchs/icd/icd9cm.htm>.

interacting with the body in amounts or rates that exceed the threshold of physiological tolerance. The time between exposure to the energy and the appearance of an injury is short. In some cases, an injury results from an insufficiency of any of the vital elements (i.e., air, water, or warmth), as in strangulation, drowning, or freezing. Acute poisonings and toxic effects, including overdoses of substances and wrong substances given or taken in error are included, as are adverse effects and complications of therapeutic, surgical, and medical care. Psychological harm is excluded. Injuries can be intentional or unintentional (i.e., accidental). In NCHS data systems, external causes of nonfatal injuries are coded to the *International Classification of Diseases, 9th Revision, Clinical Modification*, Supplementary Classification of External Causes of Injury and Poisoning, and the codes are often referred to as E codes. See [Table IX](#) for a list of external causes of injury categories and E codes used in *Health, United States*. Also see the NCHS injury website at: <http://www.cdc.gov/nchs/injury.htm>; and see: ICECI Coordination and Maintenance Group. International Classification of External Causes of Injuries (ICECI), ver 1.2. Amsterdam, The Netherlands: Consumer Safety Institute; and Adelaide, Australia: Australian Institute of Health and Welfare National Injury Surveillance Unit. Flinders University; 2004. Available from: <http://www.who.int/classifications/icd/adaptations/iceci/en/index.html>. (Also see [Appendix II, Diagnosis; Injury-related visit](#).)

Injury-related visit—In the National Hospital Ambulatory Medical Care Survey (NHAMCS), an emergency department visit was considered injury-related if the physician diagnosis was injury-related or an external cause-of-injury code

(E code) was present (see [Table IX](#); [Table X](#) for applicable diagnosis and E codes). Starting with *Health, United States, 2008*, an injury-related visit was redefined as an initial injury visit. In the 2001–2009 NHAMCS, an initial injury visit was the first visit to an emergency department for an injury that was characterized by either the first-listed diagnosis being a valid injury diagnosis or by a valid first-listed E code, regardless of the diagnosis code. Visits for which the first-listed diagnosis or the first-listed E code was for a complication of medical care or for an adverse event were not counted as injury visits. For 2001–2004 and 2007–2009 data, the patient record form had a specific question on whether the episode of care was an initial visit for the problem. In the 2005 and 2006 surveys, this variable was not included, and in its place an imputed variable was constructed that indicated whether the visit was or was not the initial visit for the problem. For an explanation of the methodology used to create the imputed initial visit variable, see: <http://www.cdc.gov/nchs/data/ahcd/initialvisit.pdf>. For more information, see the CDC/NCHS Injury Data and resources website at: <http://www.cdc.gov/nchs/injury.htm>; and Fingerhut LA. Recommended definition of initial injury visits to emergency departments for use with the NHAMCS–ED data. Health E-Stats. NCHS. 2006. Available from: <http://www.cdc.gov/nchs/data/hestat/injury/injury.htm>. (Also see [Appendix II, Emergency department or emergency room visit; External cause of injury; Injury](#).)

Inpatient—An inpatient is a person who is formally admitted to the inpatient service of a hospital for observation, care, diagnosis, or treatment. (Also see [Appendix II, Admission; Average length of stay; Days of care; Discharge; Hospital](#).)

Table X. Codes for diagnostic categories, from the *International Classification of Diseases, 9th Revision, Clinical Modification*

<i>Diagnostic category</i>	<i>Code</i>
Childbirth	V27
Septicemia	038
Human immunodeficiency virus (HIV/AIDS) (1990–1994 data)	042–044, 279.19, 795.8
(Starting with 1995 data)	042, V08
Cancer, all	140–208, 230–234
Colorectal cancer	153–154, 197.5, 230.3–230.6
Lung/bronchus/tracheal cancer	162, 176.4, 197.0, 197.3, 231.1–231.2
Breast	174–175, 198.81, 233.0
Prostate	185, 233.4
Uterine fibroids	218
Diabetes	250
Dehydration	276.5
(Starting with 2006 data)	276.50–276.52
Alcohol and drug	291–292, 303–304, 305.0, 305.2–305.9
Schizophrenia, mood disorders, delusional disorders, nonorganic psychoses	295–298
Schizophrenia	295
Mood disorders	296
Dementia and Alzheimer’s disease	290, 294, 331.0
Heart disease	391–392.0, 393–398, 402, 404, 410–416, 420–429
Ischemic heart disease	410–414
Heart attack	410
Arrhythmias	427
Heart failure	428
Hypertension	401
Stroke	430–438
Acute bronchitis and bronchiolitis	466
Pneumonia	480–486, 487.0
Chronic obstructive pulmonary disease	490–492, 496
Asthma	493
Appendicitis	540–543
Gallstones	574
Kidney disease	580–589
Urinary tract infection	599.0
Hyperplasia of the prostate	600
Osteoarthritis	715, 721
Intervertebral disc disorders	722
Injury	800–909.2, 909.4, 909.9, 910–994.9, 995.5, 995.80–995.85
Fracture	800–829
Hip fracture	820
Internal organ injury	850–854, 860–869, 952, 995.55
Poisoning and toxic effects	960–989
Complications of care and adverse effects	996–999, 909.3, 909.5, 995.0–995.4, 995.6–995.7, 995.86, 995.89

Inpatient care—See [Hospital utilization; Mental health service type](#).

Inpatient day—See [Days of care](#).

Instrumental activities of daily living (IADL)—IADLs are activities related to independent living and include preparing meals, managing money, shopping for groceries or personal items, performing light or heavy housework, and using a telephone. In the National Health Interview

Survey, respondents are asked whether they or family members 18 years of age and over need the help of another person for handling routine IADL needs because of a physical, mental, or emotional problem.

In the Medicare Current Beneficiary Survey, if a sample person had any difficulty performing an activity by him- or herself and without special equipment, or did not perform the activity at all because of health problems, the person was

categorized as having a limitation in that activity. The limitation may have been temporary or chronic at the time of interview. Sample persons in the community answered health status and functioning questions themselves, if able to do so. For sample persons in a long-term care facility, a proxy such as a nurse answered questions about the sample person's health status and functioning. [Also see [Appendix II, Activities of daily living \(ADL\); Complex activity limitation; Limitation of activity.](#)]

Insurance—See [Health insurance coverage.](#)

Intermediate care facility—See [Nursing home.](#)

International Classification of Diseases (ICD)—The ICD is used to code and classify cause-of-death data. The ICD is developed collaboratively by the World Health Organization and 10 international centers, one of which is housed at NCHS. The purpose of the ICD is to promote international comparability in the collection, classification, processing, and presentation of health statistics. Since 1900, the ICD has been modified about once every 10 years, except for the 20-year interval between the 9th and 10th revisions (ICD-9 and ICD-10) ([Table III](#)). The purpose of the revisions is to stay abreast of advances in medical science. New revisions usually introduce major disruptions in time series of mortality statistics ([Tables IV](#) and [V](#)). For more information, see the NCHS ICD-10 website at: <http://www.cdc.gov/nchs/icd/icd10.htm>. [Also see [Appendix II, Cause of death; Comparability ratio; International Classification of Diseases, 9th Revision, Clinical Modification \(ICD-9-CM\).](#)]

International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)—ICD-9-CM is based on, and is compatible with, the World Health Organization's ICD-9. The United States currently uses ICD-9-CM to code morbidity diagnoses and inpatient procedures. ICD-9-CM consists of three volumes. Volumes 1 and 2 contain the diagnosis tabular list and index; Volume 3 contains the procedure classification (tabular list and index combined).

ICD-9-CM is divided into 17 chapters and two supplemental classifications. The chapters are arranged primarily by body system. In addition, there are chapters for Infectious and parasitic diseases; Neoplasms; Endocrine, nutritional, and metabolic diseases; Mental disorders; Complications of pregnancy, childbirth, and puerperium; Certain conditions originating in

the perinatal period; Congenital anomalies; and Symptoms, signs, and ill-defined conditions. The two supplemental classifications are for factors influencing health status and contact with health services (V codes), and for external causes of injury and poisoning (E codes).

In *Health, United States*, morbidity data are classified using ICD-9-CM. Diagnostic categories and codes for ICD-9-CM are shown in [Table X](#); ICD-9-CM procedure categories and codes are shown in [Table XI](#) and [Table XII](#). For more information about ICD-9-CM, see the NCHS Classification of Diseases, Functioning, and Disability website at: <http://www.cdc.gov/nchs/icd.htm>. [Also see [Appendix II, International Classification of Diseases \(ICD\).](#)]

Late fetal death rate—See [Rate: Death and related rates.](#)

Leading causes of death—See [Cause-of-death ranking.](#)

Length of stay—See [Average length of stay.](#)

Life expectancy—Life expectancy is the average number of years of life remaining to a person at a particular age and is based on a given set of age-specific death rates—generally the mortality conditions existing in the period mentioned. Life expectancy may be determined by sex, race and Hispanic origin, or other characteristics by using age-specific death rates for the population with that characteristic. (Also see [Appendix II, Rate: Death and related rates.](#))

U.S. life tables by Hispanic origin were available starting with 2006 data. Life expectancy data for the Hispanic population was not available before 2006 for three major reasons: (a) coverage of the Hispanic population in the U.S. mortality statistics system was incomplete, (b) misclassification of Hispanic persons on death certificate data underestimated deaths in the Hispanic population, and (c) misstatement of age at the oldest ages in the Hispanic population led to an underestimation of mortality at the oldest ages.

Hispanic origin was added to the U.S. standard death certificate in 1989, but it was not adopted by every state until 1997. By 1997, all states had reporting at rates over 99%. Research on race and Hispanic origin reporting on U.S. death certificates found that misclassification of race and Hispanic origin accounts for a net underestimate of 5% for total Hispanic deaths and 1% for total non-Hispanic black deaths, and

Table XI. Codes for procedure categories for National Hospital Discharge Survey data, from the International Classification of Diseases, 9th Revision, Clinical Modification

Procedure category	Code
Operations on vessels of heart (Through 2005 data)	36
Operations on vessels of heart (Starting with 2006 data)	36, 00.66
Coronary angioplasty or arthroctomy (Through 2005 data)	36.01, 36.02, 36.05
(Starting with 2006 data)	00.66
Coronary artery stent insertion	36.06, 36.07
Drug-eluting stent insertion	36.07
Coronary artery bypass graft (CABG)	36.1
Cardiac catheterization	37.21–37.23
Pacemaker	37.7–37.8
(Starting with 2003 data)	37.7–37.8, 00.50, 00.52, 00.53
Carotid (neck arteries) endarterectomy	38.12
Endoscopy of small intestine	45.11–45.14, 45.16
Endoscopy of large intestine	45.21–45.25
Gall bladder removal	51.2
Laparoscopic gall bladder removal	51.23, 51.24
Treatment of intra-abdominal scar tissue	54.5
Removal of prostate	60.2–60.6
Transurethral prostatectomy	60.2
Hysterectomy	68.3–68.5
Abdominal hysterectomy	68.4
Vaginal hysterectomy	68.5
Forceps, vacuum, and breech delivery	72
Episiotomy	72.1, 72.21, 72.31, 72.71, 73.6
Other procedures inducing or assisting delivery	73
Medical induction of labor	73.4
Cesarean section	74.0–74.2, 74.4, 74.99
Reduction of fracture	79.0–79.5, 76.7, 21.7, 02.02, 03.53
Excision of intervertebral disc and spinal fusion	80.5 and 81.0
Total hip replacement	81.51
Partial hip replacement	81.52
Total knee replacement	81.54
Mastectomy	85.4
CT scan	87.03, 87.41, 87.71, 88.01, 88.38
Arteriography and angiocardigraphy with contrast	88.4–88.5
Diagnostic ultrasound	00.2, 37.28, 88.7, 95.13
Magnetic resonance imaging	88.91–88.97
Mechanical ventilation (1990–1991 data)	93.92
(Starting with 1992 data)	96.7

a net overestimate of 0.5% for non-Hispanic white deaths. To address the effects of age misstatement at the oldest ages, the probability of death for Hispanic persons over 80 years of age is estimated as a function of non-Hispanic white mortality with the use of the Brass relational logit model. For more information, see: Arias E. United States life tables by Hispanic origin. Vital Health Stat 2(152). NCHS. 2010. Available from: http://www.cdc.gov/nchs/data/series/sr_02/sr02_152.pdf.

Starting with 2000 data, a revised methodology was implemented that uses vital statistics death are rates for ages under 66 years and modeled probabilities of death for ages 66–100 years

based on blended vital statistics and Medicare probabilities of dying. As a result, data post-2000 may differ from figures published previously. The revised methodology is similar to that developed for the 1999–2001 decennial life tables. For more information, see: Xu JQ, Kochanek KD, Murphy SL, Tejada-Vera B. Deaths: Final data for 2007. National vital statistics reports; vol 58 no 19. Hyattsville, MD: NCHS; 2010. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_19.pdf.

Limitation of activity—Limitation of activity may be defined in different ways, depending on the conceptual framework. In the National Health Interview Survey, limitation of activity

Table XII. Codes for procedure categories for Healthcare Cost and Utilization Project data, from the International Classification of Diseases, 9th Revision, Clinical Modification

Procedure category	Code
Amputation of lower extremity (amputation of lower limb)	84.10–84.19
Appendectomy	47.0, 47.01, 47.09, 47.1, 47.11, 47.19
Arthroplasty knee (knee replacement)	00.80–00.84, 81.41–81.44, 81.46, 81.47, 81.54, 81.55
Cesarean section	74.0, 74.1, 74.2, 74.4, 74.99
Cholecystectomy (gall bladder removal).	51.21–51.24, 51.41–51.43, 51.49, 51.51, 51.59
Colorectal resection (removal of part of the bowel)	17.31–17.36, 17.39, 45.71–45.76, 45.79, 45.8, 45.81–45.83, 48.40–48.43, 48.49, 48.5, 48.50–48.52, 48.59, 48.61–48.66, 48.69
Coronary artery bypass graft (CABG)	36.10–36.17, 36.19, 36.2, 36.3, 36.31–36.34, 36.39
Endarterectomy (plaque removal from artery lining of brain, head, neck)	38.11, 38.12
Heart valve procedures	35.00–35.04, 35.10–35.14, 35.20–35.28, 35.96, 35.97 35.99
Hip replacement	00.70–00.77, 00.85–00.87, 81.51–81.53, 81.69
Hysterectomy	68.3, 68.31, 68.39, 68.4, 68.41, 68.49, 68.5, 68.51, 68.59, 68.6, 68.61, 68.69, 68.7, 68.71, 68.79, 68.9
Incision and excision of CNS (brain surgery)	01.01, 01.09, 01.21–01.28, 01.31, 01.32, 01.39, 01.41, 01.42, 01.51–01.53, 01.59
Insertion, revision, replacement, removal of cardiac pacemaker	00.50–00.54, 00.56, 00.57, 17.51, 17.52, 37.70–37.83, 37.85–37.87, 37.89, 37.94–37.98
Laminectomy (spine surgery)	03.02, 03.09, 80.5, 80.50, 80.51, 80.59, 84.59–84.69, 84.80–84.85
Ligation of fallopian tubes (“tying” of fallopian tubes)	66.21, 66.22, 66.29, 66.31, 66.32, 66.39
Oophorectomy (removal of one or both ovaries).	65.3, 65.31, 65.39, 65.4, 65.41, 65.49, 65.51–65.54, 65.61–65.64
Percutaneous coronary angioplasty (PTCA) (balloon angioplasty).	00.66, 36.01, 36.02, 36.05
Small bowel resection (removal of part of the small bowel).	45.61–45.63
Spinal fusion.	81.00–81.09, 81.30–81.39, 81.61–81.64, 84.51
Tonsillectomy and/or adenoidectomy	28.2, 28.3, 28.6, 28.7
Treatment, fracture or dislocation of hip and femur.	78.55, 78.65, 79.05, 79.15, 79.25, 79.35, 79.45, 79.55, 79.65, 79.75, 79.85, 79.95

NOTE: Procedures were classified by the Clinical Classifications Software (CCS). For more information, see: <http://www.hcup-us.ahrq.gov/toolssoftware/ccs/AppendixBSinglePR.txt>.

SOURCE: Agency for Healthcare Research and Quality.

refers to a long-term reduction in a person’s capacity to perform the usual kind or amount of activities associated with his or her age group as a result of a chronic condition. Limitation of activity is assessed by asking persons a series of questions about limitations in their or a household member’s ability to perform activities usual for their age group because of a physical, mental, or emotional problem. Persons are asked about limitations in activities of daily living, instrumental activities of daily living, play, school, work, difficulty walking or remembering, and any other activity limitations. For reported limitations, the causal health conditions are determined, and persons are considered limited if one or more of these conditions is chronic. Children under 18 years of age who receive special education or early intervention services are considered to have a limitation of activity. [Also see [Appendix II, Activities of daily living \(ADL\); Instrumental activities of daily living \(IADL\)](#).]

Long-term care facility—A long-term care facility is a residence that provides a specific level of personal or medical care or supervision to residents. In the Medicare Current Beneficiary Survey, a residence is considered a long-term care facility if it has three or more long-term care beds and answers affirmatively to at least one of three questions: “Does this facility (a) provide personal care services to residents, (b) provide continuous supervision of residents, (c) provide any long-term care?” Types of long-term care facilities include licensed nursing homes, skilled nursing homes, intermediate care facilities, retirement homes (that provide services), domiciliary or personal care facilities, distinct long-term care units in a hospital complex, mental health facilities and centers, assisted and foster care homes, and institutions for the mentally retarded and developmentally disabled. (Also see [Appendix II, Nursing home](#).)

Low birthweight—See [Birthweight](#).

Magnetic resonance imaging (MRI) unit—MRI is an imaging technique designed to visualize internal structures of the body by using magnetic and electromagnetic fields that induce a resonance effect of hydrogen atoms. The electromagnetic emission created by these atoms is registered and processed by a dedicated computer to produce images of the body structures.

Mammography—A mammogram is an x-ray image of the breast used to detect irregularities in breast tissue. In the National Health Interview Survey, questions concerning use of mammography were asked on an intermittent schedule, and question content differed across years. In 1987 and 1990, women were asked to report when they had their last mammogram. In 1991, women were asked whether they had a mammogram in the past 2 years. In 1993 and 1994, women were asked whether they had a mammogram within the past year, between 1 and 2 years ago, or over 2 years ago. In 1998, women were asked whether they had a mammogram a year ago or less, more than 1 year but not more than 2 years, or more than 2 years ago.

In 1999, women were asked when they had their most recent mammogram, in days, weeks, months, or years. Ten percent of women in the sample responded “2 years ago,” and in this analysis these women were coded as within the past 2 years, although a response of 2 years ago may include women whose last mammogram was more than 2 but less than 3 years ago. Thus, estimates for 1999 are overestimated to some degree in comparison with estimates in previous years.

In 2000 and 2003, women were asked when they had their most recent mammogram (give month and year). Women who did not respond were given a follow-up question that used the 1999 wording, and women who did not answer the question with the 1999 wording were asked a second follow-up question that used the 1998 wording. In 2000 and 2003, 2% of women in the sample answered “2 years ago” using the 1999 wording, and they were coded as within the past 2 years. Thus, estimates for 2000 and 2003 may be slightly overestimated in comparison with estimates for years prior to 1999.

In 2005, women were asked the same series of mammography questions as in the 2000 and

2003 surveys but the skip pattern was modified so that more women were asked the follow-up question using the 1998 wording. Because additional information was available for women who replied that their last mammogram was 2 years ago, these women were not uniformly coded as having had a mammogram within the past 2 years. Thus, estimates for 2005 are more precise than estimates for 1999, 2000, and 2003 and are slightly lower than they would have been without this additional information. For example, using the improved methodology instituted in 2005, 66.8% of women 40 years of age and over reported a mammogram in the past 2 years, compared with an estimate of 68.7% in 2005 using the method employed in 2000 and 2003. SAS code to categorize mammography data for 2000 and beyond is available from: http://www.cdc.gov/nchs/nhis/nhis_2005_data_release.htm.

In 2008 and 2010, the mammography questions were identical to those asked in 2005.

Mammography screening recommendations have changed over time and vary in the recommended age to begin screening and the interval for screening. For a summary of current and historic recommendations see: U.S. Preventive Services Task Force. Screening for breast cancer. Rockville, MD: Agency for Healthcare Research and Quality; 2009. Available from: <http://www.uspreventiveservicestaskforce.org/uspstf/uspstfbrca.htm>; and see: U.S. Preventive Services Task Force. Guide to clinical preventive services, 2010–2011. Rockville, MD: Agency for Healthcare Research and Quality; 2011. Available from: <http://www.ahrq.gov/clinic/pocketgd1011/>.

Managed care—“Managed care” is a term originally used to refer to prepaid health plans (generally, health maintenance organizations, or HMOs) under which care is provided through a network of providers under a fixed budget and costs are “managed.” Increasingly, the term is also being used to include preferred provider organizations (PPOs) and even forms of indemnity insurance coverage (i.e., “fee-for-service” insurance).

Medicare managed care has included a combination of risk-based and cost-based plans. Risk-based plans receive a fixed prepayment per beneficiary per month to cover the cost of all covered services that a beneficiary may receive. The Centers for Medicare & Medicaid Services (CMS) announces a “benchmark” amount each year for each county for coverage of Medicare

Part A and B services. A managed care plan contracting with Medicare then submits a “bid” representing its revenue needs to cover such services. If the bid is above the benchmark, this amount must be charged in a premium to the enrollees of the plan. If the bid is below the benchmark, then a portion of the difference must be used to provide additional benefits to enrollees, with the Medicare trust funds receiving the remaining share. Cost-based plans are offered by an HMO or a Competitive Medical Plan and receive reimbursement for their “reasonable costs” in providing Medicare services to enrollees, based on annual cost reports filed with CMS. For current definitions of the various Medicare managed care plans, see: CMS. Medicare managed care manual, ch 1, sec 30, Types of MA plans. Baltimore, MD: CMS; 2007. Available from: <http://www.cms.gov/manuals/downloads/mc86c01.pdf>.

Medicare enrollees have the choice to enroll in a managed care program (if available) or to receive services on a fee-for-service basis.

The two major Medicaid managed care categories are risk-based plans [managed care organizations (MCOs)] and primary care case management (PCCM) arrangements. In risk-based plans, MCOs are paid a fixed monthly fee per enrollee. The MCOs assume some or all of the financial risk for providing the services covered under the contract. PCCM providers are usually physicians, physician group practices, or entities employing or having other arrangements with such physicians but sometimes also including nurse practitioners, nurse midwives, or physician assistants. These providers, sometimes called gatekeepers, contract directly with the state to locate, coordinate, and monitor covered primary care (and sometimes additional services). PCCM providers are paid a per-patient case management fee and usually do not assume financial risk for the provision of services. Some states allow Medicaid enrollees to voluntarily enroll in managed care plans; most states require that at least certain categories of Medicaid beneficiaries join managed care plans. Within both risk-based plans and PCCM arrangements there are plans that provide specialized services to certain categories of Medicaid beneficiaries. For more information on state Medicaid managed care plans, see <http://www.medicaid.gov>.

[Also see [Appendix II, Health maintenance organization \(HMO\)](#); [Medicare](#); [Medicaid](#); [Preferred provider organization \(PPO\)](#).]

Marital status—Marital status is classified through self-reporting into the categories married and unmarried. The term “married” encompasses all married people, including those separated from their spouses. “Unmarried” includes those who are single (never married), divorced, or widowed. Prior to 1978, abortion data collected by the CDC’s Abortion Surveillance Program included separated women with unmarried women.

Birth file—In 1970, 39 states and the District of Columbia (D.C.), and in 1975, 38 states and D.C., included a direct question about mother’s marital status on the birth certificate. Since 1980, national estimates of births to unmarried women have been based on two methods for determining marital status: a direct question in the birth registration process and inferential procedures. In 1980–1996, marital status was reported on the birth certificates of 41–45 states and D.C.; with the addition of California in 1997, 46 states and D.C.; and in 1998–2001, 48 states and D.C. In 1997, all but four states (Connecticut, Michigan, Nevada, and New York), and in 1998, all but two states (Michigan and New York), included a direct question about mother’s marital status on their birth certificates. In 1998–2007, marital status was imputed as married on birth records with missing information in the 48 states and D.C. where this information was obtained by a direct question.

For states lacking a direct question, marital status was inferred. Before 1980, the incidence of births to unmarried women in states with no direct question on marital status was assumed to be the same as the incidence in reporting states in the same geographic division. Starting in 1980, for states without a direct question, marital status was inferred by comparing the parents’ and child’s surnames. For 1994–1996, birth certificates in 45 states and the D.C. included a question about the mother’s marital status. Beginning in 1997, the marital status of women giving birth in California and Nevada has been determined by a direct question in the birth registration process. Beginning June 15, 1998, Connecticut discontinued inferring the mother’s marital status and added a direct question regarding mother’s marital status to the state’s birth certificate.

For 2006–2008 data, inferential procedures were used to compile birth statistics by marital status, in full or in part, for New York and Michigan, respectively. In 2005, Michigan added a direct question to the birth registration process but uses inferential procedures to update information collected using the direct question. In both Michigan and New York, a birth is inferred as nonmarital if either of these factors, listed in priority-of-use order, is present: (a) a paternity acknowledgment was received or (b) the father's name is missing.

National Health Interview Survey (NHIS)—In NHIS, marital status is asked of, or about, all persons 14 years of age and over. Respondents are asked: “Are you now married, widowed, divorced, separated, never married, or living with a partner?”

Maternal age—See [Age](#).

Maternal education—See [Education](#).

Medicaid—Medicaid was authorized in 1965 and became Title XIX of the Social Security Act. Medicaid is a jointly funded cooperative venture between the federal and state governments to assist states in the provision of adequate medical care to eligible persons. Within broad federal guidelines, each state establishes its own eligibility standards; determines the type, amount, duration, and scope of services; sets the rate of payment for services; and administers its own program.

Medicaid is the largest program providing medical and health-related services to America's poorest people. However, Medicaid does not provide medical assistance to all persons with limited income and resources. Under the broadest provisions of the federal statute, Medicaid does not provide health care services for very poor childless adults under 65 years of age unless they are disabled. The major eligibility groups covered by most states include

- Individuals who meet the requirements for the Aid to Families with Dependent Children (AFDC) program that were in effect in their state on July 16, 1996 or, at state option, more liberal criteria (with some exceptions).
- Children under age 6 whose family income is at or below 133% of the federal poverty level.
- Infants born to Medicaid-eligible women.
- Pregnant women whose family income is at

or below 133% of the federal poverty level (services to these women are limited to those related to pregnancy, complications of pregnancy, delivery, and postpartum care).

- Supplemental Security Income (SSI) recipients in most states (some states use more restrictive Medicaid eligibility requirements that predate SSI).
- Recipients of adoption or foster care assistance under Title IV of the Social Security Act.
- Special protected groups (typically individuals who lose their cash assistance because of earnings from work or from increased Social Security benefits but who may keep Medicaid for a period of time).
- Children who are at least 6 years of age, but under 19 years, in families with incomes at or below the federal poverty level.

States also have the option of providing Medicaid coverage for other groups.

Medicaid operates as a vendor payment program. States may pay health care providers directly on a fee-for-service basis, or states may pay for Medicaid services through various prepayment arrangements, such as through health maintenance organizations or other forms of managed care. Within federally imposed upper limits and specific restrictions, each state for the most part has broad discretion in determining the payment methodology and payment rate for services. Thus, the Medicaid program varies considerably from state to state, as well as within each state over time. For more information see: <http://www.medicaid.gov/>.

[Also see [Appendix II, Health expenditures, national](#); [Health insurance coverage](#); [Health maintenance organization \(HMO\)](#); [Managed care](#); and [Appendix I, Medicaid Statistical Information System \(MSIS\)](#).]

Medicaid payments—Under the Medicaid program, medical vendor payments are payments (expenditures) to medical vendors from the state through a fiscal agent, or to a health insurance plan. Adjustments are made for Indian Health Service payments to Medicaid, cost settlements, third-party recoupments, refunds, voided checks, and other financial settlements that cannot be related to specific provided claims. Excluded are payments made for medical care under the emergency assistance provisions; payments made from state medical

assistance funds that are not federally matchable; disproportionate-share hospital payments, cost sharing, or enrollment fees collected from recipients or a third-party; and administration and training costs. Medicaid payment data presented in *Health, United States* are from the Medical Statistical Information System (MSIS). MSIS payment data are from electronic Medicaid data submitted to the Centers for Medicare & Medicaid Services by each state. Payment data are based on adjudicated claims for medical services reimbursed with Title XIX funds.

Medical specialty—See [Physician specialty](#).

Medicare—Medicare is a nationwide health insurance program providing health insurance protection to selected groups, regardless of income. The groups covered include most people 65 years of age and over; people entitled to Social Security or Railroad Retirement disability benefits for at least 24 months (with limited exceptions for people with specific diagnoses); government employees with Medicare-only coverage who have been disabled for more than 29 months (with the waiting period waived or reduced in certain situations); most people with end-stage renal disease; and certain people in the Libby, Montana, vicinity who are diagnosed with asbestos-related conditions. The program was enacted July 30, 1965, as Title XVIII, Health Insurance for the Aged, of the Social Security Act, and became effective July 1, 1966. From its inception, it has included two separate but coordinated programs: hospital insurance (Part A) and supplementary medical insurance (Part B). In 1999, additional choices were allowed for delivering Medicare Part A and Part B benefits. Medicare Advantage (previously Medicare+Choice) (Part C) is an expanded set of options for the delivery of health care under Medicare, created in the Balanced Budget Act passed by Congress in 1997. The term “Medicare Advantage” refers to options other than those in original Medicare. Although all Medicare beneficiaries can receive their benefits through the original fee-for-service program, most beneficiaries enrolled in both Part A and Part B can choose to participate in a Medicare Advantage plan instead. Organizations that seek to contract as Medicare Advantage plans must meet specific organizational, financial, and other requirements. Most Medicare Advantage plans are coordinated care plans, which include health maintenance organizations, preferred provider

organizations, private fee-for-service plans, provider-sponsored organizations, medical savings account (MSA) plans—which provide benefits after a single high deductible is met—and special needs plans. Only the coordinated care plans are considered managed care plans. Medicare Advantage plans are generally paid on a capitation basis, meaning that a fixed, predetermined amount per month per member is paid to the plan, without regard to the actual number and nature of services used by members. Medicare Advantage plans are required to provide at least those services covered by Parts A and B, except hospice services. Plans may (and in certain situations must) provide extra benefits (such as vision or hearing coverage) or reduce cost sharing or premiums.

The Medicare Prescription Drug, Improvement, and Modernization Act (also called the Medicare Modernization Act, or MMA) was passed December 8, 2003. The MMA established a voluntary drug benefit for Medicare beneficiaries and created a new Medicare Part D. People eligible for Medicare could begin to enroll in Part D beginning in January 2006. For more information see: <http://www.medicare.gov/publications/pubs/pdf/10050.pdf> and <https://www.cms.gov/MedicareProgramRatesStats/downloads/MedicareMedicaidSummaries2010.pdf>. [Also see [Appendix II, Fee-for-service health insurance](#); [Health insurance coverage](#); [Health maintenance organization \(HMO\)](#); [Managed care](#); and [Appendix I, Medicare Administrative Data](#).]

Mental health organization—The Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration defines a mental health organization as an administratively distinct public or private agency or institution whose primary concern is provision of direct mental health services to persons with mental illness or persons with emotional disturbance. Excluded are private office-based practices of psychiatrists, psychologists, and other mental health providers; psychiatric services of all types of hospitals or outpatient clinics operated by federal agencies other than the Department of Veterans Affairs (e.g., Public Health Service, Indian Health Service, Department of Defense, and Bureau of Prisons); nonfederal general hospitals that have no separate psychiatric services but admit psychiatric patients to nonpsychiatric units; and psychiatric services of schools, colleges, halfway houses, community residential organizations,

local and county jails, state prisons, and other human services providers. The major types of mental health organizations are described below.

Psychiatric hospital—These hospitals primarily provide 24-hour inpatient care and treatment in a hospital setting to persons with mental illness. Psychiatric hospitals may be under state or county (public), private for profit, or private nonprofit auspices.

General hospital psychiatric service—These are organizations that provide psychiatric services with assigned staff for 24-hour inpatient or residential care and/or less than 24-hour outpatient care in a separate ward, unit, floor, or wing of the hospital.

Department of Veterans Affairs medical center—These are hospitals operated by the Department of Veterans Affairs (formerly the Veterans Administration) that include general hospital psychiatric services (including large neuropsychiatric units) and psychiatric outpatient clinics.

Residential treatment center for children with emotional disturbance—These centers must meet all of the following criteria: (a) provide 24-hour residential services; (b) are not licensed as a psychiatric hospital and have the primary purpose of providing individually planned mental health treatment services in conjunction with residential care; (c) include a clinical program directed by a psychiatrist, psychologist, social worker, or psychiatric nurse with a graduate degree; (d) serve children and youth primarily under age 18; and (e) have the primary diagnosis as mental illness, classified as other than mental retardation, developmental disability, or substance-related disorders, according to the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, 2nd edition (DSM-II); *International Classification of Diseases* adapted for use in the United States (ICDA), 8th revision (ICDA-8); DSM, 3rd edition, revised (DSM-III-R); or ICD, 9th revision, Clinical Modification (ICD-9-CM) codes, for the majority of admissions.

Residential treatment centers for adults—These centers provide individually planned programs of mental health treatment services in residential care (not hospital inpatient) settings for adults.

Freestanding psychiatric outpatient clinic—These clinics provide only outpatient mental health services on either a regular or emergency basis. A psychiatrist generally assumes the medical responsibility for services.

Freestanding partial care organization—These organizations provide a program of ambulatory mental health services or rehabilitation, habitation, or education programs.

Multiservice (multisetting) mental health organization—These organizations provide services in both 24-hour and less-than-24-hour settings and are not classifiable as a psychiatric hospital, nonfederal general hospital, or residential treatment center for children with emotional disturbance. [The classification of a psychiatric or nonfederal general hospital or residential treatment center for children with emotional disturbance takes precedence over a multiservice (multisetting) classification, even if two or more services are offered.]

(Also see [Appendix II, Admission; Mental health service type.](#))

Mental health service type—“Mental health service type” refers to the following types of mental health service settings:

24-hour mental health inpatient care, formerly called inpatient care, provides care in a mental health hospital setting.

24-hour residential treatment care provides overnight mental health care in conjunction with an intensive treatment program. Facilities may offer care to children with emotional disturbance or adults with mental illness.

Less-than-24-hour care, formerly called outpatient treatment or partial (day/night) care, provides mental health services on an ambulatory basis.

(Also see [Appendix II, Admission; Mental health organization.](#))

Metropolitan statistical area (MSA)—The Office of Management and Budget (OMB) defines MSAs according to published standards that are applied to U.S. Census Bureau data. The standards are revised periodically, generally prior to the decennial census. The standards are applied to the census data to delineate the

statistical areas. Revisions to the areas are implemented between censuses using updated population estimates. The most recent standards were released in June 2010 (available from: http://www.whitehouse.gov/sites/default/files/omb/assets/fedreg_2010/06282010_metro_standards-Complete.pdf) but have not yet been applied to the 2010 census data. Therefore, no data presented in *Health, United States* are based on the 2010 standards. In the 2000 standards, an MSA is a county or group of contiguous counties that contains at least one urbanized area of 50,000 or more population. In addition to the county or counties that contain all or part of the urbanized area, an MSA may contain other counties if there are strong economic ties with the central county or counties, as measured by commuting. Counties that are not within an MSA are considered to be nonmetropolitan. For more information, see: <http://www.census.gov/population/metro/> and http://www.whitehouse.gov/omb/bulletins_fy05_b05-02. (Also see [Appendix II, Urbanization](#).)

For respondents to the National Health Interview Survey (NHIS), designation of place of residence as metropolitan or nonmetropolitan is based on the following MSA definitions: for 2006 and beyond, on the June 2003 OMB definitions (2000 OMB standards applied to 2000 census data); for 1995–2005, on the June 1993 OMB definitions (1990 OMB standards applied to 1990 census data); and for 1985–1994, on the June 1983 OMB definitions (1980 OMB standards applied to 1980 census data). For estimates based on 2006 NHIS data combined with earlier years of NHIS, metropolitan status of residence for all years involved is based on the June 2003 definitions. Introduction of each set of standards may create a discontinuity in trends. For example, when coding is based on the 2000 census data and the standards, the percentage of the population under 65 years of age obtaining private insurance through the workplace in 2005 was 64.3% for persons residing within MSAs and 59.7% for persons living outside MSAs; when coding is based on the 1990 standards and 1990 census data, the percentages are 64.5% and 59.6%, respectively.

Designation of place of residence as metropolitan or nonmetropolitan for respondents to the National Immunization Survey (NIS) is based on 2000 census data and the MSAs delineated in 2003 and the following versions and revisions of MSA definitions: for quarter 1 of 2009, on the November 2007 definitions; for 2008, on the December 2006 definitions; for quarter 4 of 2007, on the December 2006 definitions; for quarters

1–3 of 2007, on the December 2005 definitions; for 2006, on the November 2004 definitions; for 2005, on the December 2003 definitions; for quarters 3 and 4 of 2004, on the December 2003 definitions; and for quarters 1 and 2 of 2004 and quarter 4 of 2003, on the June 2003 definitions. For more information, see: <http://www.census.gov/population/www/metroareas/metroarea.html>.

Micropolitan statistical area—The Office of Management and Budget (OMB) defines micropolitan statistical areas based on published standards that are applied to U.S. Census Bureau data. The standards are revised periodically, generally prior to the decennial census. The standards are applied to the census data to delineate statistical areas. Revisions to the areas are implemented between censuses using updated population estimates. A micropolitan statistical area is a nonmetropolitan county or group of contiguous nonmetropolitan counties that contains an urban cluster of 10,000–49,999 persons. A micropolitan statistical area may include surrounding counties if there are strong economic ties with the central county or counties as measured by commuting. Nonmetropolitan counties that are not classified as part of a micropolitan statistical area are considered nonmicropolitan. For more information about micropolitan statistical areas, see <http://www.census.gov/population/metro/>. (Also see [Appendix II, Urbanization](#).)

Multiservice mental health organization—See [Mental health organization](#).

Multum Lexicon Plus therapeutic class—Starting with 2003 data, NCHS used Lexicon Plus (Cerner Multum, Inc., Denver, CO), a proprietary database, to assist with data editing and classification of human drugs. Starting with 2005 data, Lexicon Plus has also been used to assist with data collection. Data collected before 2003 were updated by adding a generic drug code from Lexicon Plus.

Lexicon Plus is a comprehensive database of all prescription and some nonprescription drug products available in the U.S. drug market. It uses a three-level nested category system to assign a therapeutic classification to each drug [e.g., for atenolol: cardiovascular agents (level 1); beta-adrenergic blocking agents (level 2); cardioselective beta blockers (level 3)]. Not all drugs have three classification levels; some may only have two [e.g., for diltiazem: cardiovascular agents (level 1); calcium channel blocking agents (level 2)]. Other drugs may have only one

classification level. All drugs in NCHS surveys were assigned into a Lexicon Plus drug category, even those drugs not found in the Lexicon Plus drug database. “Unspecified” drugs were assigned to their respective therapeutic category (e.g., hormones—unspecified: category id = 97, category name = hormones).

Data presented in *Health, United States* that use Lexicon Plus are based on the second level of the nested category system (e.g., calcium channel blocking agents). A drug may have up to four drug therapeutic categories; drugs classified into more than one class were counted in each class. For example, if a person reported taking lorazepam, that respondent was classified as taking an anticonvulsant and an anxiolytic, sedatives, and hypnotics drug.

For more information, see: http://www.cdc.gov/nchs/nhanes/nhanes2007-2008/RXQ_DRUG.htm.

Neonatal mortality rate—See [Rate: Death and related rates](#).

Nonprofit hospital—See [Hospital](#).

North American Industry Classification System (NAICS)—See [Industry of employment](#).

Notifiable disease—A notifiable disease is one that, when diagnosed, health providers are required, usually by law, to report to state or local public health officials. Notifiable diseases are those of public interest by reason of their contagiousness, severity, or frequency. For more information, see: http://www.cdc.gov/osels/ph_surveillance/nndss/nndsshis.htm.

Nursing home—In the Online Survey Certification and Reporting (OSCAR) database, a nursing home is a facility that is certified and meets the Centers for Medicare & Medicaid Services’ long-term care requirements for Medicare and Medicaid eligibility.

In the National Nursing Home Survey (for surveys fielded in 1995, 1997, 1999, and 2004), nursing homes have been defined as facilities that routinely provide nursing care services and have three or more beds set up for residents. Facilities may be certified by Medicare or Medicaid or not certified but licensed by the state as a nursing home. The facilities may be freestanding or a distinct unit of a larger facility.

After October 1, 1990, long-term care facilities that met the Omnibus Budget Reconciliation Act of 1987 (OBRA 87) nursing home reform

requirements and were formerly certified under Medicaid as skilled nursing, nursing home, or intermediate care facilities were reclassified as nursing facilities. Medicare continues to certify skilled nursing facilities but not intermediate care facilities. State Medicaid programs can certify intermediate care facilities for the mentally retarded or developmentally disabled. In order to be certified for participation in Medicaid, nursing facilities must also be certified to participate in Medicare (except those facilities that have obtained waivers). Thus, most nursing home care is now provided in skilled care facilities.

(Also see [Appendix II, Long-term care facility; Nursing home; Resident, health facility](#).)

Nursing home expenditures—See [Health expenditures, national](#).

Obesity—See [Body mass index \(BMI\)](#).

Occupancy rate—In American Hospital Association statistics, hospital occupancy rate is calculated as the average daily census divided by the number of hospital beds, cribs, and pediatric bassinets set up and staffed on the last day of the reporting period, expressed as a percentage. Average daily census is calculated by dividing the total annual number of inpatients, excluding newborns, by 365 days to derive the number of inpatients receiving care on an average day during the annual reporting period. The occupancy rate for facilities other than hospitals is calculated as the number of residents at the facility reported on the day of interview, divided by the number of reported beds. In the Online Survey Certification and Reporting (OSCAR) database, occupancy is determined as of the day of certification inspection as the total number of residents on that day divided by the total number of beds on that day.

Office-based physician—See [Physician](#).

Office visit—In the National Ambulatory Medical Care Survey, a physician’s ambulatory practice (office) can be in any location other than in a hospital, nursing home, other extended care facility, patient’s home, industrial clinic, college clinic, or family planning clinic. Offices in health maintenance organizations and private offices in hospitals are included. An office visit is any direct personal exchange between an ambulatory patient and a physician or members of his or her staff for the purpose of seeking care and rendering health services. (Also see [Appendix II, Outpatient visit](#).)

Operation—See [Procedure](#).

Outpatient department—According to the National Hospital Ambulatory Medical Care Survey (NHAMCS), an outpatient department (OPD) is a hospital facility where nonurgent ambulatory medical care is provided. The following types of OPDs are excluded from NHAMCS: ambulatory surgical centers, chemotherapy, employee health services, renal dialysis, methadone maintenance, and radiology. (Also see [Appendix II, Emergency department; Outpatient visit](#).)

Outpatient surgery—According to the American Hospital Association, outpatient surgery is a surgical operation, whether major or minor, performed on patients who do not remain in the hospital overnight. Outpatient surgery may be performed in inpatient operating suites, outpatient surgery suites, or procedure rooms within an outpatient care facility. A surgical operation involving more than one surgical procedure is considered one surgical operation. (Also see [Appendix II, Procedure](#).)

Outpatient visit—The American Hospital Association defines outpatient visits as visits for receipt of medical, dental, or other services at a hospital by patients who are not lodged in the hospital. Each appearance by an outpatient to each unit of the hospital is counted individually as an outpatient visit, including all clinic visits, referred visits, observation services, outpatient surgeries, and emergency department visits. In the National Hospital Ambulatory Medical Care Survey, an outpatient department visit is a direct personal exchange between a patient and a physician or other health care provider working under the physician's supervision for the purpose of seeking care and receiving personal health services. (Also see [Appendix II, Emergency department or emergency room visit; Outpatient department](#).)

Overweight—See [Body mass index \(BMI\)](#).

Pap smear—A Pap smear (also known as a Papanicolaou smear or Pap test) is a microscopic examination of cells scraped from the cervix that is used to detect cancerous or precancerous conditions of the cervix or other medical conditions.

In the National Health Interview Survey (NHIS), questions concerning Pap smear use were asked on an intermittent schedule, and the question content differed slightly across years. In 1987,

women were asked to report when they had their most recent Pap smear, in days, weeks, months, or years. Women who did not respond were asked a follow-up question, “Was it 3 years ago or less, between 3 and 5 years, or 5 years or more ago?” Pap smear data in the past 3 years were not available in 1990 and 1991. In 1993 and 1994, women were asked whether they had a Pap smear within the past year, between 1 and 3 years ago, or more than 3 years ago. In 1998, women were asked whether they had a Pap smear 1 year ago or less, more than 1 year but not more than 2 years ago, more than 2 years but not more than 3 years ago, more than 3 years but not more than 5 years ago, or more than 5 years ago.

In 1999, women were asked when they had their most recent Pap smear, in days, weeks, months, or years. Four percent of women in the sample responded “3 years ago.” In *Health, United States*, these women were coded as within the past 3 years, although a response of 3 years ago may include women whose last Pap smear was more than 3 but less than 4 years ago. Thus, estimates for 1999 may be overestimated to some degree in comparison with estimates for previous years.

In 2000 and 2003, women were asked when they had their most recent Pap smear (give month and year). Women who did not respond were given a follow-up question that used the 1999 wording, and women who did not answer the follow-up question were asked a second follow-up question that used the 1998 wording. In 2000 and 2003, less than 1% of women in the sample answered “3 years ago” using the 1999 wording, and they were coded as within the past 3 years. Therefore, estimates for 2000 and 2003 may be slightly overestimated in comparison with estimates for years prior to 1999.

In 2005, women were asked the same series of questions about Pap smear use as in the 2000 and 2003 surveys, but the skip pattern was modified so that more women were asked the follow-up question using the 1998 wording. Because additional information was available for women who replied that their last Pap smear was 3 years ago, these women were not uniformly coded as having had a Pap smear within the past 3 years. Thus, estimates for 2005 are more precise than estimates for 1999, 2000, and 2003 and are slightly lower than they would have been without this additional information. For example, using the improved methodology instituted in 2005, 77.7% of women 18 years of age and over reported a Pap smear in the past 3 years, compared with an estimate of 78.3% in

2005 using the method employed in 2000 and 2003. SAS code to categorize Pap smear data for 2000 and beyond is available from: http://www.cdc.gov/nchs/nhis/nhis_2005_data_release.htm.

In 2008 and 2010, Pap smear questions were similar to those asked in 2005.

All women 18 years of age and over are asked the Pap smear question(s). In some data years, a series of questions was asked that also included information about hysterectomy. Women who reported having had a hysterectomy (removal of the uterus, with or without removal of the ovaries and cervix) were still asked the Pap smear questions because a woman who has had a hysterectomy may still have Pap smear testing.

The U.S. Preventive Services Task Force recommends against routine Pap smear screening in women who have had a total hysterectomy for benign disease. Therefore, two measures of Pap smear screening are presented in *Health, United States*: one among all women and one among women who did not report having a hysterectomy, although it is not known, from NHIS data, whether the hysterectomy was for benign disease. Questions about whether the respondent had a hysterectomy were not asked in 2003. For other survey years, questions about hysterectomy in NHIS differed slightly. In 1987, women who reported that they had not had a recent Pap smear were asked the most important reason they had not had a Pap smear. One reason women could select was because they had had a hysterectomy. In 1993, 1994, 1998, and 1999, women were asked, "Have you had a hysterectomy?" In 2000, 2005, 2008, and 2010, two questions were used to determine whether women had had a hysterectomy. Women were asked, "Have you had a hysterectomy?" In addition, women who reported that they had not had a recent Pap smear were asked the most important reason they had not had a Pap smear. One reason women could select was because they had had a hysterectomy. Women indicating in either of these questions that they had had a hysterectomy were excluded from the Pap smear screening estimates.

Pap smear screening recommendations have changed over time and vary in the recommended age to begin and end screening and the interval for screening. For a summary of current and historic recommendations, see: U.S. Preventive Services Task Force. Screening for cervical cancer: Draft recommendation

statement. Rockville, MD: Agency for Healthcare Research and Quality; 2011. Available from: <http://www.ahrq.gov/clinic/pocketgd1011/gcp10s2.htm#Cervical>; and see: U.S. Preventive Services Task Force. Guide to clinical preventive services, 2010–2011. Rockville, MD: Agency for Healthcare Research and Quality; 2011. Available from: <http://www.ahrq.gov/clinic/pocketgd.htm>.

Partial care organization—See [Mental health organization](#).

Partial care treatment—See [Mental health service type](#).

Patient—See [Inpatient](#); [Office visit](#); [Outpatient visit](#).

Percent change/percentage change—See [Average annual rate of change \(percent change\)](#).

Perinatal mortality rate; ratio—See [Rate: Death and related rates](#).

Personal care home with or without nursing—See [Nursing home](#).

Personal health care expenditures—See [Health expenditures, national](#).

Physical activity, leisure-time—Starting with *Health, United States, 2010*, estimates on leisure-time physical activity changed to reflect the federal *2008 Physical Activity Guidelines for Americans* (available from: <http://www.health.gov/PAGuidelines/guidelines/default.aspx>). Adults who met the 2008 guidelines reported at least 150 minutes per week of moderate-intensity or 75 minutes per week of vigorous-intensity aerobic physical activity (or an equivalent combination of moderate- and vigorous-intensity aerobic activity) and muscle strengthening activities at least twice a week. The estimates for the percentage of Americans who met the 2008 guidelines for aerobic and muscle strengthening are not comparable with estimates shown in previous editions of *Health, United States* that showed the percentage of Americans with regular leisure-time physical activity. For more information, see: Carlson SA, Fulton JE, Schoenborn CA, Loustalot F. Trend and prevalence estimates based on the 2008 Physical Activity Guidelines for Americans. *Am J Prev Med* 2010;39(4):305–13.

Starting with 1998 data, leisure-time physical activity has been assessed in the National Health Interview Survey (NHIS) by asking adults a series of questions about how often they do vigorous

or light/moderate physical activity of at least 10 minutes duration and about how long these sessions generally last. All questions related to leisure-time physical activity were phrased in terms of current behavior and lack a specific reference period. Vigorous physical activity is described as causing heavy sweating or a large increase in breathing or heart rate, and light/moderate as causing light sweating or a slight to moderate increase in breathing or heart rate. Adults were also asked about how often they did leisure-time physical activities specifically designed to strengthen their muscles, such as lifting weights or doing calisthenics. For more information see the NHIS physical activity website at: http://www.cdc.gov/nchs/nhis/physical_activity.htm.

Physician—Data on physician characteristics are obtained through physician self-report from the American Medical Association's (AMA) Physician Masterfile. Although the AMA collects data for both doctors of medicine (MDs) and doctors of osteopathy (DOs), in *Health, United States* data for DOs come from the American Osteopathic Association.

Active (or professionally active) physician—These physician are currently engaged in patient care or other professional activity for a minimum of 20 hours per week. Other professional activity includes administration, medical teaching, research, and other activities such as employment with insurance carriers, pharmaceutical companies, corporations, voluntary organizations, and medical societies. Physicians who are retired, semiretired, working part-time, or not practicing are classified as inactive and are excluded. Also excluded are physicians with unknown address and physicians who did not provide information on type of practice or present employment (not classified).

Hospital-based physician—These physicians are employed under contract with hospitals to provide direct patient care and include physicians in residency training (including clinical fellows) and full-time members of the hospital staff.

Office-based physician—These physicians are engaged in seeing patients in solo practice, group practice, two-physician practice, other patient care employment, or in providing inpatient services such as those offered by pathologists and radiologists.

Data for physicians are presented by type of education (doctor of medicine or doctor of osteopathy); place of education (U.S. medical graduates and international medical graduates); activity status (professionally active and inactive); area of specialty; and geographic area. (Also see [Appendix II, Physician specialty](#).)

Physician specialty—A physician specialty is any specific branch of medicine in which a physician may concentrate. Data are based on physician self-reports of their primary area of specialty. Physician data are broadly categorized into two areas of practice: those who provide primary care and those who provide specialty care.

Primary care generalist—These physicians practice in the general fields of family medicine, general practice, internal medicine, obstetrics and gynecology, and pediatrics. Specifically excluded are primary care specialists associated with these generalist fields.

Primary care specialist—These specialists practice in the primary care subspecialties of family medicine, internal medicine, obstetrics and gynecology, and pediatrics. Family medicine subspecialties include geriatric medicine and sports medicine. Internal medicine subspecialties include adolescent medicine, critical care medicine, diabetes, endocrinology, diabetes and metabolism, hematology, hepatology, hematology/oncology, cardiac electrophysiology, infectious diseases, clinical and laboratory immunology, geriatric medicine, sports medicine, nephrology, nutrition, medical oncology, pulmonary critical care medicine, and rheumatology. Obstetrics and gynecology subspecialties include gynecological oncology, gynecology, maternal and fetal medicine, obstetrics, critical care medicine, and reproductive endocrinology. Pediatric subspecialties include adolescent medicine, pediatric critical care medicine, pediatrics/internal medicine, neonatal–perinatal medicine, pediatric allergy, pediatric cardiology, pediatric endocrinology, pediatric infectious disease, pediatric pulmonology, medical toxicology (pediatrics), pediatric emergency medicine, pediatric gastroenterology, pediatric hematology/oncology, clinical and laboratory immunology (pediatrics), pediatric

nephrology, pediatric rheumatology, and sports medicine (pediatrics).

Specialty care physician—These physicians are sometimes called specialists and include primary care specialists listed above in addition to all other physicians not included in the generalist definition. Specialty fields include allergy and immunology, aerospace medicine, anesthesiology, cardiovascular diseases, child and adolescent psychiatry, colon and rectal surgery, dermatology, diagnostic radiology, forensic pathology, gastroenterology, general surgery, medical genetics, neurology, nuclear medicine, neurological surgery, occupational medicine, ophthalmology, orthopedic surgery, otolaryngology, psychiatry, public health and general preventive medicine, physical medicine and rehabilitation, plastic surgery, anatomic and clinical pathology, pulmonary diseases, radiation oncology, thoracic surgery, urology, addiction medicine, critical care medicine, legal medicine, and clinical pharmacology.

(Also see [Appendix II, Physician.](#))

Population—The U.S. Census Bureau collects and publishes data on populations in the United States according to several different definitions. Various statistical systems then use the appropriate population for calculating rates. (Also see [Appendix I, Population Census and Population Estimates.](#))

Resident population includes persons whose usual place of residence (i.e., the place where one usually lives and sleeps) is in one of the 50 states or the District of Columbia. It includes members of the Armed Forces stationed in the United States and their families. It excludes members of the Armed Forces stationed outside the United States and civilian U.S. citizens whose usual place of residence is outside the United States. The resident population is the denominator for calculating birth and death rates and incidence of disease.

Civilian population is the resident population excluding members of the Armed Forces, although families of members of the Armed Forces are included. The civilian population is the denominator for rates calculated for the National Hospital Discharge Survey and for emergency department visit rates using the National Hospital Ambulatory Medical Care

Survey—Emergency Department Component.

Civilian noninstitutionalized population is the civilian population excluding persons residing in institutions (such as nursing homes, prisons, jails, mental hospitals, and juvenile correctional facilities). U.S. Census Bureau estimates of the civilian non-institutionalized population are used to calculate sample weights for the National Health Interview Survey, the National Health and Nutrition Examination Survey, and the National Survey of Family Growth, and as denominators for rates calculated for the National Ambulatory Medical Care Survey and the National Hospital Ambulatory Medical Care Survey—Outpatient Department Component.

Postneonatal mortality rate—See [Rate: Death and related rates.](#)

Poverty—Poverty statistics are based on definitions originally developed by the Social Security Administration. These include a set of money income thresholds that vary by family size and composition. Families or individuals with income below the appropriate threshold are classified as below poverty. These thresholds are updated annually by the U.S. Census Bureau using the change in the average annual Consumer Price Index for all urban consumers (CPI-U). For example, the average poverty threshold for a family of four was \$22,314 in 2010, \$22,128 in 2009, \$22,025 in 2008, \$17,603 in 2000, and \$13,359 in 1990. For more information, see: DeNavas-Walt C, Proctor BD, Smith JC. Income, poverty, and health insurance coverage in the United States: 2010. U.S. Census Bureau Current Population Report, P60-239. Washington, DC: U.S. Government Printing Office; 2011. Available from: <http://www.census.gov/prod/2011pubs/p60-239.pdf>. Also see the U.S. Census Bureau's poverty website at: <http://www.census.gov/hhes/www/poverty/poverty.html>.

National Health Interview Survey (NHIS) and National Health and Nutrition Examination Survey (NHANES)—For data years prior to 1997, percent of poverty level was based on family income and family size using U.S. Census Bureau poverty thresholds. Starting with 1997 data, percent of poverty level has been based on family income, family size, number of children in the family, and for families with two or fewer adults, the age of

the adults in the family. Percent of poverty level in NHANES is also based on family income and family size and composition. [Also see [Appendix II, Consumer Price Index \(CPI\)](#); [Family income](#); and [Appendix I, Current Population Survey \(CPS\)](#); [National Health Interview Survey \(NHIS\)](#); [National Health and Nutrition Examination Survey \(NHANES\)](#).]

National Survey of Children's Health (NSCH)—Percent of poverty level was based on total household income and family composition using U.S. Census Bureau poverty thresholds. Two variables were used to determine household poverty status: the number of people residing in a household and the total household income during the prior year. If either of these components was missing, the information was imputed so that poverty level could be calculated.

The poverty categories available in the two survey years presented in *Health, United States* used slightly different cut points. In 2003, the available categories were: below 100%, 100%–199%, 200%–399%, and 400% or more. In 2007, the poverty categories were: at or below 100%, above 100% to 200%, above 200% to 400%, and above 400%.

Preferred provider organization (PPO)—A PPO is a type of medical plan in which coverage is provided to participants through a network of selected health care providers, such as hospitals and physicians. Enrollees may seek care outside the network but pay a greater percentage of the cost of coverage than within the network. [Also see [Appendix II, Health maintenance organization \(HMO\)](#); [Managed care](#).]

Prenatal care—Prenatal care is medical care provided to a pregnant woman to prevent complications and decrease the incidence of prenatal mortality. Information on when pregnancy care began is recorded on the birth certificate. Between 1970 and 1980, the reporting area for prenatal care expanded. In 1970, 39 states and the District of Columbia (D.C.) reported prenatal care on the birth certificate. Data were not available from Alabama, Alaska, Arkansas, Connecticut, Delaware, Georgia, Idaho, Massachusetts, New Mexico, Pennsylvania, and Virginia. In 1975, data were available from three additional states (Connecticut, Delaware, and Georgia), increasing the number of states reporting prenatal care to 42 and D.C. During 1980–2002, prenatal care

information was available for the entire United States.

Starting in 2003, some states began implementation of the 2003 revision of the U.S. Standard Certificate of Live Birth. The prenatal care item on the 2003 revision of the certificate asks for the date of first prenatal visit, whereas the prenatal care item on the 1989 revision asks for the month prenatal care began. In addition, the 2003 revision recommends that information on prenatal care be gathered from prenatal care or medical records, whereas the 1989 revision did not recommend a source for these data. Data on prenatal care from the 2003 revision of the birth certificate are not comparable with data from the 1989 revision. Therefore, in *Health, United States, 2007* and *2008* data on prenatal care are shown only for the 22 reporting areas that used the 2003 revision in 2007 and 2008, in order to provide 2 years of comparable data. The states that used the 2003 revision of the U.S. Standard Certificate of Live Birth for data on prenatal care in 2007 and 2008 are California, Colorado, Delaware, Florida, Idaho, Indiana, Iowa, Kansas, Kentucky, Nebraska, New Hampshire, New York state (excluding New York City), North Dakota, Ohio, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Vermont, Washington state, and Wyoming. Data are not shown in *Health, United States* for states that were transitioning to the 2003 revision during 2007 and 2008.

Prevalence—Prevalence is the number of cases of a disease, number of infected persons, or number of 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). (Also see [Appendix II, Incidence](#).)

Primary care specialty—See [Physician specialty](#).

Private expenditures—See [Health expenditures, national](#).

Procedure—Procedures can include surgical procedures (such as appendectomy), diagnostic procedures (such as spinal tap), and therapeutic treatments (such as infusion of a cancer chemotherapeutic substance) reported on a patient's medical record. Procedures are coded according to the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM).

National Hospital Discharge Survey (NHDS)—In NHDS, up to four different procedures are coded per hospital stay. Common procedures were identified by procedure code or, where appropriate, by groups of procedure codes (Table XI). Procedures per hospital stay can be counted in different ways depending on the type of data of interest. Counting any-listed procedures means that if one or more of the same procedure occurs during the hospital stay, it is only counted once, so any-listed counts will generally be equivalent to the number of hospital stays during which a procedure was performed. Counting all-listed procedures means that if the same procedure occurs multiple times during a hospital stay it is counted each time it occurs, up to the maximum of four available codes; thus, all-listed procedure counts can be greater than the number of hospital stays with a procedure. In *Health, United States*, NHDS procedure data are presented for any-listed procedures.

Healthcare Cost and Utilization Project, Nationwide Inpatient Sample (HCUP–NIS)—Up to 15 procedures are coded per hospital stay in the HCUP–NIS database. For each record, a principal procedure is identified as the first procedure listed. HCUP–NIS procedure data presented in *Health, United States* are limited to operating room procedures that are principal procedures (first-listed). Valid operating room procedures were identified according to diagnosis-related groups (DRGs). For DRGs, physician panels classify all ICD–9–CM procedure codes based on whether the procedure would be performed in operating rooms in most hospitals. Clinical Classifications Software (CCS) was used to categorize ICD–9–CM principal operating room procedure codes into 1 of 231 clinically meaningful categories. CCS was developed at the Agency for Healthcare Research and Quality as a tool for clustering patient procedures into a manageable number of clinically meaningful categories. For more information on CCS, see: <http://www.hcup-us.ahrq.gov/toolssoftware/ccs/AppendixBSinglePR.txt>. The top-ranking operating room procedure categories by age group, based on the number of discharges and total national costs, are presented in *Health, United States* (Table XII). CCS categories labeled “other” are not presented because these comprise miscellaneous

procedures and that do not form a homogenous group.

(Also see [Appendix II, Outpatient surgery](#).)

Proprietary hospital—See [Hospital](#).

Psychiatric hospital—See [Hospital](#); [Mental health organization](#).

Public expenditures—See [Health expenditures, national](#).

Purchasing power parities (PPPs)—PPPs are calculated rates of currency conversion that equalize the purchasing power of different currencies by eliminating the differences in price levels between countries. PPPs show the ratio of prices in national currencies for the same good or service in different countries. PPPs can be used to make intercountry comparisons of the gross domestic product (GDP) and its component expenditures. [Also see [Appendix II, Gross domestic product \(GDP\)](#).]

Race—In 1977, the Office of Management and Budget (OMB) issued “Race and Ethnic Standards for Federal Statistics and Administrative Reporting” (Statistical Policy Directive 15) to promote comparability of data among federal data systems. The 1977 Standards called for the federal government’s data systems to classify individuals into the following four racial groups: American Indian or Alaska Native, Asian or Pacific Islander, black, and white. Depending on the data source, the classification by race was based on self-classification or on observation by an interviewer or other person filling out the questionnaire.

In 1997, revisions were announced for classification of individuals by race within the federal government’s data systems. [See: Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. Fed Regist 1997 October 30;62(210):58781–90.] The 1997 Standards specify five racial groups: American Indian or Alaska Native, Asian, black or African American, Native Hawaiian or Other Pacific Islander, and white. These five categories are the minimum set for data on race in federal statistics. The 1997 Standards also offer an opportunity for respondents to select more than one of the five groups, leading to many possible multiple-race categories. As with the single-race groups, data for the multiple-race groups are to be reported when estimates meet agency requirements for reliability and confidentiality. The 1997

Standards allow for observer or proxy identification of race but clearly state a preference for self-classification. The federal government considers race and Hispanic origin to be two separate and distinct concepts. Thus, Hispanic persons may be of any race. Federal data systems were required to comply with the 1997 Standards by 2003.

National Health Interview Survey (NHIS)—Starting with *Health, United States, 2002*, race-specific estimates based on NHIS were tabulated using the 1997 Standards for data year 1999 and beyond and are not strictly comparable with estimates for earlier years. The 1997 Standards specify five single-race categories plus multiple-race categories. Estimates for specific race groups are shown when they meet requirements for statistical reliability and confidentiality. The race categories white only, black or African American only, American Indian or Alaska Native only, Asian only, and Native Hawaiian or Other Pacific Islander only include persons who reported only one racial group; the category 2 or more races includes persons who reported more than one of the five racial groups in the 1997 Standards or one of the five racial groups and “some other race.” Prior to data year 1999, data were tabulated according to the 1977 Standards, with four racial groups, and the Asian only category included Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Differences between estimates tabulated using the two standards for data year 1999 are discussed in the footnotes for each NHIS table in *Health, United States, 2002, 2003*, and *2004* editions. Available from: <http://www.cdc.gov/nchs/hus/previous.htm#editions>.

Tables XIII and XIV illustrate NHIS data tabulated by race and Hispanic origin according to the 1997 and 1977 Standards for two health statistics (cigarette smoking and private health insurance coverage). In these examples, three separate tabulations using the 1997 Standards are shown: (a) Race: mutually exclusive race groups, including several multiple-race combinations; (b) Race, any mention: race groups that are not mutually exclusive because each race category includes all persons who mention that race; and

(c) Hispanic origin and race: detailed race and Hispanic origin with a multiple-race total category. Where applicable, comparison tabulations by race and Hispanic origin are shown based on the 1977 Standards. Because there are more race groups with the 1997 Standards, the sample size of each race group under the 1997 Standards is slightly smaller than the sample size under the 1977 Standards. Only those few multiple-race groups with sufficient numbers of observations to meet standards of statistical reliability are shown. The tables also illustrate changes in labels and group categories resulting from the 1997 Standards. The race designation black was changed to black or African American, and the ethnicity designation Hispanic was changed to Hispanic or Latino.

Data systems included in *Health, United States*, other than NHIS, the National Survey of Drug Use & Health (NSDUH), and the National Health and Nutrition Examination Survey (NHANES), generally do not permit tabulation of estimates for the detailed race and ethnicity categories shown in Tables XIII and XIV, either because race data based on the 1997 Standards categories are not yet available or because there are insufficient numbers of observations in certain subpopulation groups to meet statistical reliability or confidentiality requirements.

To improve the quality of data on ethnicity and race in NHIS, hot-deck imputation of selected race and ethnicity variables was done for the first time in the 2000 NHIS and continued to be used for subsequent data years. Starting with 2003 data, records for persons for whom “other race” was the only race response were treated as having missing data on race and were added to the pool of records for which selected race and ethnicity variables were imputed. Prior to the 2000 NHIS, a crude imputation method that assigned a race to persons with missing values for the variable MAINRACE (the respondent’s classification of the race he or she most identified with) was used. Under these procedures, if an observed race was recorded by the interviewer, it was used to code a race value. If there was no observed race value, all persons who had a missing value for MAINRACE and were identified as Hispanic on the Hispanic origin question were coded as white. In all other cases, non-Hispanic persons were coded as “other

Table XIV. Private health care coverage among persons under 65 years of age, by race and Hispanic origin under the 1997 and 1977 Standards for federal data on race and ethnicity: United States, average annual 1993–1995

1997 Standards	Sample size	Percent	Standard error	1977 Standards	Sample size	Percent	Standard error
White only	168,256	76.1	0.28	White	170,472	75.9	0.28
Black or African American only . . .	30,048	53.5	0.63	Black	30,690	53.6	0.63
American Indian or Alaska Native only	2,003	44.2	1.97	American Indian or Alaska Native	2,316	43.5	1.85
Asian only	6,896	68.0	1.39	Asian and Pacific Islander	7,146	68.2	1.34
Native Hawaiian or Other Pacific Islander only	173	75.0	7.43				
2 or more races total	4,203	60.9	1.17				
Black or African American; white	686	59.5	3.21				
American Indian or Alaska Native; white	2,022	60.0	1.71				
Asian; white	590	71.9	3.39				
Native Hawaiian or Other Pacific Islander; white	56	59.2	10.65				
Race, any mention							
White, any mention	171,817	75.8	0.28				
Black or African American, any mention	31,147	53.6	0.62				
American Indian or Alaska Native, any mention	4,365	52.4	1.40				
Asian, any mention	7,639	68.4	1.27				
Native Hawaiian or Other Pacific Islander, any mention	283	68.7	6.23				
Hispanic origin and race							
Not Hispanic or Latino:				Non-Hispanic:			
White only	146,109	78.9	0.27	White	149,057	78.6	0.27
Black or African American only	29,250	53.9	0.64	Black	29,877	54.0	0.63
American Indian or Alaska Native only	1,620	45.2	2.15	American Indian or Alaska Native	1,859	44.6	2.05
Asian only	6,623	68.2	1.43	Asian and Pacific Islander	6,999	68.4	1.40
Native Hawaiian or Other Pacific Islander only	145	76.4	7.79				
2 or more races total	3,365	62.6	1.18				
Hispanic or Latino	31,040	48.8	0.74	Hispanic	31,040	48.8	0.74

NOTES: The Office of Management and Budget's (OMB) 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* specifies five race groups (white, black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander) and allows respondents to report one or more race groups. Estimates for single-race and multiple-race groups not shown above do not meet standards for statistical reliability or confidentiality (relative standard error greater than 30%). Race groups under the 1997 Standards were based on the question, "What is the group or groups which represents [person's] race?" For persons who selected multiple groups, race groups under the OMB's 1977 *Race and Ethnic Standards for Federal Statistics and Administrative Reporting* were based on the additional question, "Which of those groups would you say best represents [person's] race?" Race-specific estimates in this table were calculated after excluding respondents of other and unknown race. Other published race-specific estimates are based on files in which such responses have been edited. Estimates are age-adjusted to the year 2000 standard population using three age groups: under 18 years, 18–44 years, and 45–64 years. See [Appendix II, Age adjustment](#).

SOURCE: CDC/NCHS, National Health Interview Survey. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

race.” Additional information on the NHIS methodology for imputing race and ethnicity is available from the survey documentation at: http://www.cdc.gov/nchs/nhis/quest_data_related_1997_forward.htm and from the NHIS race and Hispanic origin home page at: <http://www.cdc.gov/nchs/nhis/rhoi.htm>.

National Health and Nutrition Examination Survey (NHANES)—Starting with *Health, United States, 2003*, race-specific estimates based on NHANES were tabulated using the 1997 Standards for data years 1999 and beyond. Prior to data year 1999, the 1977 Standards were used. Because of the differences between the two standards, the race-specific estimates shown in Trend Tables based on NHANES for 1999–2004 are not strictly comparable with estimates for earlier years. Race in NHANES I and II was determined primarily by interviewer observation; starting with NHANES III, race was self-reported by survey participants.

The NHANES sample for data years 1999–2006 was designed to provide estimates specifically for persons of Mexican origin and not for all Hispanic-origin persons in the United States. Persons of Hispanic origin other than Mexican were entered into the sample with different selection probabilities that are not nationally representative of the total U.S. Hispanic population. Starting with 2007–2008 data, all Hispanic persons were oversampled, not just Mexican American persons. Estimates are shown for non-Hispanic white, non-Hispanic black, and Mexican-origin persons. Although data were collected according to the 1997 Standards, there are insufficient numbers of observations to meet statistical reliability or confidentiality requirements for reporting estimates for additional race categories.

National Survey on Drug Use & Health (NSDUH)—Race-specific estimates based on NSDUH are tabulated using the 1997 Standards. Estimates in the NSDUH Trend Table begin with data year 2002. Estimates for specific race groups are shown when they meet requirements for statistical reliability and confidentiality. The race categories white only, black or African American only, American Indian or Alaska Native only, Asian only, and Native Hawaiian or Other Pacific Islander only include persons who reported only one racial group; the category 2 or more races includes persons who reported more

than one of the five racial groups in the 1997 Standards or one of the five racial groups and “some other race.”

National Vital Statistics System (NVSS)—Most of the states in the Vital Statistics Cooperative Program are still revising their birth and death records to conform to the 1997 Standards on race and ethnicity. During the transition to full implementation of the 1997 Standards, vital statistics data will continue to be presented for four major race groups—white, black or African American, American Indian or Alaska Native, and Asian or Pacific Islander—in accordance with the 1977 Standards.

Birth file—Information about the race and Hispanic origin of the mother and father are provided by the mother at the time of birth and are recorded on the birth certificate or fetal death record. Since 1980, birth rates, birth characteristics, and death rates for live-born infants and fetal deaths are presented in *Health, United States* according to race of mother. Before 1980, data were tabulated by race of the newborn and fetus, taking into account the race of both parents. If the parents were of different races and one parent was white, the child was classified according to the race of the other parent. When neither parent was white, the child was classified according to father’s race, with one exception: if either parent was Hawaiian, the child was classified Hawaiian. Before 1964, if race was unknown, the birth was classified as white. Starting in 1964, unknown race was classified according to information on the birth record. Starting with the 2000 census, the race and ethnicity data used for denominators (population) to calculate birth and fertility rates have been collected in accordance with 1997 revised OMB standards for race and ethnicity. However, the numerators (births) will not be compatible with the denominators until all the states revise their birth certificates to reflect the new standards. To compute rates, it is currently necessary to bridge population data for multiple-race persons to single-race categories. (Also see [Appendix I, Population Census and Population Estimates, Bridged-race Population Estimates for Census 2000](#).)

Starting with 2003 data, multiple-race data were reported by both Pennsylvania and Washington state, which used the 2003 revision of the U.S. Standard Certificate of

Live Birth, as well as by California, Hawaii, Ohio (for births occurring in December only), and Utah, which used the 1989 revision of the U.S. Standard Certificate of Live Birth. In 2004, multiple race was reported on the revised birth certificates of Florida (for births occurring after March 19, 2004, only), Idaho, Kentucky, New Hampshire (for births occurring after July 19, 2004, only), New York state (excluding New York City), Pennsylvania, South Carolina, Tennessee, and Washington state, as well as on the unrevised certificates of California, Hawaii, Michigan (for births at selected facilities only), Minnesota, Ohio, and Utah (a total of 15 states). For the 2005 data year, multiple race was also reported by those 15 states that reported multiple-race data in 2004 and additionally by Kansas, Nebraska, Texas, and Vermont (for births occurring from July 1, 2005, only) using the 2003 revision. In 2006, multiple race was additionally reported by Delaware, North Dakota, South Dakota, and Wyoming, which used the 2003 revision of the U.S. Standard Certificate of Live Birth. For 2007 data, 27 states reported multiple race using the 2003 revision [California, Colorado, Delaware, Florida, Georgia, Idaho, Indiana, Iowa, Kansas, Kentucky, Michigan, Montana, Nebraska, New Hampshire, New Mexico, New York (excluding New York City), North Dakota, Ohio, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Vermont, Washington, and Wyoming]. In addition, Hawaii, Minnesota, and Utah reported multiple race, even though they used the 1989 revision. For 2008 data, New York City had adopted the 2003 revision. These 30 states and New York City accounted for 68% of all U.S. resident births. More than one race was reported for fewer than 2% of mothers in the states that reported multiple race. Data from the vital records of the remaining 20 states and the District of Columbia (D.C.) followed the 1977 OMB Standards. In addition, these areas also report the minimum set of four race categories as stipulated in the 1977 Standards, compared with the minimum of five race categories for the 1997 Standards. To provide uniformity and comparability of the data during the transition period, before multiple-race data are available for all reporting areas, the responses of those who reported more than one race must be bridged to a single race. See: Martin JA, Hamilton BE, Sutton PD, et al. Births: Final data for 2008. National

vital statistics reports; vol 59 no 1. Hyattsville, MD: NCHS; 2010. Available from:

http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_01.pdf.

Although the bridging procedure imputes multiple race of mothers to one of the four minimum races stipulated in the 1977 Standards, mothers of a specified Asian or Pacific Islander (API) subgroup (Chinese, Japanese, Hawaiian, or Filipino) in combination with another race (American Indian or Alaska Native, black, and/or white) or another API subgroup cannot be imputed to a single API subgroup. API mothers are slightly overrepresented in the 30 states with complete reporting of multiple race for 2008 (which account for approximately two-thirds of API births in the United States), compared with the remaining 20 states and D.C. Data for the API subgroups are available in the 2008 Natality Public-use data file at: <http://www.cdc.gov/nchs/births.htm>.

Mortality file—Information about the race and Hispanic origin of a decedent is reported by the funeral director as provided by an informant, often the surviving next of kin, or in the absence of an informant, on the basis of observation. Death rates by race and Hispanic origin are based on information from death certificates (numerators of the rates) and on population estimates from the Census Bureau (denominators). Race and ethnicity information from the census is by self-report. To the extent that race and Hispanic origin are inconsistent between these two data sources, death rates will be biased. Studies have shown that persons self-reported as American Indian, Asian, or Hispanic on census and survey records may sometimes be reported as white or non-Hispanic on the death certificate, resulting in an underestimation of deaths and death rates for the American Indian, Asian, and Hispanic groups. Bias also results from undercounts of some population groups in the census, particularly young black males, young white males, and elderly persons, resulting in an overestimation of death rates. The net effects of misclassification and undercoverage result in overstated death rates for the white population and the black population, estimated to be 1% and 5%, respectively. Understated death rates for other population groups are estimated as follows: American Indian, 21%; Asian or

Pacific Islander, 11%; and Hispanic, 2%. For more information, see: Rosenberg HM, Maurer JD, Sorlie PD, et al. Quality of death rates by race and Hispanic origin: A summary of current research, 1999. *Vital Health Stat* 2(128). NCHS; 1999; and see: Arias E, Schauman WS, Eschbach K, et al. The validity of race and Hispanic origin reporting on death certificates in the United States. *Vital Health Stat* 2(148). NCHS; 2008.

Denominators for infant mortality rates are based on the number of live births, rather than on population estimates. Race information for the denominator is supplied from the birth certificate. Before 1980, race of child for the denominator took into account the races of both parents. Starting in 1980, race information for the denominator has been based solely on the race of the mother. Race information for the numerator is supplied from the death certificate. For the infant mortality rate, race information for the numerator is race of the deceased child.

Issues affecting the interpretation of vital event rates for the American Indian or Alaska Native population include (a) the presence of two enumeration techniques for estimating the American Indian or Alaska Native population, (b) changes in the classification or self-identification of American Indian or Alaska Native heritage over time, and (c) misclassification of American Indian or Alaska Native persons on death certificates. Vital event rates for the American Indian or Alaska Native population shown in *Health, United States* are based on the total U.S. resident American Indian and Alaska Native population, as enumerated by the U.S. Census Bureau. In contrast, the Indian Health Service calculates vital event rates for this population based on U.S. Census Bureau county data for American Indian and Alaska Native persons who reside on or near reservations. Interpretation of trends for the American Indian and Alaska Native population should take into account that population estimates for these groups increased by 45% between 1980 and 1990, partly because of better enumeration techniques in the 1990 decennial census and the increased tendency for people to identify themselves as American Indian in 1990. Because of misclassification of American Indian and Alaska Native persons on death certificates (for some states, estimated at greater than 10%), or no information on

misclassification, American Indian or Alaska Native state-specific mortality estimates published in *Health, United States* should be interpreted with caution.

Interpretation of trends for the Asian population in the United States should take into account that this population more than doubled between 1980 and 1990, primarily because of immigration. Between 1990 and 2000, the increase in the Asian population was 48% for persons reporting that they were Asian alone and 72% for persons who reported they were either Asian alone or Asian in combination with another race.

For more information on coding race by using vital statistics, see: NCHS. *Vital statistics of the United States, vol I, Natality, and vol II, Mortality, part A, Technical appendix*. Hyattsville, MD: NCHS; published annually. Available from: <http://www.cdc.gov/nchs/nvss.htm>.

Starting with 2003 data, some states began using the 2003 revision of the U.S. Standard Certificate of Death, which allows the reporting of more than one race (multiple races). This change was implemented to reflect the increasing diversity of the U.S. population and to be consistent with the decennial census. However, many states (16 in 2008) are still using the 1989 revision of the U.S. Standard Certificate of Death, which allows only a single race to be reported.

To provide uniformity and comparability of data until all states are reporting multiple-race data, it has been necessary to “bridge” the responses of those for whom more than one race is reported (multiple race) to one single race. The states using the 2003 death certificate and reporting multiple-race data from 2003 onward were California, Idaho, Montana, and New York; in addition, Hawaii, Maine, and Wisconsin reported multiple-race data using the 1989 revision of the death certificate. Starting with 2004, multiple-race data were reported for those seven states, plus Michigan, Minnesota, New Hampshire, New Jersey, Oklahoma, South Dakota, Washington, and Wyoming. Starting with 2005, the seven additional reporting areas providing multiple-race data were Connecticut, D.C., Florida, Kansas, Nebraska, South Carolina, and Utah. Starting with 2006, the four additional states providing multiple-race data were New Mexico, Oregon, Rhode Island, and Texas. Starting in 2007, Delaware

and Ohio provided multiple-race data; and starting in 2008, Arkansas, Georgia, Illinois, Indiana, Nevada, North Dakota, and Vermont provided multiple-race data. For more information on coding race by using vital statistics, see: Miniño AM, Xu JQ, Kochanek KD, Murphy SL. Deaths: Final data for 2008. National vital statistics reports; vol 59 no 10. Hyattsville, MD: NCHS; 2011. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_10.pdf; and see: NCHS procedures for multiple-race and Hispanic origin data: Collection, coding, editing, and transmitting. Hyattsville, MD: NCHS; 2004. Available from: http://www.cdc.gov/nchs/data/dvs/Multiple_race_docu_5-10-04.pdf; and see: NCHS. Vital statistics of the United States, vol I, Natality, and vol II, Mortality, part A, Technical appendix. Hyattsville, MD: NCHS; published annually. Available from: <http://www.cdc.gov/nchs/nvss.htm>.

Youth Risk Behavior Survey (YRBS)—Prior to 1999, the 1977 OMB Standards were used. Respondents could select only one of the following categories: white (not Hispanic), black (not Hispanic), Hispanic or Latino, Asian or Pacific Islander, American Indian or Alaska Native, or other. Beginning in 1999, the 1997 OMB Standards were used for race-specific estimates, and respondents were given the option of selecting more than one category to describe their race and ethnicity. Between 1999 and 2003, students were asked a single question about race and Hispanic origin, with the option of choosing more than one of the following responses: white, black or African American, Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, or American Indian or Alaska Native. In 2005, students were asked a question about Hispanic origin (“Are you Hispanic or Latino?”) and a second separate question about race that included the option of selecting more than one of the following categories: American Indian or Alaska Native, Asian, black or African American, Native Hawaiian or Other Pacific Islander, or white. Because of the differences between questions, data about race and Hispanic ethnicity for the years prior to 1999 are not strictly comparable with estimates for the later years. However, analyses of data collected between 1991 and 2003 have indicated that the data are comparable across years and can be used to study trends.

See: Brener ND, Kann L, McManus T. A comparison of two survey questions on race and ethnicity among high school students. *Public Opin Q* 2003;67(2):227–36.

(Also see [Appendix II, Hispanic origin](#); and [Appendix I, Population Census and Population Estimates](#).)

Rate—A rate is a measure of some event, disease, or condition in relation to a unit of population, along with some specification of time. (Also see [Appendix II, Age adjustment](#); [Population](#).)

■ *Birth and related rates*

Birth rate is calculated by dividing the number of live births in a population in a year by the resident population. For census years, rates are based on unrounded census counts of the resident population as of April 1. For the noncensus years 1981–1989, rates are based on national estimates of the resident population as of July 1, rounded to thousands. Rounded population estimates for 5-year age groups are calculated by summing unrounded population estimates before rounding to thousands. Starting in 1991, rates are based on unrounded national population estimates. Birth rates for 1991–1999 were revised based on the April 1, 2000, census. The rates for 1990 and 2000 are based on populations from the censuses in those years as of April 1. Birth rates for 2001–2006 are based on populations estimated from the 2000 census as of July 1 each year. The population estimates have been provided by the U.S. Census Bureau and are based on the 2000 census counts by age, race, and sex, which have been modified to be consistent with OMB racial categories as of 1977 and historical categories for birth data. Beginning in 1997, the birth rate for the maternal age group 45–49 years of age includes data for mothers 50–54 years of age in the numerator and is based on the population of women 45–49 years of age in the denominator. Birth rates are expressed as the number of live births per 1,000 population. The rate may be restricted to births to women of specific age, race, marital status, or geographic location (specific rate), or it may be related to the entire population (crude rate).

Fertility rate is the total number of live births, regardless of the age of the mother, per 1,000 women of reproductive age (15–44 years).

Beginning in 1997, the birth rate for the maternal age group 45–49 years of age includes data for mothers 50–54 years of age in the numerator and is based on the population of women 45–49 years of age in the denominator.

■ *Death and related rates*

Death rate is calculated by dividing the number of deaths in a population in a year by the midyear resident population. For census years, rates are based on unrounded census counts of the resident population as of April 1. For the noncensus years 1981–1989, rates are based on national estimates of the resident population as of July 1, rounded to thousands. Rounded population estimates for 10-year age groups are calculated by summing unrounded population estimates before rounding to thousands. Starting in 1991, rates are based on unrounded national population estimates. Rates for the Hispanic and non-Hispanic white populations in each year are based on unrounded state population estimates for states in the Hispanic reporting area. Death rates are expressed as the number of deaths per 100,000 population. The rate may be restricted to deaths in specific age, race, sex, or geographic groups or from specific causes of death (specific rate), or it may be related to the entire population (crude rate).

Birth cohort infant mortality rates are based on the birth cohort linked birth and infant death files and are computed as the number of deaths under 1 year of age to members of the birth cohort, divided by the number of live births, times 1,000. (Also see [Appendix II, Birth cohort.](#))

Fetal mortality rate is the number of fetal deaths with stated or presumed gestation of 20 weeks or more, divided by the sum of live births plus fetal deaths, times 1,000.

Infant mortality rate is based on period files and is calculated by dividing the number of infant deaths during a calendar year by the number of live births reported in the same year. It is expressed as the number of infant deaths per 1,000 live births. Neonatal mortality rate is the number of deaths of children under 28 days of age per 1,000 live births. Postneonatal mortality rate is the number of infant deaths that occur between 28 days to under 1 year of age after birth, per

1,000 live births. (Also see [Appendix II, Infant death.](#))

Late fetal mortality rate is the number of fetal deaths with stated or presumed gestation of 28 weeks or more, divided by the sum of live births plus late fetal deaths, times 1,000. (Also see [Appendix II, Gestation.](#))

Perinatal mortality rates and ratios relate to the period surrounding the birth event. Rates and ratios are based on events reported in a calendar year. Although several different perinatal mortality definitions exist, the perinatal definition used in *Health, United States* (and used most commonly for international comparisons) is the sum of late fetal deaths at 28 weeks of gestation or more plus infant deaths within 7 days of birth, divided by the sum of live births plus late fetal deaths, times 1,000. Perinatal mortality ratio is the sum of late fetal deaths plus infant deaths within 7 days of birth, divided by the number of live births, times 1,000.

Visit rate is a basic measure of service utilization for event-based data. Examples of events include physician office visits with drugs provided or hospital discharges. In the visit rate calculation, the numerator is the number of estimated events, and the denominator is the corresponding U.S. population estimate for those who possibly could have had events during a given period of time. The interpretation is that for every person in the population there were, on average, x events. It does not mean that x of the population had events, because some persons in the population had no events while others had multiple events. The only exception is when an event can occur just once for a person (e.g., if an appendectomy is performed during a hospital stay). The visit rate is best used to compare utilization across various subgroups of interest, such as age or race groups or geographic regions.

Region—See [Geographic region.](#)

Registered hospital—See [Hospital.](#)

Registration area—The United States has separate registration areas for birth, death, marriage, and divorce statistics. In general, registration areas correspond to states and include two separate registration areas for the District of Columbia (D.C.) and New York City. The term “reporting area” may be used interchangeably with the term “registration

area." All states have adopted laws that require registration of births and deaths and the reporting of fetal deaths. It is believed that more than 99% of births and deaths occurring in this country are registered.

The death registration area was established in 1900 with 10 states and D.C., and the birth registration area was established in 1915, also with 10 states and D.C. Beginning in 1933, all states were included in the birth and death registration areas. The specific states added year by year are shown in: Hetzel AM. History and organization of the vital statistics system. Hyattsville, MD: NCHS; 1997. Available from: <http://www.cdc.gov/nchs/data/misc/usvss.pdf>. Currently, Puerto Rico, the U.S. Virgin Islands, and Guam each constitute a separate registration area, although their data are not included in statistical tabulations of U.S. resident data. (Also see [Appendix II, Reporting area.](#))

Relative standard error (RSE)—RSE is a measure of an estimate's reliability. The RSE of an estimate is obtained by dividing the standard error of the estimate (SE (r)) by the estimate itself (r). This quantity is expressed as a percentage of the estimate and is calculated as follows:

$$RSE = 100 \times (SE (r) / (r)).$$

Estimates with large RSEs are considered unreliable. In *Health, United States*, most statistics with large RSEs are preceded by an asterisk or are not presented.

Relative survival rate—The relative survival rate is the ratio of the observed survival rate for the patient group to the expected survival rate for persons in the general population similar to the patient group with respect to age, sex, race, and calendar year of observation. The 5-year relative survival rate is used to estimate the proportion of cancer patients potentially curable. Because more than one-half of all cancers occur in persons 65 years of age and over, many of these individuals die of other causes with no evidence of recurrence of their cancer. Thus, because it is obtained by adjusting observed survival for the normal life expectancy of the general population of the same age, the relative survival rate is an estimate of the chance of surviving the effects of cancer.

Reporting area—In the National Vital Statistics System, the reporting area for such basic items on the birth and death certificates as age, race, and sex is based on data from residents of all 50

states in the United States, the District of Columbia, and New York City. The term "reporting area" may be used interchangeably with the term "registration area." [Also see [Appendix II, Registration area](#); and [Appendix I, National Vital Statistics System \(NVSS\)](#).]

Resident, health facility—In the Online Survey Certification and Reporting (OSCAR) database, all residents in certified facilities are counted on the day of certification inspection.

Resident population—See [Population](#).

Residential treatment care—See [Mental health service type](#).

Residential treatment center for children with emotional disturbance—See [Mental health organization](#).

Rural—See [Urbanization](#).

Self-assessment of health—See [Health status, respondent-assessed](#).

Serious psychological distress—The K6 mental health screening instrument is a measure of psychological distress associated with unspecified but potentially diagnosable mental illness that may result in a higher risk for disability and higher utilization of health services. In the National Health Interview Survey (NHIS), the K6 questions were asked of adults 18 years of age and over. The K6 is designed to identify persons with serious psychological distress, using as few questions as possible. The six items included in the K6 are:

During the past 30 days, how often did you feel:

- So sad that nothing could cheer you up?
- Nervous?
- Restless or fidgety?
- Hopeless?
- That everything was an effort?
- Worthless?

Possible answers are "All of the time" (4 points), "Most of the time" (3 points), "Some of the time" (2 points), "A little of the time" (1 point), and "None of the time" (0 points).

To score the K6, the points are added together, yielding a possible total of 0–24 points. A threshold of 13 points or more is used to define serious psychological distress. Persons

answering “Some of the time” to all six questions would not reach the threshold for serious psychological distress because to achieve a score of 13 they would need to answer “Most of the time” to at least one item. The version of the K6 used in NHIS provides 1-month prevalence rates because the reference period is the past 30 days. For more information, see: Kessler RC, Barker PR, Colpe LJ, Epstein JF, Gfroerer JC, Hiripi E, et al. Screening for serious mental illness in the general population. *Arch Gen Psychiatry* 2003;60(2):184–9. (Also see [Appendix II, Basic actions difficulty](#).)

Short-stay hospital—See [Hospital](#).

Skilled nursing facility—See [Nursing home](#).

Smoker—See [Cigarette smoking](#).

Specialty hospital—See [Hospital](#).

State mental health agency—Refers to the agency or department within state government, headed by the state or territorial health official, that deals with mental health issues. Generally, the state mental health agency is responsible for setting statewide mental health priorities, carrying out national and state mandates, responding to mental health hazards, and ensuring access to mental health care for underserved state residents.

Substance use—Substance use refers to the use of selected substances, including alcohol, tobacco products, drugs, inhalants, and other substances that can be consumed, inhaled, injected, or otherwise absorbed into the body with possible dependence and other detrimental effects. (Also see [Appendix II, Illicit drug use](#).)

Monitoring the Future (MTF) Study—MTF collects information on the use of selected substances by using self-completed questionnaires in a school-based survey of secondary school students. MTF has tracked 12th graders’ illicit drug use and attitudes toward drugs since 1975. In 1991, 8th and 10th graders were added to the study. The survey includes questions on abuse of substances including (but not limited to) marijuana, inhalants, other illegal drugs, alcohol, cigarettes, and other tobacco products. [Also see [Appendix I, Monitoring the Future \(MTF\) Study](#).]

National Survey on Drug Use & Health (NSDUH)—NSDUH conducts in-person, computer-assisted interviews of a sample of

individuals 12 years of age and over at their place of residence. For illicit drug use, alcohol use, and tobacco use, information is collected about use in the lifetime, past year, and past month. However, only estimates of use in the past month are presented in *Health, United States*. For illicit drug use, respondents in NSDUH are asked about use of marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, and prescription-type psychotherapeutic drugs (pain relievers, tranquilizers, stimulants, and sedatives) used nonmedically. A series of questions is asked about each substance: “Have you ever, even once, used [substance]?” “How long has it been since you last used [substance]?” Numerous probes and checks are included in the computer-assisted interview system. Nonprescription medications and legitimate use of prescription drugs under a doctor’s supervision are not included in the survey. Summary measures, such as current illicit drug use, are produced. [Also see [Appendix II, Alcohol consumption](#); [Cigarette smoking](#); [Illicit drug use](#); and [Appendix I, National Survey on Drug Use & Health \(NSDUH\)](#).]

Suicidal ideation—Suicidal ideation means having thoughts of suicide or of taking action to end one’s own life. Suicidal ideation includes all thoughts of suicide, both when the thoughts include a plan to commit suicide and when they do not include a plan. Suicidal ideation is measured in the Youth Risk Behavior Survey by the following three questions: “During the past 12 months, did you ever seriously consider attempting suicide?”, “During the past 12 months, how many times did you actually attempt suicide?”, and “If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?” For more information, see: <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>.

Surgery—See [Outpatient surgery](#); [Procedure](#).

Surgical specialty—See [Physician specialty](#).

Tobacco use—See [Cigarette smoking](#).

Uninsured—In the Current Population Survey (CPS), persons are considered uninsured if they do not have coverage through private health insurance, Medicare, Medicaid, Children’s Health Insurance Program, military or veterans coverage, another government program, a plan

of someone outside the household, or other insurance. Persons with only Indian Health Service coverage are considered uninsured. In addition, if the respondent has missing Medicaid information but has income from certain low-income public programs, then Medicaid coverage is imputed. The questions on health insurance are administered in March and refer to the previous calendar year.

In the National Health Interview Survey (NHIS), the uninsured are persons who do not have coverage under private health insurance, Medicare, Medicaid, public assistance, a state-sponsored health plan, other government-sponsored programs, or a military health plan. Persons with only Indian Health Service coverage are considered uninsured. Estimates of the percentage of persons who are uninsured based on NHIS (Table 141) may differ slightly from those based on the March CPS (Table 151) because of differences in survey questions, recall period, and other aspects of survey methodology. Estimates for the uninsured are shown only for the population under 65 years of age.

Survey respondents may be covered by health insurance at the time of interview but may have experienced one or more lapses in coverage during the year prior to interview. Starting with *Health, United States, 2006*, NHIS estimates for people with health insurance coverage for all 12 months prior to interview, for those who were uninsured for any period up to 12 months, and for those who were uninsured for more than 12 months were added as stub variables to selected tables. [Also see Appendix II, [Health insurance coverage](#); and Appendix I, [Current Population Survey \(CPS\)](#).]

Urbanization—Urbanization is the degree of urban (city-like) character of a particular geographic area. Urbanization can be measured in a variety of ways. In *Health United States*, the two measures used to categorize counties by urbanization level are the Office of Management and Budget's (OMB) metropolitan statistical area (MSA) classification and the 2006 NCHS Urban–Rural Classification Scheme for Counties. For more information on the OMB classification of counties, see Appendix II, [Metropolitan statistical area \(MSA\)](#); [Micropolitan statistical area](#).

The 2006 NCHS Urban–Rural Classification Scheme for Counties is a six-level classification scheme developed by NCHS to categorize the 3,141 U.S. counties and county equivalents based on their urban and rural characteristics.

The classification scheme includes four metropolitan (or urban) categories and two nonmetropolitan (or rural) categories. The county classifications are based on the following information: (a) the December 2005 OMB definitions of metropolitan and micropolitan counties; (b) 2004 postcensal county and place population estimates; and (c) county-level data on selected settlement density, socioeconomic, and demographic variables from Census 2000. The six categories of the 2006 NCHS Urban–Rural Classification Scheme for Counties are large central metro (inner city counties of metropolitan areas of 1 million or more population), large fringe metro (suburban counties of metropolitan areas of 1 million or more population), medium metro (counties of metropolitan areas of 250,000–999,999 population), small metro (counties of metropolitan areas with less than 250,000 population), nonmetropolitan micropolitan, and nonmetropolitan noncore. For more information on this classification scheme, see: http://www.cdc.gov/nchs/data_access/urban_rural.htm.

Usual source of care—Usual source of care was measured in the National Health Interview Survey (NHIS) in 1993 and 1994 by asking the respondent “Is there a particular person or place that [person] usually goes to when [person] is sick or needs advice about [person’s] health?” In the 1995 and 1996 NHIS, the respondent was asked “Is there one doctor, person, or place that [person] usually goes to when [person] is sick or needs advice about health?” Starting in 1997, the respondent was asked “Is there a place that [person] usually goes when he/she is sick or you need advice about [his/her] health?” Persons who report the emergency department as their usual source of care are defined in *Health, United States* as having no usual source of care.

Vaccination—Vaccinations, or immunizations, work by stimulating the immune system—the natural disease-fighting system of the body. A healthy immune system is able to recognize invading bacteria and viruses and produce substances (antibodies) to destroy or disable these invaders. Vaccinations prepare the immune system to ward off a disease. In addition to the initial immunization process, the effectiveness of some immunizations can be improved by periodic repeat injections or “boosters.” Vaccines are among the most successful and cost-effective public health tools available for reducing morbidity and mortality from vaccine-

preventable diseases. For a comprehensive list of vaccine-preventable diseases, see: <http://www.cdc.gov/vaccines/vpd-vac/vpd-list.htm> and <http://www.cdc.gov/vaccines/spec-grps/default.htm>.

The currently recommended childhood vaccination schedule includes vaccines that prevent infectious diseases including hepatitis A, diphtheria, tetanus toxoids, acellular pertussis (whooping cough), measles, mumps, rubella (German measles), polio, varicella (chicken pox), and some forms of meningitis, influenza, and pneumonia. In February 2006, a rotavirus vaccine (RotaTeq) was licensed for use in U.S. infants.

A vaccine that protects against the four types of human papillomavirus (HPV) that cause most cervical cancers and genital warts began to be marketed in 2006 and is now available for both females and males. The vaccine was recommended for 11- and 12-year-old girls and for girls and women 13–26 years of age who have not yet been vaccinated or completed the vaccine series. In October, 2011 HPV vaccination was recommended for males 11 and 12 years of age. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6050a3.htm>.

Boosters (revaccination) of vaccinations received during childhood or adulthood are necessary for some vaccines. In addition to keeping current with the vaccines listed above, and annual influenza vaccination, some additional vaccinations are recommended for older adults, persons with specific health conditions, or health care workers who are likely to be exposed to infectious persons. Herpes zoster vaccination is recommended one time for adults 60 years of age and over, and pneumococcal vaccination is recommended one time for adults 65 years of age and over.

For a full discussion of recommended vaccination schedules by age and population, see CDC's vaccination and immunization website at: <http://www.cdc.gov/vaccines/recs/schedules/default.htm>.

Influenza vaccination—In the National Health Interview Survey, questions concerning influenza vaccination were slightly different across the survey years. Respondents were asked, "During the past 12 months, have you had a flu shot? A flu shot is usually given in the fall and protects against influenza for the flu season." Beginning in September 2003, respondents were asked about influenza vaccination by nasal spray (sometimes called

by the brand name FluMist) during the past 12 months, in addition to the question regarding the flu shot. Starting with 2005 data, receipt of nasal spray or a flu shot was included in the calculation of influenza vaccination estimates. In 2010, additional questions were asked about the receipt of the H1N1 flu shot and spray, including month and year received. These H1N1 questions, and the original seasonal flu questions, were asked only in quarters 1 and 2 and the first several weeks of quarter 3. Beginning August 11, 2010, revised flu vaccination questions replaced all flu vaccination questions fielded earlier in 2010. The questions were revised to reflect the introduction of a new combined flu vaccination that protects against both the seasonal and H1N1 strains. For more information regarding 2010 influenza questions, see: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHIS/2010/srvydesc.pdf.

Wages and salaries—See [Employer costs for employee compensation](#).

Years of potential life lost (YPLL)—YPLL is a measure of premature mortality. Starting with *Health, United States, 1996*, YPLL has been presented for persons under 75 years of age because the average life expectancy in the United States is over 75 years. YPLL–75 is calculated using the following eight age groups: under 1 year, 1–14 years, 15–24 years, 25–34 years, 35–44 years, 45–54 years, 55–64 years, and 65–74 years. The number of deaths for each age group is multiplied by years of life lost, calculated as the difference between age 75 years and the midpoint of the age group. For the eight age groups, the midpoints are 0.5, 7.5, 19.5, 29.5, 39.5, 49.5, 59.5, and 69.5 years. For example, the death of a person 15–24 years of age counts as 55.5 years of life lost. Years of potential life lost is derived by summing years of life lost over all age groups. In *Health, United States, 1995* and earlier editions, YPLL was presented for persons under 65 years of age. For more information, see: CDC. Premature mortality in the United States: Public health issues in the use of years of potential life lost. MMWR 1986;35(SS-02):1S–11S. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/00001773.htm>.

Appendix III. Additional Data Years Available

For Trend Tables spanning long periods, only selected data years are shown, to highlight major trends. Additional years of data for some of the Trend Tables are available in electronic spreadsheet form on the *Health, United States, 2011*, website at:

<http://www.cdc.gov/nchs/hus.htm>. Standard errors are included in the spreadsheet files for tables that are based on the National Health Interview Survey, the National Health and Nutrition Examination Survey, and the National Survey of Family Growth.

Table number	Table topic	Additional data years available
1	Resident population	2001–2006
2	Poverty	1986–1989, 1991–1994, 1996–1999, 2001–2003, 2005–2007
3	Fertility rates and birth rates	1981–1984, 1986–1989, 1991–1994, 1996–1999, 2001–2004, 2006
4	Live births	1972–1974, 1976–1979, 1981–1984, 1986–1989, 1991–1994, 1996–1999, 2001–2006
6	Teenage childbearing	1981–1984, 1986–1989, 1991–1994, 1996–1999, 2001–2004, 2006
7	Nonmarital childbearing	1981–1984, 1986–1989, 1991–1994, 1996–1999, 2001–2004
9	Low birthweight	1981–1984, 1986–1989, 1991–1994, 1996–1999, 2001–2004, 2006
12	Abortions	1981–1984, 1986–1989, 1991–1994, 1996–1999, 2001–2004
13	Contraceptive use	1988
15	Infant mortality rates	1996–1999, 2001–2004
16	Infant mortality rates	1984, 1986–1989, 1991, 1996–1999, 2001–2004
17	Infant mortality rates	1981–1989, 1991–1994, 1996–1999, 2001–2002
20	International mortality rates and rankings	2001–2005
21	International life expectancy	1995, 1999, 2001–2007
22	Life expectancy	1975, 1981–1989, 1991–1994, 1996–1998
24	Age-adjusted death rates for selected causes	1981–1989, 1991–1999, 2001–2004, 2006
25	Years of potential life lost	1991–1999, 2001–2004, 2006; crude 1999–2007
28	Urbanization level	2002–2004, 2003–2005, 2004–2006, 2005–2007
29	Death rates for all causes	1981–1989, 1991–1999, 2001–2006
30	Diseases of heart	1981–1989, 1991–1999, 2001–2006
31	Cerebrovascular diseases	1981–1989, 1991–1999, 2001–2006
32	Malignant neoplasms	1981–1989, 1991–1999, 2001–2006
33	Malignant neoplasms of trachea, bronchus, and lung	1981–1989, 1991–1999, 2001–2006
34	Malignant neoplasm of breast	1981–1989, 1991–1999, 2001–2006
35	Human immunodeficiency virus (HIV) disease	1988–1989, 1991–1994, 2001–2004, 2006
36	Drug poisoning	2006
37	Motor vehicle-related injuries	1981–1989, 1991–1999, 2001–2006
38	Homicide	1981–1989, 1991–1999, 2001–2006
39	Suicide	1981–1989, 1991–1999, 2001–2006
40	Firearm-related injuries	1981–1989, 1991–1994, 1996–1999, 2001–2004, 2006
41	Occupational diseases	1981–1984, 1986–1989, 1991–1994, 1996–1999, 2001–2004, 2006
43	Nonfatal occupational injuries and illnesses	2004–2006
44	Notifiable diseases	1985, 1988–1989, 1991–1999, 2001–2006
46	Health conditions among children	2006–2008, 2007–2009

Table number	Table topic	Additional data years available
47	Cancer incidence rates	1991–1994, 1996–1999, 2001, 2004
48	Five-year relative cancer survival rates	1978–1980, 1984–1986, 1990–1992, 1993–1995
49	Respondent-reported prevalence of heart disease, cancer, and stroke	2001–2002, 2003–2004, 2005–2006, 2008–2009
50	Diabetes	2001–2004
51	End-stage renal disease	1981–1989, 1991–1999, 2001–2006
52	Severe headache or migraine, low back pain, and neck pain	1998–2008
53	Joint pain	2003–2008
54	Basic actions difficulty and complex activity limitation	1998–1999, 2001–2008
55	Vision and hearing limitations	1998–1999, 2001–2008
56	Respondent-assessed health status	1998–1999, 2001–2004, 2006–2007
59	Serious psychological distress	2000–2001, 2002–2003, 2003–2004, 2006–2007, 2008–2009
60	Cigarette smoking	1983, 1987–1988, 1991–1994, 1997–1999, 2001–2004, 2006, 2007
61	Cigarette smoking	1983, 1987–1988, 1991–1994, 1997–1999, 2001–2004, 2006, 2007
62	Cigarette smoking	1993–1995, 2006–2008, 2007–2009
64	Use of selected substances	2003–2006
65	Use of selected substances	1981–1984, 1986–1989, 1992–1994, 1996–1999, 2001–2006
67	Health risk behaviors among students	1993, 1995, 1997, 1999, 2001, 2003, 2005
68	Heavier drinking and drinking five or more drinks in a day	1998–1999, 2001–2008
70	Hypertension (high blood pressure)	2001–2004, 2005–2008
71	Cholesterol	2001–2004, 2005–2008
72	Mean energy and macronutrient intake	2003–2006
73	Leisure-time aerobic/muscle-strengthening physical activity	1999, 2001–2008
74	Overweight, obesity, and healthy weight	1999–2002, 2001–2004, 2005–2008
75	Overweight among children and adolescents	2001–2004, 2005–2008
76	Untreated dental caries	2001–2004
77	No usual source of health care, children	1995–1996, 1997–1998, 2001–2002, 2003–2004, 2004–2005, 2005–2006, 2006–2007, 2007–2008, 2008–2009
78	No usual source of health care, working-age adults	2003–2004, 2004–2005, 2005–2006, 2006–2007, 2008–2009
79	Reduced access to medical care	1998–2008
81	Reduced access to medical care	1998–1999, 1999–2000, 2000–2001, 2002–2003, 2003–2004, 2004–2005, 2005–2006, 2006–2007, 2007–2008, 2008–2009
82	No health care visits	1999–2000, 2003–2004, 2004–2005, 2005–2006, 2006–2007, 2007–2008, 2008–2009
83	Health care visits	1998–2008
84	International influenza vaccination	2001–2002
85	Vaccinations	1996–1999, 2001–2003
86	Vaccinations	2003
88	Influenza vaccination	1991, 1993–1994, 1997–1999, 2001–2004, 2006
89	Pneumococcal vaccination	1991, 1993–1994, 1997–1999, 2001–2004, 2006
90	Mammography	1991, 1998, 1999
91	Pap smears	1998, 2003
93	Emergency department visits for children	1998–2008
94	Emergency department visits for adults	1998–1999, 2001–2008

Table number	Table topic	Additional data years available
95	Injury-related visits to hospital emergency departments	2007–2008
96	Ambulatory care visits	1997–1999, 2001–2007
97	Ambulatory care visits	1997–1999, 2001–2008
98	Dental visits	1998–2008
99	Prescription drug use	1999–2002, 2003–2006
100	Prescription drug use by drug class	2001–2004, 2003–2006
101	Dietary supplement use	2001–2004, 2003–2006
102	Discharges	1998–1999, 2001–2008
103	Discharges	1991–1994, 1996–1999, 2001–2004, 2006, 2008, 2009
104	Days of care	1991–1999, 2001–2009
105	Diagnoses	1991–1999, 2001–2009
106	Average length of stay	1991–1999, 2001–2009
107	Procedures	1991–1999, 2001–2009
113	Employees and wages	2002–2003, 2005–2007, 2009
117	Mental health organizations	1992, 1998
120	Nursing homes	1996–1999, 2001–2008
121	Certified intermediate care facilities	2000, 2007, 2009
122	Medicare-certified providers and suppliers	1997–1999, 2001, 2002, 2004, 2006, 2008
123	Magnetic Resonance Imaging (MRI) units and Computed Tomography (CT) scanners	2001–2006
124	Total health expenditures as a percent of gross domestic product	1961–1969, 1971–1979, 1981–1989, 1991–1994, 1996–1999, 2001–2004
126	Consumer Price Index	2007–2008
129	Personal health care expenditures	1999, 2001–2006
130	Expenditures for mental health services	1987–1989, 1991–1994, 1996–1999, 2001–2003
131	Expenditures for substance abuse treatment	1987–1989, 1991–1994, 1996–1999, 2001–2003
132	Cost of hospital discharges	2006–2008
133	Expenditures for health care	1996, 1998–1999, 2001–2007
134	Sources of payment for health care	1996, 1998–1999, 2001–2007
135	Out-of-pocket health care expenses	1998–1999, 2001–2004, 2006
136	Expenditures for health services and supplies	2003, 2004, 2006
137	Employers' costs and health insurance	1992–1993, 1995, 1997–1999, 2001–2006
138	Private health insurance	1994, 1998, 1999, 2001–2004, 2006, 2007
139	Private health insurance	1994, 1998, 1999, 2001–2004, 2006, 2007
140	Medicaid coverage	1994, 1998, 1999, 2001–2003, 2005–2007
141	No health insurance coverage	1994, 1998–1999, 2001–2003, 2005–2007
142	Health care coverage	1993–1994, 1996–1999, 2001–2006
143	Medicare	2006–2007
144	Medicare	1996–1998, 2001, 2003–2004, 2006
145	Medicare	All: 1999–2005; 1993–2005
146	Medicaid	2001, 2002
147	Medicaid	2001, 2002
148	Department of Veterans Affairs	1985, 1988–1989, 1991–1994, 1996–1999, 2001–2004, 2006, 2007
149	Medicare	1995–2008
150	Medicaid	2001–2008
151	Persons without health insurance coverage	2004–2006, 2005–2007, 2006–2008

Index

(Numbers are table and figure numbers)

A	<i>Table/Figure</i>
Abortion	12
Access to care (see also Dental visits; Emergency department visits; Health insurance; Hospital utilization; Injuries; Unmet need for medical care, dental care, prescription drugs)	
Health care visits	83
No recent health care visit, children	82
No usual source of care	77, 78
Reduced access to medical care, prescription drugs, or dental care	79, 80, 81, Figures 18, 41
Accidents, see Motor vehicle-related injuries; Unintentional injuries.	
Activities of daily living (ADL), see Basic actions difficulty; Complex activity limitation; Limitation of activity.	
Adolescents, see Child and adolescent health.	
AIDS, see HIV/AIDS.	
Alcohol consumption	64, 65, 68
Allergy	46
Alzheimer's disease	24, 25, 26, 27, 104, 105, 106, Figure 3
Ambulatory surgery centers, Medicare-certified	122
American Indian or Alaska Native population	
Access to care	77, 78, 79, 82, 83
AIDS cases	45
Alcohol consumption	64, 68
Allergy	46
Asthma	46
Attention deficit hyperactivity disorder	46
Back pain, low	52
Basic actions difficulty	54
Birth rates	3, 7, Figure 5
Births, number	4, 6
Birthweight, low	9, 10, 11
Breast cancer	34, 47
Cancer incidence rates	47
Cancer, respondent-reported	49
Cigarette smoking	8, 62, 64
Colorectal tests or procedures	92
Complex activity limitation	54
Death rates, all causes	23, 24, 29
Death rates, selected causes	24, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40
Death rates, state	23
Deaths, leading causes	26
Dental visits	98
Drug poisoning	36
Ear infection	46
Education of mother	10
Emergency department visits	93, 94
Emotional or behavioral difficulties	46
End-stage renal disease	51
Expenses, health care	133, 134
Headache, severe or migraine	52
Health care visits	83

A—Con.	<i>Table/Figure</i>
American Indian or Alaska Native population—Con.	
Health insurance	138, 139, 140, 141
Health status, respondent-assessed	56
Hearing trouble	55
Heart disease, respondent-reported	49
Hospital utilization, inpatient	102
Illicit drug use	64
Infant mortality	15, 18, 19
Joint pain	53
Mammography	90
Marijuana use	64
Medicaid	140, 146
Neck pain	52
Occupational injury deaths	42
Out-of-pocket health care expenditures	133, 134
Pap smear	91
Physical activity	73
Population, resident	1
Prenatal care	5
Serious psychological distress	59
Smoking status of mother during pregnancy	8
Stroke, respondent-reported	49
Students, health occupations	115
Teenage childbearing	3, 6, Figure 5
Twin, triplet, and higher-order multiple births	4
Unmarried mothers	7
Unmet need	79
Vaccinations	85, 87, 88, 89
Vision trouble	55
Years of potential life lost (YPLL)	25
Asian or Pacific Islander population	
Access to care	77, 78, 79, 82, 83, Figure 41
AIDS cases	45
Alcohol consumption	64, 68
Allergy	46
Asthma	46, Figure 23
Attention deficit hyperactivity disorder	46, Figure 24
Back pain, low	52
Basic actions difficulty	54
Birth rates	3, 7, Figure 5
Births, number	4, 6
Birthweight, low	9, 10, 11
Breast cancer	34, 47
Cancer incidence rates	47
Cancer, respondent-reported	49
Cigarette smoking	8, 62, 64
Colorectal tests or procedures	92
Complex activity limitation	54
Death rates, all causes	23, 24, 29
Death rates, selected causes	24, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40
Death rates, state	23

A—Con.

B—Con.

	<i>Table/Figure</i>
Asian or Pacific Islander population—Con.	
Deaths, leading causes	26
Dental visits	98, Figure 30
Drug poisoning	36
Ear infection	46
Education of mother	10
Emergency department visits	93, 94
Emotional or behavioral difficulties	46
End-stage renal disease	51
Expenses, health care	133, 134
Headache, severe or migraine	52
Health care visits	83
Health insurance	138, 139, 140, 141, Figures 29, 40
Health status, respondent-assessed	56
Hearing trouble	55
Heart disease, respondent-reported	49
Hospital utilization, inpatient	102
Illicit drug use	64
Infant mortality	15, 18, 19
Joint pain	53
Mammography	90
Marijuana use	64
Medicaid	140, 146
Neck pain	52
Occupational injury deaths	42
Out-of-pocket health care expenditures	133, 134
Pap smear	91
Physical activity	73
Population, resident	1
Poverty	2, Figures 22, 31
Prenatal care	5
Serious psychological distress	59
Smoking status of mother during pregnancy	8
Stroke, respondent-reported	49
Students, health occupations	115
Teenage childbearing	3, 6, Figure 5
Twin, triplet, and higher-order multiple births	4
Unmarried mothers	7
Unmet need	79
Vaccinations	85, 87, 88, 89
Vision trouble	55
Years of potential life lost (YPLL)	25
Asthma	46, 104, 105, 106, Figure 23
Atherosclerosis	26, 27
Attention deficit hyperactivity disorder	46, Figure 24

B

Back pain, low	52
Basic actions difficulty	52, 53, 54, 56, 57, 58, 62, 68, 73, 78, 79, 83, 88, 89, 90, 91, 94, 98, 102, 138, 139, 140, 141, Figures 7, 36
Bed, health facility	116, 117, 118, 120, 121
Birth control, see Contraception.	

	<i>Table/Figure</i>
Births	
Age of mother	3, 7, 8, Figure 5
Birth rates	3, 7
Births, number	4, 6, 7
Birthweight, low	9, 10, 11
Education of mother	8, 10
Fertility rates	3
Hospital discharges	104, 105
Prenatal care	5
Smoking status of mother during pregnancy	8, 9
State	11
Teenage childbearing	6, Figure 5
Twin, triplet, and higher-order multiple births	4
Unmarried mothers	7
Black or African American population	
Abortion	12
Access to care	77, 78, 79, 80, 82, 83, Figure 41
AIDS cases	45
Alcohol consumption	64, 65, 67, 68
Allergy	46
Asthma	46, Figure 23
Attention deficit hyperactivity disorder	46, Figure 24
Back pain, low	52
Basic actions difficulty	54, 57, 58
Birth rates	3, 6, 7, Figure 5
Births, number	4, 6
Birthweight, low	9, 10, 11
Breast cancer	34, 47
Breastfeeding	14
Cancer incidence rates	47
Cancer, respondent-reported	49
Cancer survival, 5-year relative	48
Cholesterol	71
Cigarette smoking	8, 60, 61, 62, 63, 64, 65
Cocaine use	65
Colorectal tests or procedures	92
Complex activity limitation	54, 57, 58
Contraception	13
Death rates, all causes	23, 24, 28, 29
Death rates, selected causes	24, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 42
Death rates, state	23
Death rates, urbanization	28
Deaths, leading causes	26
Dental caries (cavities), untreated	76
Dental visits	98, 145, Figure 30
Diabetes	50
Dietary supplements	101
Doctor visits	97
Drug poisoning	36
Drugs, prescription, use in past 30 days	99
Ear infection	46
Education of mother	10
Emergency department visits	93, 94, 96
Emotional or behavioral difficulties	46
End-stage renal disease	51

	<i>Table/Figure</i>
Black or African American population—Con.	
Expenses, health care	133, 134
Fetal mortality	17
Glycemic control	50
Headache, severe or migraine	52
Health care visits	83
Health insurance	80, 138, 139, 140, 141, 142, Figures 29, 40
Health status, respondent-assessed	56, 57, 58
Healthy weight	74
Hearing trouble	55
Heart disease, respondent-reported	49
Hospital utilization, inpatient	102, 145
Hospital utilization, outpatient department	96, 145
Hypertension	70
Illicit drug use	64, 65
Infant mortality	15, 17, 18, 19
Inhalants	65
Joint pain	53
Life expectancy	22, Figure 1
Limitation of activity	145
Mammography	90
Marijuana use	64, 65
Medicaid	134, 140, 142, 146
Medicare	134, 142, 145
Neck pain	52
Nursing home expenditures	145
Nursing home utilization	145
Occupational injury deaths	42
Out-of-pocket health care expenditures	133, 134
Overweight and obesity	74, 75
Pap smear	91
Physical activity	66, 73
Population, resident	1
Poverty	2, Figures 22, 31
Prenatal care	5
Screen time	66
Seatbelt use	67
Serious psychological distress	59
Sleep	66
Smoking status of mother during pregnancy	8, 9
Stroke, respondent-reported	49
Students, health occupations	115
Suicidal ideation	67
Teenage childbearing	3, 6, Figure 5
Twin, triplet, and higher-order multiple births	4
Unmarried mothers	7
Unmet need	79
Vaccinations	85, 87, 88, 89
Violence	67
Vision trouble	55
Years of potential life lost (YPLL)	25
Blood pressure, high, see Hypertension.	
Breastfeeding	14, Figure 27

	<i>Table/Figure</i>
Calories, see Energy and macronutrient intake.	
Cancer (Malignant neoplasms)	
Breast	24, 25, 34, 47, 48, 104, 105, 106
Deaths and death rates	24, 26, 27, 32, 33, 34, Figure 3
Hospital discharges	104, 105
Incidence rates	47
Prevalence, respondent-reported	49
Site-specific data	24, 25, 33, 34, 47, 48, 104, 105
Survival, 5-year relative	48
Trachea, bronchus, lung	24, 33, 47, 48, 104, 105
Years of potential life lost (YPLL)	25
Cardiac procedures, see Heart disease, procedures.	
Central and South American population, see Hispanic subgroups.	
Cerebrovascular disease (stroke)	
Deaths and death rates	24, 26, 27, 31, Figure 3
Hospital discharges	104, 105
Prevalence, respondent-reported	49
Years of potential life lost (YPLL)	25
Cesarean section	107, 132
Chancroid, see Diseases, notifiable.	
Child and adolescent health	
Abortion	12
Access to care	77, 79, 82, 83
AIDS cases	45
Alcohol consumption	64, 65, 67
Allergy	46
Asthma	46, Figure 23
Attention deficit hyperactivity disorder	46, Figure 24
Birthweight, low	9, 10, 11
Breastfeeding	14, Figure 27
Cigarette smoking	8, 64, 65, Figure 8
Cocaine use	65
Contraception	13
Death rates, all causes	27, 29
Death rates, selected causes	27, 30, 31, 32, 35, 36, 37, 38, 39, 40, 42, Figure 4
Deaths, leading causes	27
Dental caries (cavities), untreated	69, 76
Dental visits	98, Figure 30
Doctor visits	97
Drug poisoning	36
Drugs, prescription, use in 30 days	99, 100, Figure 16
Ear infection	46
Emergency department visits	93, 95, 96, Figure 17
Emotional or behavioral difficulties	46
End-stage renal disease	51
Expenses, health care	132, 133, 134, 135
Health insurance	138, 139, 140, 141, Figures 14, 29
Health status, respondent-assessed	56
Hospital utilization, inpatient	102, 103, 104, 105, 106
Hospital utilization, outpatient department	96
Illicit drug use	64, 65
Infant mortality	15, 16, 17, 18, 19, 20
Inhalants	65
Injury	95

C—Con.

	<i>Table/Figure</i>
Child and adolescent health—Con.	
Marijuana use	64, 65
Medicaid	134, 140, 146
Obesity	69, 75, Figures 10, 25
Out-of-pocket health care expenditures	133, 134, 135
Physical activity	66
Population, resident	1
Poverty	2, Figure 22
Residential treatment centers for children with emotional disturbance	117
Screen time	66, Figure 26
Seatbelt use	67
Sleep	66
Suicidal ideation	67
Teenage childbearing	3, 6, 7, Figure 5
Vaccinations	85, 86, 87, Figure 28
Violence	67
Chlamydia, see Diseases, notifiable.	
Cholesterol	69, 71, 100
Chronic conditions	Figure 35
Chronic liver disease and cirrhosis	24, 25, 26, 27
Chronic lower respiratory diseases	24, 25, 26, 27, Figure 3
Cigarette smoking (see also Births, smoking status of mother)	60, 61, 62, 63, 64, 65, Figures 8, 38
Cirrhosis, see Chronic liver disease and cirrhosis.	
Cocaine use	65
Colorectal tests or procedures	92, Figure 39
Complex activity limitation	52, 53, 54, 56, 57, 58, 62, 68, 73, 78, 79, 83, 88, 89, 90, 91, 94, 98, 102, 138, 139, 140, 141, Figures 7, 36
Computed tomography (CT) scanners [see also Magnetic resonance imaging (MRI) units]	123
Congenital anomalies	26, 27
Consumer Price Index (CPI)	126
Contraception	13
Cost, see Employers' costs.	
Critical access hospitals	121
Cuban population, see Hispanic subgroups.	

D

Deaths, death rates [see also Cancer (Malignant neoplasms); Cerebrovascular disease (stroke); Chronic lower respiratory diseases; Diabetes; Drug poisoning; Firearm-related injuries; Heart disease; HIV/AIDS; Homicide; Infant mortality; Life expectancy; Motor vehicle-related injuries; Occupational diseases deaths; Occupational injuries; Suicide; Years of potential life lost (YPLL)]	
All causes	29
Leading causes	26, 27
Selected causes	24, Figure 3
State	23
Urbanization	28
Dental caries (cavities), untreated	69, 76
Dental services expenditures	128
Dental visits	98, 145

D—Con.

Dentists	112, 114, 115
Schools and students	114, 115
State	112
Dentition (edentulism—lack of natural teeth)	Figure 34
Diabetes	24, 25, 26, 27, 50, 69, 104, 105
Deaths and death rates	24, 26, 27, Figure 3
Hospital discharges	104, 105, 106
Prevalence	50, 69
Years of potential life lost (YPLL)	25
Diagnostic procedures, during hospitalizations	107
Dietary supplements	101
Diphtheria, see Diseases, notifiable; Vaccinations.	
Disability	
Basic actions difficulty	52, 53, 54, 56, 57, 58, 62, 68, 73, 78, 79, 83, 88, 89, 90, 91, 92, 94, 98, 102, 138, 139, 140, 141, Figures 7, 36
Blind and disabled Medicaid expenditures	146
Complex activity limitation	52, 53, 54, 56, 57, 58, 62, 68, 73, 78, 79, 83, 88, 89, 90, 91, 92, 94, 98, 102, 138, 139, 140, 141
Medicaid recipients	147
Medicare beneficiaries	145
Veterans with service-connected disabilities	148
Diseases, notifiable	44
Doctors of Medicine, see Physicians.	
Drug poisoning	36
Drug use, illicit, see Alcohol consumption; Cigarette smoking; Cocaine use; Illicit drug use; Inhalants; Marijuana use.	
Drugs, prescription, use in past 30 days	99, 100, Figure 16
DTP (Diphtheria, Tetanus, Pertussis), see Vaccinations.	

E

Ear infection	46
Education	
Access to care	79
Alcohol consumption	65, 67
Back pain, low	52
Birthweight, low	10
Breastfeeding	14, Figure 27
Cancer, respondent-reported	49
Cigarette smoking	8, 61, 62, 65, Figure 38
Cocaine use	65
Colorectal tests or procedures	92, Figure 39
Headache, severe or migraine	52
Hearing trouble	55
Heart disease, respondent-reported	49
Illicit drug use	65
Inhalants	65
Joint pain	53
Life expectancy	Figure 32
Mammography	90
Marijuana use	65
Neck pain	52
Obesity	Figures 25, 37
Pap smear	91

E—Con.

	<i>Table/Figure</i>
Education—Con.	
Physical activity	73
Seatbelt use	67
Smoking status of mother during pregnancy	8
Stroke, respondent-reported	49
Suicidal ideation	67
Unmet need	79
Violence	67
Vision trouble	55
Elderly population, see Older population 65 years of age and over.	
Emergency department visits	93, 94, 95, 96, Figure 17
Employed health service personnel	113
Employers' costs for health insurance	137
End-stage renal disease	51
End-stage renal disease facilities, Medicare-certified	122
Energy and macronutrient intake	72
Ethnicity, see Hispanic or Latino population.	
Exercise, see Physical activity.	
Expenditures, national health [see also Consumer Price Index (CPI); Hospital care expenditures; Medicaid; Medicare; Mental health expenditures; Nursing homes expenditures; Physician services expenditures; Prescription drug expenditures; Substance abuse treatment expenditures; Veterans' medical care]	
Amount per capita	124, 125, 129
Factors affecting growth	127
International	124
Percent of Gross Domestic Product	124, 125
Personal health care	125, 128, 129, Figures 20, 21
Source of funds	125, 129, Figure 20
Type of expenditure	128, 129, 130, 131, Figure 21
Type of payer	136
Expenses, health care	133, 134, 135

F

Fertility rates, see Births.	
Fetal mortality	17
Firearm-related injuries, death rates	40
Food intake, see Energy and macronutrient intake.	

G

Geographic region	
Access to care	77, 78, 79, 80, 82, 83
Back pain, low	52
Basic actions difficulty	57, 58
Breastfeeding	14
Cancer, respondent-reported	49
Cigarette smoking	63
Colorectal tests or procedures	92
Complex activity limitation	57, 58
Death rates, urbanization	28

G—Con.

	<i>Table/Figure</i>
Geographic region—Con.	
Dental visits	98
Emergency department visits	93, 94
Headache, severe or migraine	52
Health care visits	83
Health insurance	80, 138, 139, 140, 141
Health status, respondent-assessed	56, 57, 58
Hearing trouble	55
Heart disease, respondent-reported	49
Hospital utilization, inpatient	102, 103
Joint pain	53
Neck pain	52
Physical activity	73
Serious psychological distress	59
Stroke, respondent-reported	49
Unmet need	79
Vaccinations	86, 88, 89
Vision trouble	55
Glycemic control	50
Gonorrhea, see Diseases, notifiable.	
Gross Domestic Product (GDP)	124, 125

H

Haemophilus influenzae, invasive, see Diseases, notifiable.	
Hawaiian population, see Native Hawaiian or Other Pacific Islander population.	
Headache, severe or migraine	52
Health care expenses, see Expenses, health care.	
Health care utilization	82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 102, 103, 104, 105, 106, 107, 108
Health expenditures, national, see Expenditures, national health.	
Health insurance (see also Access to care; Emergency department visits; Medicaid; Medicare)	
Basic actions difficulty	138, 139, 140, 141
Complex activity limitation	138, 139, 140, 141
Employer costs	137
Employment related	139
Medicaid	140, Figures 14, 15
Private	138, 139, Figures 14, 15
Race and Hispanic origin	138, 139, 140, 141, 142
65 years of age and over	142
Under 65 years of age	138, 139, 140, 141
Uninsured	141, 151, Figures 14, 15, 29, 40
Urbanization	80
Health professionals visits, see Visits to health professionals.	
Health status, respondent-assessed	56, 57, 58
Healthy weight	74
Hearing trouble	55
Heart disease	
Deaths and death rates	24, 26, 27, 30, Figure 3
Drugs, prescription, use in past 30 days	100
Hospital discharges	104, 105, 107
Ischemic heart disease	24, 25

	<i>Table/Figure</i>
Heart disease—Con.	
Prevalence, respondent-reported	49, Figure 6
Procedures (angiocardiology; cardiac catheterization; coronary artery bypass graft; insertion of stent; pacemaker)	107
Years of potential life lost (YPLL)	25
Hib (Haemophilus influenzae type b), see Vaccinations.	
Hispanic or Latino population	
Abortion	12
Access to care	77, 78, 79, 80, 82, 83, Figure 41
AIDS cases	45
Alcohol consumption	64, 67, 68
Allergy	46
Asthma	46, Figure 23
Attention deficit hyperactivity disorder	46, Figure 24
Back pain, low	52
Basic actions difficulty	54, 57, 58
Birth rates	3, 7, Figure 5
Births, number	4, 6
Birthweight, low	9, 10, 11
Breast cancer	34, 47
Breastfeeding	14
Cancer incidence rates	47
Cancer, respondent-reported	49
Cholesterol	71
Cigarette smoking	8, 62, 63, 64
Colorectal tests or procedures	92
Complex activity limitation	54, 57, 58
Contraception	13
Death rates, all causes	23, 24, 29
Death rates, selected causes	24, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 42
Death rates, state	23
Deaths, leading causes	26
Dental caries (cavities), untreated	76
Dental visits	98, 145, Figure 30
Diabetes	50
Dietary supplements	101
Drug poisoning	36
Drugs, prescription, use in past 30 days	99
Ear infection	46
Education of mother	10
Emergency department visits	93, 94
Emotional or behavioral difficulties	46
End-stage renal disease	51
Expenses, health care	133
Glycemic control	50
Headache, severe or migraine	52
Health care visits	83
Health insurance	80, 138, 139, 140, 141, 142, Figures 29, 40
Health status, respondent-assessed	56, 57, 58
Healthy weight	74
Hearing trouble	55
Heart disease, respondent-reported	49
Hospital utilization, inpatient	102, 145
Hospital utilization, outpatient department	145

	<i>Table/Figure</i>
Hispanic or Latino population—Con.	
Hypertension	70
Illicit drug use	64
Infant mortality	15, 18, 19
Joint pain	53
Life expectancy	22, Figure 1
Limitation of activity	145
Mammography	90
Marijuana use	64
Medicaid	140, 142, 146
Medicare	134, 142, 145
Neck pain	52
Nursing home expenditures	145
Nursing home utilization	145
Occupational injury deaths	42
Out-of-pocket health care expenditures	133, 134
Overweight and obesity	74, 75
Pap smear	91
Physical activity	66, 73
Population, resident	1
Poverty	2, Figures 22, 31
Prenatal care	5
Screen time	66
Seatbelt use	67
Serious psychological distress	59
Sleep	66
Smoking status of mother during pregnancy	8
Stroke, respondent-reported	49
Students, health occupations	115
Suicidal ideation	67
Teenage childbearing	3, 6, Figure 5
Twin, triplet, and higher-order multiple births	4
Unmarried mothers	7
Unmet need	79
Vaccinations	85, 87, 88, 89
Violence	67
Vision trouble	55
Years of potential life lost (YPLL)	25
Hispanic subgroups (Central and South American; Cuban) (see also Mexican, Puerto Rican)	
Birth rates	7
Births, number	4, 6
Birthweight, low	9, 10
Education of mother	10
Health insurance	138, 139, 140, 141
Infant mortality	15
Prenatal care	5
Smoking status of mother during pregnancy	8, 9
Teenage childbearing	6
Twin, triplet, and higher-order multiple births	4
Unmarried mothers	7
HIV/AIDS	
AIDS cases	45
Deaths and death rates	24, 26, 27, 35
Hospital discharges	104, 105, 106
Years of potential life lost (YPLL)	25

H—Con.

	<i>Table/Figure</i>
Home health agencies, Medicare-certified	122
Home health care expenditures	128
Homicide, death rates	24, 25, 26, 27, 38
Hospice	122
Hospital care expenditures [see also Consumer Price Index (CPI); Medicaid; Medicare]	129, 130, 131, 132
Hospital discharges	102, 103, 104, 105, 106, 107, 132
Hospital utilization (see also Access to care; Emergency department visits; Medicaid; Medicare; Veterans' medical care)	
Admissions	108
Average length of stay	103, 106, 108, 149
Days of care	103
Diagnoses, selected	104, 105, 106
Discharges	103, 104, 105, 107
Outpatient department	96, 108, 145
Procedures or surgeries	107, 132
Race and Hispanic origin	102, 145
Hospitals (see also Mental health; Nursing homes)	
Beds	116, 117, 118
Occupancy rate	116, 119
State	118, 119, 121
Hypertension	69, 70, Figure 9

I

Illicit drug use	64, 65
Immunizations, see Vaccinations.	
Incidence (Cancer)	47
Income, family, see Poverty.	
Infant mortality (see also Fetal mortality)	
Age at death	15, 17, 19, Figure 2
Birth cohort data	15, 16
Birthweight	16
Cause of death	27
International	20
Race and Hispanic origin	15, 17, 18, 19
State	18, 19
Infectious disease	
Deaths	24, 25, 26, 27, 35
Hospital utilization	104, 105, 106
Notifiable diseases	44, 45
Vaccinations	85, 86, 87, 88, 89
Influenza and pneumonia	24, 25, 26, 27
Influenza vaccination, see Vaccinations.	
Inhalants	65
Injuries, see Emergency department visits; Firearm-related injuries; Death rates; Hospital utilization, diagnoses, selected; Motor vehicle-related injuries; Occupational injuries; Unintentional injuries.	
Inpatient care, see Hospital utilization; Mental health; Nursing homes, utilization.	
Instrumental activities of daily living (IADL), see Limitation of activity.	
Insurance, see Health insurance.	

I—Con.

	<i>Table/Figure</i>
Intermediate care facilities for persons with mental retardation	121
International health (see also Expenditures, national health, international; Infant mortality; Life expectancy)	20, 21, 84, 123, 124
Intervertebral disc disorders	104, 105, 106, 107, 132
Ischemic heart disease, see Heart disease.	

J

Joint pain	53
----------------------	----

K

Kidney disease, see End-stage renal disease.

L

Leading causes of death, see Deaths, leading causes.	
Leisure-time activity, see Physical activity.	
Life expectancy	21, 22, Figures 1, 32
Limitation of activity (see also Basic actions difficulty; Complex activity limitation).	145
Liver disease, see Chronic liver disease and cirrhosis.	
Low birthweight, see Births; Infant mortality.	
Low income, see Poverty.	
Lyme disease, see Diseases, notifiable.	

M

Magnetic resonance imaging (MRI) units [see also Computed tomography (CT) scanners]	123
Malignant neoplasms, see Cancer.	
Mammography	90, Figure 13
Marijuana use	64, 65
Maternal health, see Women's health.	
Measles (Rubella), see Diseases, notifiable; Vaccinations.	
Medicaid (see also Health insurance)	
Basic actions difficulty	140
Basis of eligibility	146
Complex activity limitation	140
Coverage	140, 142
Expenses, health care	133
Expenditures	129, 136
Payments	146, 147, 150
Race and Hispanic origin	140, 146
State	150
Type of service	147
Medical doctors, see Physicians.	

	<i>Table/Figure</i>
Medicare (see also Health insurance)	
Age and sex of beneficiaries	142, 144
Certified providers and suppliers	122
Coverage	142
Enrollment	143, 144, 145, 149
Expenses, health care	133
Expenditures	129, 136, 143
Hospital utilization	149
Payments	134, 144, 149
Race and Hispanic origin	142, 145
State	149
Type of service	143
Meningococcal disease	27, 44
Men's health	
Access to care	78, 79, 80, 83
AIDS cases	45
Alcohol consumption	64, 68
Back pain, low	52
Basic actions difficulty	54, 57, 58, Figure 7
Cancer incidence rates	47
Cancer, respondent-reported	49
Cancer survival, 5-year relative	48
Cholesterol	71
Cigarette smoking	60, 61, 62, 63, 64, Figure 8
Colorectal tests or procedures	92
Complex activity limitation	54, 57, 58, Figure 7
Death rates, all causes	24, 29
Death rates, selected causes	24, 30, 31, 32, 33, 35, 36, 37, 38, 39, 40, 42, Figures 3, 4
Death rates, urbanization	28
Deaths, leading causes	26
Dental caries (cavities), untreated	76
Dental visits	98
Diabetes	50
Dietary supplements	101
Doctor visits	97
Drug poisoning	36
Drugs, prescription, use in past 30 days	99, 100, Figure 16
Emergency department visits	94, 95, 96
End-stage renal disease	51
Energy and macronutrient intake	72
Expenses, health care	133, 134
Glycemic control	50
Healthy weight	74
Headache, severe or migraine	52
Health insurance	80, 138, 139, 140, 141, 142, 145
Health status, respondent-assessed	56, 57, 58
Hearing trouble	55
Heart disease, respondent-reported	49, Figure 6
Hospital utilization, inpatient	102, 103, 104, 105, 106, 107
Hospital utilization, outpatient department	96
Hypertension	70, Figure 9
Illicit drug use	64

	<i>Table/Figure</i>
Men's health—Con.	
Injury	95
Joint pain	53
Life expectancy	21, 22, Figure 32
Marijuana use	64
Neck pain	52
Occupational injury deaths	42
Overweight and obesity	74, Figures 11, 37
Physical activity	73
Population, resident	1
Serious psychological distress	59
Stroke, respondent-reported	49
Vaccinations	88, 89
Vision trouble	55
Years of potential life lost (YPLL)	25
Mental health (see also Suicide)	
Beds	117
Depression	Figure 33
Drugs, prescription, use in past 30 days	100
Emotional or behavioral difficulties, children	46
Expenditures	130, 147
Hospital discharges	104, 105, 106
Organizations	117
Psychiatrists	110
Serious psychological distress	59
Metropolitan/nonmetropolitan data	
Access to care	77, 78, 79, 80, 82, 83
Back pain, low	52
Basic actions difficulty	54, 57, 58
Cancer, respondent-reported	49
Cigarette smoking	63
Colorectal tests or procedures	92
Complex activity limitation	54, 57, 58
Death rates, urbanization	28
Dental visits	98
Emergency department visits	93, 94
Headache, severe or migraine	52
Health care visits	83
Health insurance	80, 138, 139, 140, 141
Health status, respondent-assessed	56, 57, 58
Hearing trouble	55
Heart disease, respondent-reported	49
Hospital utilization, inpatient	102
Joint pain	53
Medicaid	140
Neck pain	52
Physical activity	73
Reduced access to medical care	80
Serious psychological distress	59
Stroke, respondent-reported	49
Unmet need	79
Vaccinations	85, 87, 88, 89
Vision trouble	55

M—Con.

	<i>Table/Figure</i>
Mexican population (see also Hispanic subgroups)	
Access to care	78, 79
Alcohol consumption	68
Asthma	Figure 23
Back pain, low	52
Birth weight, low	9, 10
Births, number	4, 6
Cancer, respondent-reported	49
Cholesterol	71
Cigarette smoking	8, 62
Colorectal tests or procedures	92
Dental caries (cavities), untreated	76
Diabetes	50
Dietary supplements	101
Drugs, prescription, use in past 30 days	99
Education of mother	10
Emergency department visits	94
Glycemic control	50
Headache, severe or migraine	52
Health care visits	83
Health insurance	138, 139, 140, 141
Health status, respondent-assessed	56
Healthy weight	74
Hearing trouble	55
Heart disease, respondent-reported	49
Hypertension	70
Infant mortality	15
Joint pain	53
Medicaid	140
Medical students	115
Neck pain	52
No usual source of care	78
Overweight and obesity	74, 75
Physical activity	73
Poverty	2
Prenatal care	5
Serious psychological distress	59
Stroke, respondent-reported	49
Teenage childbearing	6
Twin, triplets, and higher-order multiple births	4
Unmarried mother	7
Unmet need	79
Vaccinations	88, 89
Vision trouble	55
MMR (Measles, Mumps, Rubella), see Vaccinations.	
Motor vehicle-related injuries	24, 25, 37, 95, Figure 4
Mumps, see Diseases, notifiable; Vaccinations.	

N

	<i>Table/Figure</i>
National health expenditures, see Expenditures, national health.	
Native Hawaiian or Other Pacific Islander population	
AIDS cases	45
Alcohol consumption	64
Cigarette smoking	64
Illicit drugs	64
Occupational injuries	42
Vaccinations	85
Neck pain	52
Neonatal mortality, see Infant mortality, age at death.	
Nephritis, nephrotic syndrome, and nephrosis	26, 27
Nurses	113
Nursing homes	
Beds, occupancy	120
Expenditures	128, 129, 130, 131, 145
Utilization	120, 145, 148
Nutrition, see Energy and macronutrient intake.	

O

Obesity	69, 74, 75, Figures 10, 11, 25, 37
Occupational diseases, deaths	41
Occupational injuries	42, 43
Occupational therapists	113
Office visits	96, 97
Older population 65 years of age and over	
Access to care	79, 83
AIDS cases	45
Alcohol consumption	68
Back pain, low	52
Basic actions difficulty	54, 58, Figures 7, 36
Cancer, respondent-reported	49
Cholesterol	71
Cigarette smoking	60, 62, Figures 8, 38
Complex activity limitation	54, 58, Figures 7, 36
Death rates, all causes	29
Death rates, selected causes	30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 42
Deaths, leading causes	27
Dental caries (cavities), untreated	76
Dental visits	98, 145
Dentition (edentulism—lack of natural teeth)	Figure 34
Diabetes	50
Dietary supplements	101
Doctor visits	97
Drug poisoning	36
Drugs, prescription, use in past 30 days	99, 100, Figure 16
Emergency department visits	94, 95, 96
End-stage renal disease	51
Energy and macronutrient intake	72
Expenses, health care	132, 133, 134, 135
Glycemic control	50

O—Con.

	<i>Table/Figure</i>
Older population 65 years of age and over—Con.	
Headache, severe or migraine	52
Hearing trouble	55
Heart disease, respondent-reported	49, Figure 6
Health insurance	142, 145
Health status, respondent-assessed	56, 58
Healthy weight	74
Hearing trouble	55
Hospital utilization, inpatient	102, 103, 104, 105, 106, 107, 132, 145, 149
Hospital utilization, outpatient department	96, 145
Hypertension	70, Figure 9
Injury	95
Joint pain	53
Life expectancy	21, 22
Limitation of activity	145
Mammography	90
Medicaid	146
Medicare	134, 142, 143, 144, 145, 149
Mental health	Figure 33
Neck pain	52
Nursing home expenditures	145
Nursing home utilization	120, 145
Occupational injury deaths	42
Out-of-pocket health care expenses	133, 134, 135
Overweight and obesity	74
Pap smear	91
Physical activity	73
Pneumonia discharges	104, 105
Population, resident	1
Serious psychological distress	59
Stroke, respondent-reported	49
Unmet need	79
Vaccinations	84, 88, 87, 89, Figure 12
Vision trouble	55
Opioid poisoning	36
Optometrists	114, 115
Osteoarthritis	104, 105, 106
Osteopaths, see Physicians.	
Out-of-pocket health care expenses	133, 134, 135, 136
Outpatient department, see Hospital utilization, outpatient department.	
Overweight	69, 74

P

Pacemakers	107
Pap smear	91
Perinatal mortality, see Infant mortality, age at death.	
Personal health care expenditures, see Expenditures, national health.	
Pertussis (whooping cough), see Diseases, notifiable; Vaccinations.	
Pharmacists	113, 114, 115
Physical activity	66, 73

P—Con.

	<i>Table/Figure</i>
Physician services expenditures [see also Consumer Price Index (CPI); Medicaid; Medicare]	129, 130, 131
Physician utilization	96, 97
Physicians	
Doctors of osteopathy	114, 115
International medical school graduates	110
Primary care	97, 111
Primary specialty	97, 110, 111
Schools and students	114, 115
State	109, Figure 19
Pneumococcal vaccinations, see Vaccinations.	
Pneumonia (see also Influenza and pneumonia)	104, 105, 106
Podiatrists	114, 115
Poliomyelitis (Polio), see Diseases, notifiable; Vaccinations.	
Population, resident	1
Postneonatal mortality, see Infant mortality, age at death.	
Poverty	
Access to care	77, 78, 79, 80, 82, 83, Figure 41
Alcohol consumption	68
Allergy	46
Asthma	46, Figure 23
Attention deficit hyperactivity disorder	46, Figure 24
Back pain, low	52
Basic actions difficulty	54, 57, 58, Figure 36
Cancer, respondent-reported	49
Cholesterol	71
Cigarette smoking	62, 63
Chronic conditions	Figure 35
Colorectal tests or procedures	92
Complex activity limitation	54, 57, 58, Figure 36
Dental caries (cavities), untreated	76
Dental visits	98, Figure 30
Dentition (edentulism—lack of natural teeth)	Figure 34
Diabetes	50
Dietary supplements	101
Ear infection	46
Emergency department visits	93, 94
Emotional or behavioral difficulties	46
Glycemic control	50
Headache, severe or migraine	52
Health care visits	83
Health insurance	80, 138, 139, 140, 141, 142, Figures 29, 40
Health status, respondent-assessed	56, 57, 58
Healthy weight	74
Hearing trouble	55
Heart disease, respondent-reported	49
Hospital utilization, inpatient	102
Hypertension	70
Joint pain	53
Mammography	90
Medicaid	140, 142
Medicare	142
Mental health	Figure 33
Neck pain	52

P—Con.

S—Con.

	<i>Table/Figure</i>
Poverty—Con.	
Overweight and obesity	74, 75
Pap smear	91
Physical activity	66, 73
Population	2, Figures 22, 31
Screen time	66, Figure 26
Serious psychological distress	59
Sleep	66
Stroke, respondent-reported	49
Unmet need	79
Vaccinations	85, 87, 88, 89, Figure 28
Vision trouble	55
Prenatal care	5
Prescription drug expenditures (see also Medicaid; Medicare)	128, 129, 130, 131, 133
Prescription drug use, see Drugs, prescription, use in past 30 days.	
Primary care physicians, see Physicians.	
Private health insurance, see Health insurance.	
Procedures	107, 132
Public Health, schools of; students	114
Puerto Rican population (see also Hispanic subgroups)	
Births	4, 7, 8, 9, 10
Health insurance	138, 139, 140, 141
Infant mortality	15
Medical students	115
Poverty	2
Prenatal care	5

	<i>Table/Figure</i>
State data	
Access to care	81
Birthweight, low	11
Critical access hospitals	121
Death rates	23
Dentists	112
Health insurance, uninsured	151
Hospital beds	118
Hospital occupancy rates	119
Hospitals	121
Infant mortality	18, 19
Intermediate care facilities for persons with mental retardation	121
Medicaid	150
Medicare	149
Nursing homes, beds, occupancy rates, residents	120
Physicians	109
Vaccinations	86
Stent, cardiac, see Heart disease, procedures.	
Sterilization, see Contraception.	
Stroke, see Cerebrovascular disease (stroke).	
Substance abuse treatment expenditures	131
Sudden infant death syndrome, see Infant mortality, cause of death.	
Suicidal ideation	67
Suicide	24, 25, 26, 27, 39
Surgery, see Hospital utilization.	
Syphilis, see Diseases, notifiable.	

R

Race, see specific race groups.	
Rocky Mountain spotted fever, see Diseases, notifiable.	
Rubella (German measles), see Diseases, notifiable; Vaccinations.	
Rural data, see Metropolitan/nonmetropolitan data.	

S

Salmonellosis, see Diseases, notifiable.	
Screen time	66, Figure 26
Self-assessment of health, see Health status, respondent- assessed.	
Septicemia	26, 27
Serious psychological distress (see also Mental health)	59
Shigellosis, see Diseases, notifiable.	
Sleep	66
Smoking, see Cigarette smoking.	
Socioeconomic status and health, see Education ; Poverty ; Figures 22–41.	
Source of funds or payments (see also Expenditures, national health; Health insurance; Medicaid; Medicare)	129, 134, 136
Special feature, see Socioeconomic status and health.	

T

Tetanus, see Diseases, notifiable; Vaccinations.	
Tobacco use, see Cigarette smoking.	
Tuberculosis, see Diseases, notifiable.	
Twin, triplet, and higher-order multiple births	4

U

Uninsured, health, see Health insurance, uninsured.	
Unintentional injuries	24, 25, 26, 27, 95
Unmet need for medical care, dental care, prescription drugs	79, 80, 81
Urban and rural data, see Metropolitan/nonmetropolitan data.	
Usual source of care, see Access to care.	

V

Vaccinations	84, 85, 86, 87, 88, 89, Figures 12, 28
Varicella, see Vaccinations.	
Veterans' medical care	117, 148
Vision trouble	55
Visits to health professionals	83

W

	<i>Table/Figure</i>
Wages and salaries	113, 137
Wages, health care occupations	113
Women's health	
Access to care	78, 79, 80, 83
Abortion	12
AIDS cases	45
Alcohol consumption	64, 68
Back pain, low	52
Basic actions difficulty	54, 57, 58, Figure 7
Birth rates, fertility rates	3, 7
Births, number	4, 7
Breast cancer	34, 47, 48, 104, 105
Cancer incidence rates	47
Cancer, respondent-reported	49
Cancer survival, 5-year relative	48
Cesarean section	107
Cholesterol	71
Cigarette smoking	8, 9, 60, 61, 62, 63, 64, Figure 8
Colorectal tests or procedures	92
Complex activity limitation	54, 57, 58, Figure 7
Contraception	13
Death rates, all causes	24, 29
Death rates, selected causes	24, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 42, Figures 3, 4
Death rates, urbanization	28
Deaths, leading causes	26
Dental caries (cavities), untreated	76
Dental visits	98
Diabetes	50
Dietary supplements	101
Doctor visits	97
Drug poisoning	36
Drugs, prescription, use in past 30 days	99, 100, Figure 16
Emergency department visits	94, 95, 96
End-stage renal disease	51
Energy and macronutrient intake	72
Expenses, health care	133, 134
Glycemic control	50
Headache, severe or migraine	52
Health insurance	80, 138, 139, 140, 141, 142, 145
Health status, respondent-assessed	56, 57, 58
Healthy weight	74
Heart disease, respondent-reported	49, Figure 6
Hearing trouble	55
Heart disease, respondent-reported	49
Hospital utilization, inpatient	102, 103, 104, 105, 106, 107
Hospital utilization, outpatient department	96
Hypertension	70, Figure 9
Illicit drug use	64
Injury	95
Joint pain	53
Life expectancy	21, 22, Figure 32
Mammography	90, Figure 13

W—Con.

	<i>Table/Figure</i>
Women's health—Con.	
Marijuana use	64
Neck pain	52
Occupational injury deaths	42
Overweight and obesity	74, Figures 11, 37
Pap smear	91
Physical activity	73
Population, resident	1
Poverty	2
Prenatal care	5
Serious psychological distress	59
Stroke, respondent-reported	49
Teenage childbearing	3, 6
Unmarried mothers	7
Vaccinations	88, 89
Vision trouble	55
Years of potential life lost (YPLL)	25
Working-age adults (18–64 years of age)	54, 57, 63, 78, 79, 89, 91, 94, 98, 102, 138, 139, 140, 141, Figures 17, 18, 36, 40, 41

Y

Years of potential life lost (YPLL)	25
---	----