

Appendix A: Detailed Tables

INDICATOR 1 Number of Older Americans**Table 1a. Number of people age 65 and over and 85 and over, selected years 1900–2006 and projected 2010–2050**

<i>Year</i>	<i>65 and over</i>	<i>85 and over</i>
Estimates		
In millions		
1900	3.1	0.1
1910	3.9	0.2
1920	4.9	0.2
1930	6.6	0.3
1940	9.0	0.4
1950	12.3	0.6
1960	16.2	0.9
1970	20.1	1.5
1980	25.5	2.2
1990	31.2	3.1
2000	35.0	4.2
2005	36.8	5.1
2006	37.3	5.3
Projections		
2010	40.2	6.1
2020	54.6	7.3
2030	71.5	9.6
2040	80.0	15.4
2050	86.7	20.9

Reference population: These data refer to the resident population.

Source: U.S. Census Bureau, 1900 to 1940, 1970, and 1980, U.S. Census Bureau, 1983, Table 42; 1950, U.S. Census Bureau, 1953, Table 38; 1960, U.S. Census Bureau, 1964, Table 155; 1990, U.S. Census Bureau, 1991, 1990 Summary Table File 1; 2000, U.S. Census Bureau, 2001, Census 2000 Summary File 1; Table 1: Estimates of the population by selected age groups for the United States and for Puerto Rico: July 1, 2006 (SC-EST2006-1); 2010 to 2050, International Programs Center, International Data Base, 2007.

Table 1b. Percentage of the population age 65 and over and 85 and over, selected years 1900–2006 and projected 2010–2050

<i>Year</i>	<i>65 and over</i>	<i>85 and over</i>
Estimates		
Percent		
1900	4.1	0.2
1910	4.3	0.2
1920	4.7	0.2
1930	5.4	0.2
1940	6.8	0.3
1950	8.1	0.4
1960	9.0	0.5
1970	9.9	0.7
1980	11.3	1.0
1990	12.6	1.2
2000	12.4	1.5
2005	12.4	1.7
2006	12.4	1.8
Projections		
2010	13.0	2.0
2020	16.3	2.2
2030	19.6	2.6
2040	20.4	3.9
2050	20.6	5.0

Reference population: These data refer to the resident population.

Source: U.S. Census Bureau, 1900 to 1940, 1970, and 1980, U.S. Census Bureau, 1983, Table 42; 1950, U.S. Census Bureau, 1953, Table 38; 1960, U.S. Census Bureau, 1964, Table 155; 1990, U.S. Census Bureau, 1991, 1990 Summary Table File 1; 2000, U.S. Census Bureau, 2001, Census 2000 Summary File 1; Table 1: Estimates of the population by selected age groups for the United States and for Puerto Rico: July 1, 2006 (SC-EST2006-1); 2010 to 2050, International Programs Center, International Data Base, 2007.

INDICATOR 1

Number of Older Americans continued

Table 1c. Population of countries or areas with at least 10 percent of their population age 65 and over, 2006

Country or Area	Population (number in thousands)		Percent
	Total	65 and over	65 and over
Japan	127,515	25,954	20.4
Italy	58,134	11,450	19.7
Germany	82,422	16,018	19.4
Greece	10,688	2,027	19.0
Spain	40,398	7,170	17.7
Sweden	9,017	1,588	17.6
Belgium	10,379	1,809	17.4
Bulgaria	7,385	1,279	17.3
Estonia	1,324	228	17.2
Portugal	10,606	1,822	17.2
Austria	8,193	1,401	17.1
Croatia	4,495	754	16.8
Georgia	4,661	768	16.5
Latvia	2,275	373	16.4
Ukraine	46,620	7,628	16.4
Finland	5,231	846	16.2
France	63,329	10,238	16.2
United Kingdom	60,609	9,564	15.8
Slovenia	2,010	315	15.7
Switzerland	7,524	1,171	15.6
Lithuania	3,586	554	15.5
Denmark	5,451	828	15.2
Hungary	9,981	1,518	15.2
Serbia	10,140	1,544	15.2
Belarus	9,766	1,462	15.0
Norway	4,611	683	14.8
Romania	22,304	3,275	14.7
Luxembourg	474	69	14.6
Czech Republic	10,235	1,481	14.5
Bosnia and Herzegovina	4,499	647	14.4
Netherlands	16,491	2,349	14.2
Russia	142,069	20,196	14.2
Malta	400	55	13.7
Montenegro	692	95	13.7
Canada	33,099	4,407	13.3
Poland	38,537	5,128	13.3
Uruguay	3,443	454	13.2
Australia	20,264	2,649	13.1
Hong Kong S.A.R.	6,940	890	12.8
Puerto Rico	3,928	504	12.8
United States	298,444	37,196	12.5
Slovakia	5,439	653	12.0
New Zealand	4,076	481	11.8
Iceland	299	35	11.7
Cyprus	784	91	11.6
Ireland	4,062	470	11.6
Virgin Islands (U.S.)	109	12	11.2
Armenia	2,976	332	11.1
Macedonia	2,051	225	11.0
Moldova	4,334	465	10.7
Argentina	39,922	4,244	10.6
Cuba	11,362	1,181	10.4
Taiwan	22,782	2,279	10.0

Note: Table excludes countries and areas with less than 100,000 population.

Source: U.S. Census Bureau, International Data Base, 2007.

INDICATOR 1 Number of Older Americans continued**Table 1d. Percentage of the population age 65 and over, by State, July 1, 2006**

<i>State (Ranked alphabetically)</i>	<i>Percent</i>	<i>State (Ranked by percentage)</i>	<i>Percent</i>
United States	12.4	United States	12.4
Alabama	13.4	Florida	16.8
Alaska	6.8	West Virginia	15.3
Arizona	12.8	Pennsylvania	15.2
Arkansas	13.9	North Dakota	14.6
California	10.8	Iowa	14.6
Colorado	10.0	Maine	14.6
Connecticut	13.4	South Dakota	14.2
Delaware	13.4	Rhode Island	13.9
District of Columbia	12.3	Arkansas	13.9
Florida	16.8	Montana	13.8
Georgia	9.7	Hawaii	14.0
Hawaii	14.0	Connecticut	13.4
Idaho	11.5	Nebraska	13.3
Illinois	12.0	Missouri	13.3
Indiana	12.4	Massachusetts	13.3
Iowa	14.6	Ohio	13.3
Kansas	12.9	Delaware	13.4
Kentucky	12.8	Oklahoma	13.2
Louisiana	12.2	Alabama	13.4
Maine	14.6	Vermont	13.3
Maryland	11.6	New York	13.1
Massachusetts	13.3	Kansas	12.9
Michigan	12.5	New Jersey	12.9
Minnesota	12.1	Wisconsin	13.0
Mississippi	12.4	Oregon	12.9
Missouri	13.3	Arizona	12.8
Montana	13.8	Kentucky	12.8
Nebraska	13.3	Tennessee	12.7
Nevada	11.1	South Carolina	12.8
New Hampshire	12.4	New Hampshire	12.4
New Jersey	12.9	Indiana	12.4
New Mexico	12.4	Michigan	12.5
New York	13.1	Mississippi	12.4
North Carolina	12.2	New Mexico	12.4
North Dakota	14.6	District of Columbia	12.3
Ohio	13.3	Wyoming	12.2
Oklahoma	13.2	North Carolina	12.2
Oregon	12.9	Minnesota	12.1
Pennsylvania	15.2	Illinois	12.0
Rhode Island	13.9	Louisiana	12.2
South Carolina	12.8	Idaho	11.5
South Dakota	14.2	Maryland	11.6
Tennessee	12.7	Washington	11.5
Texas	9.9	Virginia	11.6
Utah	8.8	Nevada	11.1
Vermont	13.3	California	10.8
Virginia	11.6	Colorado	10.0
Washington	11.5	Texas	9.9
West Virginia	15.3	Georgia	9.7
Wisconsin	13.0	Utah	8.8
Wyoming	12.2	Alaska	6.8

Reference population: These data refer to the resident population.

Source: U.S. Census Bureau, Population Division, Table 1. Estimates of the population by selected age groups for the United States and Puerto Rico: July 1, 2006 (SC-EST2006-01).

INDICATOR 1 Number of Older Americans continued

Table 1e. Percentage of the population age 65 and over, by county, 2006

Source: U.S. Census Bureau, July 1, 2006 Population Estimates.

Data for this table can be found at www.agingstats.gov.

Table 1f. Number and percentage of people age 65 and over and 85 and over, by sex, 2006

	Millions	Percent
65 and over		
Total	37,260,352	100.0
Men	15,656,876	42.0
Women	21,603,476	58.0
85 and over		
Total	5,296,817	100.0
Men	1,688,278	31.9
Women	3,608,539	68.1

Reference population: These data refer to the resident population.

Source: U.S. Census Bureau, Population Division, Table 2: Annual estimates of the population by selected age groups and sex for the United States: April 1, 2000 to July 1, 2006 (NC-EST2006-02).

INDICATOR 2 Racial and Ethnic Composition

Table 2. Population age 65 and over, by race and Hispanic origin, 2006 and projected 2050

<i>Race and Hispanic origin</i>	<i>2006 estimates</i>		<i>2050 projections</i>	
	Number	Percent	Number	Percent
Total	37,260,352	100.0	86,705,637	100.0
Non-Hispanic white alone	30,187,588	80.8	53,159,961	61.3
Black alone	3,167,986	8.5	10,401,575	12.0
Asian alone	1,176,599	3.2	6,776,033	7.8
All other races alone or in combination	413,355	1.1	2,328,390	2.7
Hispanic (of any race)	2,399,320	6.4	15,178,025	17.5

Note: The term “non-Hispanic white alone” is used to refer to people who reported being white and no other race and who are not Hispanic. The term “black alone” is used to refer to people who reported being black or African American and no other race, and the term “Asian alone” is used to refer to people who reported only Asian as their race. The use of single-race populations in this report does not imply that this is the preferred method of presenting or analyzing data. The U.S. Census Bureau uses a variety of approaches. The race group “All other races alone or in combination” includes American Indian and Alaska Native, alone; Native Hawaiian and Other Pacific Islander, alone; and all people who reported two or more races.

Reference population: These data refer to the resident population.

Source: U.S. Census Bureau, Population Estimates and Projections, 2006.

INDICATOR 3 Marital Status**Table 3. Marital status of the population age 65 and over, by age group and sex, 2007**

<i>Selected characteristic</i>	<i>65 and over</i>	<i>65–74</i>	<i>75–84</i>	<i>85 and over</i>
	Percent			
Both sexes				
Married	57.7	66.8	52.7	30.6
Widowed	29.7	17.7	37.5	62.1
Divorced	8.7	11.4	6.4	3.6
Never married	3.9	4.1	3.5	3.7
Men				
Married	75.3	78.4	74.1	60.4
Widowed	13.1	7.7	16.6	34.2
Divorced	7.5	9.6	5.5	2.4
Never married	4.0	4.3	3.9	3.0
Women				
Married	44.5	56.9	37.8	15.4
Widowed	42.2	26.1	52.0	76.2
Divorced	9.6	13.0	7.0	4.2
Never married	3.7	4.0	3.2	4.1

Note: Married includes married, spouse present; married, spouse absent; and separated.
Reference population: These data refer to the civilian noninstitutionalized population.
Source: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement.

INDICATOR 4 Educational Attainment**Table 4a. Educational attainment of the population age 65 and over, selected years 1965–2007**

<i>Educational attainment</i>	<i>1965</i>	<i>1970</i>	<i>1975</i>	<i>1980</i>	<i>1985</i>	<i>1990</i>	<i>1995</i>	<i>2000</i>	<i>2001</i>	<i>2002</i>	<i>2003</i>	<i>2004</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>
	Percent														
High school graduate or more	23.5	28.3	37.3	40.7	48.2	55.4	63.8	69.5	70.0	69.9	71.5	73.1	74.0	75.2	76.1
Bachelor's degree or more	5.0	6.3	8.1	8.6	9.4	11.6	13.0	15.6	16.2	16.7	17.4	18.7	18.9	19.5	19.2

Note: A single question which asks for the highest grade or degree completed is now used to determine educational attainment. Prior to 1995, educational attainment was measured using data on years of school completed.
Reference population: These data refer to the civilian noninstitutionalized population.
Source: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement.

Table 4b. Educational attainment of the population age 65 and over, by sex and race and Hispanic origin, 2007

<i>Race and Hispanic origin</i>	<i>High school graduate or more</i>	<i>Bachelor's degree or more</i>
	Percent	
Both sexes	76.1	19.2
Non-Hispanic white alone	81.1	20.5
Black alone	57.5	10.3
Asian alone	71.7	31.6
Hispanic (of any race)	42.2	9.0
Men	76.4	24.7
Women	75.9	15.0

Note: The term "non-Hispanic white alone" is used to refer to people who reported being white and no other race and who are not Hispanic. The term "black alone" is used to refer to people who reported being black or African American and no other race, and the term "Asian alone" is used to refer to people who reported only Asian as their race. The use of single-race populations in this report does not imply that this is the preferred method of presenting or analyzing data. The U.S. Census Bureau uses a variety of approaches.

Reference population: These data refer to the civilian noninstitutionalized population.
Source: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement.

INDICATOR 5 Living Arrangements

Table 5a. Living arrangements of the population age 65 and over, by sex and race and Hispanic origin, 2007

<i>Selected characteristic</i>	<i>With spouse</i>	<i>With other relatives</i>	<i>With nonrelatives</i>	<i>Alone</i>
Men	Percent			
Total	72.8	5.4	2.8	19.0
Non-Hispanic white alone	74.5	3.9	2.7	18.9
Black alone	57.4	10.1	3.7	28.8
Asian alone	83.7	6.3	2.4	7.7
Hispanic (of any race)	65.4	16.9	3.0	14.7
Women				
Total	42.2	17.2	2.0	38.6
Non-Hispanic white alone	44.3	13.5	2.0	40.3
Black alone	25.2	32.3	2.2	40.3
Asian alone	46.8	30.1	3.1	20.0
Hispanic (of any race)	38.8	33.4	2.1	25.8

Note: Living with other relatives indicates no spouse present. Living with nonrelatives indicates no spouse or other relatives present. The term "non-Hispanic white alone" is used to refer to people who reported being white and no other race and who are not Hispanic. The term "black alone" is used to refer to people who reported being black or African American and no other race, and the term "Asian alone" is used to refer to people who reported only Asian as their race. The use of single-race populations in this report does not imply that this is the preferred method of presenting or analyzing data. The U.S. Census Bureau uses a variety of approaches.

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

Source: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement.

Table 5b. Population age 65 and over living alone, by age group and sex, selected years 1970–2007

<i>Year</i>	<i>Men</i>		<i>Women</i>	
	<i>65–74</i>	<i>75 and over</i>	<i>65–74</i>	<i>75 and over</i>
Percent				
1970	11.3	19.1	31.7	37.0
1980	11.6	21.6	35.6	49.4
1990	13.0	20.9	33.2	54.0
2000	13.8	21.4	30.6	49.5
2003	15.6	22.9	29.6	49.8
2004	15.5	23.2	29.4	49.9
2005	16.1	23.2	28.9	47.8
2006	16.9	22.7	28.5	48.0
2007	16.7	22.0	28.0	48.8

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

Source: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement.

INDICATOR 6 Older Veterans**Table 6a. Percentage of people age 65 and over who are veterans, by sex and age group, United States and Puerto Rico, 1990, 2000, and projected 2010**

Year	65 and over		65-74		75-84		85 and over	
	Men	Women	Men	Women	Men	Women	Men	Women
	Percent							
Estimates								
1990	54.2	1.8	69.7	2.5	30.0	0.9	16.6	0.6
2000	64.3	1.7	65.2	1.1	70.9	2.7	32.6	1.0
Projections								
2010	49.8	1.3	42.0	1.0	60.6	1.1	59.6	2.3

Reference population: These data refer to the resident population of the United States and Puerto Rico.

Source: U.S. Census Bureau, Decennial Census and Population Projections; Department of Veterans Affairs, VetPop2004.

Table 6b. Estimated and projected number of veterans age 65 and over, by sex and age group, United States and Puerto Rico, 1990, 2000, and projected 2010

	Estimates		Projections
	1990	2000	2010
	Number in thousands		
65 and over			
Total	7,312	9,723	8,889
Men	6,984	9,374	8,591
Women	328	349	298
65-74			
Total	5,954	5,628	4,300
Men	5,700	5,516	4,178
Women	254	112	121
75-84			
Total	1,195	3,667	3,322
Men	1,135	3,460	3,240
Women	60	207	81
85 and over			
Total	163	427	1,268
Men	150	398	1,173
Women	14	30	95

Reference population: These data refer to the resident population of the United States and Puerto Rico.

Source: Department of Veterans Affairs, VetPop2001 and VetPop2004.

INDICATOR 7 Poverty

Table 7a. Percentage of the population living in poverty, by age group, 1959–2006

Year	65 and over	Under 18	18–64	65–74	75–84	85 and over
	Percent					
1959	35.2	27.3	17.0	na	na	na
1960	na	26.9	na	na	na	na
1961	na	25.6	na	na	na	na
1962	na	25.0	na	na	na	na
1963	na	23.1	na	na	na	na
1964	na	23.0	na	na	na	na
1965	na	21.0	na	na	na	na
1966	28.5	17.6	10.5	na	na	na
1967	29.5	16.6	10.0	na	na	na
1968	25.0	15.6	9.0	na	na	na
1969	25.3	14.0	8.7	na	na	na
1970	24.6	15.1	9.0	na	na	na
1971	21.6	15.3	9.3	na	na	na
1972	18.6	15.1	8.8	na	na	na
1973	16.3	14.4	8.3	na	na	na
1974	14.6	15.4	8.3	na	na	na
1975	15.3	17.1	9.2	na	na	na
1976	15.0	16.0	9.0	na	na	na
1977	14.1	16.2	8.8	na	na	na
1978	14.0	15.9	8.7	na	na	na
1979	15.2	16.4	8.9	na	na	na
1980	15.7	18.3	10.1	na	na	na
1981	15.3	20.0	11.1	na	na	na
1982	14.6	21.9	12.0	12.4	17.4	21.2
1983	13.8	22.3	12.4	11.9	16.7	21.3
1984	12.4	21.5	11.7	10.3	15.2	18.4
1985	12.6	20.7	11.3	10.6	15.3	18.7
1986	12.4	20.5	10.8	10.3	15.3	17.6
1987	12.5	20.3	10.6	9.9	16.0	18.9
1988	12.0	19.5	10.5	10.0	14.6	17.8
1989	11.4	19.6	10.2	8.8	14.6	18.4
1990	12.2	20.6	10.7	9.7	14.9	20.2
1991	12.4	21.8	11.4	10.6	14.0	18.9
1992	12.9	22.3	11.9	10.6	15.2	19.9
1993	12.2	22.7	12.4	10.0	14.1	19.7
1994	11.7	21.8	11.9	10.1	12.8	18.0
1995	10.5	20.8	11.4	8.6	12.3	15.7
1996	10.8	20.5	11.4	8.8	12.5	16.5
1997	10.5	19.9	10.9	9.2	11.3	15.7
1998	10.5	18.9	10.5	9.1	11.6	14.2
1999	9.7	17.1	10.1	8.8	9.8	14.2
2000	9.9	16.2	9.6	8.6	10.6	14.5
2001	10.1	16.3	10.1	9.2	10.4	13.9
2002	10.4	16.7	10.6	9.4	11.1	13.6
2003	10.2	17.7	10.8	9.0	11.0	13.8
2004	9.8	17.8	11.3	9.3	9.7	12.5
2005	10.1	17.6	11.1	8.9	10.9	13.4
2006	9.4	17.4	10.8	8.6	10.0	11.4

na Data not available.

Note: The poverty level is based on money income and does not include noncash benefits such as food stamps. Poverty thresholds reflect family size and composition and are adjusted each year using the annual average Consumer Price Index. For more detail, see U.S. Census Bureau, Series P-60, No. 222. Poverty status in the Current Population Survey is based on prior year income.

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

Source: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 1960–2007.

INDICATOR 7 Poverty continued**Table 7b. Percentage of the population age 65 and over living in poverty, by selected characteristics, 2006**

<i>Selected characteristic</i>	<i>65 and over</i>	<i>65 and over, living alone</i>	<i>65 and over, married couples</i>	<i>65–74</i>	<i>75 and over</i>
	Percent				
Both sexes					
Total	9.4	16.9	4.4	8.6	10.3
Non-Hispanic white alone	7.0	13.4	3.1	6.0	8.1
Black alone	22.8	34.3	10.9	21.3	24.9
Asian alone	12.0	23.0	10.1	9.2	15.3
Hispanic (of any race)	19.4	38.9	11.9	18.8	20.4
Men					
Total	6.6	12.4	4.5	6.9	6.2
Non-Hispanic white alone	4.5	8.7	3.1	4.5	4.4
Black alone	16.7	27.4	10.7	17.8	14.6
Asian alone	12.2	18.1	11.5	11.6	13.0
Hispanic (of any race)	17.6	35.2	12.4	18.1	16.7
Women					
Total	11.5	18.6	4.3	10.1	12.9
Non-Hispanic white alone	9.0	15.1	3.2	7.3	10.5
Black alone	26.7	37.5	11.2	23.9	30.2
Asian alone	11.8	24.4	8.2	7.5	17.0
Hispanic (of any race)	20.8	40.5	11.3	19.3	23.1

Note: The poverty level is based on money income and does not include noncash benefits such as food stamps. Poverty thresholds reflect family size and composition and are adjusted each year using the annual average Consumer Price Index. For more detail, see U.S. Census Bureau, Series P-60, No. 222. The term "non-Hispanic white alone" is used to refer to people who reported being white and no other race and who are not Hispanic. The term "black alone" is used to refer to people who reported being black or African American and no other race, and the term "Asian alone" is used to refer to people who reported only Asian as their race. The use of single-race populations in this report does not imply that this is the preferred method of presenting or analyzing data. The U.S. Census Bureau uses a variety of approaches.

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

Source: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2007.

INDICATOR 8 Income

Table 8a. Income distribution of the population age 65 and over, 1974–2006

Year	Poverty	Low income	Middle income	High income
		Percent		
1974	14.6	34.6	32.6	18.2
1975	15.3	35.0	32.3	17.4
1976	15.0	34.7	31.8	18.5
1977	14.1	35.9	31.5	18.5
1978	14.0	33.4	34.2	18.5
1979	15.2	33.0	33.6	18.2
1980	15.7	33.5	32.4	18.4
1981	15.3	32.8	33.1	18.9
1982	14.6	31.4	33.3	20.7
1983	13.8	29.7	34.1	22.4
1984	12.4	30.2	33.8	23.6
1985	12.6	29.4	34.6	23.4
1986	12.4	28.4	34.4	24.8
1987	12.5	27.8	35.1	24.7
1988	12.0	28.4	34.5	25.1
1989	11.4	29.1	33.6	25.9
1990	12.2	27.0	35.2	25.6
1991	12.4	28.0	36.3	23.3
1992	12.9	28.6	35.6	22.9
1993	12.2	29.8	35.0	23.0
1994	11.7	29.5	35.6	23.2
1995	10.5	29.1	36.1	24.3
1996	10.8	29.5	34.7	25.1
1997	10.5	28.1	35.3	26.0
1998	10.5	26.8	35.3	27.5
1999	9.7	26.2	36.4	27.7
2000	9.9	27.5	35.5	27.1
2001	10.1	28.1	35.2	26.7
2002	10.4	28.0	35.3	26.2
2003	10.2	28.4	33.8	27.6
2004	9.8	28.1	34.5	27.5
2005	10.1	26.6	35.2	28.1
2006	9.4	26.2	35.7	28.6

Note: The income categories are derived from the ratio of the family's income (or an unrelated individual's income) to the corresponding poverty threshold. Being in poverty is measured as income less than 100 percent of the poverty threshold. Low income is between 100 percent and 199 percent of the poverty threshold. Middle income is between 200 percent and 399 percent of the poverty threshold. High income is 400 percent or more of the poverty threshold. Income distribution in the Current Population Survey is based on prior year income.

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

Source: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 1975–2007.

INDICATOR 8 Income continued**Table 8b. Median income of householders age 65 and over, in current and 2006 dollars, 1974–2006**

<i>Year</i>	<i>Number (in thousands)</i>	<i>Current dollars</i>	<i>2006 dollars</i>
1974	14,263	5,292	19,086
1975	14,802	5,585	18,602
1976	14,816	5,962	18,780
1977	15,225	6,347	18,793
1978	15,795	7,081	20,083
1979	16,544	7,879	20,393
1980	16,912	8,781	20,457
1981	17,312	9,903	21,065
1982	17,671	11,041	22,149
1983	17,901	11,718	22,545
1984	18,155	12,799	23,657
1985	18,596	13,254	23,684
1986	18,998	13,845	24,301
1987	19,412	14,443	24,522
1988	19,716	14,923	24,440
1989	20,156	15,771	24,760
1990	20,527	16,855	25,206
1991	20,921	16,975	24,507
1992	20,682	17,135	24,126
1993	20,806	17,751	24,390
1994	21,365	18,095	24,343
1995	21,486	19,096	25,086
1996	21,408	19,448	24,886
1997	21,497	20,761	26,004
1998	21,589	21,729	26,842
1999	22,478	22,797	27,586
2000	22,469	23,083	27,026
2001	22,476	23,118	26,328
2002	22,659	23,152	25,947
2003	23,048	23,787	26,077
2004	23,151	24,516	26,169
2005	23,459	26,036	26,890
2006	23,729	27,798	27,798

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

Source: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 1975–2007.

INDICATOR 9 Sources of Income**Table 9a. Distribution of sources of income for married couples and nonmarried people who are age 65 and over, selected years 1962–2006**

<i>Year</i>	<i>Total</i>	<i>Social Security</i>	<i>Asset income</i>	<i>Pensions</i>	<i>Earnings</i>	<i>Other</i>
Percent						
1962	100	31	16	9	28	16
1967	100	34	15	12	29	10
1976	100	39	18	16	23	4
1978	100	38	19	16	23	4
1980	100	39	22	16	19	4
1982	100	39	25	15	18	3
1984	100	38	28	15	16	3
1986	100	38	26	16	17	3
1988	100	38	25	17	17	3
1990	100	36	24	18	18	4
1992	100	40	21	20	17	2
1994	100	42	18	19	18	3
1996	100	40	18	19	20	3
1998	100	38	20	19	21	2
1999	100	38	19	19	21	3
2000	100	38	18	18	23	3
2001	100	39	16	18	24	3
2002	100	39	14	19	25	3
2003	100	39	14	19	25	2
2004	100	39	13	20	26	2
2005	100	37	13	19	28	3
2006	100	37	15	18	28	3

Note: A married couple is age 65 and over if the husband is age 65 and over or the husband is younger than age 55 and the wife is age 65 and over.

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

Source: Social Security Administration, 1963 Survey of the Aged, and 1968 Survey of Demographic and Economic Characteristics of the Aged; U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 1977–2007.

Table 9b. Sources of income for married couples and nonmarried people who are age 65 and over, by income quintile, 2006

<i>Income source</i>	<i>Lowest fifth</i>	<i>Second fifth</i>	<i>Third fifth</i>	<i>Fourth fifth</i>	<i>Highest fifth</i>
Percent					
Total	100.0	100.0	100.0	100.0	100.0
Social Security	82.5	79.4	64.9	45.0	17.6
Asset income	3.3	4.9	7.7	10.0	20.8
Pensions	3.9	9.0	16.0	24.1	18.3
Earnings	1.6	3.4	8.7	18.1	41.3
Public assistance	7.5	1.7	0.5	0.2	0.1
Other	1.3	1.5	2.3	2.5	2.0

Note: A married couple is age 65 and over if the husband is age 65 and over or the husband is younger than age 55 and the wife is age 65 and over. Quintile limits are \$11,519, \$18,622, \$28,911, and \$50,064.

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

Source: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2007.

INDICATOR 9 Sources of Income continued**Table 9c. Percentage of people age 55 and over with family income from specified sources, by age group, 2006**

Source of family income	55-61	62-64	Age 65 and over				
			Total	65-69	70-74	75-79	80 and over
Earnings	85.6	69.9	36.2	53.1	39.2	29.1	20.3
Wages and salaries	81.6	65.7	32.7	48.2	35.5	25.5	18.4
Self-employment	13.9	10.7	6.4	9.4	6.5	6.0	3.2
Retirement benefits	33.8	65.7	92.6	88.0	93.4	94.8	95.2
Social Security	21.5	55.4	89.9	84.6	91.3	92.4	92.7
Benefits other than Social Security	20.2	35.9	44.7	41.0	47.1	46.5	45.4
Other public pensions	9.1	14.6	15.6	14.8	15.2	16.2	16.3
Railroad Retirement	0.3	0.7	0.5	0.4	0.4	0.6	0.8
Government employee pensions	8.9	14.0	15.1	14.5	14.8	15.6	15.7
Military	1.7	2.3	2.2	1.8	2.4	2.7	2.1
Federal	2.0	3.0	4.0	3.6	4.0	3.7	4.8
State or local	5.5	9.4	9.6	9.7	9.2	10.0	9.5
Private pensions or annuities	12.0	23.1	31.9	29.1	34.6	33.1	31.6
Income from assets	60.6	60.8	60.1	61.6	60.5	59.8	58.3
Interest	58.3	58.3	57.6	59.1	57.9	57.5	55.9
Other income from assets	31.0	30.5	27.5	29.8	27.9	27.2	24.7
Dividends	26.8	26.2	23.1	25.0	23.4	23.0	20.6
Rent or royalties	9.3	9.1	8.7	9.6	8.6	8.9	7.6
Estates or trusts	0.3	0.2	0.3	0.3	0.3	0.2	0.3
Veterans' benefits	3.7	3.4	4.2	3.2	3.9	4.3	5.5
Unemployment compensation	4.9	3.3	1.4	2.1	1.7	1.1	0.8
Workers' compensation	1.6	1.3	0.7	1.1	0.6	0.5	0.4
Combined public assistance and noncash benefits	8.8	10.1	10.2	9.1	10.5	9.9	11.6
Public assistance	5.2	5.8	4.5	4.5	4.7	4.4	4.4
Supplemental Security Income	4.6	5.5	4.2	4.1	4.4	4.2	4.1
Other cash benefits	0.8	0.3	0.4	0.6	0.4	0.3	0.4
Noncash benefits	5.7	6.5	7.7	6.6	7.8	7.5	9.2
Food	3.9	4.1	3.4	3.7	3.5	3.4	3.1
Energy	1.5	1.6	2.3	1.9	2.5	2.1	2.6
Housing	2.0	3.0	4.0	3.1	3.8	4.1	5.2
Personal contributions	2.1	1.7	1.2	1.3	1.1	0.8	1.4
Number (thousands)	24,314	7,877	36,035	10,629	8,369	7,567	9,471

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

Source: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2007.

INDICATOR 10 Net Worth

Table 10. Median household net worth of head of household, by selected characteristics, in 2005 dollars, selected years 1984–2005

<i>Selected characteristic</i>	<i>1984</i>	<i>1989</i>	<i>1994</i>	<i>1999</i>	<i>2001</i>	<i>2003</i>	<i>2005</i>
	In dollars						
Age of family head							
65 and over	\$109,000	\$118,900	\$131,800	\$177,200	\$198,300	\$192,400	\$196,000
45–54	129,700	115,400	117,300	104,300	107,000	107,000	108,300
55–64	139,700	175,600	183,800	168,800	182,000	185,700	201,000
65–74	128,100	148,100	152,900	206,300	226,100	207,500	218,500
75 and over	94,000	98,400	108,900	150,100	158,800	169,800	181,000
Marital status, family head age 65 and over							
Married	171,100	216,600	242,200	276,700	320,900	322,700	328,300
Unmarried	77,100	72,500	81,500	106,200	111,200	110,900	104,000
Race, family head age 65 and over							
White	125,000	135,500	145,000	206,300	226,100	228,200	226,900
Black	28,200	36,500	40,900	32,800	45,200	27,900	37,800
Education, family head age 65 and over							
No high school diploma	60,900	60,300	65,900	64,500	63,200	63,200	59,500
High school diploma only	150,900	160,500	142,300	187,600	189,700	170,900	184,000
Some college or more	238,700	275,600	296,500	352,900	397,500	399,600	412,100

Note: Median net worth is calculated using sample weights. Tests of statistical significance were performed on the mean household net worth. From 1984 to 1994, net equity in homes and nonhousing assets was divided into six categories: other real estate and vehicles; farm or business ownership; stocks, mutual funds, investment trusts, and stocks held in IRAs; checking and savings accounts, CDs, treasury bills, savings bonds, and liquid assets in IRAs; bonds, trust life insurance, and other assets; and debts. Starting in 1999, IRAs were measured as a separate category. Panel Study of Income Dynamics (PSID) net worth data do not include pension wealth. This excludes private defined-contribution and defined-benefit plans as well as rights to Social Security wealth. Data for 1984–2003 have been inflation adjusted to 2005 dollars. See Appendix B for the definition of race and Hispanic origin in the PSID.

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

Source: Panel Study of Income Dynamics.

INDICATOR 11 Participation in the Labor Force**Table 11. Labor force participation rates of people age 55 and over, by age group and sex, annual averages, 1963–2006**

Year	Men				Women			
	55–61	62–64	65–69	70 and over	55–61	62–64	65–69	70 and over
	Percent							
1963	89.9	75.8	40.9	20.8	43.7	28.8	16.5	5.9
1964	89.5	74.6	42.6	19.5	44.5	28.5	17.5	6.2
1965	88.8	73.2	43.0	19.1	45.3	29.5	17.4	6.1
1966	88.6	73.0	42.7	17.9	45.5	31.6	17.0	5.8
1967	88.5	72.7	43.4	17.6	46.4	31.5	17.0	5.8
1968	88.4	72.6	43.1	17.9	46.2	32.1	17.0	5.8
1969	88.0	70.2	42.3	18.0	47.3	31.6	17.3	6.1
1970	87.7	69.4	41.6	17.6	47.0	32.3	17.3	5.7
1971	86.9	68.4	39.4	16.9	47.0	31.7	17.0	5.6
1972	85.6	66.3	36.8	16.6	46.4	30.9	17.0	5.4
1973	84.0	62.4	34.1	15.6	45.7	29.2	15.9	5.3
1974	83.4	60.8	32.9	15.5	45.3	28.9	14.4	4.8
1975	81.9	58.6	31.7	15.0	45.6	28.9	14.5	4.8
1976	81.1	56.1	29.3	14.2	45.9	28.3	14.9	4.6
1977	80.9	54.6	29.4	13.9	45.7	28.5	14.5	4.6
1978	80.3	54.0	30.1	14.2	46.2	28.5	14.9	4.8
1979	79.5	54.3	29.6	13.8	46.6	28.8	15.3	4.6
1980	79.1	52.6	28.5	13.1	46.1	28.5	15.1	4.5
1981	78.4	49.4	27.8	12.5	46.6	27.6	14.9	4.6
1982	78.5	48.0	26.9	12.2	46.9	28.5	14.9	4.5
1983	77.7	47.7	26.1	12.2	46.4	29.1	14.7	4.5
1984	76.9	47.5	24.6	11.4	47.1	28.8	14.2	4.4
1985	76.6	46.1	24.4	10.5	47.4	28.7	13.5	4.3
1986	75.8	45.8	25.0	10.4	48.1	28.5	14.3	4.1
1987	76.3	46.0	25.8	10.5	48.9	27.8	14.3	4.1
1988	75.8	45.4	25.8	10.9	49.9	28.5	15.4	4.4
1989	76.3	45.3	26.1	10.9	51.4	30.3	16.4	4.6
1990	76.7	46.5	26.0	10.7	51.7	30.7	17.0	4.7
1991	76.1	45.5	25.1	10.5	52.1	29.3	17.0	4.7
1992	75.7	46.2	26.0	10.7	53.6	30.5	16.2	4.8
1993	74.9	46.1	25.4	10.3	53.8	31.7	16.1	4.7
1994	73.8	45.1	26.8	11.7	55.5	33.1	17.9	5.5
1995	74.3	45.0	27.0	11.6	55.9	32.5	17.5	5.3
1996	74.8	45.7	27.5	11.5	56.4	31.8	17.2	5.2
1997	75.4	46.2	28.4	11.6	57.3	33.6	17.6	5.1
1998	75.5	47.3	28.0	11.1	57.6	33.3	17.8	5.2
1999	75.4	46.9	28.5	11.7	57.9	33.7	18.4	5.5
2000	74.3	47.0	30.3	12.0	58.3	34.1	19.5	5.8
2001	74.9	48.2	30.2	12.1	58.9	36.7	20.0	5.9
2002	75.4	50.4	32.2	11.5	61.1	37.6	20.7	6.0
2003	74.9	49.5	32.8	12.3	62.5	38.6	22.7	6.4
2004	74.4	50.8	32.6	12.8	62.1	38.7	23.3	6.7
2005	74.7	52.5	33.6	13.5	62.7	40.0	23.7	7.1
2006	75.2	52.4	34.4	13.9	63.8	41.5	24.2	7.1

Note: Data for 1994 and later years are not strictly comparable with data for 1993 and earlier years due to a redesign of the survey and methodology of the Current Population Survey. Beginning in 2000, data incorporate population controls from Census 2000.

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

Source: Bureau of Labor Statistics, Current Population Survey.

INDICATOR 12 Total Expenditures

Table 12. Percentage of total household annual expenditures by age of reference person, 2005

	45–54	55–64	65 and over	65–74	75 and over
Personal insurance and pensions	13.2	11.9	5.4	6.7	3.5
Healthcare	4.8	6.9	12.8	10.8	15.6
Transportation	17.5	18.0	15.7	17.0	13.9
Housing	30.9	31.8	33.6	32.3	35.6
Food	12.5	12.5	12.7	12.7	12.5
Other	21.1	18.9	19.8	20.4	18.9

Note: Other expenditures include apparel, personal care, entertainment, reading, education, alcohol, tobacco, cash contributions, and miscellaneous expenditures. Data from the Consumer Expenditure Survey by age group represent average annual expenditures for consumer units by the age of reference person, who is the person listed as the owner or renter of the home. For example, the data on people age 65 and over reflect consumer units with a reference person age 65 or older. The Consumer Expenditure Survey collects and publishes information from consumer units, which are generally defined as a person or group of people who live in the same household and are related by blood, marriage, or other legal arrangement (i.e., a family), or people who live in the same household but who are unrelated and financially independent from one another (e.g., roommates sharing an apartment). A household usually refers to a physical dwelling, and may contain more than one consumer unit. However, for convenience the term “household” is substituted for “consumer unit” in this text.

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

Source: Bureau of Labor Statistics, Consumer Expenditure Survey.

INDICATOR 13 Housing Problems

Table 13a. Percentage of households with residents age 65 and over that report housing problems, by type of problem, selected years 1985–2005

Households with a resident age 65 and over	Households		People*	
	Numbers in 1000s	Percent	Numbers in 1000s	Percent
1985				
Total	20,912	100	27,375	100
Number and percent with				
One or more of the housing problems	7,522	36	9,118	33
Housing cost burden (> 30 percent)	6,251	30	7,498	27
Physically inadequate housing	1,737	8	2,131	8
Crowded housing	193	1	238	1
1989				
Total	22,017	100	29,372	100
Number and percent with				
One or more of the housing problems	7,315	33	8,995	31
Housing cost burden (> 30 percent)	6,056	28	7,394	25
Physically inadequate housing	1,706	8	2,117	7
Crowded housing	148	1	180	1
1995				
Total	22,791	100	30,328	100
Number and percent with				
One or more of the housing problems	7,841	34	9,590	32
Housing cost burden (> 30 percent)	6,815	30	8,290	27
Physically inadequate housing	1,402	6	1,731	6
Crowded housing	150	1	199	1

See footnotes at end of table.

INDICATOR 13 Housing Problems continued**Table 13a. Percentage of households with residents age 65 and over that report housing problems, by type of problem, selected years 1985–2005 (continued)**

Households with a resident age 65 and over	Households		People*	
	Numbers in 1000s	Percent	Numbers in 1000s	Percent
			1997	
Total	22,975	100	30,776	100
Number and percent with				
One or more of the housing problems	8,566	37	10,715	35
Housing cost burden (> 30 percent)	7,642	33	9,539	31
Physically inadequate housing	1,321	6	1,592	5
Crowded housing	165	1	224	1
			1999	
Total	23,589	100	31,487	100
Number and percent with				
One or more of the housing problems	8,534	36	10,750	34
Housing cost burden (> 30 percent)	7,635	32	9,641	31
Physically inadequate housing	1,337	6	1,627	5
Crowded housing	173	1	209	1
			2001	
Total	24,038	100	31,935	100
Number and percent with				
One or more of the housing problems	9,154	38	11,577	36
Housing cost burden (> 30 percent)	8,312	35	10,501	33
Physically inadequate housing	1,269	5	1,567	5
Crowded housing	222	1	288	1
			2003	
Total	24,140	100	32,163	100
Number and percent with				
One or more of the housing problems	8,718	36	10,967	34
Housing cost burden (> 30 percent)	7,794	32	9,808	30
Physically inadequate housing	1,230	5	1,516	5
Crowded housing	225	1	300	1
			2005	
Total	24,983	100	33,268	100
Number and percent with				
One or more of the housing problems	10,153	41	12,649	38
Housing cost burden (> 30 percent)	9,400	38	11,672	35
Physically inadequate housing	1,188	5	1,486	4
Crowded housing	153	1	189	1

*Number of people age 65 and over. The American Housing Survey (AHS) universe is limited to the household population and excludes the population living in nursing homes, college dormitories, and other group quarters. The AHS is a representative sample of approximately 60,000 households in the United States and because it is a statistical sample, the estimates presented are subject to both sampling and nonsampling errors. Because the AHS is a household survey, its population estimates are likely to differ from estimates based on a population survey. The estimated number of households with a resident age 65 and over reflects changes in Census weights: 1985 and 1989 data are consistent with 1980 Census weights; 1995, 1997, 1999 data with 1990 Census weights; and 2001, 2003, and 2005 with 2000 Census weights.

Note: Data are available biennially for odd years. Housing cost burden is defined as expenditures on housing and utilities in excess of 30 percent of reported income. Physical problem categories include plumbing, heating, electricity, hallways, and upkeep. See definition in Appendix A of the American Housing Survey summary volume, American Housing Survey for the United States in 2005, Current Housing Reports, H150/05, U.S. Census Bureau, 2006. Crowded housing is defined as housing in which there is more than one person per room in a residence. The subcategories for housing problems do not add to the total number with housing problems because a household may have more than one housing problem.

Reference population: These data refer to the resident noninstitutionalized population. People residing in noninstitutional group homes are excluded.

Source: U.S. Census Bureau and the U.S. Department of Housing and Urban Development, American Housing Survey. Tabulated by U.S. Department of Housing and Urban Development.

INDICATOR 13 Housing Problems continued

Table 13b. Percentage of all U.S. households that report housing problems, by type of problem, selected years 1985–2005

<i>Households with a resident age 65 and over</i>	<i>Households</i>		<i>People*</i>	
	<i>Numbers in 1000s</i>	<i>Percent</i>	<i>Numbers in 1000s</i>	<i>Percent</i>
			1985	
Total	88,425	100	234,545	100
Number and percent with				
One or more of the housing problems	28,709	32	76,447	33
Housing cost burden (> 30 percent)	22,633	26	55,055	23
Physically inadequate housing	7,374	8	20,357	9
Crowded housing	2,496	3	15,071	6
			1989	
Total	93,683	100	248,028	100
Number and percent with				
One or more of the housing problems	28,270	30	75,430	30
Housing cost burden (> 30 percent)	21,690	23	52,449	21
Physically inadequate housing	7,603	8	20,694	8
Crowded housing	2,676	3	16,187	7
			1995	
Total	97,694	100	254,160	100
Number and percent with				
One or more of the housing problems	32,385	33	85,327	34
Housing cost burden (> 30 percent)	26,950	28	65,835	26
Physically inadequate housing	6,370	7	17,432	7
Crowded housing	2,554	3	15,375	6
			1997	
Total	99,487	100	257,542	100
Number and percent with				
One or more of the housing problems	33,402	34	86,559	34
Housing cost burden (> 30 percent)	27,445	28	65,997	26
Physically inadequate housing	6,988	7	18,441	7
Crowded housing	2,806	3	16,860	7
			1999	
Total	102,803	100	262,463	100
Number and percent with				
One or more of the housing problems	33,953	33	86,569	33
Housing cost burden (> 30 percent)	28,204	27	66,945	26
Physically inadequate housing	6,878	7	17,310	7
Crowded housing	2,571	3	15,563	6
			2001	
Total	105,435	100	269,102	100
Number and percent with				
One or more of the housing problems	35,937	34	91,948	34
Housing cost burden (> 30 percent)	30,253	29	71,950	27
Physically inadequate housing	6,611	6	16,709	6
Crowded housing	2,631	2	16,070	6

See footnotes at end of table.

INDICATOR 13 Housing Problems continued**Table 13b. Percentage of all U.S. households that report housing problems, by type of problem, selected years 1985–2005 (continued)**

Households with a resident age 65 and over	Households		People*	
	Numbers in 1000s	Percent	Numbers in 1000s	Percent
			2003	
Total	105,867	100	269,508	100
Number and percent with				
One or more of the housing problems	36,401	34	92,516	34
Housing cost burden (> 30 percent)	31,044	29	74,088	27
Physically inadequate housing	6,281	6	15,364	6
Crowded housing	2,559	2	15,589	6
			2005	
Total	108,901	100	277,085	100
Number and percent with				
One or more of the housing problems	40,779	37	102,921	37
Housing cost burden (> 30 percent)	35,835	33	85,542	31
Physically inadequate housing	6,199	6	14,846	5
Crowded housing	2,621	2	16,032	6

* The American Housing Survey (AHS) universe is limited to the household population and excludes the population living in nursing homes, college dormitories, and other group quarters. The AHS is a representative sample of approximately 60,000 households in the United States and because it is a statistical sample, the estimates presented are subject to both sampling and nonsampling errors. Because the AHS is a household survey, its population estimates are likely to differ from estimates based on a population survey. The estimated number of households reflects changes in Census weights: 1985 and 1989 data are consistent with 1980 Census weights; 1995, 1997, 1999 data with 1990 Census weights; and 2001, 2003, and 2005 with 2000 Census weights.

Note: Data are available biennially for odd years. Housing cost burden is defined as expenditures on housing and utilities in excess of 30 percent of reported income. Physical problem categories include plumbing, heating, electricity, hallways, and upkeep. See definition in Appendix A of the American Housing Survey summary volume, American Housing Survey for the United States in 2005, Current Housing Reports, H150/05, U.S. Census Bureau, 2006. Crowded housing is defined as housing in which there is more than one person per room in a residence. The subcategories for housing problems do not add to the total number with housing problems because a household may have more than one housing problem.

Reference population: These data refer to the resident noninstitutionalized population. People residing in noninstitutional group homes are excluded.

Source: U.S. Census Bureau and the U.S. Department of Housing and Urban Development, American Housing Survey. Tabulated by U.S. Department of Housing and Urban Development.

INDICATOR 14 Life Expectancy

Table 14a. Life expectancy, by age and sex, selected years 1900–2004

Age and sex	1900	1910	1920	1930	1940	1950	1960	1970	1980	1990	2000	2001	2002	2003	2004
	Years														
Birth															
Both sexes	49.2	51.5	56.4	59.2	63.6	68.1	69.9	70.8	73.9	75.4	77.0	77.2	77.3	77.4	77.8
Men	47.9	49.9	55.5	57.7	61.6	65.5	66.8	67.0	70.1	71.8	74.3	74.4	74.5	74.7	75.2
Women	50.7	53.2	57.4	60.9	65.9	71.0	73.2	74.6	77.6	78.8	79.7	79.8	79.9	80.0	80.4
At age 65															
Both sexes	11.9	11.6	12.5	12.2	12.8	13.8	14.4	15.0	16.5	17.3	18.0	18.1	18.2	18.4	18.7
Men	11.5	11.2	12.2	11.7	12.1	12.7	13.0	13.0	14.2	15.1	16.2	16.4	16.6	16.8	17.1
Women	12.2	12.0	12.7	12.8	13.6	15.0	15.8	16.8	18.4	19.0	19.3	19.4	19.5	19.7	20.0
At age 85															
Both sexes	4.0	4.0	4.2	4.2	4.3	4.7	4.6	5.3	6.0	6.2	6.4	6.5	6.5	6.6	6.8
Men	3.8	3.9	4.1	4.0	4.1	4.4	4.4	4.7	5.1	5.3	5.6	5.7	5.7	5.9	6.1
Women	4.1	4.1	4.3	4.3	4.5	4.9	4.7	5.6	6.4	6.7	6.8	6.9	6.9	7.0	7.2

Note: The life expectancies (LEs) for decennial years 1910 to 1990 are based on decennial census data and deaths for a 3-year period around the census year. The LEs for decennial year 1900 are based on deaths from 1900 to 1902. LEs for years prior to 1930 are based on the death registration area only. The death registration area increased from 10 States and the District of Columbia in 1900 to the coterminous United States in 1933. LEs for 2000 were computed using population counts from Census 2000. LEs for 2001–2004 were computed using 2000-based postcensal estimates.

Reference population: These data refer to the resident population.

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

Table 14b. Life expectancy, by age and race, 2004

Age	Total		Men		Women	
	White	Black	White	Black	White	Black
	Years					
Birth	78.3	73.1	75.7	69.5	80.8	76.3
At age 65	18.7	17.1	17.2	15.2	20.0	18.6
At age 85	6.7	7.1	6.0	6.3	7.1	7.5

Note: See Appendix B for the definition of race and Hispanic origin in the National Vital Statistics System.

Reference population: These data refer to the resident population.

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

INDICATOR 14 Life Expectancy continued**Table 14c. Average life expectancy at age 65, by sex and selected countries or areas, selected years 1980–2003**

Years of life remaining for people who reach age 65	Men				Women			
	Year				Year			
	1980	1990	2000	2003	1980	1990	2000	2003
Australia	13.7	15.2	16.9	17.6	17.9	19.0	20.4	21.0
Austria	12.9	14.3	16.0	16.3	16.3	17.8	19.4	19.9
Belgium	13.0	14.3	15.5	15.8	16.9	18.5	19.5	19.7
Bulgaria	12.7	12.9	12.8	13.8	14.7	15.4	15.4	15.9
Canada	14.5	15.7	16.8	17.4	18.9	19.9	20.4	20.8
Chile	---	14.6	15.3	15.4	---	17.6	18.6	18.7
Costa Rica	16.1	17.1	17.2	17.7	18.1	19.3	19.6	20.0
Cuba	---	---	16.7	16.9	---	---	19.0	19.3
Czech Republic(1)	11.2	11.6	13.7	13.9	14.3	15.2	17.1	17.3
Denmark	13.6	14.0	15.2	15.5	17.6	17.8	18.3	18.6
England and Wales(2)	12.9	14.1	15.8	16.5	16.9	17.9	19.0	19.4
Finland	12.5	13.7	15.5	15.8	16.5	17.7	19.3	19.6
France	13.6	15.5	16.7	17.1	18.2	19.8	21.2	21.4
Germany(3)	13.0	14.0	15.7	16.1	16.7	17.6	19.4	19.6
Greece	14.6	15.7	16.3	16.8	16.8	18.0	18.3	18.9
Hong Kong	13.9	15.3	17.3	17.9	13.9	18.8	21.5	21.7
Hungary	11.6	12.0	12.7	13.0	14.6	15.3	16.5	16.9
Ireland	12.6	13.3	14.6	15.7	15.7	16.9	17.8	18.9
Israel	14.4	15.9	16.9	17.3	15.8	17.8	19.3	19.7
Italy	13.3	15.1	16.5	16.6	17.1	18.8	20.4	20.6
Japan	14.6	16.2	17.5	18.0	17.7	20.0	22.4	23.0
Netherlands	13.7	14.4	15.3	15.8	18.0	18.9	19.2	19.5
New Zealand	13.2	14.7	16.7	17.1	17.0	18.3	20.0	20.1
Northern Ireland(2)	11.9	13.7	15.3	16.1	15.8	17.5	18.5	19.1
Norway	14.3	14.6	16.0	16.7	18.0	18.5	19.7	20.1
Poland	12.0	12.7	13.6	13.9	15.5	16.9	17.3	17.9
Portugal	12.9	13.9	15.3	15.6	16.5	17.0	18.7	18.9
Romania	12.6	13.3	13.5	13.1	14.2	15.3	15.9	15.9
Russian Federation	11.6	12.1	11.1	10.7	15.6	15.9	15.2	14.9
Scotland(2)	12.3	13.1	14.7	15.2	16.2	16.7	17.8	18.2
Singapore	12.6	14.5	15.8	17.0	15.4	16.9	19.0	19.7
Slovakia(1)	12.3	12.2	12.9	13.3	15.4	15.7	16.5	16.9
Spain	14.8	15.4	16.6	16.8	17.9	19.0	20.4	20.7
Sweden	14.3	15.3	16.7	17.0	17.9	19.0	20.0	20.3
Switzerland	14.4	15.3	16.9	17.5	17.9	19.4	20.7	21.0
United States	14.1	15.1	16.3	16.8	18.3	18.9	19.2	19.8

--- Data not available.

(1) In 1993, Czechoslovakia was divided into two nations, the Czech Republic and Slovakia. Data for 1980 and 1990 refer to the respective Czech and Slovak regions of the former Czechoslovakia. (2) Different geographic constituents of the United Kingdom may have separate statistical systems. This table includes data for three such areas: England and Wales, Northern Ireland, and Scotland. (3) Data for 1980 and 1990 refer to the former Federal Republic of Germany (West Germany); from 2000 onwards, data refer to Germany after reunification.

Note: Countries or areas in this table have populations of at least one million and death registrations that are at least 90 percent complete. However, this table is not a comprehensive listing of all countries with these characteristics; for details see *Health, United States, 2007*.¹⁰ Therefore, it is inappropriate to infer global rankings from these data.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, *Health, United States, 2007*.¹⁰

INDICATOR 15 Mortality

Table 15a. Death rates for selected leading causes of death among people age 65 and over, 1981–2004

Year	Total	Diseases of heart	Malignant neoplasm	Chronic lower respiratory diseases					Alzheimer's disease
				Cerebrovascular diseases	Influenza and pneumonia	Diabetes mellitus			
Number per 100,000 population									
1981	5,713.9	2,546.7	1,055.7	623.8	185.8	207.2	105.8	6.0	
1982	5,609.7	2,503.2	1,068.9	585.2	186.1	181.2	102.3	9.2	
1983	5,685.4	2,512.0	1,077.5	564.4	204.3	207.2	104.4	16.3	
1984	5,644.8	2,449.5	1,087.1	546.2	210.8	214.0	102.6	23.5	
1985	5,693.8	2,430.9	1,091.2	531.0	225.4	242.9	103.4	31.0	
1986	5,628.7	2,371.7	1,101.2	506.3	227.7	244.7	100.8	35.0	
1987	5,577.7	2,316.4	1,105.5	495.9	229.7	237.4	102.3	41.8	
1988	5,625.0	2,305.7	1,114.1	489.4	240.0	263.1	104.7	44.7	
1989	5,456.9	2,171.8	1,133.0	463.7	240.2	253.3	120.4	47.3	
1990	5,352.8	2,091.1	1,141.8	447.9	245.0	258.2	120.4	48.7	
1991	5,290.7	2,045.6	1,149.5	434.7	251.7	245.1	120.8	48.7	
1992	5,205.2	1,989.5	1,150.6	424.5	252.5	232.7	120.8	48.8	
1993	5,348.6	2,024.0	1,159.2	434.5	273.6	247.9	128.4	55.3	
1994	5,269.9	1,952.3	1,155.3	433.7	271.3	238.1	132.6	59.8	
1995	5,264.7	1,927.4	1,152.5	437.7	271.2	237.2	135.9	64.9	
1996	5,221.7	1,877.6	1,140.8	433.1	275.5	233.5	139.4	65.9	
1997	5,178.9	1,827.2	1,127.3	423.8	280.2	236.3	140.2	67.7	
1998	5,168.1	1,791.5	1,119.2	411.9	286.8	247.4	143.4	67.0	
1999	5,220.0	1,767.0	1,126.1	433.2	313.0	167.4	150.0	128.8	
2000	5,137.2	1,694.9	1,119.2	422.7	303.6	167.2	149.6	139.9	
2001	5,044.1	1,631.6	1,100.2	404.1	300.7	154.9	151.1	148.3	
2002	5,000.5	1,585.2	1,090.9	393.2	300.6	160.7	152.0	158.7	
2003	4,907.2	1,524.9	1,073.0	372.8	299.1	154.8	150.7	167.7	
2004	4,698.8	1,418.2	1,051.7	346.2	284.3	139.0	146.0	170.6	
Percentage change between 1981–2004									
	-17.8	-44.3	-0.4	-44.5	53.0	-32.9	38.0	*32.5	

*Change calculated from 1999 when ICD-10 was implemented.

Note: Death rates for 1981–1998 are based on the 9th revision of the *International Classification of Diseases* (ICD-9). Starting in 1999, death rates are based on ICD-10. For the period 1981–98, causes were coded using ICD-9 codes that are most nearly comparable with the 113 cause list for ICD-10 and may differ from previously published estimates. Population estimates for July 1, 2000, and July 1, 2001, are postcensal estimates and have been bridged to be consistent with the race categories used in the 1990 Decennial Census. These estimates were produced by the National Center for Health Statistics under a collaborative arrangement with the U.S. Census Bureau. Population estimates for 1990–1999 are intercensal estimates, based on the 1990 Decennial Census and bridged estimates for 2000. These estimates were produced by the Population Estimates Program of the U.S. Census Bureau with support from the National Cancer Institute (NCI). For more information on the bridged race population estimates for 1990–2001, see www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm. Death rates for 1990–2001 may differ from those published elsewhere because of the use of the bridged intercensal and postcensal population estimates. Rates are age adjusted using the 2000 standard population.

Reference population: These data refer to the resident population.

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

INDICATOR 15 Mortality continued**Table 15b. Leading causes of death among people age 65 and over, by sex and race and Hispanic origin, 2004**

	<i>All races</i>	<i>White</i>	<i>Black</i>	<i>Asian or Pacific Islander</i>	<i>American Indian</i>	<i>Hispanic</i>
Men						
1 Diseases of heart	Diseases of heart	Diseases of heart	Diseases of heart	Diseases of heart	Diseases of heart	Diseases of heart
2 Malignant neoplasms	Malignant neoplasms	Malignant neoplasms	Malignant neoplasms	Malignant neoplasms	Malignant neoplasms	Malignant neoplasms
3 Chronic lower respiratory diseases	Chronic lower respiratory diseases	Chronic lower respiratory diseases	Cerebrovascular diseases	Cerebrovascular diseases	Cerebrovascular diseases	Cerebrovascular diseases
4 Cerebrovascular diseases	Cerebrovascular diseases	Cerebrovascular diseases	Diabetes mellitus	Chronic lower respiratory diseases	Diabetes mellitus	Diabetes mellitus
5 Diabetes mellitus	Influenza and pneumonia	Influenza and pneumonia	Chronic lower respiratory diseases	Influenza and pneumonia	Chronic lower respiratory diseases	Chronic lower respiratory diseases
6 Influenza and pneumonia	Diabetes mellitus	Diabetes mellitus	Nephritis	Diabetes mellitus	Influenza and pneumonia	Influenza and pneumonia
7 Alzheimer's disease	Alzheimer's disease	Alzheimer's disease	Influenza and pneumonia	Nephritis	Unintentional injuries	Nephritis
8 Unintentional injuries	Unintentional injuries	Unintentional injuries	Septicemia	Unintentional injuries	Nephritis	Unintentional injuries
9 Nephritis	Nephritis	Nephritis	Unintentional injuries	Alzheimer's disease	Liver disease	Alzheimer's disease
10 Septicemia	Parkinson's disease	Parkinson's disease	Hypertension	Hypertension	Septicemia	Liver disease
11 Parkinson's disease	Septicemia	Septicemia	Alzheimer's disease	Septicemia	Alzheimer's disease	Septicemia
12 Pneumonitis	Pneumonitis	Pneumonitis	Pneumonitis	Parkinson's disease	Hypertension	Hypertension
13 Hypertension	Aortic aneurysm	Aortic aneurysm	Liver disease	Pneumonitis	Parkinson's disease	Parkinson's disease
14 Aortic aneurysm	Hypertension	Hypertension	Parkinson's disease	Aortic aneurysm	Pneumonitis	Pneumonitis
15 Liver disease	Liver disease	Liver disease	Aortic aneurysm	Benign neoplasms	Benign neoplasms	Benign neoplasms
16 Benign neoplasms	Benign neoplasms	Benign neoplasms	Benign neoplasms	Liver disease	Aortic aneurysm	Aortic aneurysm
17 Suicide	Suicide	Suicide	Atherosclerosis	Suicide	Atherosclerosis	Atherosclerosis
18 Atherosclerosis	Atherosclerosis	Atherosclerosis	HIV	Viral hepatitis	Suicide	Suicide
19 Anemias	Anemias	Anemias	Suicide	Atherosclerosis	Gallbladder disorders	Gallbladder disorders
20 Peptic ulcer	Peptic ulcer	Peptic ulcer	Homicide	Peptic ulcer	¹ Nutritional deficiencies ¹ Tuberculosis	Viral hepatitis

See footnotes at end of table.

INDICATOR 15 Mortality continued

Table 15b. Leading causes of death among people age 65 and over, by sex and race and Hispanic origin, 2004 (continued)

	<i>All races</i>	<i>White</i>	<i>Black</i>	<i>Asian or Pacific Islander</i>	<i>American Indian</i>	<i>Hispanic</i>
Women						
1 Diseases of heart	Diseases of heart	Diseases of heart	Diseases of heart	Diseases of heart	Diseases of heart	Diseases of heart
2 Malignant neoplasms	Malignant neoplasms	Malignant neoplasms	Malignant neoplasms	Malignant neoplasms	Malignant neoplasms	Malignant neoplasms
3 Cerebrovascular diseases	Cerebrovascular diseases	Cerebrovascular diseases	Cerebrovascular diseases	Cerebrovascular diseases	Cerebrovascular diseases	Cerebrovascular diseases
4 Chronic lower respiratory diseases	Chronic lower respiratory diseases	Chronic lower respiratory diseases	Diabetes mellitus	Diabetes mellitus	Diabetes mellitus	Diabetes mellitus
5 Alzheimer's disease	Alzheimer's disease	Alzheimer's disease	Nephritis	Influenza and pneumonia	Chronic lower respiratory diseases	Alzheimer's disease
6 Influenza and pneumonia	Influenza and pneumonia	Influenza and pneumonia	Alzheimer's disease	Chronic lower respiratory disease	Influenza and pneumonia	Influenza and pneumonia
7 Diabetes mellitus	Diabetes mellitus	Diabetes mellitus	Chronic lower respiratory disease	Alzheimer's disease	Unintentional injuries	Chronic lower respiratory disease
8 Nephritis	Unintentional injuries	Unintentional injuries	Influenza and pneumonia	Unintentional injuries	Nephritis	Nephritis
9 Unintentional injuries	Nephritis	Nephritis	Septicemia	Nephritis	Alzheimer's disease	Unintentional injuries
10 Septicemia	Septicemia	Septicemia	Hypertension	Hypertension	Liver disease	Septicemia
11 Hypertension	Hypertension	Hypertension	Unintentional injuries	Septicemia	Septicemia	Hypertension
12 Pneumonitis	Parkinson's disease	Parkinson's disease	Pneumonitis	Parkinson's disease	Hypertension	Liver disease
13 Parkinson's disease	Pneumonitis	Pneumonitis	Atherosclerosis	Pneumonitis	Pneumonitis	Pneumonitis
14 Atherosclerosis	Atherosclerosis	Atherosclerosis	Benign neoplasms	Benign neoplasms	Atherosclerosis	Parkinson's disease
15 Benign neoplasms	Benign neoplasms	Benign neoplasms	Aortic aneurysm	Aortic aneurysm	Parkinson's disease	Benign neoplasms
16 Aortic aneurysm	Aortic aneurysm	Aortic aneurysm	Parkinson's disease	Liver disease	Benign neoplasms	Atherosclerosis
17 Liver disease	Liver disease	Liver disease	Anemias	Atherosclerosis	² Aortic aneurysm ² Nutritional deficiencies	Aortic aneurysm
18 Anemias	Anemias	Anemias	Liver disease	Viral hepatitis		Gallbladder disorders
19 Nutritional deficiencies	Peptic ulcer	Peptic ulcer	Nutritional deficiencies	Suicide	Gallbladder disorders	Viral hepatitis
20 Peptic ulcer	Nutritional deficiencies	Nutritional deficiencies	Gallbladder disorders	Peptic ulcer	Peptic ulcer	Anemias

¹For American Indian men, Nutritional deficiencies and Tuberculosis tied for 20th.

²For American Indian women, Aortic aneurysm and Nutritional deficiencies tied for 17th.

Note: See Appendix B for the definition of race and Hispanic origin in the National Vital Statistics System.

Reference population: These data refer to the resident population.

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

INDICATOR 15 Mortality continued**Table 15c. Leading causes of death among people age 85 and over, by sex and race and Hispanic origin, 2004**

<i>All races</i>	<i>White</i>	<i>Black</i>	<i>Asian or Pacific Islander</i>	<i>American Indian</i>	<i>Hispanic</i>
Men					
1 Diseases of heart	Diseases of heart	Diseases of heart	Diseases of heart	Diseases of heart	Diseases of heart
2 Malignant neoplasms	Malignant neoplasms	Malignant neoplasms	Malignant neoplasms	Malignant neoplasms	Malignant neoplasms
3 Cerebrovascular diseases	Cerebrovascular diseases	Cerebrovascular diseases	Cerebrovascular diseases	Cerebrovascular diseases	Cerebrovascular diseases
4 Chronic lower respiratory diseases	Chronic lower respiratory diseases	Influenza and pneumonia	Influenza and pneumonia	Influenza and pneumonia	Influenza and pneumonia
5 Influenza and pneumonia	Influenza and pneumonia	Chronic lower respiratory diseases	Chronic lower respiratory diseases	Chronic lower respiratory diseases	Chronic lower respiratory diseases
6 Alzheimer's disease	Alzheimer's disease	Nephritis	Diabetes mellitus	Unintentional injuries	Alzheimer's disease
7 Nephritis	Nephritis	Diabetes mellitus	Alzheimer's disease	Nephritis	Diabetes mellitus
8 Unintentional injuries	Unintentional injuries	Alzheimer's disease	Nephritis	Diabetes mellitus	Nephritis
9 Diabetes mellitus	Diabetes mellitus	Septicemia	Unintentional injuries	¹ Septicemia ¹ Alzheimer's disease	Unintentional injuries
10 Pneumonitis	Pneumonitis	Hypertension	Pneumonitis		² Septicemia ² Hypertension
11 Parkinson's disease	Parkinson's disease	Unintentional injuries	Hypertension	Pneumonitis	
12 Septicemia	Septicemia	Pneumonitis	Parkinson's disease	Parkinson's disease	Parkinson's disease
13 Hypertension	Hypertension	Parkinson's disease	Septicemia	Benign neoplasms	Pneumonitis
14 Atherosclerosis	Atherosclerosis	Atherosclerosis	Aortic aneurysm	Hypertension	Atherosclerosis
15 Benign neoplasms	Benign neoplasms	Benign neoplasms	Atherosclerosis	¹ Aortic aneurysm ¹ Atherosclerosis ¹ Gallbladder disorders	Benign neoplasms
16 Aortic aneurysm	Aortic aneurysm	Aortic aneurysm	Benign neoplasms		Aortic aneurysm
17 Suicide	Suicide	Nutritional deficiencies	Suicide		Liver disease
18 Anemias	Anemias	Anemias	Peptic ulcer	Hernia	Anemias
19 Nutritional deficiencies	Liver disease	Pneumoconioses	³ Nutritional deficiencies ³ Tuberculosis	¹ Anemias ¹ Liver disease ¹ Nutritional deficiencies	² Gallbladder disorders ² Suicide
20 ⁴ Gallbladder disorders ⁴ Liver disease	Gallbladder disorders	Peptic ulcer			

See footnotes at end of table.

INDICATOR 15 Mortality continued

Table 15c. Leading causes of death among people age 85 and over, by sex and race and Hispanic origin, 2004 (continued)

All races	White	Black	Asian or Pacific Islander	American Indian	Hispanic
Women					
1 Diseases of heart	Diseases of heart	Diseases of heart	Diseases of heart	Diseases of heart	Diseases of heart
2 Malignant neoplasms	Malignant neoplasms	Malignant neoplasms	Cerebrovascular diseases	Malignant neoplasms	Malignant neoplasms
3 Cerebrovascular diseases	Cerebrovascular diseases	Cerebrovascular diseases	Malignant neoplasms	Cerebrovascular diseases	Cerebrovascular diseases
4 Alzheimer's disease	Alzheimer's disease	Alzheimer's disease	Influenza and pneumonia	Alzheimer's disease	Alzheimer's disease
5 Influenza and pneumonia	Influenza and pneumonia	Diabetes mellitus	Alzheimer's disease	Influenza and pneumonia	Influenza and pneumonia
6 Chronic lower respiratory diseases	Chronic lower respiratory diseases	Influenza and pneumonia	Diabetes mellitus	Diabetes mellitus	Diabetes mellitus
7 Diabetes mellitus	Diabetes mellitus	Nephritis	Chronic lower respiratory diseases	Chronic lower respiratory diseases	Chronic lower respiratory diseases
8 Nephritis	Unintentional injuries	Hypertension	Hypertension	Nephritis	Hypertension
9 Unintentional injuries	Nephritis	Septicemia	Nephritis	Unintentional injuries	Nephritis
10 Hypertension	Hypertension	Chronic lower respiratory diseases	Unintentional injuries	Septicemia	Unintentional injuries
11 Septicemia	Septicemia	Unintentional injuries	Septicemia	Hypertension	Septicemia
12 Atherosclerosis	Atherosclerosis	Pneumonitis	Pneumonitis	Pneumonitis	Pneumonitis
13 Pneumonitis	Pneumonitis	Atherosclerosis	Parkinson's disease	Atherosclerosis	Atherosclerosis
14 Parkinson's disease	Parkinson's disease	Benign neoplasms	Atherosclerosis	Parkinson's disease	Parkinson's disease
15 Benign neoplasms	Benign neoplasms	Anemias	Aortic aneurysm	⁵ Benign neoplasms ⁵ Nutritional deficiencies	Benign neoplasms
16 Aortic aneurysm	Aortic aneurysm	Nutritional deficiencies	Benign neoplasms		Gallbladder disorders
17 Anemias	Anemias	Parkinson's disease	Anemias	Gallbladder disorders	Anemias
18 Nutritional deficiencies	Nutritional deficiencies	Aortic aneurysm	Nutritional deficiencies	Liver disease	Aortic aneurysm
19 Peptic ulcer	Peptic ulcer	Gallbladder disorders	Peptic ulcer	⁵ Anemias ⁵ Aortic aneurysm	Liver disease
20 Gallbladder disorders	Gallbladder disorders	Peptic ulcer	Liver disease		Nutritional deficiencies

¹For American Indian men, Septicemia and Alzheimer's disease tied for 9th; Aortic aneurysm, Atherosclerosis, and Gallbladder disorders tied for 15th; and Anemias, Liver disease, and Nutritional deficiencies tied for 19th.

²For Hispanic men, Septicemia and Hypertension tied for 10th; and Gallbladder disorders and Suicide tied for 19th.

³For Asian or Pacific Islander men, Nutritional deficiencies and Tuberculosis tied for 19th.

⁴For all men, Gallbladder disorders and Liver disease tied for 20th.

⁵For American Indian women, Benign neoplasms and Nutritional deficiencies tied for 15th; and Anemias and Aortic aneurysm tied for 19th.

Note: See Appendix B for the definition of race and Hispanic origin in the National Vital Statistics System.

Reference population: These data refer to the resident population.

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

INDICATOR 16 Chronic Health Conditions**Table 16a. Percentage of people age 65 and over who reported having selected chronic health conditions, by sex, 2005–2006**

	<i>Heart disease</i>	<i>Hyper-tension</i>	<i>Stroke</i>	<i>Asthma</i>	<i>Chronic bronchitis or Emphysema</i>	<i>Any cancer</i>	<i>Diabetes</i>	<i>Arthritis</i>
Percent								
Total	30.9	53.3	9.3	10.6	10.0	21.1	18.0	49.5
Men	36.8	52.0	10.4	9.5	10.6	23.6	19.1	43.1
Women	26.4	54.3	8.4	11.5	9.5	19.3	17.3	54.4
White, not Hispanic or Latino	32.1	51.3	8.9	10.5	10.7	23.4	16.0	50.4
Black, not Hispanic or Latino	26.2	70.4	15.6	12.3	6.0	11.5	28.8	55.1
Hispanic or Latino	22.2	53.8	6.5	9.0	6.4	12.1	25.3	39.7

Note: Data are based on a 2-year average from 2005–2006. See Appendix B for the definition of race and Hispanic origin in the National Health Interview Survey.

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

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

Table 16b. Percentage of people age 65 and over who reported having selected chronic health conditions, 1997–2006

	<i>Heart disease</i>	<i>Hyper-tension</i>	<i>Stroke</i>	<i>Emphy-sema</i>	<i>Asthma</i>	<i>Chronic bronchitis</i>	<i>Any cancer</i>	<i>Diabetes</i>	<i>Arthritis</i>
Percent									
1997–1998	32.3	46.5	8.2	5.2	7.7	6.4	18.7	13.0	na
1999–2000	29.8	47.4	8.2	5.2	7.4	6.2	19.9	13.7	na
2001–2002	31.5	50.2	8.9	5.0	8.3	6.1	20.8	15.4	na
2003–2004	31.8	51.9	9.3	5.2	8.9	6.0	20.7	16.9	50.0
2005–2006	30.9	53.3	9.3	5.7	10.6	6.1	21.1	18.0	49.5

na: Comparable data for arthritis not available prior to 2003–2004.

Note: Data are based on 2-year averages.

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

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

INDICATOR 17 Sensory Impairments and Oral Health

Table 17a. Percentage of people age 65 and over who reported having any trouble hearing, any trouble seeing, or no natural teeth, by selected characteristics, 2006

Sex	Age and poverty status	Any trouble hearing	Any trouble seeing	No natural teeth
		Percent		
Both sexes	65 and over	40.5	17.4	25.9
	65–74	31.9	13.6	22.8
	75–84	46.3	20.0	28.5
	85 and over	61.8	26.5	32.0
	Below poverty	36.6	26.0	39.4
	Above poverty	42.1	16.4	25.9
Men	65 and over	47.7	16.1	26.8
	65–74	40.8	11.9	22.8
	75–84	54.6	19.4	32.7
	85 and over	66.3	30.7	30.6
Women	65 and over	35.1	18.4	25.1
	65–74	24.3	15.1	22.7
	75–84	40.3	20.4	25.5
	85 and over	59.8	24.6	32.6

Note: Respondents were asked “Which statement best describes your hearing without a hearing aid: good, a little trouble, a lot of trouble, deaf?” For the purposes of this indicator the category “Any trouble hearing” includes “a little trouble, a lot of trouble, and deaf.” Regarding their vision, respondents were asked “Do you have any trouble seeing, even when wearing glasses or contact lenses?” and the category “Any trouble seeing” includes those who in a subsequent question report themselves as blind. Lastly, respondents were asked, in one question, “Have you lost all of your upper and lower natural (permanent) teeth?”

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

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

Table 17b. Percentage of people age 65 and over who reported ever having worn a hearing aid, 2006

Age group	Both sexes	Men	Women
Percent			
65 and over	13.3	18.0	9.8
65–74	7.5	11.0	4.5
75–84	17.0	24.2	11.7
85 and over	28.6	40.4	23.3

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

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

INDICATOR 18 Respondent-Assessed Health Status**Table 18. Respondent-assessed health status among people age 65 and over, by selected characteristics, 2004–2006**

Selected characteristic	Total	Not Hispanic or Latino		Hispanic or Latino (of any race)
		White only	Black only	
Percent				
Fair or poor health				
Both sexes				
65 and over	26.0	23.7	39.7	37.1
65–74	22.5	19.9	36.7	32.4
75–84	28.6	26.1	43.5	43.2
85 and over	34.2	32.6	45.7	52.9
Men				
65 and over	25.7	23.8	37.3	35.6
65–74	22.1	20.0	34.7	31.0
75–84	28.8	26.9	41.1	40.6
85 and over	36.8	35.1	45.4	65.0
Women				
65 and over	26.3	23.6	41.3	38.2
65–74	22.9	19.8	38.2	33.6
75–84	28.5	25.6	44.9	44.9
85 and over	32.9	31.3	45.8	
Good to excellent health				
Both sexes				
65 and over	74.0	76.3	60.3	62.9
65–74	77.5	80.1	63.3	67.6
75–84	71.4	73.9	56.5	56.8
85 and over	65.8	67.4	54.3	47.1
Men				
65 and over	74.3	76.2	62.7	64.4
65–74	77.9	80.0	65.3	69.0
75–84	71.2	73.1	58.9	59.4
85 and over	63.2	64.9	54.6	35.0
Women				
65 and over	73.7	76.4	58.7	61.8
65–74	77.1	80.2	61.8	66.4
75–84	71.5	74.4	55.1	55.1
85 and over	67.1	68.7	54.2	53.2

Note: Data are based on a 3-year average from 2004–2006. See Appendix B for the definition of race and Hispanic origin in the National Health Interview Survey.

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

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

INDICATOR 19 Depressive Symptoms**Table 19a. Percentage of people age 65 and over with clinically relevant depressive symptoms, by sex, selected years 1998–2004**

	1998	2000	2002	2004
Both sexes	15.9	15.6	15.4	14.4
Men	11.9	11.4	11.5	11.0
Women	18.6	18.5	18.0	16.8

Note: The definition of “clinically relevant depressive symptoms” is four or more symptoms out of a list of eight depressive symptoms from an abbreviated version of the Center for Epidemiological Studies Depression Scale (CES-D) adapted by the Health and Retirement Study (HRS). The CES-D scale is a measure of depressive symptoms and is not to be used as a diagnosis of clinical depression. A detailed explanation concerning the “4 or more symptoms” cut-off can be found in the following documentation: hrsonline.isr.umich.edu/docs/userg/dr-005.pdf. Proportions are based on weighted data using the preliminary respondent weight from HRS 2004.

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

Source: Health and Retirement Study.

Table 19b. Percentage of people age 65 and over with clinically relevant depressive symptoms, by age group and sex, 2004

	<i>Both sexes</i>	<i>Men</i>	<i>Women</i>
65 and over	14.4	11.0	16.8
65–74	13.1	9.7	15.6
75–84	14.8	10.6	17.7
85 and over	19.2	19.2	19.2

Note: The definition of “clinically relevant depressive symptoms” is four or more symptoms out of a list of eight depressive symptoms from an abbreviated version of the Center for Epidemiological Studies Depression Scale (CES-D) adapted by the Health and Retirement Study (HRS). The CES-D scale is a measure of depressive symptoms and is not to be used as a diagnosis of clinical depression. A detailed explanation concerning the “4 or more symptoms” cut-off can be found in the following documentation: hrsonline.isr.umich.edu/docs/userg/dr-005.pdf. Proportions are based on weighted data using the preliminary respondent weight from HRS 2004.

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

Source: Health and Retirement Study.

INDICATOR 20 Functional Limitations**Table 20a. Percentage of Medicare enrollees age 65 and over who have limitations in activities of daily living (ADLs) or instrumental activities of daily living (IADLs), or who are in a facility, selected years 1992–2005**

	1992	1997	2001	2005
IADLs only	13.7	12.7	13.4	12.3
1 to 2 ADLs	19.6	16.6	17.2	18.3
3 to 4 ADLs	6.1	4.9	5.3	4.7
5 to 6 ADLs	3.5	3.2	3.0	2.5
Facility	5.9	5.1	4.8	4.3
Total	48.8	42.5	43.7	42.1

Note: The Medicare Current Beneficiary Survey has replaced the National Long Term Care Survey as the data source for this indicator. Consequently, the measurement of functional limitations (previously called disability) has changed from previous editions of *Older Americans*. A residence is considered a long-term care facility if it is certified by Medicare or Medicaid; has 3 or more beds and is licensed as a nursing home or other long term care facility and provides at least one personal care service; or provides 24-hour, 7-day-a-week supervision by a caregiver. ADL limitations refer to difficulty performing (or inability to perform for a health reason) one or more of the following tasks: bathing, dressing, eating, getting in/out of chairs, walking, or using the toilet. IADL limitations refer to difficulty performing (or inability to perform for a health reason) one or more of the following tasks: using the telephone, light housework, heavy housework, meal preparation, shopping, or managing money. Rates are age adjusted using the 2000 standard population.

Reference: These data refer to Medicare enrollees.

Source: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

INDICATOR 20 Functional Limitations continued**Table 20b. Percentage of Medicare enrollees age 65 and over who are unable to perform certain physical functions, by sex, 1991 and 2005**

<i>Function</i>	<i>1991</i>	<i>2005</i>
	Percent	
Men		
Stoop/kneel	7.8	9.9
Reach over head	3.1	2.6
Write	2.2	1.3
Walk 2–3 blocks	14.0	14.6
Lift 10 lbs.	9.1	7.7
Any of these five	18.9	19.0
Women		
Stoop/kneel	15.2	18.1
Reach over head	6.2	5.1
Write	2.6	2.3
Walk 2–3 blocks	23.0	22.9
Lift 10 lbs.	18.3	15.5
Any of these five	32.1	31.9

Note: Rates for 1991 are age adjusted to the 2005 population.

Reference population: These data refer to Medicare enrollees.

Source: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

Table 20c. Percentage of Medicare enrollees age 65 and over who are unable to perform any one of five physical functions, by selected characteristics, 2005

<i>Selected characteristic</i>	<i>Men</i>	<i>Women</i>
	Percent	
65–74	13.5	21.7
75–84	22.1	34.3
85 and over	38.3	55.9
White, not Hispanic or Latino	18.6	31.7
Black, not Hispanic or Latino	24.0	34.8
Hispanic or Latino (of any race)	20.7	32.5

Note: The five physical functions include stooping/kneeling, reaching over the head, writing, walking 2–3 blocks, and lifting 10 lbs. See Appendix B for the definition of race and Hispanic origin in the Medicare Current Beneficiary Survey.

Reference population: These data refer to Medicare enrollees.

Source: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

INDICATOR 21 Vaccinations**Table 21a. Percentage of people age 65 and over who reported having been vaccinated against influenza and pneumococcal disease, by race and Hispanic origin, selected years 1989–2006**

Year	Influenza			Pneumococcal disease		
	Not Hispanic or Latino		Hispanic or Latino (of any race)	Not Hispanic or Latino		Hispanic or Latino (of any race)
	White	Black		White	Black	
1989	32.0	17.7	23.8	15.0	6.2	9.8
1991	42.8	26.5	33.2	21.0	13.2	11.0
1993	53.1	31.1	46.2	28.7	13.1	12.2
1994	56.9	37.7	36.6	30.5	13.9	13.7
1995	60.0	39.5	49.5	34.2	20.5	21.6
1997	65.8	44.6	52.7	45.6	22.2	23.5
1998	65.6	45.9	50.3	49.5	26.0	22.8
1999	67.9	49.7	55.1	53.1	32.3	27.9
2000	66.6	47.9	55.7	56.8	30.5	30.4
2001	65.4	47.9	51.9	57.8	33.9	32.9
2002	68.7	49.5	48.5	60.3	36.9	27.1
2003	68.6	47.8	45.4	59.6	37.0	31.0
2004	67.3	45.7	54.6	60.9	38.6	33.7
2005	63.2	39.6	41.7	60.6	40.4	27.5
2006	67.3	47.1	44.9	62.0	35.6	33.4

Note: For influenza, the percentage vaccinated consists of people who reported having a flu shot during the past 12 months and does not include receipt of nasal spray flu vaccinations. For pneumococcal disease, the percentage refers to people who reported ever having a pneumonia vaccination. See Appendix B for the definition of race and Hispanic origin in the National Health Interview Survey.

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

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

Table 21b. Percentage of people age 65 and over who reported having been vaccinated against influenza and pneumococcal disease, by selected characteristics, 2006

Selected characteristic	Influenza	Pneumococcal disease
	Percent	
Both sexes	64.2	57.1
Men	64.7	54.3
Women	63.8	59.2
65–74	60.3	52.3
75–84	68.7	64.2
85 and over	71.8	60.7
High school graduate or less	61.1	54.7
More than high school	69.6	61.3

Note: For influenza, the percentage vaccinated consists of people who reported having a flu shot during the past 12 months and does not include receipt of nasal spray flu vaccinations. For pneumococcal disease, the percentage refers to people who reported ever having a pneumonia vaccination.

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

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

INDICATOR 22 Mammography

Table 22. Percentage of women who reported having had a mammogram within the past 2 years, by selected characteristics, selected years 1987–2005

	1987	1990	1991	1993	1994	1998	1999	2000	2003	2005
Age groups	Women age 40 and over									
40–49	31.9	55.1	55.6	59.9	61.3	63.4	67.2	64.3	64.4	63.5
50–64	31.7	56.0	60.3	65.1	66.5	73.7	76.5	78.7	76.2	71.8
65 and over	22.8	43.4	48.1	54.2	55.0	63.8	66.8	67.9	67.7	63.8
65–74	26.6	48.7	55.7	64.2	63.0	69.4	73.9	74.0	74.6	72.5
75 and over	17.3	35.8	37.8	41.0	44.6	57.2	58.9	61.3	60.6	54.7
Race and Hispanic origin	Women age 65 and over									
White, not Hispanic or Latino	24.0	43.8	49.1	54.7	54.9	64.3	66.8	68.3	68.1	64.7
Black, not Hispanic or Latino	14.1	39.7	41.6	56.3	61.0	60.6	68.1	65.5	65.4	60.5
Hispanic or Latino (of any race)	*	41.1	40.9	*35.7	48.0	59.0	67.2	68.3	69.5	63.8
Poverty										
Below 100 percent	13.1	30.8	35.2	41.7	43.2	51.9	57.6	54.8	57.0	52.3
100–199 percent	19.9	38.6	41.8	47.0	47.9	57.8	60.2	60.3	62.8	56.2
200 percent or more	29.7	51.5	57.8	64.3	64.9	70.1	72.5	75.0	72.6	70.1
Education										
No high school diploma or GED	16.5	33.0	37.7	44.2	45.6	54.7	56.6	57.4	56.9	50.7
High school diploma or GED	25.9	47.5	54.0	57.4	59.1	66.8	68.4	71.8	69.7	64.3
Some college or more	32.3	56.7	57.9	64.8	64.3	71.3	77.1	74.1	75.1	73.0

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

Note: Questions concerning use of mammography differed slightly on the National Health Interview Survey (NHIS) across the years for which data are shown. In 1987 and 1990, women were asked to report when they had their last mammogram. In 1991, women were asked whether they had a mammogram in the past 2 years. In 1993 and 1994, women were asked whether they had a mammogram within the past year, between 1 and 2 years ago, or over 2 years ago. In 1998, women were asked whether they had a mammogram a year ago or less, more than 1 year but not more than 2 years, or more than 2 years ago. In 1999, women were asked when they had their most recent mammogram in days, weeks, months, or years. In 1999, 10 percent of women in the sample responded “2 years ago,” and in this analysis, these women were coded as “within the past 2 years” although a response of “2 years ago” may include women whose last mammogram was more than 2 but less than 3 years ago. Thus, estimates for 1999 are overestimated to some degree in comparison with estimates in previous years. In 2000 and 2003, women were asked when they had their most recent mammogram (give month and year). Women who did not respond were given a followup question that used the 1999 wording, and women who did not answer the followup question were asked a second followup question that used the 1998 wording. In 2000 and 2003, 2 percent of women in the sample answered “2 years ago” using the 1999 wording, and they were coded as “within the past 2 years.” Thus, estimates for 2000 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 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 compared with estimates for 1999, 2000, and 2003 and are slightly lower than they would have been without this additional information. See Appendix B for the definition of race and Hispanic origin in the NHIS.

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

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

INDICATOR 23 Diet Quality**Table 23. Healthy Eating Index-2005 (HEI-2005) total and component scores for people age 55 and over, by age group, 2001–2002**

HEI-2005 Component (Maximum Score)	Age group			
	55–64	65 and over	65–74	75 and over
Total fruit (5)	3.6	4.5	4.5	4.6
Whole fruit (5)	5.0	5.0	5.0	5.0
Total vegetables (5)	4.0	4.3	4.4	4.2
Dark green and orange vegetables and legumes (5)	1.7	2.2	2.3	1.9
Total grains (5)	5.0	5.0	5.0	5.0
Whole grains (5)	1.4	1.9	1.8	1.9
Milk (10)	5.4	5.8	5.5	6.1
Meat and Beans (10)	10.0	10.0	10.0	10.0
Oils (10)	7.8	7.5	7.8	7.5
Saturated fat (10)	6.5	7.1	7.2	7.2
Sodium (10)	3.9	3.2	3.4	3.0
Calories from Solid Fat, Alcohol, and Added Sugar (20)	9.7	11.2	11.1	11.3
Total HEI-2005 score (100)	64.0	67.7	68.0	67.8

Note: Diet quality was measured using the Healthy Eating Index-2005 (HEI-2005), which has 12 components. Each component represents a different aspect of a healthful diet according to the 2005 Dietary Guidelines for Americans. A higher score for each component represents a healthier diet. Dietary adequacy is addressed by Total Fruit; Whole Fruit (forms other than juice); Total Vegetables; Dark Green and Orange Vegetables and Legumes (cooked dry beans and peas); Total Grains; Whole Grains; Milk (all milk products and soy beverages); Meat and Beans (meat, poultry, fish, eggs, soybean products other than beverages, nuts, and seeds); and Oils (nonhydrogenated vegetable oils and oils in fish, nuts, and seeds). For the remaining three components—Saturated Fat; Sodium; and Calories from Solid Fat, Alcohol, and Added Sugar—higher scores reflect lower intakes.

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

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey, 2001–2002; U.S. Department of Agriculture, Center for Nutrition Policy and Promotion.

INDICATOR 24 Physical Activity**Table 24a. Percentage of people age 45 and over who reported engaging in regular leisure time physical activity, by age group, 1997–2006**

	<i>65 and over</i>	<i>45–64</i>	<i>65–74</i>	<i>75–84</i>	<i>85 and over</i>
	Percent				
1997–1998	20.7	29.1	24.9	17.0	9.0
1999–2000	21.3	28.9	26.1	17.3	9.6
2001–2002	21.6	30.1	26.5	17.9	8.5
2003–2004	22.5	30.5	27.5	19.4	8.4
2005–2006	21.6	29.3	25.7	19.5	9.6

Note: Data are based on 2-year averages. “Regular leisure time physical activity” is defined as “engaging in light-moderate leisure time physical activity for greater than or equal to 30 minutes at a frequency greater than or equal to 5 times per week, or engaging in vigorous leisure time physical activity for greater than or equal to 20 minutes at a frequency greater than or equal to 3 times per week.” Reference population: These data refer to the civilian noninstitutionalized population.

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

Table 24b. Percentage of people age 65 and over who reported engaging in regular leisure time physical activity, by selected characteristics, 2005–2006

	<i>Total</i>	<i>Men</i>	<i>Women</i>
All	21.5	24.6	19.2
White, not Hispanic or Latino	22.7	25.8	20.4
Black, not Hispanic or Latino	13.5	17.7	10.4
Hispanic or Latino (of any race)	15.8	16.9	14.7
Percent who engage in strengthening exercises	12.7	13.8	12.0

Note: Data are based on a 2-year average from 2005–2006. “Regular leisure time physical activity” is defined as “engaging in light-moderate leisure time physical activity for greater than or equal to 30 minutes at a frequency greater than or equal to 5 times per week, or engaging in vigorous leisure time physical activity for greater than or equal to 20 minutes at a frequency greater than or equal to 3 times per week.” See Appendix B for the definition of race and Hispanic origin in the National Health Interview Survey.

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

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

INDICATOR 25 Obesity**Table 25. Body weight status among people age 65 and over, by sex and age group, selected years 1976–2006**

<i>Sex and age group</i>	<i>1976–1980</i>	<i>1988–1994</i>	<i>1999–2000</i>	<i>2001–2002</i>	<i>2003–2004</i>	<i>2005–2006</i>
	Percent					
Overweight						
Both sexes						
65 and over	na	60.1	69.0	69.1	70.5	68.6
65–74	57.2	64.1	73.5	73.1	74.0	73.8
75 and over	na	53.9	62.3	63.5	65.9	61.8
Men						
65 and over	na	64.4	73.3	73.1	72.1	73.9
65–74	54.2	68.5	77.2	75.4	76.6	79.5
75 and over	na	56.5	66.4	69.2	65.2	66.3
Women						
65 and over	na	56.9	65.6	66.3	69.2	64.6
65–74	59.5	60.3	70.1	71.3	71.7	69.4
75 and over	na	52.3	59.6	60.1	66.4	58.7
Obese						
Both sexes						
65 and over	na	22.2	31.0	29.2	29.7	30.5
65–74	17.9	25.6	36.3	35.9	34.6	35.0
75 and over	na	17.0	23.2	19.8	23.5	24.7
Men						
65 and over	na	20.3	28.7	25.3	28.9	29.7
65–74	13.2	24.1	33.4	30.8	33.0	32.9
75 and over	na	13.2	20.4	16.0	22.7	25.3
Women						
65 and over	na	23.6	32.9	32.1	30.4	31.1
65–74	21.5	26.9	38.8	40.1	36.1	36.7
75 and over	na	19.2	25.1	22.1	24.1	24.4

na Data not available.

Note: Data are based on measured height and weight. Height was measured without shoes. Overweight is defined as having a body mass index (BMI) greater than or equal to 25 kilograms/meter². Obese is defined by a BMI of 30 kilograms/meter² or greater. The percentage of people who are obese is a subset of the percentage of those who are overweight. See Appendix C for the definition of BMI.

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

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

INDICATOR 26 Cigarette Smoking

Table 26a. Percentage of people age 45 and over who are current cigarette smokers, by selected characteristics, selected years 1965–2007[‡]

Year	Total		White		Black or African American	
	45–64	65 and over	45–64	65 and over	45–64	65 and over
Men	Percent					
1965	51.9	28.5	51.3	27.7	57.9	36.4
1974	42.6	24.8	41.2	24.3	57.8	29.7
1979	39.3	20.9	38.3	20.5	50.0	26.2
1983	35.9	22.0	35.0	20.6	44.8	38.9
1985	33.4	19.6	32.1	18.9	46.1	27.7
1987	33.5	17.2	32.4	16.0	44.3	30.3
1988	31.3	18.0	30.0	16.9	43.2	29.8
1990	29.3	14.6	28.7	13.7	36.7	21.5
1991	29.3	15.1	28.0	14.2	42.0	24.3
1992	28.6	16.1	28.1	14.9	35.4	28.3
1993	29.2	13.5	27.8	12.5	42.4	*27.9
1994	28.3	13.2	26.9	11.9	41.2	25.6
1995	27.1	14.9	26.3	14.1	33.9	28.5
1997	27.6	12.8	26.5	11.5	39.4	26.0
1998	27.7	10.4	27.0	10.0	37.3	16.3
1999	25.8	10.5	24.5	10.0	35.7	17.3
2000	26.4	10.2	25.8	9.8	32.2	14.2
2001	26.4	11.5	25.1	10.7	34.3	21.1
2002	24.5	10.1	24.4	9.3	29.8	19.4
2003	23.9	10.1	23.3	9.6	30.1	18.0
2004	25.0	9.8	24.4	9.4	29.2	14.1
2005	25.2	8.9	24.5	7.9	32.4	16.8
2006	24.5	12.6	23.4	12.6	32.6	16.0
2007 [‡]	22.6	8.6	21.5	8.6	30.5	12.8
Women						
1965	32.0	9.6	32.7	9.8	25.7	7.1
1974	33.4	12.0	33.0	12.3	38.9	*8.9
1979	30.7	13.2	30.6	13.8	34.2	*8.5
1983	31.0	13.1	30.6	13.2	36.3	*13.1
1985	29.9	13.5	29.7	13.3	33.4	14.5
1987	28.6	13.7	29.0	13.9	28.4	11.7
1988	27.7	12.8	27.7	12.6	29.5	14.8
1990	24.8	11.5	25.4	11.5	22.6	11.1
1991	24.6	12.0	25.3	12.1	23.4	9.6
1992	26.1	12.4	25.8	12.6	30.9	*11.1
1993	23.0	10.5	23.4	10.5	21.3	*10.2
1994	22.8	11.1	23.2	11.1	23.5	13.6
1995	24.0	11.5	24.3	11.7	27.5	13.3
1997	21.5	11.5	20.9	11.7	28.4	10.7
1998	22.5	11.2	22.5	11.2	25.4	11.5
1999	21.0	10.7	21.2	10.5	22.3	13.5
2000	21.7	9.3	21.4	9.1	25.6	10.2
2001	21.4	†9.1	21.6	9.4	22.6	9.3
2002	21.1	8.6	21.5	8.5	22.2	9.4
2003	20.2	8.3	20.1	8.4	23.3	8.0
2004	19.8	8.1	20.1	8.2	20.9	6.7
2005	18.8	8.3	18.9	8.4	21.0	10.0
2006	19.3	8.3	18.8	8.4	25.5	9.3
2007 [‡]	20.0	8.1	21.2	8.6	21.0	8.2

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

†The value for all women includes other races which have a very low rate of cigarette smoking. Thus, the weighted average for all women is slightly lower than that for white women.

‡The 2007 estimates are based on Early Release National Health Interview Survey (NHIS) data collected January–June 2007, using preliminary weights.

Note: Data starting in 1997 are not strictly comparable with data for earlier years because of the 1997 NHIS questionnaire redesign. Starting with 1993 data, current cigarette smokers were defined as ever smoking 100 cigarettes in their lifetime and now smoking everyday or some days. See Appendix B for the definition of race and Hispanic origin in the National Health Interview Survey.

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

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

INDICATOR 26 Cigarette Smoking continued**Table 26b. Cigarette smoking status of people age 18 and over, by sex and age group, 2006**

<i>Sex and age group</i>	<i>All current smokers</i>	<i>Every day smokers</i>	<i>Some day smokers</i>	<i>Former smokers</i>	<i>Non-smokers</i>
			Percent		
Both sexes	20.8	16.7	4.2	21.0	58.2
Men					
18–44	26.7	20.0	6.6	12.1	61.3
45–64	24.5	21.1	3.5	32.1	43.4
65 and over	12.6	10.4	2.2	51.1	36.2
Women					
18–44	20.6	15.9	4.7	11.3	68.2
45–64	19.3	16.5	2.8	22.0	58.7
65 and over	8.3	7.0	1.3	27.9	63.8

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

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

INDICATOR 27 Air Quality**Table 27a. Percentage of people age 65 and over living in counties with “poor air quality,” 2000–2006**

<i>Pollutant measures</i>	<i>2000</i>	<i>2001</i>	<i>2002</i>	<i>2003</i>	<i>2004</i>	<i>2005</i>	<i>2006</i>
				Percent			
Particulate matter (PM 2.5)	44.0	37.3	35.7	32.2	23.8	35.0	21.2
8hr Ozone	31.0	37.1	46.7	32.5	11.7	32.1	24.2
Any standard	55.4	51.1	53.3	44.8	28.5	46.6	33.8

Note: The term “poor air quality” is defined as air quality concentrations above the level of the National Ambient Air Quality Standards (NAAQS). The term “any standard” refers to any NAAQS for ozone, particulate matter, nitrogen dioxide, sulfur dioxide, carbon monoxide, and lead. Data for previous years has been computed using the new daily PM 2.5 standard of 35 micrograms/m³ to enable comparisons across time. This results in percentages that are not comparable to previous publications.

Reference population: These data refer to the resident population.

Source: U.S. Environmental Protection Agency, Office of Air Quality Planning and Standards, Air Quality System; U.S. Census Bureau, Population Projections, 2000–2006.

INDICATOR 27 Air Quality continued

Table 27b. Counties with “poor air quality” for any standard in 2006

State	County	State	County
Alabama	Mobile	Georgia	Cobb
Alabama	Russell	Georgia	Coweta
Alabama	Shelby	Georgia	DeKalb
Alaska	Matanuska-Susitna	Georgia	Douglas
Arizona	Maricopa	Georgia	Fayette
Arizona	Pinal	Georgia	Floyd
Arizona	Santa Cruz	Georgia	Fulton
Arkansas	Crittenden	Georgia	Gwinnett
Arkansas	Pulaski	Georgia	Henry
California	Alameda	Georgia	Muscogee
California	Amador	Georgia	Richmond
California	Butte	Georgia	Rockdale
California	Calaveras	Georgia	Washington
California	Contra Costa	Georgia	Wilkinson
California	El Dorado	Illinois	Madison
California	Fresno	Indiana	Clark
California	Imperial	Indiana	Knox
California	Inyo	Indiana	Marion
California	Kern	Kentucky	Jefferson
California	Kings	Kentucky	McCracken
California	Los Angeles	Louisiana	Ascension
California	Merced	Louisiana	Caddo
California	Mono	Louisiana	East Baton Rouge
California	Nevada	Louisiana	Iberville
California	Orange	Louisiana	Jefferson
California	Placer	Louisiana	Pointe Coupee
California	Riverside	Louisiana	St. Bernard
California	Sacramento	Louisiana	West Baton Rouge
California	San Bernardino	Maryland	Anne Arundel
California	San Diego	Maryland	Baltimore
California	San Joaquin	Maryland	Baltimore City
California	San Luis Obispo	Maryland	Cecil
California	Santa Clara	Maryland	Charles
California	Stanislaus	Maryland	Frederick
California	Sutter	Maryland	Harford
California	Tehama	Maryland	Montgomery
California	Tulare	Maryland	Prince George's
California	Ventura	Massachusetts	Bristol
California	Yolo	Massachusetts	Dukes
Colorado	Alamosa	Massachusetts	Hampden
Colorado	Douglas	Massachusetts	Hampshire
Colorado	Jefferson	Michigan	Allegan
Colorado	Larimer	Michigan	Chippewa
Connecticut	Fairfield	Michigan	Muskegon
Connecticut	Hartford	Michigan	St. Clair
Connecticut	Litchfield	Michigan	Wayne
Connecticut	Middlesex	Mississippi	DeSoto
Connecticut	New Haven	Missouri	Clay
Connecticut	New London	Missouri	Clinton
Connecticut	Tolland	Missouri	Jasper
Delaware	Kent	Missouri	Jefferson
District of Columbia	District of Columbia	Missouri	St. Charles
Georgia	Bibb	Missouri	St. Louis City
Georgia	Clarke	Montana	Lincoln
Georgia	Clayton	Montana	Missoula

See footnotes at end of table.

INDICATOR 27 Air Quality continued**Table 27b. Counties with “poor air quality” for any standard in 2006** (continued)

State	County	State	County
Montana	Silver Bow	Pennsylvania	Dauphin
Nevada	Clark	Pennsylvania	Delaware
Nevada	Nye	Pennsylvania	Lancaster
New Jersey	Bergen	Pennsylvania	Montgomery
New Jersey	Camden	Pennsylvania	Northampton
New Jersey	Essex	Pennsylvania	Philadelphia
New Jersey	Hudson	Pennsylvania	Washington
New Jersey	Hunterdon	South Carolina	Greenville
New Jersey	Mercer	South Carolina	Lexington
New Jersey	Middlesex	South Carolina	Spartanburg
New Jersey	Monmouth	Tennessee	Blount
New Jersey	Morris	Tennessee	Dyer
New Jersey	Ocean	Tennessee	Hamilton
New Jersey	Union	Tennessee	Knox
New Mexico	Bernalillo	Tennessee	Montgomery
New Mexico	Dona Ana	Tennessee	Sevier
New Mexico	Sandoval	Tennessee	Shelby
New York	Bronx	Tennessee	Sumner
New York	Kings	Texas	Bexar
New York	New York	Texas	Brazoria
New York	Richmond	Texas	Collin
New York	Suffolk	Texas	Dallas
North Carolina	Catawba	Texas	Denton
North Carolina	Davidson	Texas	El Paso
North Carolina	Guilford	Texas	Harris
North Carolina	Mecklenburg	Texas	Hood
North Carolina	Rowan	Texas	Jefferson
North Carolina	Wake	Texas	Montgomery
Ohio	Ashtabula	Texas	Parker
Ohio	Cuyahoga	Texas	Tarrant
Ohio	Hamilton	Texas	Webb
Ohio	Warren	Utah	Cache
Oklahoma	Creek	Utah	Salt Lake
Oklahoma	Jefferson	Virginia	Arlington
Oklahoma	Kay	Virginia	Caroline
Oklahoma	Love	Virginia	Fairfax
Oklahoma	Oklahoma	Virginia	Henrico
Oregon	Douglas	Virginia	Prince William
Oregon	Klamath	Virginia	Stafford
Oregon	Lane	Washington	King
Oregon	Multnomah	Washington	Pierce
Oregon	Washington	West Virginia	Brooke
Pennsylvania	Allegheny	West Virginia	Hancock
Pennsylvania	Beaver	West Virginia	Kanawha
Pennsylvania	Berks	Wisconsin	Brown
Pennsylvania	Bucks	Wisconsin	Milwaukee
Pennsylvania	Cambria	Wisconsin	Outagamie
Pennsylvania	Chester	Wyoming	Sweetwater

Note: The term “poor air quality” is defined as air quality concentrations above the level of the National Ambient Air Quality Standards (NAAQS). The term “any standard” refers to any NAAQS for ozone, particulate matter, nitrogen dioxide, sulfur dioxide, carbon monoxide, and lead.

Reference population: These data refer to the resident population.

Source: U.S. Environmental Protection Agency, Office of Air Quality Planning and Standards, Air Quality System; U.S. Census Bureau, Population Projections, 2000–2006.

INDICATOR 28 Use of Time

Table 28a. Percentage of day that people age 55 and over spent doing selected activities on an average day, by age group, 2006

Selected activities	55-64		65-74		75 and over	
	Average hours per day	Percent of day	Average hours per day	Percent of day	Average hours per day	Percent of day
Sleeping	8.4	35.0	8.9	36.9	9.0	37.4
Leisure activities	5.4	22.6	7.0	29.1	7.8	32.6
Work and work-related activities	3.8	15.8	0.9	3.9	0.3	1.4
Household activities	2.1	8.8	2.6	11.0	2.3	9.7
Caring for and helping others	0.4	1.9	0.4	1.8	0.3	1.4
Eating and drinking	1.3	5.5	1.4	6.0	1.5	6.2
Purchasing goods and services	0.9	3.8	0.9	3.9	0.8	3.3
Grooming	0.7	2.7	0.6	2.7	0.7	2.7
Other activities	1.0	4.0	1.2	4.8	1.3	5.3

Note: "Other activities" includes activities such as educational activities; organizational, civic, and religious activities; and telephone calls. Table includes people who did not work at all.

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

Source: Bureau of Labor Statistics, American Time Use Survey.

Table 28b. Percentage of total leisure time that people age 55 and over spent doing selected leisure activities on an average day, by age group, 2006

Selected leisure activities	55-64		65-74		75 and over	
	Average hours per day	Percent of day	Average hours per day	Percent of day	Average hours per day	Percent of day
Socializing and communicating	0.7	13.1	0.8	11.1	0.8	9.7
Watching TV	2.9	53.4	3.8	55.1	4.2	53.6
Participation in sports, exercise, and recreation	0.2	4.1	0.3	3.5	0.2	2.3
Relaxing and thinking	0.4	6.6	0.5	7.4	0.9	10.9
Reading	0.6	10.1	0.8	10.9	1.1	13.9
Other leisure activities (including related travel)	0.7	12.7	0.8	11.9	0.8	9.7

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

Source: Bureau of Labor Statistics, American Time Use Survey.

INDICATOR 29 Use of Health Care Services**Table 29a. Use of Medicare-covered health care services by Medicare enrollees age 65 and over, 1992–2005**

Year	Utilization measure				Average length of hospital stay
	Hospital stays	Skilled nursing facility stays	Physician visits and consultations	Home health care visits	
	Rate per thousand				
1992	306	28	11,359	3,822	8.4
1993	300	33	11,600	4,648	8.0
1994	331	43	12,045	6,352	7.5
1995	336	50	12,372	7,608	7.0
1996	341	59	12,478	8,376	6.6
1997	351	67	na	8,227	6.3
1998	354	69	13,061	5,058	6.1
1999	365	67	na	3,708	6.0
2000	361	67	13,346	2,913	6.0
2001	364	69	13,685	2,295	5.9
2002	361	72	13,863	2,358	5.9
2003	359	74	13,519	2,440	5.8
2004	353	75	13,776	2,594	5.7
2005	350	79	13,914	2,770	5.7

na Data not available.

Note: Data are for Medicare enrollees in fee-for-service only. Physician visits and consultations include all settings, such as physician offices, hospitals, emergency rooms, and nursing homes. The definition of physician visits and consultations changed beginning in 2003, resulting in a slightly lower rate. Beginning in 1994, managed care enrollees were excluded from the denominator of all utilization rates because utilization data are not available for them. Prior to 1994, managed care enrollees were included in the denominators; they comprised 7 percent or less of the Medicare population.

Reference population: These data refer to Medicare enrollees.

Source: Centers for Medicare and Medicaid Services, Medicare claims and enrollment data.

Table 29b. Use of Medicare-covered home health and skilled nursing facility services by Medicare enrollees age 65 and over, by age group, 2005

Utilization measure	65–74	75–84	85 and over
	Rate per thousand		
Skilled nursing facility stays	30	92	228
Home health care visits	1,333	3,407	6,549

Note: Data are for Medicare enrollees in fee-for-service only.

Reference population: These data refer to Medicare enrollees.

Source: Centers for Medicare and Medicaid Services, Medicare claims and enrollment data.

INDICATOR 30 Health Care Expenditures

Table 30a. Average annual health care costs for Medicare enrollees age 65 and over, in 2004 dollars, by age group, 1992–2004

Year	Age			
	Total	65–74	75–84	85 and over
Dollars				
1992	\$8,644	\$6,432	\$9,459	\$16,718
1993	9,262	6,719	10,587	17,327
1994	9,984	7,377	11,058	18,711
1995	10,444	7,599	11,429	19,756
1996	10,560	7,644	11,887	19,336
1997	10,796	7,627	11,993	19,561
1998	10,538	7,372	11,723	19,688
1999	10,831	8,222	11,485	19,020
2000	11,243	8,373	12,256	19,384
2001	11,865	9,021	13,194	19,795
2002	12,735	9,816	13,830	20,645
2003	12,846	9,728	14,357	20,186
2004	13,052	9,702	14,214	21,907

Note: Data include both out-of-pocket costs and costs covered by insurance. Dollars are inflation adjusted to 2004 using the Consumer Price Index (Series CPI-U-RS).

Reference population: These data refer to Medicare enrollees.

Source: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

Table 30b. Major components of health care costs among Medicare enrollees age 65 and over, 1992 and 2004

Cost component	1992		2004	
	Average cost in dollars	Percent	Average cost in dollars	Percent
Total	\$6,551	100	\$13,052	100
Inpatient hospital	2,107	32	3,217	25
Physician/Outpatient hospital	2,071	32	4,565	35
Long-term care facility	1,325	20	1,842	14
Home health care	244	4	380	3
Prescription drugs	522	8	1,987	15
Other (Short-term institution/Hospice/Dental)	282	4	1,061	8

Note: Data include both out-of-pocket costs and costs covered by insurance. Dollars are not inflation adjusted.

Reference population: These data refer to Medicare enrollees.

Source: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

INDICATOR 30 Health Care Expenditures continued**Table 30c. Average annual health care costs among Medicare enrollees age 65 and over, by selected characteristics, 2004**

<i>Selected characteristic</i>	<i>Average cost in dollars</i>
Total	\$13,052
Race and ethnicity	
White, not Hispanic or Latino	13,101
Black, not Hispanic or Latino	14,989
Hispanic or Latino (of any race)	11,962
Other	10,601
Institutional status	
Community	10,448
Institution	52,958
Annual income	
\$0–\$10,000	16,766
10,001–20,000	13,558
20,001–30,000	12,985
30,001 or more	10,676
Chronic conditions	
0	4,718
1–2	8,489
3–4	14,907
5 or more	20,334
Veteran status (men only)	
Yes	12,280
No	13,138

Note: Data include both out-of-pocket costs and costs covered by insurance. Annual income includes that of respondent and spouse. Chronic conditions include cancer (other than skin cancer), stroke, diabetes, heart disease, hypertension, arthritis, and respiratory conditions (emphysema, asthma, chronic obstructive pulmonary disease). See Appendix B for the definition of race and Hispanic origin in the Medicare Current Beneficiary Survey.

Reference population: These data refer to Medicare enrollees.

Source: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

Table 30d. Major components of health care costs among Medicare enrollees age 65 and over, by age group, 2004

<i>Cost component</i>	<i>65–74</i>	<i>75–84</i>	<i>85 and over</i>
	Average cost in dollars		
Total	\$9,702	\$14,214	\$21,907
Inpatient hospital	2,365	3,576	5,311
Physician/Outpatient hospital	4,172	5,074	4,592
Long-term care facility	431	1,774	7,057
Home health care	158	507	854
Prescription drugs	1,958	2,140	1,663
Other (Short-term institution/Hospice/Dental)	618	1,142	2,429

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

Reference population: These data refer to Medicare enrollees.

Source: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

INDICATOR 30 Health Care Expenditures continued

Table 30e. Percentage of Medicare enrollees age 65 and over who reported problems with access to health care, 1992–2003

<i>Reported problem</i>	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
	Percent											
Difficulty obtaining care	3.1	2.6	2.6	2.6	2.3	2.4	2.4	2.8	2.9	2.8	2.5	2.3
Delayed getting care due to cost	9.8	9.1	7.6	6.8	5.5	4.8	4.4	4.7	4.8	5.1	6.1	5.3

Reference population: These data refer to noninstitutionalized Medicare enrollees.

Source: Medicare Current Beneficiary Survey (MCBS) Project. (December 2006). Health and Health Care of the Medicare Population: Data from the 2003 MCBS. Rockville, MD: Westat.

INDICATOR 31 Prescription Drugs

Table 31a. Average annual prescription drug costs and sources of payment among noninstitutionalized Medicare enrollees age 65 and over, 1992–2004

<i>Payment source</i>	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
	Average cost in dollars												
Total	\$570	\$756	\$802	\$841	\$907	\$991	\$1,147	\$1,284	\$1,469	\$1,647	\$1,827	\$1,963	\$2,107
Out-of-pocket	343	439	436	441	451	491	530	565	616	658	721	736	763
Private insurance	145	190	220	248	302	323	401	449	512	573	666	747	810
Public programs	82	127	146	152	155	177	215	270	341	416	441	480	534

Note: Dollars have been inflation adjusted to 2004 using the Consumer Price Index (CPI-U-RS). Reported costs have been adjusted by a factor of 1.205 to account for underreporting of prescription drug use. Public programs include Medicare, Medicaid, Department of Veterans Affairs, and other State and Federal programs.

Reference population: These data refer to Medicare enrollees.

Source: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

Table 31b. Distribution of annual prescription drug costs among noninstitutionalized Medicare enrollees age 65 and over, 2004

<i>Cost in dollars</i>	<i>Percent</i>
Total	100.0
\$0	7.8
1–499	20.0
500–999	16.3
1,000–1,499	12.8
1,500–1,999	11.0
2,000–2,499	8.2
2,500 or more	23.9

Note: Reported costs have been adjusted by a factor of 1.205 to account for underreporting of prescription drug use.

Reference population: These data refer to Medicare enrollees.

Source: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

INDICATOR 31 Prescription Drugs continued**Table 31c. Number of Medicare enrollees age 65 and over who enrolled in Part D prescription drug plans or who were claimed for Retiree Drug Subsidy payments, June 2006 and September 2007**

<i>Part D benefit categories</i>	<i>June 2006</i>	<i>September 2007</i>
All Medicare enrollees age 65 and over	36,052,991	36,917,978
Enrollees in prescription drug plans	18,245,980	19,747,718
Type of plan		
Stand-alone plan	12,583,676	13,171,983
Medicare Advantage plan	5,662,304	6,575,735
Low income subsidy		
Yes	5,935,532	5,906,610
No	12,310,448	13,841,108
Retiree Drug Subsidy	6,498,163	6,454,729
Other	11,308,848	10,715,531

Reference population: These data refer to Medicare enrollees.

Source: Centers for Medicare and Medicaid Services, Management Information Integrated Repository.

Table 31d. Average prescription drug costs among noninstitutionalized Medicare enrollees age 65 and over, by selected characteristics, 2000, 2002, and 2004

<i>Characteristic</i>	<i>2000</i>	<i>2002</i>	<i>2004</i>
	Average cost in dollars		
Number of chronic conditions			
0	\$ 551	\$ 650	\$ 800
1-2	1,153	1,417	1,741
3-4	2,030	2,459	2,845
5 or more	2,772	3,502	3,862
Income			
Less than \$10,001	1,383	1,838	1,938
\$10,001-\$20,000	1,402	1,749	2,080
\$20,001-\$30,000	1,571	1,892	2,138
More than \$30,000	1,520	1,850	2,189

Note: Dollars have been inflation adjusted to 2004 using the Consumer Price Index (Series CPI-U-RS). Reported costs have been adjusted by a factor of 1.205 to account for underreporting of prescription drug use. Chronic conditions include cancer (other than skin cancer), stroke, diabetes, heart disease, hypertension, arthritis, and respiratory conditions (emphysema/asthma/chronic obstructive pulmonary disease). Annual income includes that of respondent and spouse.

Reference population: These data refer to Medicare enrollees.

Source: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

INDICATOR 32 Sources of Health Insurance

Table 32a. Percentage of noninstitutionalized Medicare enrollees age 65 and over with supplemental health insurance, by type of insurance, 1991–2005

Year	Types of supplemental insurance					
	Private (employer or union sponsored)	Private (Medigap)*	HMO	Medicaid	Other public	No supplement
	Percent					
1991	40.7	44.8	6.3	8.0	4.0	11.3
1992	41.0	45.0	5.9	9.0	5.3	10.4
1993	40.8	45.3	7.7	9.4	5.8	9.7
1994	40.3	45.2	9.1	9.9	5.5	9.3
1995	39.1	44.3	10.9	10.1	5.0	9.1
1996	37.8	38.6	13.8	9.5	4.8	9.4
1997	37.6	35.8	16.6	9.4	4.7	9.2
1998	37.0	33.9	18.6	9.6	4.8	8.9
1999	35.8	33.2	20.5	9.7	5.1	9.0
2000	35.9	33.5	20.4	9.9	4.9	9.7
2001	36.0	34.5	18.0	10.6	5.4	10.1
2002	36.1	37.5	15.5	10.7	5.5	12.3
2003	36.1	34.3	14.8	11.6	5.7	11.8
2004	36.6	33.7	15.6	11.3	5.2	12.6
2005	36.1	34.6	15.5	11.8	5.6	12.0

* Includes people with private supplement of unknown sponsorship.

Note: HMO health plans include Health Maintenance Organizations (HMO), Preferred Provider Organizations (PPO), and private fee-for-service plans (PFFs). Not all types of plans were available in all years. Since 2003 these types of plans have been known collectively as Medicare Advantage. Estimates are based on enrollees' insurance status in the fall of each year. Categories are not mutually exclusive, (i.e., individuals may have more than one supplemental policy). Table excludes enrollees whose primary insurance is not Medicare (approximately 1–2 percent of enrollees). Medicaid coverage was determined from both survey responses and Medicare administrative records; this is a change in methodology from that used in *Older Americans Update 2006* and produces different estimates for "Medicaid" and "No supplement" categories.

Reference population: These data refer to Medicare enrollees.

Source: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

INDICATOR 32 Sources of Health Insurance continued**Table 32b. Percentage of people age 55–64 with health insurance coverage, by type of insurance and poverty status, 2006**

Type of Insurance	Total	Poverty threshold		
		99 percent or less	100–199 percent	200 percent or more
		Percent		
Private	75.4	24.8	48.8	86.3
Medicaid	5.9	33.3	10.3	1.9
Medicare	4.3	9.4	12.2	2.2
Other coverage	3.5	2.6	5.4	3.3
Uninsured	10.8	29.9	23.3	6.2

Note: Poverty status is based on family income and family size using the U.S. Census Bureau's poverty thresholds. Below poverty (99 percent or less) is defined as people living below the poverty threshold. People living above poverty are divided between those with incomes between 100–199 percent of the poverty threshold and those with incomes of 200 percent or more of the poverty threshold. A multiple imputation procedure was performed for the missing family income data (unknown poverty). A detailed description of the multiple imputation procedure is available from www.cdc.gov/nchs/nhis.htm via the Imputed Income Files link under data year 2006. Classification of health insurance is based on a hierarchy of mutually exclusive categories. People with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category "uninsured" includes people who had no coverage as well as those who only had Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care. Beginning in quarter 3 of 2004, two additional questions were added to the National Health Interview Survey insurance section to reduce potential errors in reporting of Medicare and Medicaid status. People age 65 and over not reporting Medicare coverage were asked explicitly about Medicare coverage, and people under age 65 with no reported coverage were asked explicitly about Medicaid coverage. For a further discussion of the impact of these additional questions see: Cohen and Martinez.⁵³

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

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

INDICATOR 33 Out-of-Pocket Health Care Expenditures**Table 33a. Percentage of people age 55 and over with out-of-pocket expenditures for health care service use, by age group, selected years 1977–2004**

Age group	1977	1987	1996	2000	2001	2002	2003	2004
	Percent							
65 and over	83.3	88.6	92.4	93.6	94.7	94.4	94.7	95.5
55–64	81.9	84.0	89.6	90.2	90.4	90.9	90.4	90.0
55–61	81.6	83.9	89.5	89.4	90.2	90.7	89.6	89.5
62–64	82.6	84.3	89.7	92.4	91.1	91.3	92.7	91.6
65–74	83.4	87.9	91.8	93.3	94.1	94.4	93.7	95.1
75–84	83.8	90.0	92.9	93.5	95.6	94.6	95.7	95.8
85 and over	80.8	88.6	93.9	95.2	94.6	93.8	95.8	96.3

Note: Out-of-pocket health care expenditures exclude personal spending for health insurance premium(s). Data for the 1987 survey have been adjusted to permit comparability across years; for details see Zuvekas and Cohen.⁵⁴

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

Source: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey (MEPS) and MEPS predecessor surveys.

INDICATOR 33 Out-of-Pocket Health Care Expenditures continued

Table 33b. Out-of-pocket health care expenditures as a percentage of household income, among people age 65 and over with out-of-pocket expenditures, by selected characteristics, selected years 1977–2004

Selected characteristic	1977	1987	1996	2000	2001	2002	2003	2004
	Percent							
Total								
65 and over	7.2	8.8	8.4	9.1	10.0	10.8	11.6	11.6
55–64	5.2	5.8	7.1	7.0	7.6	7.1	7.3	7.5
55–61	5.1	5.7	6.2	6.1	6.9	6.6	6.9	7.1
62–64	5.5	5.9	9.5	9.3	9.6	8.5	8.4	8.8
65–74	6.4	7.2	7.7	8.1	8.7	9.5	9.2	10.7
75–84	8.8	11.0	9.0	10.4	11.4	11.9	13.4	11.8
85 and over	7.9	12.0	9.8	10.1	11.8	12.7	16.4	14.9
Income category								
Poor/near poor								
65 and over	12.3	15.8	19.2	22.6	23.5	27.6	27.8	29.3
55–64	16.1	18.1	30.0	29.9	31.2	27.1	29.9	30.0
55–61	17.5	19.8	27.6	28.1	29.6	26.5	30.0	29.6
62–64	13.3	14.0	34.3	(B)	34.9	28.5	29.9	30.9
65–74	11.0	13.7	21.6	24.4	25.7	27.7	23.4	29.0
75–84	14.4	19.0	18.3	22.9	23.3	28.4	30.2	29.4
85 and over	12.4	14.7	(B)	17.6	18.7	25.7	32.4	30.0
Other								
65 and over	5.4	7.0	5.6	6.3	7.3	7.2	8.0	8.1
55–64	3.9	3.7	3.2	3.4	4.2	4.1	4.5	4.1
55–61	3.7	3.4	2.9	3.1	3.9	3.8	4.2	4.0
62–64	4.2	4.6	3.8	4.3	5.3	5.0	5.5	4.8
65–74	5.0	5.9	4.9	5.6	6.2	6.4	6.9	7.4
75–84	6.2	8.4	6.3	6.9	8.4	8.2	9.1	8.2
85 and over	5.2	10.9	7.8	7.6	9.3	7.9	10.3	11.1
Health status category								
Poor or fair health								
65 and over	9.5	11.0	11.7	13.1	13.9	14.6	16.0	15.2
55–64	8.7	8.5	13.0	14.1	13.6	13.3	13.3	13.8
55–61	8.8	9.0	11.8	12.8	12.9	12.8	12.4	13.5
62–64	8.6	7.6	15.9	17.4	15.2	14.7	15.9	14.7
65–74	8.7	10.0	10.7	11.8	13.5	14.4	13.8	14.3
75–84	11.3	12.4	11.8	14.6	14.7	15.2	17.5	15.4
85 and over	8.9	12.2	(B)	13.8	13.2	13.5	19.5	17.9
Excellent, very good, or good health								
65 and over	6.1	7.1	6.6	6.7	7.6	8.4	8.9	9.4
55–64	3.9	4.6	5.0	4.0	5.2	4.6	5.0	5.0
55–61	3.9	4.5	4.1	3.5	4.8	4.4	4.9	4.5
62–64	4.1	4.9	7.3	5.6	6.6	5.6	5.4	6.4
65–74	5.3	5.4	6.3	6.2	6.2	7.1	6.9	8.9
75–84	7.5	9.7	7.2	7.5	9.1	9.6	10.7	9.3
85 and over	7.6	11.8	6.4	7.1	10.6	11.9	13.9	12.8

(B) Base is not large enough to produce reliable results.

Note: Out-of-pocket health care expenditures exclude personal spending for health insurance premiums. Including expenditures for out-of-pocket premiums in the estimates of out-of-pocket spending would increase the percentage of household income spent on health care in all years. People are classified into the “poor/near poor” income category if their household income is below 125 percent of the poverty level; otherwise, people are classified into the “other” income category. The poverty level is calculated according to the U.S. Census Bureau guidelines for the corresponding year. The ratio of a person’s out-of-pocket expenditures to their household income was calculated based on the person’s per capita household income. For people who’s ratio of out-of-pocket expenditures to income exceeded 100 percent, the ratio was capped at 100 percent. For people with out-of-pocket expenditures and with zero income (or negative income), the ratio was set at 100 percent. For people with no out-of-pocket expenditures, the ratio was set to zero. These methods differ from what was used in *Older Americans 2004*, which excluded people with no out-of-pocket expenditures from the calculations (17 percent of the population age 65 and over in 1977, and 4.5 percent of the population age 65 and over in 2004). Data from the 1987 survey have been adjusted to permit comparability across years; for details, see Zuvekas and Cohen.⁵⁴

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

Source: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey (MEPS) and MEPS predecessor surveys.

INDICATOR 33 Out-of-Pocket Health Care Expenditures continued**Table 33c. Distribution of total out-of-pocket health care expenditures among people age 65 and over, by type of health care services and age group, 2000–2004**

Type of health care service, by year	55–64	55–61	62–64	65 and over	65–74	75–84	85 and over
2000							
Hospital care	8.5	7.5	*11.0	6.4	7.3	4.6	8.6
Office-based medical provider services	18.9	19.8	16.7	9.8	11.6	9.0	6.0
Dental services	20.0	21.3	17.0	15.8	17.5	15.9	9.6
Prescription drugs	44.7	44.0	46.5	53.6	57.1	51.5	48.0
Other health care	7.8	7.5	8.7	14.3	6.6	19.0	27.9
2001							
Hospital care	9.8	9.4	10.7	5.4	5.2	5.8	*4.8
Office-based medical provider services	19.8	19.9	19.7	9.4	10.5	9.6	6.0
Dental services	18.6	20.0	15.2	13.0	15.6	11.9	8.3
Prescription drugs	45.7	44.3	48.9	56.0	57.2	58.9	45.1
Other health care	6.1	6.4	5.5	16.2	11.5	13.8	*35.8
2002							
Hospital care	10.2	9.2	13.1	5.0	4.6	5.5	5.1
Office-based medical provider services	21.3	21.6	20.3	10.5	12.3	9.3	7.8
Dental services	18.1	18.3	17.7	14.0	17.6	12.3	6.2
Prescription drugs	43.8	43.5	44.7	58.2	57.9	56.6	65.5
Other health care	6.6	7.4	4.3	12.3	7.7	16.3	15.4
2003							
Hospital care	9.2	8.8	10.1	5.2	5.9	4.5	5.1
Office-based medical provider services	18.8	18.3	19.9	8.7	9.4	9.1	5.4
Dental services	16.7	16.7	16.9	11.8	14.5	9.5	9.5
Prescription drugs	48.5	49.0	47.5	58.3	61.3	54.5	59.8
Other health care	6.8	7.3	5.6	16.0	8.9	22.4	20.2
2004							
Hospital care	9.2	10.1	6.9	5.0	5.1	4.5	*5.9
Office-based medical provider services	20.1	18.7	23.6	10.1	12.4	9.2	5.3
Dental services	16.9	18.5	12.8	11.8	13.2	12.0	7.5
Prescription drugs	46.0	45.0	48.7	61.4	61.9	64.8	51.9
Other health care	7.8	7.7	8.1	11.8	7.4	9.5	29.5

* Indicates the relative standard error is greater than 30 percent.

Note: Out-of-pocket health care expenditures exclude personal spending for health insurance premiums. Hospital care includes hospital inpatient care and care provided in hospital outpatient departments and emergency rooms. Office-based medical provider services include services provided by medical providers in nonhospital-based medical offices or clinic settings. Dental services include care provided by any type of dental provider. Prescription drugs include prescribed medications purchased, including refills. Other health care includes care provided by home health agencies and independent home health providers and expenses for eyewear, ambulance services, orthopedic items, hearing devices, prostheses, bathroom aids, medical equipment, disposable supplies, and other miscellaneous services. The majority of expenditures in the "other" category are for home health services and eyeglasses.

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

Source: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey.

INDICATOR 34 Sources of Payment for Health Care Services

Table 34a. Sources of payment for health care services for Medicare enrollees age 65 and over, by type of service, 2004

Service	Average cost per enrollee	Total	Medicare	Medicaid	OOP	Other
	Dollars					
Hospice	\$183	100	100	0	0	0
Inpatient hospital	3,217	100	89	1	2	7
Home health care	380	100	93	1	5	2
Short-term institution	569	100	78	3	9	9
Physician/Medical	3,427	100	67	2	15	16
Outpatient hospital	1,137	100	67	2	8	24
Prescription drugs	1,987	100	3	10	32	55
Dental	309	100	1	1	76	22
Long-term care facility	1,842	100	0	48	45	6
All	13,052	100	53	9	19	19

Note: OOP refers to out-of-pocket payments. "Other" refers to private insurance, Department of Veterans Affairs, and other public programs.

Reference population: These data refer to Medicare enrollees.

Source: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

Table 34b. Sources of payment for health care services for Medicare enrollees age 65 and over, by income, 2004

Income	Average cost	Total	Medicare	Medicaid	OOP	Other
	Dollars					
All	\$13,052	100	53	9	19	19
\$0-\$10,000	16,766	100	53	25	14	8
10,001-20,000	13,558	100	53	11	20	17
20,001-30,000	12,985	100	57	2	21	21
30,001 or more	10,676	100	51	1	21	27

Note: Income refers to annual income of respondent and spouse. OOP refers to out-of-pocket payments. "Other" refers to private insurance, Department of Veterans Affairs, and other public programs.

Reference population: These data refer to Medicare enrollees.

Source: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

INDICATOR 35 Veterans' Health Care**Table 35. Total number of veterans age 65 and over who are enrolled in or receiving health care from the Veterans Health Administration, 1990–2006**

<i>Year</i>	<i>Total</i>	<i>VA enrollees</i>	<i>VA patients</i>
Number in millions			
1990	7.9	na	0.9
1991	8.3	na	0.9
1992	8.7	na	1.0
1993	9.0	na	1.0
1994	9.2	na	1.0
1995	9.4	na	1.1
1996	9.7	na	1.1
1997	9.8	na	1.1
1998	9.9	na	1.3
1999	10.0	1.9	1.4
2000	10.0	2.2	1.6
2001	9.9	2.8	1.9
2002	9.8	3.2	2.2
2003	9.7	3.3	2.3
2004	9.5	3.4	2.4
2005	9.3	3.5	2.4
2006	9.2	3.5	2.4

na Data not available.

Note: Department of Veterans Affairs (VA) enrollees are veterans who have signed up to receive health care from the Veterans Health Administration (VHA). VA patients are veterans who have received care each year through VHA. Starting with 1999 data, the methods used to calculate VA patients differ from what was used in *Older Americans 2004* and *Older Americans Update 2006*. Veterans who received care but were not enrolled in VA are now included in patient counts. VHA Vital Status files from the Social Security Administration (SSA) are now used to ascertain veteran deaths.

Reference population: These data refer to the total veteran population, VHA enrollment population, and VHA patient population.

Source: Department of Veterans Affairs, Veteran Population 2004 Version 1.0; Fiscal 2006 Year-end Office of the Assistant Deputy Under Secretary for Health for Policy and Planning Enrollment file linked with August 2007 VHA Vital Status data (including data from VHA, VA, Medicare, and SSA).

INDICATOR 36 Nursing Home Utilization

Table 36a. Rate of nursing home residence among people age 65 and over, by sex and age group, selected years 1985–2004

<i>Sex and age group</i>	1985	1995	1997	1999	2004
	Rate per thousand				
Both sexes					
65 and over	54.0	46.4	45.4	43.3	34.8
65–74	12.5	10.2	10.8	10.8	9.4
75–84	57.7	46.1	45.5	43.0	36.1
85 and over	220.3	200.9	192.0	182.5	138.7
Men					
65 and over	38.8	33.0	32.0	30.6	24.1
65–74	10.8	9.6	9.8	10.3	8.9
75–84	43.0	33.5	34.6	30.8	27.0
85 and over	145.6	131.5	119.0	116.5	80.0
Women					
65 and over	61.5	52.8	52.0	49.8	40.4
65–74	13.8	10.7	11.6	11.2	9.8
75–84	66.4	54.3	52.7	51.2	42.3
85 and over	250.1	228.1	221.6	210.5	165.2
White					
65 and over	55.4	45.8	44.5	41.9	34.0
65–74	12.3	9.3	10.0	10.0	8.5
75–84	59.1	45.0	44.2	40.5	35.2
85 and over	228.7	203.2	192.4	181.8	139.4
Black					
65 and over	41.5	50.8	54.4	55.5	49.9
65–74	15.4	18.5	19.2	18.2	20.2
75–84	45.3	57.8	60.6	66.5	55.5
85 and over	141.5	168.2	186.0	182.8	160.7

Note: Rates are calculated using estimates of the civilian population of the United States including institutionalized people. Population data are from unpublished tabulations provided by the U.S. Census Bureau. The 2004 population estimates are postcensal estimates as of July 1, 2004, based on Census 2000. For more information about the 2004 population estimates, see the Technical Notes in Kozak, DeFrances, and Hall.⁴⁴ Age adjusted to the year 2000 population standard using the following three age groups: 65–74 years, 75–84 years, and 85 years and over. Residents are people on the roster of the nursing home as of the night before the survey. Residents for whom beds are maintained even though they may be away on overnight leave or in a hospital are included. People residing in personal care or domiciliary care homes are excluded. Numbers have been revised and differ from previous editions of *Older Americans*. See Appendix B for the definition of race and Hispanic origin in the National Nursing Home Survey.

Reference population: These data refer to the resident population.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Nursing Home Survey.

INDICATOR 36 Nursing Home Utilization continued**Table 36b. Number of current nursing home residents age 65 and over, by sex and age group, selected years 1985–2004**

<i>Sex and age group</i>	1985	1995	1997	1999	2004
Number in thousands					
Both sexes					
65 and over	1,318	1,423	1,465	1,470	1,317
65–74	212	190	198	195	174
75–84	509	510	528	518	469
85 and over	597	724	738	757	674
Men					
65 and over	334	357	372	378	337
65–74	81	79	81	84	75
75–84	141	144	159	150	141
85 and over	113	133	132	144	121
Women					
65 and over	984	1,066	1,093	1,092	980
65–74	132	110	118	111	99
75–84	368	365	369	368	328
85 and over	485	590	606	613	554
White					
65 and over	1,227	1,272	1,295	1,280	1,149
65–74	188	154	161	157	134
75–84	474	451	464	441	406
85 and over	566	666	670	682	609
Black					
65 and over	82	123	137	146	145
65–74	22	30	31	30	35
75–84	31	47	52	59	55
85 and over	29	46	54	57	56

Note: Residents are people on the roster of the nursing home as of the night before the survey. Residents for whom beds are maintained even though they may be away on overnight leave or in a hospital are included. People residing in personal care or domiciliary care homes are excluded. Numbers have been revised and differ from previous editions of *Older Americans*. See Appendix B for the definition of race and ethnicity in the National Nursing Home Survey.

Reference population: These data refer to the population residing in nursing homes.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Nursing Home Survey.

INDICATOR 36 Nursing Home Utilization continued

Table 36c. Percentage of nursing home residents age 65 and over, by amount of assistance with activities of daily living (ADLs), 2004

	Both Sexes	Men	Women	White	Black	Other
Number						
Total nursing home residents	1,317,300	336,900	980,400	1,148,900	145,400	23,000
Number and Percent						
Bathing						
Total	1,298,700	330,000	968,700	1,132,700	143,100	22,900
No assistance	6.3	8.2	5.7	6.2	6.8	*
Some assistance	55.2	56.4	54.8	56.4	47.2	42.2
Total dependence	38.5	35.4	39.5	37.4	46.0	46.4
Dressing						
Total	1,300,300	330,500	969,800	1,134,200	143,200	23,000
No assistance	15.6	17.2	15.0	15.7	14.0	*20.2
Some assistance	58.4	59.8	57.9	59.0	55.0	50.0
Total dependence	26.1	23.1	27.1	25.4	31.0	*29.9
Eating						
Total	1,302,400	331,600	970,800	1,136,400	143,200	22,900
No assistance	64.5	69.3	62.9	65.2	59.9	60.4
Some assistance	20.5	17.7	21.4	20.5	20.8	*15.1
Total dependence	15.0	13.0	15.7	14.3	19.3	*24.5
Transferring						
Total	1,293,900	329,000	964,900	1,128,600	142,600	22,700
No assistance	26.8	31.4	25.2	26.8	27.4	*24.0
Some assistance	51.2	50.0	51.6	52.3	43.5	45.7
Total dependence	22.0	18.6	23.1	20.9	29.0	*30.3
Toileting						
Total	1,297,800	330,500	967,300	1,132,700	142,300	22,800
No assistance	20.3	22.9	19.5	20.5	18.9	*20.9
Some assistance	48.0	48.4	47.8	48.9	41.5	41.8
Total dependence	31.7	28.7	32.7	30.6	39.6	37.3

Estimate does not meet standard of reliability or precision because the sample size is less than 30. Estimates accompanied by an asterisk () indicate that the sample size is between 30 and 59, or the sample size is greater than 59, but has a relative standard error of 30 percent or more. Note: Residents are people on the roster of the nursing home as of the night before the survey. Residents for whom beds are maintained even though they may be away on overnight leave or in a hospital are included. People residing in personal care or domiciliary care homes are excluded. Excludes residents for whom activities did not occur and unknowns. ADL self-performance is ascertained for residents' performance over all shifts during the last 7 days, not including setup of the activity. No assistance includes people who were coded as independent (no help or oversight -or- help/oversight provided only 1 or 2 times during last 7 days) or receiving supervision (oversight, encouragement or cueing provided 3 or more times during last 7 days). Some assistance includes people who were coded as limited assistance (resident highly involved in activity; received physical help in guided maneuvering of limbs or other nonweight bearing assistance 3 or more times -or- more help provided only 1 or 2 times during last 7 days) or extensive assistance (while resident performed part of activity, over last 7 day period, help of following type(s) provided 3 or more times: a) weight-bearing support and/or b) full staff performance during part (but not all) of last 7 days). Total dependence includes people who were coded as full staff performance of activity during entire 7 days. See Appendix B for the definition of race and Hispanic origin in the National Nursing Home Survey.

Reference population: These data refer to the population residing in nursing homes.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Nursing Home Survey.

INDICATOR 37 Residential Services**Table 37a. Percentage of Medicare enrollees age 65 and over residing in selected residential settings, by age group, 2005**

<i>Residential setting</i>	<i>65 and over</i>	<i>65–74</i>	<i>75–84</i>	<i>85 and over</i>
		Number in thousands		
All settings	33,394	16,116	12,703	4,575
		Percent		
Total	100.0	100.0	100.0	100.0
Traditional community	93.0	98.0	92.6	76.3
Community housing with services	2.4	0.7	3.1	6.8
Long-term care facilities	4.6	1.3	4.3	16.9

Note: Community housing with services applies to respondents who reported they lived in retirement communities or apartments, senior citizen housing, continuing care retirement facilities, assisted living facilities, staged living communities, board and care facilities/homes, and similar situations, AND who reported they had access to one or more of the following services through their place of residence: meal preparation, cleaning or housekeeping services, laundry services, or help with medications. Respondents were asked about access to these services but not whether they actually used the services. A residence is considered a long-term care facility if it is certified by Medicare or Medicaid; has 3 or more beds and is licensed as a nursing home or other long-term care facility and provides at least one personal care service; or provides 24-hour, 7-day-a-week supervision by a caregiver.

Reference population: These data refer to Medicare enrollees.

Source: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

Table 37b. Percentage of Medicare enrollees age 65 and over with functional limitations, by residential setting, 2005

<i>Functional status</i>	<i>Traditional community</i>	<i>Community housing with services</i>	<i>Long-term care facility</i>
		Percent	
Total	100.0	100.0	100.0
No functional limitations	63.6	39.6	5.8
IADL limitations only	10.6	14.9	11.9
1–2 ADL limitations	20.1	33.4	18.0
3 or more ADL limitations	5.7	12.2	64.4

Note: Community housing with services applies to respondents who reported they lived in retirement communities or apartments, senior citizen housing, continuing care retirement facilities, assisted living facilities, staged living communities, board and care facilities/homes, and similar situations, AND who reported they had access to one or more of the following services through their place of residence: meal preparation, cleaning or housekeeping services, laundry services, or help with medications. Respondents were asked about access to these services but not whether they actually used the services. A residence is considered a long-term care facility if it is certified by Medicare or Medicaid; has 3 or more beds and is licensed as a nursing home or other long term care facility and provides at least one personal care service; or provides 24-hour, 7-day-a-week supervision by a caregiver. Instrumental activities of daily living (IADLs) limitations refer to difficulty performing (or inability to perform, for a health reason) one or more of the following tasks: using the telephone, light housework, heavy housework, meal preparation, shopping, or managing money. Only the questions on telephone use, shopping, and managing money are asked of long-term care facility residents. Activities of daily living (ADLs) limitations refer to difficulty performing (or inability to perform, for a health reason) the following tasks: bathing, dressing, eating, getting in/out of chairs, walking, or toileting. Long-term care facility residents with no limitations may include individuals with limitations in certain IADLs: doing light or heavy housework or meal preparation. These questions were not asked of long-term care facility residents.

Reference population: These data refer to Medicare enrollees.

Source: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

INDICATOR 37 Residential Services continued

Table 37c. Availability of specific services among Medicare enrollees age 65 and over residing in community housing with services, 2005

<i>People residing in community housing with services who have access to...</i>	<i>Percent</i>
Total	100.0
Prepared meals	85.6
Housekeeping, maid, or cleaning services	82.2
Laundry services	70.1
Help with medications	45.0

Note: Community housing with services applies to respondents who reported they lived in retirement communities or apartments, senior citizen housing, continuing care retirement facilities, assisted living facilities, staged living communities, board and care facilities/homes, and similar situations, AND who reported they had access to one or more services listed in the table through their place of residence. Respondents were asked about access to these services but not whether they actually used the services.

Reference population: These data refer to Medicare enrollees.

Source: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

Table 37d. Annual income distribution of Medicare enrollees age 65 and over, by residential setting, 2005

<i>Income</i>	<i>Traditional community</i>	<i>Community housing with services</i>	<i>Long-term care facility</i>
	<i>Percent</i>		
Total	100.0	100.0	100.0
\$0-\$10,000	15.0	22.1	40.1
10,001-20,000	26.9	27.2	31.9
20,001-30,000	21.5	21.4	13.9
30,001 or more	36.7	29.3	14.1

Note: Community housing with services applies to respondents who reported they lived in retirement communities or apartments, senior citizen housing, continuing care retirement facilities, assisted living facilities, staged living communities, board and care facilities/homes, and similar situations, AND who reported they had access to one or more of the following services through their place of residence: meal preparation, cleaning or housekeeping services, laundry services, or help with medications. Respondents were asked about access to these services but not whether they actually used the services. A residence is considered a long-term care facility if it is certified by Medicare or Medicaid; has 3 or more beds and is licensed as a nursing home or other long-term care facility and provides at least one personal care service; or provides 24-hour, 7-day-a-week supervision by a caregiver. Income refers to annual income of respondent and spouse. Table excludes data for respondents who reported only that their income was greater or less than \$25,000.

Reference population: These data refer to Medicare enrollees.

Source: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

INDICATOR 37 Residential Services continued**Table 37e. Characteristics of services available to Medicare enrollees age 65 and over residing in community housing with services, 2005**

<i>Selected characteristic</i>	<i>Percent</i>
Services included in housing costs	100.0
All included	46.5
Some included/some separate	40.4
All separate	13.1
Can continue living there if they need substantial services	100.0
Yes	51.8
No	48.2

Note: Community housing with services applies to respondents who reported they lived in retirement communities or apartments, senior citizen housing, continuing care retirement facilities, assisted living facilities, staged living communities, board and care facilities/homes, and similar situations, AND who reported they had access to one or more of the following services through their place of residence: meal preparation, cleaning or housekeeping services, laundry services, or help with medications. Respondents were asked about access to these services but not whether they actually used the services.

Reference population: These data refer to Medicare enrollees.

Source: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

INDICATOR 38 Personal Assistance and Equipment**Table 38a. Distribution of noninstitutionalized Medicare enrollees age 65 and over who have limitations in activities of daily living (ADLs), by type of assistance, selected years 1992–2005**

	1992	1997	2001	2005
Personal assistance only	9.2	5.6	6.3	6.6
Equipment only	28.3	34.2	36.3	36.3
Personal assistance and equipment	20.9	21.4	22.0	21.9
None	41.6	38.8	35.3	35.2

Note: The Medicare Current Beneficiary Survey has replaced the National Long Term Care Survey as the data source for this indicator. Consequently, the measurement of personal assistance and equipment has changed from previous editions of *Older Americans*. ADL limitations refer to difficulty performing (or inability to perform for a health reason) one or more of the following tasks: bathing, dressing, eating, getting in/out of chairs, walking, or using the toilet. Respondents who report difficulty with an activity are subsequently asked about receiving help or supervision from another person with the activity and about using special equipment or aids. In this table, personal assistance does not include supervision.

Reference population: These data refer to noninstitutionalized Medicare enrollees who have limitations with one or more ADLs.

Source: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

Table 38b. Percentage of noninstitutionalized Medicare enrollees age 65 and over who have limitations in instrumental activities of daily living (IADLs) and who receive personal assistance, by age group, selected years 1992–2005

	1992	1997	2001	2005
65–74	58.9	61.8	60.9	62.7
75–84	63.2	63.2	66.5	67.4
85 and over	69.2	71.1	73.7	74.0

Note: The Medicare Current Beneficiary Survey has replaced the National Long Term Care Survey as the data source for this indicator. Consequently, the measurement of personal assistance has changed from previous editions of *Older Americans*. IADL limitations refer to difficulty performing (or inability to perform for a health reason) one or more of the following tasks: using the telephone, light housework, heavy housework, meal preparation, shopping, or managing money. Respondents who report difficulty with an activity are subsequently asked about receiving help from another person with the activity. In this table, personal assistance does not include supervision or special equipment.

Reference population: These data refer to noninstitutionalized Medicare enrollees who have limitations with one or more IADLs.

Source: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

SPECIAL FEATURE Literacy and Health Literacy

Literacy Table. Percentage of people age 65 and over in each literacy performance level, by literacy component, 1992 and 2003

	<i>Prose</i>		<i>Document</i>		<i>Quantitative</i>	
	1992	2003	1992	2003	1992	2003
Proficient	3	4	2	3	5	5
Intermediate	27	34	29	38	18	24
Basic	37	38	31	33	29	37
Below basic	33	23	38	27	49	34

Note: Literacy is measured using three different components: prose literacy is the ability to search, comprehend, and use information from continuous texts (e.g., reading a newspaper); document literacy is the ability to search, comprehend, and use information from noncontinuous texts (e.g., bus schedules); and quantitative literacy is the ability to identify and perform computations using numbers embedded in printed materials (e.g., calculating numbers in tax forms).

Reference population: These data refer to people residing in households or prisons.

Source: U.S. Department of Education, National Center for Education Statistics, National Assessment of Adult Literacy.

Health Literacy Table. Percentage of people age 50 and over in each health literacy performance level, by age group, 2003

	<i>65 and over</i>	<i>50–64</i>	<i>65–74</i>	<i>75 and over</i>
Proficient	3	12	5	1
Intermediate	38	53	44	29
Basic	30	21	29	31
Below basic	29	13	23	39

Note: Health literacy is the ability to locate and understand health-related information and services and requires skills represented in the three general components that make up literacy—prose, document, and quantitative literacy (see Literacy table above). Tasks used to measure health literacy were organized around three domains of health and health care information and services—clinical, prevention, and navigation of the health care system and mapped to the performance levels (proficient, intermediate, basic, and below basic) based on their level of difficulty.

Reference population: These data refer to people residing in households or prisons.

Source: U.S. Department of Education, National Center for Education Statistics, National Assessment of Adult Literacy.

Appendix B: Data Source Descriptions

Air Quality System

The Air Quality System (AQS) contains ambient air pollution data collected by the U.S. Environmental Protection Agency (EPA), State, local, and tribal air pollution control agencies. Data on criteria pollutants consist of air quality measurements collected by sensitive equipment at thousands of monitoring stations located across all 50 States, plus the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. Each monitor measures the concentration of a particular pollutant in the air. Monitoring data indicate the average pollutant concentration during a specified time interval, usually 1 hour or 24 hours. AQS also contains meteorological data, descriptive information about each monitoring station (including its geographic location and its operator), and data quality assurance or quality control information. The system is administered by EPA, Office of Air Quality Planning and Standards, Information Transfer and Program Integration Division, located in Research Triangle Park, N.C.

For more information, contact:

David Mintz

U.S. Environmental Protection Agency

Phone: 919-541-5224

Website: www.epa.gov/air/data/aqsdb.html

American Housing Survey

The American Housing Survey (AHS) was mandated by Congress in 1968 to provide data for evaluating progress toward “a decent home and a suitable living environment for every American family.” It is the primary source of detailed information on housing in the United States and is used to generate a biennial report to Congress on the conditions of housing in the United States, among other reports. The survey is conducted for the Department of Housing and Urban Development by the U.S. Census Bureau. The AHS encompasses a national survey and 21 metropolitan surveys and is designed to collect data from the same housing units for each survey. The national survey, a representative sample of approximately 60,000 housing units, is conducted biennially in odd numbered years; the metropolitan surveys, representative samples of 3,500 housing units, are conducted in odd numbered years on a 6-year cycle. The AHS collects data about the inventory and condition of housing in the United States and the demographics of its inhabitants. The survey provides detailed data on the types of housing in the United States and its characteristics and conditions; financial data on housing costs, utilities, mortgages, equity loans, and market value; demographic data on family composition, income, education, and race; and information on neighborhood quality and recent movers.

Race and Hispanic origin: Data from this survey are not shown by race and Hispanic origin in this report.

For more information, contact:

Cheryl Levine

U.S. Department of Housing and Urban
Development

E-mail: Cheryl.A.Levine@hud.gov

Phone: 202-402-3928

Website: www.census.gov/hhes/www/ahs.html

American Time Use Survey

The American Time Use Survey (ATUS) is a nationally representative sample survey conducted for the Bureau of Labor Statistics by the U.S. Census Bureau. The ATUS measures how people living in the United States spend their time. Estimates show the kinds of activities people do and the time they spent doing them by sex, age, educational attainment, labor force status, and other characteristics, as well as by weekday and weekend day.

ATUS respondents are interviewed one time about how they spent their time on the previous day, where they were, and whom they were with. The survey is a continuous survey, with interviews conducted nearly every day of the year and a sample that builds over time. About 13,000 members of the civilian noninstitutionalized population age 15 and over are interviewed each year.

Race and Hispanic origin: Data from this survey are not shown by race and Hispanic origin in this report.

For more information, contact:
American Time Use Survey Staff
E-mail: atusinfo@bls.gov
Phone: 202-691-6339
Website: www.bls.gov/tus

Consumer Expenditure Survey

The Consumer Expenditure Survey (CE) is conducted for the Bureau of Labor Statistics by the U.S. Census Bureau. The survey contains both a diary component and an interview component. Data are integrated before publication. The data presented in this chartbook are derived from the integrated data available on the CE website. The published data are weighted to reflect the U.S. population.

In the interview portion of the CE, respondents are interviewed once every 3 months for 5 consecutive quarters. Respondents report information on consumer unit characteristics and expenditures during each interview. Income data are collected during the second and fifth interviews only.

Race and Hispanic origin: Data from this survey are not shown by race and Hispanic origin in this report.

For more information, contact:
E-mail: CEXINFO@bls.gov
Phone: 202-691-6900
Website: www.bls.gov/cex

Current Population Survey

The Current Population Survey (CPS) is a nationally representative sample survey of about 60,000 households conducted monthly for the Bureau of Labor Statistics (BLS) by the U.S. Census Bureau. The CPS core survey is the primary source of information on the labor force characteristics of the civilian noninstitutionalized population age 16 and over, including estimates of unemployment released every month by BLS. Monthly CPS supplements provide additional demographic and social data. The Annual Social and Economic Supplement (ASEC), or March CPS Supplement, is the primary source of detailed information on income and poverty in the United States. The ASEC is used to generate the annual Population Profile of the United States, reports on geographical mobility and educational attainment, and detailed analyses of money income and poverty status.

Race and Hispanic origin: In 2003, for the first time CPS respondents were asked to identify themselves as belonging to one or more of the six racial groups (white, black, American Indian and Alaska Native, Asian, Native Hawaiian and other Pacific Islander, and Some Other Race); previously they were to choose only one. People who responded to the question on race by indicating only one race are referred to as the race alone or single-race population, and individuals who chose more than one of the race categories are referred to as the Two-or-More-Races population.

The CPS includes a separate question on Hispanic origin. Starting in 2003, people of Spanish/Hispanic/Latino origin could identify themselves as Mexican, Puerto Rican, Cuban, or Other Spanish/Hispanic/Latino. People of Hispanic origin may be of any race.

The 1994 redesign of the CPS had an impact on labor force participation rates for older men and women. (See “Indicator 11: Participation in the Labor Force.”) For more information on the effect of the redesign, see “The CPS After the Redesign: Refocusing the Economic Lens.”⁵⁵

For more information regarding the CPS, its sampling structure and estimation methodology, see “Explanatory Notes and Estimates of Error.”⁵⁶

For more information, contact:

Bureau of Labor Statistics

Department of Labor

E-mail: cpsinfo@bls.gov

Phone: 202–691–6378

Website: www.census.gov/cps/

Decennial Census

Every 10 years, beginning with the first census in 1790, the United States government conducts a census, or count, of the entire population as mandated by the U.S. Constitution. The 1990 and 2000 censuses were taken April 1 of their respective years. As in several previous censuses, two forms were used: a short form and a long form. The short form was sent to every household, and the long form, containing the 100 percent questions plus the sample questions, was sent to approximately one in every six households.

The Census 2000 short form questionnaire included six questions for each member of the household (name, sex, age, relationship, Hispanic origin, and race) and whether the housing unit was owned or rented. The long form asked more detailed information on subjects such as education, employment, income, ancestry, homeowner costs, units in a structure, number of rooms, plumbing facilities, etc.

Race and Hispanic origin: In Census 2000, respondents were given the option of selecting one or more race categories to indicate their racial identities. People who responded to the question on race indicating only one of the six race categories (white, black, American Indian and Alaska Native, Asian, Native Hawaiian and other Pacific Islander, and Some Other Race) are referred to as the race alone or single-race population. Individuals who chose more than one of the race categories are referred to as the Two-or-More-Races population. The six single-race categories, which made up nearly 98 percent of all respondents, and the Two-or-More-Races category sum to the total population. Because respondents were given the option of selecting one or more race categories to indicate their racial identities, Census 2000 data on race are not directly comparable with data from the 1990 or earlier censuses.

As in earlier censuses, Census 2000 included a separate question on Hispanic origin. In Census 2000, people of Spanish/Hispanic/Latino origin could identify themselves as Mexican, Puerto Rican, Cuban, or Other Spanish/Hispanic/Latino. People of Hispanic origin may be of any race.

For more information, contact:

Age and Special Populations Branch

Phone: 301–763–2378

Website: www.census.gov/main/www/cen2000.html

Health and Retirement Study

The Health and Retirement Study (HRS) is a national panel study conducted by the University of Michigan’s Institute for Social Research under a cooperative agreement with the National Institute on Aging. In 1992, the study had an initial sample of over 12,600 people from the 1931–1941 birth cohort and their spouses. The HRS was joined in 1993 by a companion study, Asset and Health Dynamics Among the Oldest Old (AHEAD), with a sample of 8,222 respondents (born before 1924 who were age 70 and over) and their spouses. In 1998, these two data collection efforts were combined

into a single survey instrument and field period and were expanded through the addition of baseline interviews with two new birth cohorts: Children of the Depression Age (CODA: 1924–1930) and War Babies (WB: 1942–1947). Plans call for adding a new 6-year cohort of Americans entering their 50s every 6 years. In 2004, baseline interviews were conducted with the Early Boomer birth cohort (1948–1953). Telephone follow-ups are conducted every second year, with proxy interviews after death. Beginning in 2006, one-half of this sample has an enhanced face-to-face interview that includes the collection of physical measures and biomarker collection. The Aging, Demographics, and Memory Study (ADAMS) is a supplement to HRS with the specific aim of conducting a population-based study of dementia.

The combined studies, which are collectively called HRS, have become a steady state sample that is representative of the entire U.S. population age 50 and over (excluding people who resided in a nursing home or other institutionalized setting at the time of sampling). HRS will follow respondents longitudinally until they die (including following people who move into a nursing home or other institutionalized setting).

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

Race and Hispanic origin: Data from this survey are not shown by race and Hispanic origin in this report.

For more information, contact:
Health and Retirement Study
E-mail: hrequest@isr.umich.edu
Phone: 734-936-0314
Website: hrsonline.isr.umich.edu

Medical Expenditure Panel Survey

The Medical Expenditure Panel Survey (MEPS) is an ongoing annual survey of the civilian noninstitutionalized population that collects detailed information on health care use and expenditures (including sources of payment), health insurance, income, health status, access, and quality of care. MEPS, which began in 1996, is the third in a series of national probability surveys conducted by the Agency for Healthcare Research and Quality on the financing and use of medical care in the United States. MEPS predecessor surveys are the National Medical Care Expenditure Survey (NMCES) conducted in 1977 and the National Medical Expenditure Survey (NMES) conducted in 1987. Each of the three surveys (i.e., NMCES, NMES, and MEPS) used multiple rounds of in-person data collection to elicit expenditures and sources of payments for each health care event experienced by household members during the calendar year. To yield more complete information on health care spending and payment sources, followback surveys of health providers were conducted for a subsample of events in MEPS (and events in the MEPS predecessor surveys).

Since 1977, the structure of billing mechanism for medical services has grown more complex as a result of increasing penetration of managed care and health maintenance organizations and various cost-containment reimbursement mechanisms instituted by Medicare, Medicaid, and private

insurers. As a result, there has been substantial discussion about what constitutes an appropriate measure of health care expenditures.⁵⁷ Health care expenditures presented in this report refer to what is actually paid for health care services. More specifically, expenditures are defined as the sum of direct payments for care received, including out-of-pocket payments for care received. This definition of expenditures differs somewhat from what was used in the 1987 NMES, which used charges (rather than payments) as the fundamental expenditure construct. To improve comparability of estimates between the 1987 NMES and the 1996 and 2001 MEPS, the 1987 data presented in this report were adjusted using the method described by Zuvekas and Cohen.⁵⁴ Adjustments to the 1977 data were considered unnecessary because virtually all of the discounting for health care services occurred after 1977 (essentially equating charges with payments in 1977).

A number of quality-related enhancements were made to the MEPS beginning in 2000, including the fielding of an annual adult self-administered questionnaire (SAQ). This questionnaire contains items on patient satisfaction and accountability measures from the Consumer Assessment of Healthcare Providers and Systems (CAHPS®; previously known as the Consumer Assessment of Health Plans), the SF-12 physical and mental health assessment tool, EQ-5D EuroQol 5 dimensions with visual scale (2000–03), and several attitude items. Starting in 2004, the K-6 Kessler mental health distress scale and the PH2 two-item depression scale were added to the SAQ.

Race and Hispanic origin: Data from this survey are not shown by race and Hispanic origin in this report.

For more information, contact:
MEPS Project Director
E-mail: mepsprojectdirector@ahrq.hhs.gov
Phone: 301–427–1406
Website: www.meps.ahrq.gov/mepsweb

Medicare Current Beneficiary Survey

The Medicare Current Beneficiary Survey (MCBS) is a continuous, multipurpose survey of a representative sample of the Medicare population designed to help the Centers for Medicare and Medicaid Services (CMS) administer, monitor, and evaluate the Medicare program. The MCBS collects information on health care use, cost, and sources of payment; health insurance coverage; household composition; sociodemographic characteristics; health status and physical functioning; income and assets; access to care; satisfaction with care; usual source of care; and how beneficiaries get information about Medicare.

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

The survey is conducted in three rounds per year, with each round being 4 months in length. MCBS has a multistage, stratified, random sample design and a rotating panel survey design. Each panel is followed for 12 interviews. In-person interviews are conducted using computer-assisted personal interviewing. A sample of approximately 16,000 people are interviewed in each round. However, because of the rotating panel design, only 12,000 people receive all three interviews in a given calendar year. Information collected in the survey is combined with information from CMS administrative data files and made available through public-use data files.

Race and Hispanic origin: The MCBS defines race as white, black, Asian, Native Hawaiian or Pacific Islander, American Indian or Alaska Native, and other. People are allowed to choose more than one category. There is a separate question on whether the person is of Hispanic or Latino origin. The “other” category in Table 30c on page 118 consists of people who answered “no” to the Hispanic/Latino question and who answered something other than “white” or “black” to the race question. People who answer with more than one racial category are assigned to the “other” category.

For more information, contact:
 MCBS Staff
 E-mail: MCBS@cms.hhs.gov
 Website: www.cms.hhs.gov/mcbs

The Research Data Assistance Center
 E-mail: resdac@umn.edu
 Phone: 888-973-7322
 Website: www.resdac.umn.edu

National Assessment of Adult Literacy

The National Assessment of Adult Literacy, funded by the U.S. Department of Education and 12 States, was created in 1992 as a new measure of literacy. The aim of the survey was to profile the English literacy of adults in the United States based on their performance across a wide array of tasks that reflect the types of materials and demands they encounter in their daily lives.

To gather information on adults’ literacy skills, trained staff interviewed a nationally representative sample of nearly 13,600 individuals age 16 and over during the first 8 months of 1992. These participants had been randomly selected to represent the adult population in the country as a whole. Black and Hispanic households were oversampled to ensure reliable estimates of literacy proficiencies and to permit analyses of the performance of these subpopulations. In addition, some 1,100 inmates from 80 Federal and State prisons were interviewed to gather information on the proficiencies of the prison population. In total, nearly 26,000 adults were surveyed.

Each survey participant was asked to spend approximately an hour responding to a series of diverse literacy tasks, as well as questions about his or her demographic characteristics, educational background, reading practices, and other areas related to literacy. Based on their responses to the survey tasks, adults received proficiency scores along three scales that reflect varying degrees of skill in prose, document, and quantitative literacy. The results of the 1992 survey were first published in a report, *Adult Literacy in America* (NCES 93-275), in September 1993.

Race and Hispanic origin: Data from this survey are not shown by race and Hispanic origin in this report.

For more information, contact:
 Sheida White
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National Health Interview Survey

The National Health Interview Survey (NHIS), conducted by the National Center for Health Statistics, is a continuing nationwide sample survey in which data are collected during personal household interviews. NHIS is the principal source of information on the health of the civilian, noninstitutionalized, household population of the United States. Interviewers collect data on illnesses, injuries, impairments, and chronic conditions; activity limitation caused by chronic conditions; utilization of health services; and other health topics. Information is also obtained on

personal, social, economic, and demographic characteristics, including race and ethnicity and health insurance status. The survey is reviewed each year, core questionnaire items are revised every 10–15 years (with major revisions occurring in 1982 and 1997), and special topics are added or deleted annually.

In 2006, a new sample design was implemented. This design, which is expected to be in use through 2014, includes all 50 States and the District of Columbia, as the previous design did. Oversampling of the black and Hispanic populations has been retained in 2006 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 has been revised so that when black, Hispanic, or Asian people age 65 and over are present, they have an increased chance of being selected as the sample adult. The new design reduces the size of NHIS by approximately 13 percent relative to the previous sample design. The interviewed sample for 2006 consisted of 29,204 households, which yielded 75,716 people in 29,868 families. More information on the survey methodology and content of NHIS can be found at www.cdc.gov/nchs/nhis.htm.

Race and Hispanic origin: Starting with data year 1999, race-specific estimates in NHIS are tabulated according to 1997 standards for Federal data on race and ethnicity and are not strictly comparable with estimates for earlier years. The single race categories for data from 1999 and later (shown in Tables 16a, 18, 21a, 22, 24b, and 26a on pages 100, 102, 106, 107, 109, and 111) conform to 1997 standards and are for people who reported only one racial group. Prior to data year 1999, data were tabulated according to the 1977 standards and included people who reported one race or, if they reported more than one race, identified one race as best representing their race. In Table 21a on page 106, estimates of non-Hispanic whites and non-Hispanic blacks in 1997 and 1998 are for people who reported only a single race. In Table 26a on page 111, the white and black race groups include people of Hispanic origin.

Additional background and health data for adults are available in *Summary Health Statistics for the U.S. Population: National Health Interview Survey*.⁵⁸

For more information, contact:

NHIS staff

E-mail: nchsquery@cdc.gov

Phone: 866-441-6247

Website: www.cdc.gov/nchs/nhis.htm

National Health and Nutrition Examination Survey

The National Health and Nutrition Examination Survey (NHANES), conducted by the National Center for Health Statistics, is a family of cross-sectional surveys designed to assess the health and nutritional status of the noninstitutionalized civilian population through direct physical examinations and interviews. Each survey's sample was selected using a complex, stratified, multistage, probability sampling design. Interviewers obtain information on personal and demographic characteristics, including age, household income, and race and ethnicity directly from sample persons (or their proxies). In addition, dietary intake data, biochemical tests, physical measurements, and clinical assessments are collected.

The NHANES program includes the following surveys conducted on a periodic basis through 1994: the first, second, and third National Health Examination Surveys (NHES I, 1960–1962; NHES II, 1963–1965; and NHES III, 1966–1970); and the first, second, and third National Health and Nutritional Examination Surveys (NHANES I, 1971–1974; NHANES II, 1976–1980; and NHANES III, 1988–1994). Beginning in 1999, NHANES changed to a continuous data collection format without breaks in survey cycles. The NHANES program now visits 15 U.S. locations per year, surveying and reporting for approximately 5,000 people annually. The procedures employed in continuous

NHANES to select samples, conduct interviews, and perform physical exams have been preserved from previous survey cycles. NHES I, NHANES I, and NHANES II collected information on people 6 months to 74 years of age. NHANES III and later surveys include people age 75 and over.

With the advent of the continuous survey design (NHANES III), NHANES moved from a 6-year data release to a 2-year data release schedule. Estimates for 1999-2000, and later, are based on a smaller sample size than estimates for earlier time periods and, therefore, are subject to greater sampling error.

Race and Hispanic origin: Data from this survey are not shown by race and Hispanic origin in this report.

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NHANES

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National Nursing Home Survey

The National Nursing Home Survey (NNHS), conducted by the National Center for Health Statistics, provides information on characteristics of nursing homes and their residents and staff. NNHS provides information on nursing homes from two perspectives: that of the provider of services and that of the recipient. Data about the facilities include characteristics such as bed size, ownership, affiliation, Medicare/Medicaid certification, specialty units, services offered, number and characteristics of staff, expenses, and charges. Data about the current residents include demographic characteristics, health status, level of assistance needed with activities of daily living, vision and hearing impairment, continence, services received, sources of payment, and discharge disposition (information on discharges was not collected in 1995 and 2004). The survey underwent a major redesign in 2004. New content added to the survey included medications, medical, mental health, and dental services offered or provided, end-of-life care and advance directives, education, specialty credentials, and length of service of key staff, turnover and stability of nursing staff, use of contract/agency staff, overtime shifts worked, wages and benefits, facility practices for immunization, dining, and use of mechanical lifting devices.

The initial NNHS, conducted in 1973–1974, included the universe of nursing homes that provided some level of nursing care and excluded homes providing only personal or domiciliary care. The 1977 and 1985 NNHS encompassed all types of nursing homes, including personal care and domiciliary care homes. The 1995, 1997, 1999, and 2004 NNHS also included only nursing homes that provided some level of nursing care and excluded homes providing only personal or domiciliary care, similar to the 1973–1974 survey.

The Nursing Assistant Supplement to the 2004 NNHS was designed to determine the likelihood that workers will continue in their present positions and the factors that affect those decisions, including job satisfaction, environment, training, advancement opportunities, benefits, working conditions, and personal or family demands. This first national survey of nursing assistants was conducted as a separate telephone interview with a sample of workers who provide nursing home residents assistance with activities of daily living (eating, transferring, toileting, dressing, and bathing).

Race and Hispanic origin: Starting with data year 1999, the instruction for the race item on the Current Resident Questionnaire was changed so that more than one race could be recorded. In previous years, only one racial category could be checked. Estimates for racial groups presented in this table are for residents for whom only one race was recorded. Estimates for residents where multiple races were checked are unreliable because of small sample sizes and are not shown. Other race includes Asian, Native Hawaiian or other Pacific Islander, American Indian or Alaska Native and multiple races.

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National Vital Statistics System

Through the National Vital Statistics System, the National Center for Health Statistics collects and publishes data on births, deaths, and prior to 1996, marriages and divorces occurring in the United States based on U.S. standard certificates. The Division of Vital Statistics obtains information on births and deaths from the registration offices of each of the 50 States, New York City, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, America Samoa, and Northern Mariana Islands. Geographic coverage for births and deaths has been complete since 1933. Demographic information on the death certificate is provided by the funeral director based on information supplied by an informant. Medical certification of cause of death is provided by a physician, medical examiner, or coroner. The mortality data file is a fundamental source of cause-of-death information by demographic characteristics and for geographic areas such as States. The mortality file is one of the few sources of comparable health-related data for smaller geographic areas in the United States and over a long time period. Mortality data can be used not only to present the characteristics of those dying in the United States but also to determine life expectancy and to compare mortality trends with other countries. Data for the entire United States refer to events occurring within the United States; data for geographic areas are by place of residence.

Race and Hispanic origin: Race and Hispanic origin are reported separately on the death certificate. Therefore, data by race shown in Tables 14b, 15b, and 15c (on pages 93 and 96-99) include people of Hispanic or non-Hispanic origin; data for Hispanic origin include people of any race.

For more information on the mortality data files, see “Deaths: Leading causes for 2004.”⁵⁹

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Panel Study of Income Dynamics

The Panel Study of Income Dynamics (PSID) is a nationally representative, longitudinal study conducted by the University of Michigan’s Institute for Social Research. It is a representative sample of U.S. individuals (men, women, and children) and the family units in which they reside. Starting with a national sample of 5,000 U.S. households in 1968, the PSID has reinterviewed individuals from those households annually from 1968 to 1997 and biennially thereafter, whether or not they are living in the same dwelling or with the same people. Adults have been followed as they have grown older, and children have been observed as they advance through childhood and into adulthood, forming family units of their own. Information about the original 1968 sample individuals and their current coresidents (spouses, cohabitators, children, and anyone else living with them) is collected each

year. In 1997 and 1999, in order to enhance the representativeness of the study, a refresher sample of 511 post 1968 immigrant families was added to the PSID. With low attrition rates and successful recontacts, the sample size grew to approximately 8,330 as of 2007. PSID data can be used for cross-sectional, longitudinal, and intergenerational analyses and for studying both individuals and families.

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

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

Race and Hispanic origin: The PSID asks respondents if they are white, black, American Indian, Aleut, Eskimo, Asian, Pacific Islander, or another race. Respondents are allowed to choose more than one category. They are coded according to the first category mentioned. Only respondents who classified themselves as white or black are included in Table 10 on page 87.

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Population Projections

The population projections for the United States are interim projections that take into account the results of Census 2000. These interim projections were created using the cohort-component method, which uses assumptions about the components of population change. They are based on Census 2000 results, official postcensus estimates, as well as vital registration data from the National Center for Health Statistics. The assumptions are based on those used in the projections released in 2000 that used a 1998 population estimate base. Some modifications were made to the assumptions so that projected values were consistent with estimates from 2001 as well as Census 2000.

Fertility is assumed to increase slightly from current estimates. The projected total fertility rate in 2025 is 2.180, and it is projected to increase to 2.186 by 2050. Mortality is assumed to continue to improve over time. By 2050, life expectancy at birth is assumed to increase to 81.2 for men and 86.7 for women. Net immigration is assumed to be 996,000 in 2025 and 1,097,000 in 2050.

Race and Hispanic origin: Interim projections based on Census 2000 were also done by race and Hispanic origin. The basic assumptions by race used in the previous projections were adapted to reflect the Census 2000 race definitions and results. Projections were developed for the following groups: (1) non-Hispanic white alone, (2) Hispanic white alone, (3) black alone, (4) Asian alone, and (5) all other groups. The fifth category includes the categories of American Indian and Alaska Native, Native Hawaiian and Other Pacific Islanders, and all people reporting more than one of the major race categories defined by the Office of Management and Budget (OMB).

For a more detailed discussion of the cohort-component method and the assumptions about the components of population change, see “Methodology and Assumptions for the Population Projections of the United States: 1999 to 2100.”⁶⁰ While this paper does not incorporate the updated assumptions made for the interim projections, it provides a more extensive treatment of the earlier projections, released in 2000, on which the interim series is based.

For more information, contact:

Population Projections Branch

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Website: www.census.gov/population/www/projections/popproj.html

Survey of the Aged, 1963

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

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

Race and Hispanic origin: Data from this survey are not shown by race and Hispanic origin in this report.

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Survey of Demographic and Economic Characteristics of the Aged, 1968

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

Data for the 1968 Survey were obtained as a supplement to the Current Medicare Survey, which yields current estimates of health care services used and charges incurred by people covered by the hospital insurance and supplemental medical insurance programs. Supplemental questions covered work experience, household relationships, income, and assets. Income was measured using answers to 17 questions about specific sources. Results from this survey have been combined with results from the Current Population Survey from 1971 to the present in an income time series produced by SSA.

Race and Hispanic origin: Data from this survey are not shown by race and Hispanic origin in this report.

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Survey of Veteran Enrollees' Health and Reliance Upon VA, 2005

The 2005 Survey of Veteran Enrollees' Health and Reliance Upon VA is the fifth in a series of surveys of veteran enrollees for the Department of Veterans Affairs (VA) health care conducted by the Veterans Health Administration (VHA), within the VA, under multiyear Office of Management and Budget authority. Previous surveys of VHA-enrolled veterans were conducted in 1999, 2000, 2002, and 2003. All five VHA surveys of enrollees consisted of telephone interviews with stratified random samples of enrolled veterans. In 2000, 2002, 2003, and 2005, the survey instrument was modified to reflect VA management's need for specific data and information on enrolled veterans.

As with the other surveys in the series, the 2005 Survey of Veteran Enrollees' Health and Reliance Upon VA sample was stratified by Veterans Integrated Service Network, enrollment priority, and type of enrollee (new or past user). Telephone interviews averaged 15 minutes in length. In the 2005 survey, interviews were conducted from September 28, 2005, through December 12, 2005. Of approximately 6.7 million eligible enrollees who had not declined enrollment as of December 31, 2004, some 42,000 completed interviews in the 2005 telephone survey.

VHA enrollee surveys provide a fundamental source of data and information on enrollees that cannot be obtained in any other way except through surveys and yet are basic to many VHA activities. The primary purpose of the VHA enrollee surveys is to provide critical inputs into VHA Health Care Services Demand Model enrollment, patient, and expenditure projections, and the Secretary's enrollment level decision processes; however, data from the enrollee surveys find their way into a variety of strategic analysis areas related to budget, policy, or legislation.

VHA enrollee surveys provide particular value in terms of their ability to help identify not only who VA serves but also to help supplement VA's knowledge of veteran enrollees' sociodemographic, economic, and health characteristics, including household income, health insurance coverage status, functional status (limitations in activities of daily living and instrumental activities of daily living), perceived health status, race and ethnicity, employment status, smoking status, period of service and combat status, other eligibilities and resources, their use of VA and non-VA health care services and "reliance" upon VA, and their potential future use of VA health care services.

Race and Hispanic origin: Data from this survey are not shown by race and Hispanic origin in this report.

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Veteran Population Estimates and Projections (model name is VetPop2004, December 2004)

VetPop2004 provides estimates and projections of the veteran population by age groups and other demographic characteristics at the county and State levels. Veteran estimates and projections were computed using a cohort-component approach, whereby Census 2000 baseline data were adjusted forward in time on the basis of separations from the Armed Forces (new veterans) and expected mortality.

Race and Hispanic origin: Data from this model are not shown by race and Hispanic origin in this report.

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Appendix C: Glossary

Activities of daily living (ADLs): Activities of daily living (ADLs) are basic activities that support survival, including eating, bathing, and toileting. See Instrumental activities of daily living (IADLs).

In the Medicare Current Beneficiary Survey, ADL disabilities are measured as difficulty performing (or inability to perform because of a health reason) one or more of the following activities: eating, getting in/out of chairs, walking, dressing, bathing, or toileting.

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

Assistive device: Assistive device refers to any item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities.

Body mass index: Body mass index (BMI) is a measure of body weight adjusted for height and correlates with body fat. A tool for indicating weight status in adults, BMI is generally computed using metric units and is defined as weight divided by height² or kilograms/meters². The categories used in this report are consistent with those set by the World Health Organization. For adults 20 years of age and over, underweight is defined as having a BMI less than 18.5; healthy weight is defined as having a BMI of at least 18.5 and less than 25; overweight is defined as having values of BMI equal to 25 or greater; and obese is defined as having BMI values equal to 30 or greater. To calculate your own body mass index, go to www.nhlbisupport.com/bmi. For more information about BMI, see “Clinical guidelines on the identification, evaluation, and treatment of overweight and obesity in adults.”⁶¹

Cash balance pension plan: A hybrid pension plan that looks like a defined-contribution plan but actually is a defined-benefit plan, a responsibility of the employer. In a cash balance plan, an employer establishes an account for employees, contributes to the account, guarantees a return to the account, and pays a lump sum benefit from the account at job termination.

Cause of death: For the purpose of national mortality statistics, every death is attributed to one underlying condition, based on information reported on the death certificate and using the international rules for selecting the underlying cause-of-death from the conditions stated on the death certificate. The conditions that are not selected as underlying cause of death constitute the nonunderlying cause 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). Effective with deaths occurring in 1999, the United States began using the Tenth Revision of the ICD (ICD-10). Data from earlier time periods were coded using the appropriate revision of the ICD for that time period. Changes in classification of causes of death in successive revisions of the ICD may introduce discontinuities in cause-of-death statistics over time. These discontinuities are measured using comparability ratios. These measures of discontinuity are essential to the interpretation of mortality trends. For further discussion, see the “Mortality Technical Appendix” available at www.cdc.gov/nchs/deaths.htm⁶² See also comparability ratio; *International Classification of Diseases*; Appendix I, National Vital Statistics System, Multiple Cause-of-Death File.⁶³

Cause-of-death ranking: The cause-of-death ranking for adults is based on the List of 113 Selected Causes of Death. The top-ranking causes determine the leading causes-of-death. Certain causes on the tabulation lists are not ranked if, for example, the category title represents a group title (such as “Major cardiovascular diseases” and “Symptoms, signs, and abnormal clinical and laboratory findings, not elsewhere classified”) or the category title begins with the words “Other” and “All other.” In addition, when a title that represents a subtotal (such as “Malignant neoplasm”) is ranked, its component parts are not ranked. 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 (i.e., they skip a rank).

Cigarette smoking: Information about cigarette smoking in the National Health Interview Survey is obtained for adults age 18 and over. Although there has been some variation in question wording, smokers continue to be defined as people who have ever smoked 100 cigarettes and currently smoke. 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?” (revised definition). People who smoked 100 cigarettes and who now smoke every day or some days are defined as current smokers. Before 1992, current smokers were identified based on positive responses to the following two questions: “Have you smoked at least 100 cigarettes in your entire life?” and “Do you smoke now?” (traditional definition). In 1992, cigarette smoking data were collected for a half sample with one-half the respondents (a one-quarter sample) using the traditional smoking questions and the other half of respondents (a one-quarter sample) using the revised smoking question. An unpublished analysis of the 1992 traditional smoking measure revealed that the crude percentage of current smokers age 18 and over remained the same as in 1991. The statistics reported for 1992 combined data collected using the traditional and the revised questions. The information obtained from the two smoking questions listed above is combined to create the variables represented in Tables 26a and 26b on pages 111 and 112.

Current smoker: There are two categories of current smokers: people who smoke every day and people who smoke only on some days.

Former smoker: This category includes people who have smoked at least 100 cigarettes in their lifetimes but currently do not smoke at all.

Nonsmoker: This category includes people who have never smoked at least 100 cigarettes in their lifetime.

Death rate: The death rate is calculated by dividing the number of deaths in a population in a year by the midyear resident population. For census years, rates are based on unrounded census counts of the resident population as of April 1. For the noncensus years of 1981–1989 and 1991, rates are based on national estimates of the resident population as of July 1, rounded to the nearest thousand. Starting in 1992, rates are based on unrounded national population estimates. Rates for the Hispanic and non-Hispanic white populations in each year are based on unrounded State population estimates for States in the Hispanic reporting area through 1996. Beginning in 1997, all States reported Hispanic origin. Death rates are expressed as the number of deaths per 100,000 people. 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).

Dental services: In the Medicare Current Beneficiary Survey (Indicators 30 and 34) and in the Medical Expenditure Panel Survey (MEPS) and the data used from the MEPS predecessor surveys used in this report (Indicator 33) this category covers expenses for any type of dental care provider, including general dentists, dental hygienists, dental technicians, dental surgeons, orthodontists, endodontists, and periodontists.

Disability: See Activities of daily living (ADLs) and Instrumental activities of daily living (IADLs).

Earnings: Earnings are considered money income reported in the Current Population Survey from wages or salaries and net income from self-employment (farm and nonfarm).

Emergency room services: In the Medical Expenditure Panel Survey (MEPS) and the data used from the MEPS predecessor surveys used in this report (Indicator 33), this category includes expenses for visits to medical providers seen in emergency rooms (except visits resulting in a hospital admission). These expenses include payments for services covered under the basic facility charge and those for separately billed physician services. In the Medicare Current Beneficiary Survey (Indicators 30 and 34) emergency room services are included as a hospital outpatient service unless they are incurred immediately prior to a hospital stay, in which case they are included as a hospital inpatient service.

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

Group quarters: For Census 2000, the U.S. Census Bureau classified all people not living in households as living in group quarters. There are two types of group quarters: institutional (e.g., correctional facilities, nursing homes, and mental hospitals) and noninstitutional (e.g., college dormitories, military barracks, group homes, missions, and shelters).

Head of household: In the Consumer Expenditure Survey head of household is defined as the first person mentioned when the respondent is asked to name the person or people who own or rent the home in which the consumer unit resides.

In the Panel Study of Income Dynamics (within each wave of data), each family unit has only one current head of household (Head). Originally, if the family contained a husband-wife pair, the husband was arbitrarily designated the Head to conform with U.S. Census Bureau definitions in effect at the time the study began. The person designated as Head may change over time as a result of other changes affecting the family. When a new Head must be chosen, the following rules apply: The Head of the family unit must be at least 16 years old and the person with the most financial responsibility for the family unit. If this person is female and she has a husband in the family unit, then he is designated as Head. If she has a boyfriend with whom she has been living for at least 1 year, then he is Head. However, if the husband or boyfriend is incapacitated and unable to fulfill the functions of Head, then the family unit will have a female Head.

Health care: Health care services provided by the Veterans Health Administration (Indicator 35) includes preventive care, ambulatory diagnosis and treatment, inpatient diagnosis and treatment and medications and supplies. This includes home and community based services (e.g., home health care) and long-term care institutional services (for those eligible to receive these services).

Health care expenditures: In the Consumer Expenditure Survey (Indicator 12), health care expenditures include out-of-pocket expenditures for health insurance, medical services, prescription drugs, and medical supplies. In the Medicare Current Beneficiary Survey (Indicators 30 and 34), health care expenditures include all expenditures for inpatient hospital, medical, nursing home, outpatient (including emergency room visits), dental, prescription drugs, home health care, and hospice services, including both out-of-pocket expenditures and expenditures covered by insurance. Personal spending for health insurance premiums is excluded. In the Medical Expenditure Panel Survey (MEPS) and the data used from the MEPS predecessor surveys used in this report (Indicator 33), health care expenditures refers to payments for health care services provided during the year. (Data from the 1987 survey have been adjusted to permit comparability across years; see Zuvekas and Cohen.⁵⁴) Out-of-pocket health care expenditures are the sum of payments paid to health care providers by the person or the person's family, for health care services provided during the year. Health care services include inpatient hospital, hospital emergency room, and outpatient department care; dental services; office-based medical provider services; prescription drugs; home health care; and other medical equipment and services. Personal spending for health insurance premium(s) is excluded.

Health Literacy: The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.⁴⁹

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

Hispanic origin: See specific data source descriptions in Appendix B.

Home health care/services/visits: Home health care is care provided to individuals and families in their places of residence for promoting, maintaining, or restoring health or for minimizing the effects of disability and illness, including terminal illness. In the Medicare Current Beneficiary Survey and Medicare claims data (Indicators 29, 30, and 34), home health care refers to skilled nursing care, physical therapy, speech language pathology services, occupational therapy, and home health aide services provided to homebound patients. In the Medical Expenditure Panel Survey (Indicator 33), home health care services are classified into the “Other health care” category and are considered any paid formal care provided by home health agencies and independent home health providers. Services can include visits by professionals including nurses, doctors, social workers, and therapists, as well as home health aids, homemaker services, companion services and home-based hospice care. Home care provided free of charge (informal care by family members) is not included.

Hospice care/services: Hospice care is a program of palliative and supportive care services providing physical, psychological, social, and spiritual care for dying persons, their families, and other loved ones by a hospice program or agency. Hospice services are available in home and inpatient settings. In the Medicare Current Beneficiary Survey (MCBS) (Indicators 30 and 34) hospice care includes only those services provided as part of a Medicare benefit. In MCBS Indicator 30 (Medicare) hospice services are included as part of the “Other” category. In MCBS Indicator 34 (Medicare) hospice services are included as a separate category. In the Medical Expenditure Panel Survey (MEPS) (Indicator 33) hospice care provided in the home (regardless of the source of payment) is included in the “Other health care” category, while hospice care provided in an institutional setting (e.g., nursing home) is excluded from the MEPS universe.

Hospital care: Hospital care in the Medical Expenditure Panel Survey (Indicator 33) includes hospital inpatient care and care provided in hospital outpatient departments and emergency rooms. Care can be provided by physicians or other health practitioners; payments for hospital care include payments billed directly by the hospital and those billed separately by providers for services provided in the hospital.

Hospital inpatient services: In the Medicare Current Beneficiary Survey (Indicators 30 and 34) hospital inpatient services include room and board and all hospital diagnostic and laboratory expenses associated with the basic facility charge, and emergency room expenses incurred immediately prior to inpatient stays. Expenses for hospital stays with the same admission and discharge dates are included if the Medicare bill classified the stay as an “inpatient” stay. Payments for separately billed physician inpatient services are excluded. In the Medical Expenditure Panel Survey (Indicator 33) these services include room and board and all hospital diagnostic and laboratory expenses associated with the basic facility charge, payments for separately billed physician inpatient services, and emergency room expenses incurred immediately prior to inpatient stays. Expenses for reported hospital stays with the same admission and discharge dates are also included.

Hospital outpatient services: These services in the Medicare Current Beneficiary Survey (Indicators 30 and 34) include visits to both physicians and other medical providers seen in hospital outpatient departments or emergency rooms (provided the emergency room visit does not result in an inpatient hospital admission), as well as diagnostic laboratory and radiology services. Payments for these services include those covered under the basic facility charge. Expenses for in-patient hospital stays with the same admission and discharge dates and classified on the Medicare bill as “out-patient” are also included. Separately billed physician services are excluded.

Hospital stays: Hospital stays in the Medicare claims data (Indicator 29) refers to admission to and discharge from a short-stay acute care hospital.

Housing cost burden: In the American Housing Survey, housing cost burden is defined as expenditures on housing and utilities in excess of 30 percent of reported income.

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

Incidence: Incidence is the number of cases of disease having their onset during a prescribed period of time. It is often expressed as a rate. For example, the incidence of measles per 1,000 children ages 5 to 15 during a specified year. Incidence is a measure of morbidity or other events that occur within a specified period of time. See Prevalence.

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

In the Medicare Current Beneficiary Study, income is for the sample person, or the sample person and spouse if the sample person was married at the time of the survey. All sources of income from jobs, pensions, Social Security benefits, Railroad Retirement and other retirement income, Supplemental Security Income, interest, dividends, and other income sources are included.

Income categories: Two income categories were used to examine out-of-pocket health care expenditures using the Medical Expenditure Panel Survey (MEPS) and MEPS predecessor survey data. The categories were expressed in terms of poverty status (i.e., the ratio of the family's income to the Federal poverty thresholds for the corresponding year), which controls for the size of the family and the age of the head of the family. The income categories were (1) poor and near poor and (2) other income. Poor and near poor income category includes people in families with income less than 100 percent of the poverty line, including those whose losses exceeded their earnings, resulting in negative income (i.e., the poor), as well as people in families with income from 100 percent to less than 125 percent of the poverty line (i.e., the near poor). Other income category includes people in families with income greater than or equal to 125 percent of the poverty line. See Income, household.

Income, household: Household income from the Medical Expenditure Panel Survey (MEPS) and the MEPS predecessor surveys used in this report was created by summing personal income from each household member to create family income. Family income was then divided by the number of people that lived in the household during the year to create per capita household income. Potential income sources asked about in the survey interviews include annual earnings from wages, salaries, withdrawals; Social Security and VA payments; Supplemental Security Income and cash welfare payments from public assistance; Temporary Assistance for Needy Families, formerly known as Aid to Families with Dependent Children; gains or losses from estates, trusts, partnerships, C corporations, rent, and royalties; and a small amount of other income. See Income categories.

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

Inpatient hospital: See Hospital inpatient services.

Institutions: For Census 2000, the U.S. Census Bureau defined institutions as correctional institutions; nursing homes; psychiatric hospitals; hospitals or wards for chronically ill or for the treatment of substance abuse; schools, hospitals or wards for the mentally retarded or physically handicapped; and homes, schools, and other institutional settings providing care for children.⁶⁴ See Population.

Institutionalized population: See Population.

Instrumental activities of daily living (IADLs): IADLs are indicators of functional well-being that measure the ability to perform more complex tasks than the related activities of daily living (ADLs). See Activities of daily living (ADLs).

In the Medicare Current Beneficiary Survey, IADLs include difficulty performing (or inability to perform because of a health reason) one or more of the following activities: heavy housework, light housework, preparing meals, using a telephone, managing money, or shopping.

Literacy: The ability to use printed and written information to function in society, to achieve one's goals, and to develop one's knowledge and potential.

Long-term care facility: In the Medicare Current Beneficiary Survey (MCBS) (Indicators 20 and 37), a residence (or unit) is considered a long-term care facility if it is certified by Medicare or Medicaid; has 3 or more beds and is licensed as a nursing home or other long-term care facility and provides at least one personal care service; or provides 24-hour, 7-day-a-week supervision by a non-family, paid caregiver. In MCBS (Indicators 30 and 34), a long-term care facility excludes "short-term institutions" (e.g., sub-acute care) stays. See Nursing home (Indicator 36), Short-term institution (Indicators 30 and 34), and Skilled nursing home (Indicator 29).

Mammography: Mammography is an x-ray image of the breast used to detect irregularities in breast tissue.

Mean: The mean is an average of n numbers computed by adding the numbers and dividing by n .

Median: The median is a measure of central tendency, the point on the scale that divides a group into two parts.

Medicaid: This nationwide health insurance program is operated and administered by the States, with Federal financial participation. Within certain broad, Federally determined guidelines, States decide who is eligible; the amount, duration, and scope of services covered; rates of payment for providers; and methods of administering the program. Medicaid pays for health care services, community-based supports, and nursing home care, for certain low income people. Medicaid does not cover all low-income people in every State. The program was authorized in 1965 by Title XIX of the Social Security Act.

Medicare: This nationwide program provides health insurance to people age 65 and over, people entitled to Social Security disability payments for 2 years or more, and people with end-stage renal disease, regardless of income. The program was enacted July 30, 1965, as Title XVIII, Health Insurance for the Aged of the Social Security Act, and became effective on July 1, 1966. Medicare covers acute care services and postacute care settings such as rehabilitation and long-term care hospitals, and generally does not cover nursing home care. Prescription drug coverage began in 2006.

Medicare Advantage: See Medicare Part C.

Medicare Part A: Medicare Part A (Hospital Insurance) covers inpatient care in hospitals, critical access hospitals, skilled nursing facilities, and other postacute care settings such as rehabilitation and long-term care hospitals. It also covers hospice and some home health care.

Medicare Part B: Medicare Part B (Medical Insurance) covers doctor's services, outpatient hospital care, and durable medical equipment. It also covers some other medical services that Medicare Part A does not cover, such as physical and occupational therapy and some home health care. Medicare Part B also pays for some supplies when they are medically necessary.

Medicare Part C: With the passage of the Balanced Budget Act of 1997, Medicare beneficiaries were given the option to receive their Medicare benefits through private health insurance plans, instead of through the Original Medicare plan (Parts A and B). These plans were known as "Medicare+Choice" or "Part C" plans. Pursuant to the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, the types of plans allowed to contract with Medicare were expanded, and the Medicare Choice program became known as "Medicare Advantage." In addition to offering comparable coverage to Part A and Part B, Medicare Advantage plans may also offer Part D coverage.

Medicare Part D: Medicare Part D subsidizes the costs of prescription drugs for Medicare beneficiaries. It was enacted as part of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) and went into effect on January 1, 2006. Beneficiaries can obtain the Medicare drug benefit through two types of private plans: beneficiaries can join a Prescription Drug Plan (PDP) for drug coverage only or they can join a Medicare Advantage plan (MA) that covers both medical services and prescription drugs (MA-PD). Alternatively, beneficiaries may receive drug coverage through a former employer, in which case the former employer may qualify for a retiree drug subsidy payment from Medicare.

Medigap: See Supplemental health insurance.

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

Nursing home: In the 2004 National Nursing Home Survey (Indicator 36), a nursing home is a facility or unit licensed as a nursing home or a nursing facility by the State health department or some other State agency and having three or more beds. Facilities providing care solely to the mentally retarded and mentally ill are excluded. Facilities may be certified by Medicare or Medicaid, or both. These facilities may be freestanding or nursing care units of hospitals, retirement centers, or similar institutions where the unit maintained financial and resident records separate from those of the larger institutions. For the definition of a nursing home as used in the 1985 National Nursing Home Survey, see Appendix B under "National Nursing Home Survey." In the Medicare Current Beneficiary Survey (Indicators 30 and 34), the category "nursing home" is not a mutually exclusive category. See Skilled nursing facility (Indicator 29), Short-term institution (Indicators 30 and 34), and Long-term care facility (Indicators 20, 30, 34, and 37).

Obesity: See Body mass index.

Office-based medical provider services: In the Medical Expenditure Panel Survey (Indicator 33) this category includes expenses for visits to physicians and other health practitioners seen in office-based settings or clinics. Other health practitioner includes audiologists, optometrists, chiropractors, podiatrists, mental health professionals, therapists, nurses, and physician's assistants, as well as providers of diagnostic laboratory and radiology services. Services provided in a hospital based setting, including outpatient department services, are excluded.

Other health care: In the Medicare Current Beneficiary Survey (Indicator 34), this category includes "short-term institution," "hospice," and "dental" services. In the Medical Expenditure Panel Survey (MEPS) (Indicator 33) other health care includes "home health services" (formal care provided by home health agencies and independent home health providers) and other medical equipment and services. The latter includes expenses for eyeglasses, contact lenses, ambulance services, orthopedic

items, hearing devices, prostheses, bathroom aids, medical equipment, disposable supplies, alterations/modifications, and other miscellaneous items or services that were obtained, purchased, or rented during the year.

Other income: Other income is total income minus retirement benefits, earnings, asset income, and public assistance. It includes, but is not limited to, unemployment compensation, worker's compensation, alimony, and child support.

Outpatient hospital: See Hospital outpatient services.

Out-of-pocket health care costs: These are health care costs that are not covered by insurance.

Overweight: See Body mass index.

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

Physician/Medical services: In the Medicare Current Beneficiary Survey (Indicator 34), this category includes visits to a medical doctor, osteopathic doctor, and health practitioner as well as diagnostic laboratory and radiology services. Health practitioners include audiologists, optometrists, chiropractors, podiatrists, mental health professionals, therapists, nurses, paramedics, and physician's assistants. Services provided in a hospital-based setting, including outpatient department services, are included.

Physician/Outpatient hospital: In the Medicare Current Beneficiary Survey (Indicator 30), this term refers to "physician/medical services" combined with "hospital outpatient services."

Physician visits and consultations: In Medicare claims data (Indicator 29) physician visits and consultations include visits and consultations with primary care physicians, specialists, and chiropractors in their offices, hospitals (inpatient and outpatient), emergency rooms, patient homes, and nursing homes.

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

Resident population: The resident population of the United States includes people resident in the 50 States and the District of Columbia. It excludes residents of the Commonwealth of Puerto Rico and residents of the outlying areas under United States sovereignty or jurisdiction (principally American Samoa, Guam, Virgin Islands of the United States, and the Commonwealth of the Northern Mariana Islands). The definition of residence conforms to the criterion used in Census 2000, which defines a resident of a specified area as a person "usually resident" in that area. The resident population includes people resident in a nursing home and other types of institutional settings, but excludes the U.S. Armed Forces overseas, as well as civilian U.S. citizens whose usual place of residence is outside the United States. As defined in "Indicator 6: Older Veterans," the resident population includes Puerto Rico.

Resident noninstitutionalized population: The resident noninstitutionalized population is the resident population not residing in institutions. For Census 2000, institutions, as defined by the U.S. Census Bureau, included correctional institutions; nursing homes; psychiatric hospitals; hospitals or wards for chronically ill or for the treatment of substance abuse; homes and schools, hospitals or wards for the mentally retarded or physically handicapped; and homes, schools, and other institutional settings providing care for children. People living in noninstitutional group quarters are part of the resident

noninstitutionalized population. For Census 2000, noninstitutional group quarters included group homes (i.e., community-based homes that provide care and supportive services); residential facilities “providing protective oversight ... to people with disabilities”; worker and college dormitories; military and religious quarters; and emergency and transitional shelters with sleeping facilities.⁶⁴

Civilian population: The civilian population is the U.S. resident population not in the active duty Armed Forces.

Civilian noninstitutionalized population: The civilian noninstitutionalized population is the civilian population not residing in institutions. For Census 2000, institutions, as defined by the U.S. Census Bureau, included correctional institutions; nursing homes; psychiatric hospitals; hospitals or wards for chronically ill or for the treatment of substance abuse; schools, hospitals or wards for the mentally retarded or physically handicapped; and homes, schools, and other institutional settings providing care for children. Civilians living in noninstitutional group quarters are part of the civilian noninstitutionalized population. For Census 2000, noninstitutional group quarters included group homes (i.e., “community based homes that provide care and supportive services”); residential facilities “providing protective oversight ... to people with disabilities”; worker and college dormitories; religious quarters; and emergency and transitional shelters with sleeping facilities.⁶⁴

Institutionalized population: For Census 2000, the institutionalized population was the population residing in correctional institutions; nursing homes; psychiatric hospitals; hospitals or wards for chronically ill or for the treatment of substance abuse; schools, hospitals or wards for the mentally retarded or physically handicapped; and homes, schools, and other institutional settings providing care for children. People living in noninstitutional group quarters are part of the noninstitutionalized population. For Census 2000, noninstitutional group quarters included group homes (i.e., “community based homes that provide care and supportive services”); residential facilities “providing protective oversight ... to people with disabilities”; worker and college dormitories; military and religious quarters; and emergency and transitional shelters with sleeping facilities.⁶⁴

Poverty: The official measure of poverty is computed each year by the U.S. Census Bureau and is defined as being less than 100 percent of the poverty threshold (i.e., \$9,669 for one person age 65 and over in 2006).⁶⁵ Poverty thresholds are the dollar amounts used to determine poverty status. Each family (including single-person households) is assigned a poverty threshold based upon the family’s income, size of the family, and ages of the family members. All family members have the same poverty status. Several of the indicators included in this report include a poverty status measure. Poverty status (less than 100 percent of the poverty threshold) was computed for “Indicator 7: Poverty,” “Indicator 8: Income,” “Indicator 17: Sensory Impairments and Oral Health,” “Indicator 22: Mammography,” and “Indicator 32: Sources of Health Insurance,” and “Indicator 33: Out-of-Pocket Health Care Expenditures” using the official U.S. Census Bureau definition for the corresponding year.

In addition, the following above-poverty categories are used in this report.

Indicator 8: Income: The income categories are derived from the ratio of the family’s income (or an unrelated individual’s income) to the poverty threshold. Being in poverty is measured as income less than 100 percent of the poverty threshold. Low income is between 100 percent and 199 percent of the poverty threshold (i.e., \$9,669 and \$19,337 for one person age 65 and over in 2006). Middle income is between 200 percent and 399 percent of the poverty threshold (i.e., between \$19,338 and \$38,675 for one person age 65 and over in 2006). High income is 400 percent or more of the poverty threshold.

Indicator 22: Mammography and Indicator 32: Sources of Health Insurance: Below poverty is defined as less than 100 percent of the poverty threshold. Above poverty is grouped into two categories: (1) 100 percent to less than 200 percent of the poverty threshold and (2) 200 percent of the poverty threshold or greater.

Indicator 33: Out-of-Pocket Health Care Expenditures: Below poverty is defined as less than 100 percent of the poverty threshold. People are classified into the poor/near poor income category if the person's household income is below 125 percent of the poverty level. People are classified into the other income category if the person's household income is equal to or greater than 125 percent of the poverty level.

Prescription drugs/medicines: In the Medicare Current Beneficiary Survey (Indicators 30, 31, 34) and in the Medical Expenditure Panel Survey (Indicator 33) prescription drugs are all prescription medications (including refills) except those provided by the doctor or practitioner as samples and those provided in an inpatient setting.

Prevalence: Prevalence is the number of cases of a disease, infected people, or people 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 people during a year). See Incidence.

Private supplemental health insurance: See Supplemental health insurance.

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

Quintiles: See Income fifths.

Race: See specific data source descriptions in Appendix B.

Rate: A rate is a measure of some event, disease, or condition in relation to a unit of population, along with some specification of time.

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

Respondent-assessed health status: In the National Health Interview Survey, respondent-assessed health status is measured by asking the respondent, "Would you say [your/subject name's] health is excellent, very good, good, fair, or poor?" The respondent answers for all household members including himself or herself.

Short-term institution: This category in the Medicare Current Beneficiary Survey (Indicators 30 and 34) includes skilled nursing facility stays and other short-term (e.g., sub-acute care) facility stays (e.g., a rehabilitation facility stay). Payments for these services include Medicare and other payment sources. See Skilled nursing facility (Indicator 29), Nursing facility (Indicator 36), and Long-term care facility (Indicators 20, 30, 34, and 37).

Skilled nursing facility stays: Skilled nursing facility stays in the Medicare claims data (Indicator 29) refers to admission to and discharge from a skilled nursing facility, regardless of the length of stay. See Skilled nursing facility (Indicator 29).

Skilled nursing facility: A skilled nursing facility (SNF) as defined by Medicare (Indicator 29) provides short-term skilled nursing care on an inpatient basis, following hospitalization. These facilities provide the most intensive care available outside of inpatient acute hospital care. In the Medicare Current Beneficiary Survey (Indicators 30 and 34) "skilled nursing facilities" are classified as a type of "short-term institution." See Short-term institution (Indicators 30 and 34), Nursing home (Indicator 36), and Long-term care facility (Indicators 20, 30, 34, and 37).

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

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

Supplemental health insurance: Supplemental health insurance is designed to fill gaps in the original Medicare plan coverage by paying some of the amounts that Medicare does not pay for covered services and may pay for certain services not covered by Medicare. Private Medigap is supplemental insurance individuals purchase themselves or through organizations such as AARP or other professional organizations. Employer or union-sponsored supplemental insurance policies are provided through a Medicare enrollee's former employer or union. For dual-eligible beneficiaries, Medicaid acts as a supplemental insurer to Medicare. Some Medicare beneficiaries enroll in HMOs and other managed care plans that provide many of the benefits of supplemental insurance, such as low copayments and coverage of services that Medicare does not cover.

TRICARE: TRICARE is the Department of Defense's regionally managed health care program for active duty and retired members of the uniformed services, their families, and survivors.

TRICARE for Life: TRICARE for Life is TRICARE's Medicare wraparound coverage (similar to traditional Medigap coverage) for Medicare-eligible uniformed services beneficiaries and their eligible family members and survivors.

Veteran: Veterans include those who served on active duty in the Army, Navy, Air Force, Marines, Coast Guard, uniformed Public Health Service, or uniformed National Oceanic and Atmospheric Administration; Reserve Force and National Guard called to Federal active duty; and those disabled while on active duty training. Excluded are those dishonorably discharged and those whose only active duty was for training or State National Guard service.