

## 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 National Long Term Care Survey, ADLs include bathing, dressing, getting in or out of bed, getting around inside, toileting, and eating. Individuals are considered to have an ADL disability if they report receiving help or supervision, or using equipment, to perform the activity, or not performing the activity at all.

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

**Asset income:** Asset income includes money income reported in the Current Population Survey (CPS) 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 height<sup>2</sup> or kilograms/meters<sup>2</sup>. 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 <http://www.nhlbisupport.com/bmi>. For more information about BMI, see “Clinical guidelines on the identification, evaluation, and treatment of overweight and obesity in adults.”<sup>68</sup>

**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 <http://www.cdc.gov/nchs/about/major/dvs/mortdata.htm>.<sup>69</sup> See also comparability ratio; International Classification of Diseases; Appendix I, National Vital Statistics System, Multiple Cause-of-Death File.<sup>70</sup>

**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).

**Chronic disability:** In the National Long Term Care Survey, individuals are considered chronically disabled if they have at least one ADL or one IADL limitation that is expected to last 90 days or longer or they are institutionalized.

**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 based on “yes” responses to 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 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 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 99 and 100.

*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. 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:** 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)*, *Chronic disability*, 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:** 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.

**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.

**Formal care:** In the National Long Term Care Survey formal care is defined as paid personal assistance provided to a person with a chronic disability living in the community. See *Informal care*.

**Group quarters:** The Census Bureau classifies 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 persons 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 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 expenditures:** In the Consumer Expenditure Survey, health care expenditures include out-of-pocket expenditures for health insurance, medical services, prescription drugs, and medical supplies.

In the Medicare Current Beneficiary Survey, health care expenditures include all expenditures for inpatient hospital, medical, nursing home, outpatient, dental, prescription drugs, home health care, and hospice services, including both out-of-pocket expenditures and expenditures covered by insurance. 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, 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.<sup>64</sup>) 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 maintenance organization (HMO):** An HMO is a prepaid health plan delivering comprehensive care to members through designated providers, having a fixed monthly payment for health care services, and requiring members to be in a plan for a specified period of time (usually 1 year).

**Healthy weight:** See *Body mass index (BMI)*.

**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, home health care refers to home visits by professionals including nurses, doctors, social workers, therapists, and home health aides.

In the Medical Expenditure Panel Survey, home health care services are considered any care provided by home health agencies and independent home health providers.

**Hospice care:** 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.

**Hospital inpatient services:** 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 include expenses for visits to both physicians and other medical providers seen in hospital outpatient departments, including payments for services covered under the basic facility charge and those for separately billed physician services.

**Hospital stays:** Hospital stays refer to admission to and discharge from a short-stay acute care hospital.

**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 persons 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 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 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 persons 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 (AFDC); 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.

**Informal care:** In the National Long Term Care Survey, informal care is unpaid personal assistance provided to a person with a chronic disability living in the community. See *Formal care*.

**Inpatient hospital:** This category includes costs of room and board and all ancillary services associated with a hospital stay. It does not include costs of emergency room services or of separately billed physician services provided during the stay.

**Institutions:** The U.S. Census Bureau defines 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.<sup>59</sup> 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 National Long Term Care Survey, IADLs include light housework, laundry, meal preparation, grocery shopping, getting around outside, managing money, taking medications, and telephoning. Individuals are considered to have an IADL disability if they report using equipment to perform the activity or not performing the activity at all because of their health or a disability.

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

**Long-term care facility:** In the Medicare Current Beneficiary Survey, a long-term care facility: (1) is a residence certified by Medicare or Medicaid; or (2) 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 (3) provides 24-hour, 7 day-a-week supervision by a caregiver. See *Nursing home*.

**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, including 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 or older, people entitled to Social Security disability payments for 2 years or more, and people with end-stage renal disease, regardless of income. The program was enacted July 30, 1965, as Title XVIII, Health Insurance for the Aged of the Social Security Act, and became effective on July 1, 1966. Medicare covers acute care services and generally does not cover nursing homes or prescription drugs. Prescription drug coverage will begin in 2006.

**Medicare Part A:** Medicare Part A (Hospital Insurance) covers inpatient care in hospitals, critical access hospitals, and skilled nursing facilities (not custodial or long-term care). 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.

**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 Web site: <http://www.census.gov/population/www/censusdata/adjustment.html>.

**Nursing home:** In the National Nursing Home Survey, a nursing home is a facility with three or more beds that provides either nursing care or personal care (such as help with bathing, correspondence, walking, eating, using the toilet, or dressing) and/or supervision over such activities as money management, ambulation, and shopping. Facilities providing care solely to the mentally retarded and mentally ill are excluded. Facilities may be certified by Medicare or Medicaid, or both, or not certified but licensed by the State as a nursing home. 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. See *Long-term care facility*.

**Obesity:** See *Body mass index (BMI)*.

**Office-based medical provider services:** This category includes expenses for visits to medical providers seen in office-based settings or clinics.

**Other health care:** In the Medical Expenditure Panel Survey, other health care includes home health services (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.

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

**Overweight:** See *Body mass index (BMI)*.

**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.

**Performance-based measures:** In performance-based measures, a respondent attempts certain tasks or movements while ability is objectively assessed by a test administrator. These objective assessments are generally measured along a continuum in terms of speed, repetition, or capacity and normally are linked with a specific ability necessary for functioning in old age. Performance assessments can be categorized as measuring either the upper or lower body, and then further organized in terms of the specific function being assessed, such as mobility, range of motion, strength, balance, or gait speed.<sup>71</sup>

**Personal assistance:** In the National Long Term Care Survey, personal assistance refers to paid or unpaid assistance provided to a person with a chronic disability living in the community.

**Physician/Medical:** This category includes physician visits and consultations, lab tests, durable medical equipment, and medical supplies.



**Physician/Outpatient hospital:** This term refers to physician visits and consultations and hospital outpatient services.

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

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

*Resident population:* The resident population of the United States includes 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 the 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 United States Armed Forces overseas, as well as civilian United States 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. Institutions, as defined by the Census Bureau, include 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 noninstitutionalized group quarters are part of the resident noninstitutionalized population. Noninstitutionalized group quarters include 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.<sup>59</sup>

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

*Civilian noninstitutionalized population:* The civilian noninstitutionalized population is the civilian population not residing in institutions. Institutions, as defined by the Census Bureau, include 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 noninstitutionalized group quarters are part of the civilian noninstitutionalized population. Noninstitutionalized group quarters include 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.<sup>59</sup>

*Institutionalized population:* The institutionalized population is 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 noninstitutionalized group quarters are part of the noninstitutionalized population. Noninstitutionalized group quarters include 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.<sup>59</sup>

**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., \$8,628 for one person age 65 and over in 2002).<sup>72</sup> 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 16: Sensory Impairments and Oral Health," "Indicator 22: Mammography," and "Indicator 23: Dietary Quality" 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., \$8,628 and \$17,255 for one person age 65 and over in 2002). Middle income is between 200 percent and 399 percent of the poverty threshold (i.e., between \$17,256 and \$34,511 for one person age 65 and over in 2002). High income is 400 percent or more of the poverty threshold.

*Indicator 31: 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 34: 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, 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.

In the Medical Expenditure Panel Survey, prescription medicines include all prescribed medications initially purchased or otherwise obtained during the year, as well as any refills.

**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 persons who are age 65 or older, blind, or disabled) and public assistance or welfare payments, such as Temporary Assistance for Needy Families and General Assistance.

**Quintiles:** See *Income fifths*.

**Race:** 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?”

**Short-term institution:** This category includes skilled nursing facility stays and other short-term (non-hospital) facility stays.

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

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

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

**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 and does not include HMOs, Medicaid, or employer-sponsored plans. Employer or union-sponsored supplemental insurance policies are provided through a Medicare enrollee’s former employer or union. 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.

**Underweight:** See *Body mass index (BMI)*.

**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.

**Vignette:** A vignette is a description of a concrete level of ability on a given domain that individuals are asked to evaluate using the same question and response scale as the self-report question on that domain.