Health, United States, 2004

With Chartbook on Trends in the Health of Americans





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

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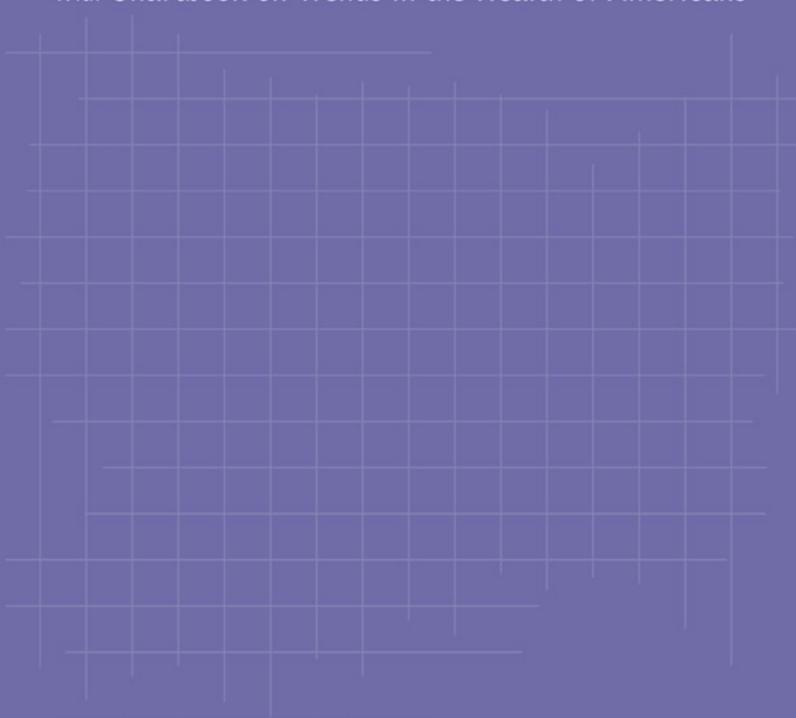
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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Centers for Disease Control and Prevention National Center for Health Statistics

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Preface

Health, United States, 2004 is the 28th report on the health status of the Nation and is submitted by the Secretary of the Department of Health and Human Services to the President and Congress of the United States in compliance with Section 308 of the Public Health Service Act. This report was compiled by the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC). The National Committee on Vital and Health Statistics served in a review capacity.

The *Health, United States* series presents national trends in health statistics. Each report includes highlights, a chartbook, trend tables, extensive appendixes, and an index. An Executive Summary presents major findings.

Chartbook

The third Chartbook on Trends in the Health of Americans updates and expands information from last year's chartbook. In addition to assessing the Nation's health by presenting trends and current information on selected determinants and measures of health status, the 2004 chartbook includes a feature on drugs, which documents changes that have occurred in drug practice and utilization patterns. Among the drugs presented in the special feature are asthma drugs, antidepressant drugs, cholesterol-lowering drugs, and nonsteroidal anti-inflammatory drugs. Other changes include the addition of information on frequency of cigarette smoking by high school students, conditions causing activity limitation among children, and leading causes of death for the total population. Determinants of health considered in the chartbook include demographic factors, health insurance coverage, health behaviors and risk factors, and preventive health care. Measures of health status include mortality and limitations of activity resulting from chronic health conditions. Many measures are shown separately for persons of different ages because of the strong effect of age on health. Selected figures also highlight differences in determinants and measures of health status by such characteristics as sex, race, and Hispanic origin.

Trend Tables

The chartbook section is followed by 153 trend tables organized around four major subject areas: health status and

determinants, health care utilization, health care resources, and health care expenditures. A major criterion used in selecting the trend tables is availability of comparable national data over a period of several years. The tables present data for selected years to highlight major trends in health statistics. Earlier editions of *Health, United States* may present data for additional years that are not included in the current printed report. Where possible, these additional years of data are available in Excel spreadsheet files on the *Health, United States* Web site. Tables with additional data years are listed in Appendix III.

Racial and Ethnic Data

Many tables in *Health, United States* present data according to race and Hispanic origin consistent with Department-wide emphasis on expanding racial and ethnic detail when presenting health data. Trend data on race and ethnicity are presented in the greatest detail possible after taking into account the quality of data, the amount of missing data, and the number of observations. New standards for Federal data on race and ethnicity are described in Appendix II under *Race*.

Changes in This Edition

Each volume of *Health, United States* is prepared to maximize its usefulness as a standard reference source while maintaining its continuing relevance. Comparability is fostered by including similar trend tables in each volume. Timeliness is maintained by adding new tables each year to reflect emerging topics in public health and improving the content of ongoing tables. New to *Health, United States, 2004* is a table on prevalence of diabetes (table 55) based on the National Health and Nutrition Examination Survey (NHANES), a table on serious psychological distress (table 58) based on the National Health Interview Survey, two tables on drug use—one on use of prescription drugs in the past month (table 86) based on NHANES data and one on drugs recorded during visits to office-based physicians and hospital outpatient departments (table 87) based on the National Ambulatory Medical Care Survey and the National Hospital Ambulatory Medical Care Survey Hospital Outpatient Department component, and a table on the supply of Medicare-certified providers and suppliers (table 114) based on data from the Centers for Medicare & Medicaid Services.

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Table 97 was revised to better reflect recent changes in types of procedures performed on hospital inpatients, based on the National Hospital Discharge Survey.

In another change, unrounded resident population estimates for 10-year age groups by sex, race, and Hispanic origin are now available in the spreadsheet version of table 1 and can be accessed through the *Health, United States* Web site described below under Electronic Access. Previously, population estimates were presented rounded in thousands.

Appendixes

Appendix I describes each data source used in the report and provides references for further information about the sources. Appendix I has been reformatted to present more standard information on each data source. Data sources are listed alphabetically within two broad categories: Government Sources and Private and Global Sources.

Appendix II is an alphabetical listing of terms used in the report. It also presents standard populations used for age adjustment (tables I, II, and III); ICD codes for causes of death shown in *Health, United States* from the Sixth through Tenth Revisions and the years when the Revisions were in effect (tables IV and V); comparability ratios between ICD–9 and ICD–10 for selected causes (table VI); ICD–9–CM codes for external cause-of-injury, diagnostic, and procedure categories (tables VII, IX, and X); industry codes from the Standard Industrial Classification Manual (table VIII); National Drug Code (NDC) Therapeutic Class recodes of generic analgesic drugs (table XI); and sample tabulations of NHIS data comparing the 1977 and 1997 Standards for Federal data on race and Hispanic origin (tables XII and XIII).

Appendix III lists tables for which additional years of trend data are available electronically in Excel spreadsheet files on the *Health, United States* Web site and CD-ROM, described below under Electronic Access.

Index

The Index to Trend Tables is a useful tool for locating data by topic. Tables are cross-referenced by such topics as Child and adolescent health; Women's health; Men's health; State data; American Indian, Asian, Black, and Hispanic origin populations; Education; Poverty status; Disability; and Metropolitan/nonmetropolitan data.

Electronic Access

Health, United States may be accessed on the World Wide Web at www.cdc.gov/nchs/hus.htm. From the Health, United States Web site, one may also register for the Health, United States electronic mailing list to receive announcements about release dates and notices of updates to tables.

Health, United States, 2004, the chartbook, and each of the 153 individual trend tables are available as separate Acrobat .pdf files on the Web. Individual tables are downloadable as Excel spreadsheet files. Both .pdf and spreadsheet files for selected tables will be updated on the Web if more current data become available near the time when the printed report is released. Readers who register for the electronic mailing list will be notified of these table updates. Previous editions of Health, United States and chartbooks, starting with the 1993 edition, also may be accessed from the Health, United States Web site.

Health, United States is also available on CD-ROM, where it can be viewed, searched, printed, and saved using Adobe Acrobat software on the CD-ROM.

Copies of the Report

Copies of *Health, United States, 2004* and the CD-ROM may be purchased from the Government Printing Office through links to GPO on the National Center for Health Statistics Web site, Printed Publications page.

Questions?

For answers to questions about this report, contact:

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Executive Summary and Highlights

Executive Summary

Health, United States, 2004, is the 28th annual report on the health status of the Nation and is submitted by the Secretary of the Department of Health and Human Services to the President and Congress. It assesses the Nation's health by presenting trends and current information on selected determinants and measures of health status in a chartbook followed by 153 trend tables organized around four major subject areas: health status and determinants, health care utilization, health care resources, and health care expenditures.

Monitoring the health of the Nation is essential for identifying and prioritizing health policy, program, and research initiatives. Current measures of the health status of the population, as well as its determinants, provide critical information for assessing how the Nation's resources should be directed to improve the health of its population. Examination of emerging trends also identifies diseases, conditions, and risk factors that warrant study and intervention. Health, United States provides an annual picture of health, and its determinants, for the entire Nation. It also identifies differences in health and health care among specific populations. Existing disparities, as well as whether any differences are narrowing or increasing, can be identified among people of differing races and ethnicities, genders, education and income levels, and geographic locations. Given the increasing diversity of the Nation and the numerous changes in the health care infrastructure over time this is a challenging task, but it is a critically important undertaking.

Overall Health of the Nation

The health of the Nation has continued to improve overall, in part because of the resources that have been devoted to health education, public health programs, health research, and health care. The United States spends more per capita than any other country on health, and the rate of increase in spending is going up. Much of this spending is on health care—notable examples are prescription drugs and cardiac operations—that control or reduce the impact of chronic diseases and conditions affecting an increasingly older population.

Over the past 50 years many diseases have been controlled or their morbidity and mortality substantially reduced. A decline in the death rate from heart disease is an example of

a major public health achievement and is in large part a result of public education campaigns emphasizing a healthy lifestyle and increased use of cholesterol-lowering medications (1). Public health and private efforts to improve motor vehicle transportation safety, as well as to increase safety in homes and workplaces, have contributed to lower death rates caused by unintentional injuries for children and adults. Finally, the decline in the death rate for HIV disease in the 1990s (table 42) demonstrates how new medical treatments can dramatically delay or decrease the number of deaths caused by a particular disease. Yet even as progress is made in improving both the quantity and quality of life, increases in longevity are associated with increased prevalence of chronic conditions. Equally important is the fact that these improvements have not been equally distributed by income, race, ethnicity, education, and geography.

Health Status and Its Determinants

Life expectancy in the United States has shown a long-term upward trend. Infant mortality and mortality from heart disease, stroke, and unintentional injuries are all substantially lower than in 1950, contributing to the upward trend in life expectancy (figure 25 and tables 22, 29, 36, and 37). However, men and women in many other countries have longer life expectancies than in the United States. For example, in 1999 life expectancy at birth in Japan was more than 3 years longer for men and more than 4 years longer for women than in the United States (table 26).

In addition, in 2002 the infant mortality rate in the United States increased for the first time since 1958. The rise in infant mortality is attributed to an increase in neonatal deaths (infants less than 28 days old), particularly infants who died within the first week of life. However, there was a continued decrease in late-term fetal deaths—defined as 28 or more weeks of gestation (2).

Decreased cigarette smoking among adults is a prime example of a trend in a risk factor for disease and death that has contributed to declines in mortality. Even with decreases in cigarette smoking since the Surgeon General's Report in 1964, about 25 percent of men and 20 percent of women were current smokers in 2002 (figure 12 and table 60). Overweight and obesity, and physical inactivity among both adults and children are significant risk factors for several chronic diseases, including diabetes, and these indicators have not shown improvement (table 69) (3). The rising

prevalence of overweight in children and adolescents, and the high percentage of both adults and adolescents not engaging in recommended amounts of physical activity raise additional concerns for future health outcomes.

Although rates of reportable childhood infectious diseases such as mumps and measles have all but disappeared (table 51), the prevalence of many chronic diseases is increasing with the aging of the population (figure 1, table 1). In 1999–2000, more than 8 percent of persons 20 years of age and over were estimated to have diabetes, including diabetes previously diagnosed by a physician and undiagnosed diabetes based on the results of a fasting blood sugar test (table 55). Incidence rates for all cancers combined declined in the 1990s for males, although there was no significant change in cancer incidence for females overall (table 53).

Self- or proxy-reported limitation in one's usual activities because of chronic health limitations and overall health status have not changed measurably since 1997 (tables 56 and 57). However, for persons aged 65 and over, the percentage with a limitation in one of six activities of daily living has declined since 1992 (figure 21).

Health Care Utilization and Resources

People use health care services for many reasons—to treat illnesses and health conditions, to mend breaks and tears, to prevent or delay future health care problems, and to reduce pain and increase quality of life, as well as to obtain information about their health status and prognosis. The study of trends in health care utilization provides important information on these phenomena and spotlights areas that may warrant future in-depth studies. Trends in utilization may also be used as the basis for projecting future health care needs, health care expenditures, or manpower training or supply needs.

Use of many types of preventive or early-detection health services has been increasing. The percentage of mothers receiving prenatal care in the first trimester of pregnancy has continued to edge upward (table 6). Since 1989 the percentage of older adults ever having received a pneumococcal vaccine increased sharply (figure 10). The percentage of children 19–35 months of age vaccinated for many childhood infectious diseases is at a high level, and the percentage of children receiving the new varicella (chickenpox) vaccine has increased since 1997 (table 72).

Use of Pap smears and mammograms by women in the recommended age and time intervals has also increased since 1987 (tables 81 and 82).

Admissions to hospitals and length of stay declined substantially over the 1980s and 1990s, but these declines appear to be leveling off (tables 92, 93, and 96). The diagnoses recorded on inpatient hospital stays are changing, as are the procedures being performed on inpatients (table 97). Hospitalizations for procedures that can be performed on an outpatient basis, such as lens extractions and knee arthroscopies, have all but disappeared from inpatient settings. Instead, inpatient care is becoming considerably more complex, with more procedures such as insertions of cardiac stents and hip replacements being performed, particularly on older persons (table 97). The visit rate to hospital outpatient departments is increasing for the population overall, and the number and types of services performed during visits to physicians' offices—particularly the number of drugs prescribed, continued, administered, or provided per visit—are increasing rapidly for persons in older age groups (table 87).

As the nature of health care changes, the supply of health providers and the sites where specific services are provided have been evolving. Services that historically were provided in inpatient settings are increasingly offered in outpatient settings, and the number of physical therapy providers, comprehensive outpatient rehabilitation facilities, and ambulatory surgical centers certified by the Centers for Medicare & Medicaid Services has increased since the 1980s (table 114). The supply of some other types of providers has been declining, such as the number of inpatient mental health beds (table 110).

Expenditures and Health Insurance

In 2002 national health care expenditures in the United States totaled \$1.6 trillion, a 9.3 percent increase from 2001 (table 116). Since 1995 the average annual rate of increase for prescription drug expenditures was higher than for any other type of health expenditure (table 118), indicating the importance of prescription drugs to the Nation.

Access to health care is determined by many factors including the supply of providers and the ability to use and pay for available care. Health insurance is strongly associated with the ability to access health care services and providers. The percentage of the population under 65 years of age with

no health insurance coverage (either public or private) fluctuated around 16–17 percent between 1994 and 2002 (figure 7 and table 131). In 2002 the percentage with private health insurance decreased (figure 6 and table 132). This decrease was offset by an increase in the percentage with Medicaid, resulting in little change in the percentage uninsured.

Disparities in Risk Factors, Access, and Utilization

Throughout the 21st century, efforts to improve health will be shaped by important changes in the U.S. population. Efforts to improve health care will be in the context of a Nation that is growing older and becoming more racially and ethnically diverse. In 2001 more than one-quarter of adults and one-third of children were identified as black, Hispanic, Asian or Pacific Islander, or American Indian or Alaska Native. Thirteen percent of the U.S. population identified themselves as Hispanic, and 4 percent as Asian or Pacific Islander (table 1).

Health, United States, 2004, identifies major areas where disparities in health and health care exist by race, ethnicity, and socioeconomic status. Persons living in poverty are considerably more likely to be in poor health and less likely than nonpoor persons to have used many types of health care. In 2002 the percentage of persons reporting their health status as fair or poor was more than three times as high for persons living below the poverty level as for those with family income more than twice the poverty level (table 57). Poor persons were four times as likely as nonpoor persons to report serious psychological distress (table 58).

Large disparities in infant mortality rates remain among racial and ethnic groups (table 19), and the gap in life expectancy between the sexes and between the black and white populations has been narrowing, but persists (table 27). Disparities in access to health care, risk factors, and morbidity also persist among persons under 65 years of age of Hispanic origin, and American Indians who are more likely to be uninsured than are those in other racial and ethnic groups. Obesity, a major risk factor for many chronic diseases, also varies by race (figure 17 and tables 69 and 70). Diabetes, which is associated with obesity, rises sharply with age and is more common among non-Hispanic black and Mexican persons than non-Hispanic white persons (table 55).

While many aspects of the health of the Nation have improved as a whole, the health of some subpopulations has lagged behind. The large differences in health status by race and Hispanic origin documented in this report may be explained by several factors including socioeconomic status, health practices, psychosocial stress and resources, environmental exposures, discrimination, and access to health care (4). Socioeconomic and cultural differences among racial and ethnic groups in the United States will likely continue to influence patterns of disease, disability, and health care use in the future.

Special Feature: Drugs

Drugs are defined as articles intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease or nonfood articles intended to affect the structure or any function of the body of man or other animals (5). Drugs, both prescribed and nonprescription, are an increasingly important component of health care. They can cure some diseases (e.g., antibiotics); control symptoms (e.g., analgesics or pain relievers and asthma drugs); replace or supplement needed chemicals (e.g., insulin and vitamins); and control the body's self-regulating systems (e.g., high blood pressure and thyroid drugs). Drugs can serve as complements to medical procedures (e.g., anticoagulants during heart valve replacement surgery); deterrents to disease and disability (e.g., lipid-lowering drugs that lessen the risk of coronary artery disease); and new treatments where previously there were none (e.g., drugs for HIV). Factors affecting the recent increase in utilization of medications include the growth of third-party insurance coverage for drugs, the availability of successful new drugs, marketing to physicians and increasingly directly to consumers, and clinical guidelines recommending increased utilization of medications for conditions such as high cholesterol, acid-reflux disease, and asthma (6,7).

Between 1988–94 and 1999–2000 the percentage of noninstitutionalized Americans of all ages who reported using any prescription drug during the past month increased from 39 to 44 percent (age adjusted) (figure 26 and table 86). During the same period the percentage of persons who reported using three or more drugs in the past month increased from 12 percent to more than 17 percent (age adjusted) (figure 26 and table 86). Perhaps most striking is the increase in the percentage of older persons who reported

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taking three or more prescription drugs during a 1-month period—almost one-half of those 65 and over in 1999–2000, compared with just over one-third in 1988–94. Use of drugs for some conditions is increasing (e.g., cholesterol-lowering statin drugs and antidepressant drugs) (figures 30–36). For other conditions, such as asthma, some classes of drugs appear to be replacing older drugs (figures 28 and 29).

Trends in drug use illustrate how practice patterns and health care are changing over time. Drugs can increase both length and quality of life, particularly for older persons, but they also incur costs and may have damaging side effects and interactions. As the use of multiple drugs increases and drug expenditures continue to rise, tradeoffs between drugs' costs and benefits are becoming major clinical and policy issues.

Continued collection and dissemination of reliable and accurate information about all components of health, its determinants, and resources expended will be critical for charting future trends, identifying how resources can be most effectively targeted, and prioritizing and evaluating programs and policies that will improve the health of all Americans. Following are highlights from *Health, United States, 2004 With Chartbook on Trends in the Health of Americans* that summarize major findings.

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Highlights

Health, United States, 2004 is the 28th report on the health status of the Nation. It assesses the Nation's health by presenting trends and current information on selected determinants and measures of health status in a chartbook followed by 153 trend tables. The 2004 Chartbook on Trends in the Health of Americans features a section on use of drugs, which are assuming an ever-increasing role in health care in preventing and curing diseases, reducing complications, controlling symptoms, and improving quality and length of life. The trend tables that follow the chartbook are organized around four major subject areas: health status and determinants, health care utilization, health care resources, and health care expenditures. Highlights of the featured topic, drugs, follow other major findings from the report.

Health Status and Determinants

Population characteristics

Important changes in the U.S. population will shape future efforts to improve health and health care. Two major changes in the demographic characteristics of the U.S. population are the increasing racial and ethnic diversity of the Nation and the growth of the older population.

The **racial and ethnic composition** of the Nation has changed over time. The Hispanic population and the Asian and Pacific Islander population have grown more rapidly than other racial and ethnic groups in recent decades. In 2002, 13 percent of the U.S. population identified themselves as Hispanic and 4 percent as Asian or Pacific Islander (table 1).

From 1950 to 2000 the proportion of the **population age 75 years and over** rose from 3 to 6 percent. By 2050 it is projected that 12 percent, or about one in eight Americans, will be 75 years of age or over (figure 2).

In 2002 the overall percent of Americans living in **poverty** was 12.1 percent, up from 11.7 percent in 2001 and 11.3 percent in 2000, the first increase in the poverty rate since 1993. In 2002 more than one-half of black and Hispanic children under 18 years and more than one-half of the black and Hispanic population age 65 years and over were either poor or near poor (figures 4 and 5 and table 2).

Fertility

Birth rates for teens continued their steady decline while birth rates for women 35–44 years of age increased in 2002.

The **birth rate for teenagers** declined for the 11th consecutive year in 2002, to 43.0 births per 1,000 women aged 15–19 years, the lowest rate in more than six decades. The birth rate for 15–17 year olds in 2002 was 40 percent lower than in 1991, and the birth rate for older teens 18–19 years of age was 23 percent lower than the rate in 1991 (table 3).

In 2002 the **fertility rate** for Hispanic women (94.4 births per 1,000 Hispanic women 15–44 years) was 64 percent higher than for non-Hispanic white women (57.4 per 1,000) (table 3).

Between 1995 and 2002 the **birth rate for unmarried women** was relatively stable, about 43–44 births per 1,000 unmarried women ages 15–44 years. The birth rate for unmarried black women declined to 66.2 per 1,000 in 2002, an historic low, and the birth rate for unmarried Hispanic women increased for the fourth year in a row to 87.9 per 1,000 (table 9).

Health Behaviors and Risk Factors

Health behaviors and risk factors have a significant effect on health outcomes. Cigarette smoking increases the risk of lung cancer, heart disease, emphysema, and other respiratory diseases. Overweight and obesity increase the risk of death and disease as well as the severity of disease. Regular physical activity lessens the risk of disease and enhances physical functioning. Heavy and chronic use of alcohol and use of illicit drugs increase the risk of disease and injuries.

Since 1990 the percent of **adults who smoke cigarettes** has declined only slightly. In 2002, 25 percent of men and 20 percent of women were smokers. Cigarette smoking by adults is strongly associated with educational attainment. Adults with less than a high school education were three times as likely to smoke as were those with a bachelor's degree or more education in 2002 (figure 12 and tables 60 and 61).

Between 1997 and 2003 the percent of high school students who reported smoking cigarettes in the past month declined from 36 percent to 22 percent, reversing an upward trend that began in the early 1990s. Despite the declines in cigarette smoking rates among high school students, 26 percent of high school students in grade 12 were current smokers in 2003, and 13 percent smoked cigarettes on 20 or more days in the past month (figures 12 and 13).

Cigarette smoking during pregnancy is a risk factor for poor birth outcomes such as low birthweight and infant death. In 2002 the proportion of mothers who smoked cigarettes during pregnancy declined to 11 percent, down from 20 percent in 1989. In 2002 the smoking rate during pregnancy for mothers ages 18–19 years (18 percent) remained higher than that for mothers of other ages (figure 12 and table 11).

Low birthweight is associated with elevated risk of death and disability in infants. In 2002 the rate of low birthweight (infants weighing less than 2,500 grams at birth) increased to 7.8 percent overall, up from 7.0 percent in 1990 (table 12).

In 2003, one-third of **high school students**, about the same as in 2001, did not engage in the recommended amounts of moderate or vigorous **physical activity**. The percent reporting an insufficient amount of physical activity was higher for female than for male high school students (figure 14).

In 2002 the percent of adults 18 years of age and over who were **inactive during their leisure time** was higher for women than men and increased sharply with age. Among adults 18–44 years of age, 30 percent of men and 35 percent of women were inactive during leisure time (figure 15).

The prevalence of **overweight and obesity among adults** 20–74 years of age increased from 47 percent in 1976–80 to 65 percent in 1999–2002. During this period the prevalence of obesity among adults 20–74 years of age increased from 15 to 31 percent (percents are age adjusted) (figure 16 and table 69).

The prevalence of **obesity** among adults varies by **race and ethnicity**. In 1999–2002, 50 percent of non-Hispanic black women 20–74 years of age were obese, compared with 39 percent of women of Mexican origin and 31 percent of non-Hispanic white women (percents are age adjusted). Obesity among black women increased 60 percent since 1976–80, from 31 percent to 50 percent (figure 17 and table 69).

Between 1976–80 and 1999–2002 the prevalence of **overweight among children** 6–11 years of age more than doubled from 7 to 16 percent and the prevalence of overweight among **adolescents** 12–19 years of age more than tripled from 5 to 16 percent (figure 16 and table 70).

In 2002 among current drinkers age 18 years and over, 41 percent of men and 20 percent of women reported drinking **five or more alcoholic drinks** on at least 1 day in the past year (age adjusted). This level of alcohol consumption was most common among young adults 18–24 years of age (table 66).

In 2002 the prevalence of **illicit drug use** within the past 30 days among youths 12–17 years of age was almost 12 percent. The percent of youths reporting illicit drug use increased with age, from 4 percent among 12–13 year olds to 11 percent among those age 14–15 years and 20 percent among those 16–17 years in 2002 (table 63).

Between 1991 and 2002 the number of **cocaine-related emergency department episodes** per 100,000 population tripled for persons 35 years and over, to 79 episodes per 100,000. Males, age 26–34 years, had the highest episode rate, 222 per 100,000 in 2002. The same patient may be involved in multiple drug-related episodes (table 65).

Morbidity

Limitation of activity due to chronic health conditions, limitations in activities of daily living, and self-assessed (or family member-assessed) health status are summary measures of morbidity presented in this report. Additional measures of morbidity include the incidence and prevalence of specific diseases, injury-related emergency department use, and suicide attempts.

Between 1997 and 2002 **limitation of activity** due to chronic health conditions was reported for 6–7 percent of children under the age of 18 years. Among preschool children (under 5 years) the chronic conditions most often mentioned were speech problems, asthma, and mental retardation or another developmental problem. Among school-age children (5–11 and 12–17 years), learning disabilities and Attention Deficit Hyperactivity Disorder (ADHD) were the conditions most often mentioned (table 56 and figure 18).

Limitations in handling personal care needs such as bathing (activities of daily living or ADLs) increase sharply with age among the noninstitutionalized population. In 2002, 14 percent

of all Medicare beneficiaries 65 years of age and over were limited in at least one of six ADLs. Among noninstitutionalized persons age 65 years and over, about 11 percent had difficulty and received help or supervision with at least one ADL (figure 21).

Mental illness is a significant cause of activity limitation among working-age adults living in the community. In 2000–2002 mental illness was the second most frequently mentioned causal condition for activity limitation among adults 18–44 years of age and the third most frequently mentioned among adults 45–54 years (figure 20).

In 2002 the percent of persons reporting their **health status** as fair or poor was more than three times as high for persons living below the poverty level as for those with family income more than twice the poverty level (20 percent and 6 percent, age adjusted). Levels of fair or poor health were higher in the South and outside of metropolitan areas (table 57).

New pediatric AIDS cases have been declining steadily since 1994 when U.S. Public Health Service guidelines recommended testing and treatment of pregnant women and neonates to reduce perinatal HIV transmission. The vast majority of pediatric AIDS cases occur through perinatal exposure. In 2003, about 150 new AIDS cases were reported among children under the age of 13 years, compared with more than 700 cases in 1990 (table 52).

In 2002 **tuberculosis** incidence declined for the 10th consecutive year to 5.4 cases per 100,000 population, down from 10.5 in 1992 and 12.3 in 1980 (table 51).

Untreated **chlamydial infections** can lead to pelvic inflammatory disease (PID) with potentially serious complications including infertility, chronic pelvic pain, and life-threatening tubal pregnancy. In 2002 the reported rate for chlamydial infection was 297 cases per 100,000 persons. Rates of reported chlamydial infection have been increasing annually since the late 1980s when public programs for screening and treatment of women were first established to avert pelvic inflammatory disease and related complications (table 51).

In 1999–2000 more than 8 percent of persons 20 years of age and over were estimated to have **diabetes**, including diabetes previously diagnosed by a physician and undiagnosed diabetes based on the results of a fasting blood sugar examination. Diabetes rises sharply with age and is

more common among non-Hispanic black and Mexican adults than non-Hispanic white adults (based on age-adjusted rates) (table 55).

Incidence rates for **all cancers combined** declined in the 1990s for males. Between 1990 and 2000 age-adjusted cancer incidence rates declined on average 1 percent or more per year for black males, non-Hispanic white males, and American Indian or Alaska Native males. Although there was no significant change in cancer incidence for females overall, among non-Hispanic white females and Asian or Pacific Islander females, cancer incidence increased on average 0.4 percent per year between 1990 and 2000, a significant increase (table 53).

The most frequently diagnosed cancer sites in males are prostate, followed by lung and bronchus, and colon and rectum. Cancer incidence at these sites is higher for black males than for males of other racial and ethnic groups. In 2000 age-adjusted cancer incidence rates for black males exceeded those for white males by 66 percent for prostate, 46 percent for lung and bronchus, and 17 percent for colon and rectum (table 53).

Breast cancer is the most frequently diagnosed cancer among females. Breast cancer incidence is higher for non-Hispanic white females than for females in other racial and ethnic groups. In 2000 age-adjusted breast cancer incidence rates for non-Hispanic white females exceeded those for black females by 22 percent, for Asian or Pacific Islander females by 54 percent, and for Hispanic females by 59 percent (table 53).

Injuries accounted for 36 percent of all visits to emergency departments (ED) in 2001–2002. The proportion of ED visits that were injury-related declined with age from 39 percent for children and adults under 45 years of age to 33 percent for persons 45–64 years and 27 percent for those 65 years and over. Males had a higher injury-related visit rate than females overall and for all age groups under 65 years (tables 83 and 84).

Between 1993 and 2003 the percent of high school students who reported attempting suicide (8–9 percent) and whose **suicide attempts** required medical attention (just under 3 percent) remained fairly constant. Girls were more likely than boys to consider or attempt suicide. However in 2002 adolescent boys (15–19 years of age) were five times as likely to die from suicide as were adolescent girls, in part

reflecting their choice of more lethal methods, such as firearms (tables 46 and 59).

The prevalence of **serious psychological distress** was 3 percent of civilian noninstitutionalized adults 18 years of age and over in 2001–02. Four percent of persons age 45–54 years had serious psychological distress, more than younger and older age groups. Persons living below the poverty line were four times as likely as those above 200 percent of poverty to have serious psychological distress (8 percent compared with 2 percent) (table 58).

Mortality Trends

Life expectancy and infant mortality are measures often used to gauge the overall health of a population. Life expectancy shows a long-term upward trend. Infant mortality increased in 2002, the first year since 1958 that the rate has not declined or remained unchanged.

In 2002 **life expectancy** at birth for the total population reached a record high of 77.4 years, up from 75.4 years in 1990 (table 27).

In 2002 the **infant mortality** rate was 7.0 infant deaths per 1,000 live births, up from 6.8 in 2001. Between 1958 and 2001, the infant mortality rate either decreased or remained level. The rise in infant mortality in 2002 is attributed to an increase in neonatal deaths (within 28 days of birth), particularly deaths of infants within the first week of life (figure 23 and table 22).

Between 1950 and 2002 the age-adjusted **death rate for the total population** declined 42 percent to 845 deaths per 100,000 population. This reduction was driven largely by declines in mortality from heart disease, stroke, and unintentional injury (figure 25 and table 29).

Mortality from **heart disease**, the leading cause of death, declined almost 3 percent in 2002, continuing a long-term downward trend. The 2002 age-adjusted death rate for heart disease was 59 percent lower than the rate in 1950 (figure 25 and tables 29 and 31).

Mortality from **cancer**, the second leading cause of death, decreased more than 1 percent in 2002, continuing the decline that began in 1990. Overall cancer age-adjusted death rates rose from 1960 to 1990 and then reversed direction (figure 25 and tables 29 and 31).

Mortality from **stroke**, the third leading cause of death, declined almost 3 percent in 2002. Between 1950 and 2002, the age-adjusted death rate for stroke declined 69 percent (figure 25 and tables 29 and 31).

The age-adjusted death rate for **chronic lower respiratory diseases** (CLRD), the fourth leading cause of death, was 54 percent higher in 2002 than in 1980. The upward trajectory for CLRD death rates is a result of steadily increasing death rates for females, most noticeably for females age 55 years and over (figure 25 and tables 29, 31, and 41).

Mortality from **unintentional injuries**, the fifth leading cause of death, increased more than 3 percent in 2002. Ageadjusted death rates for unintentional injuries generally declined from 1950 until 1992 and then increased slightly (figure 25 and tables 29 and 31).

Disparities in Mortality

Despite overall declines in mortality, racial and ethnic disparities in mortality, as well as disparities among persons of different education levels, persist. The gap in life expectancy between the sexes and between the black and white populations has been narrowing.

Large disparities in **infant mortality** rates among **racial and ethnic groups** continue. In 2001 infant mortality rates were highest for infants of non-Hispanic black mothers (13.5 deaths per 1,000 live births), American Indian mothers (9.7 per 1,000), and Puerto Rican mothers (8.5 per 1,000); and lowest for infants of mothers of Chinese origin (3.2 per 1,000 live births) and Cuban mothers (4.2 per 1,000) (table 19).

Infant mortality increases as mother's level of education decreases. In 2001 the mortality rate for infants of mothers with less than 12 years of education was 49 percent higher than for infants of mothers with 13 or more years of education. This disparity was more marked among non-Hispanic white infants, for whom mortality among infants of mothers with less than a high school education was more than twice that for infants of mothers with more than a high school education (table 20).

Between 1990 and 2002 **life expectancy at birth** increased 2.9 years for **males** and 1.1 year for **females**. The difference in life expectancy between males and females narrowed from 7.0 years in 1990 to 5.2 years in 2002 (figure 22 and table 27).

Between 1990 and 2002 mortality from lung cancer declined for men and increased for women. Although these trends reduced the sex differential for this cause of death, the age-adjusted death rate for lung cancer was still 76 percent higher for men than for women in 2002 (table 39).

Since 1990 mortality from **chronic lower respiratory diseases** remained relatively stable for **men** while it increased for **women**. These trends reduced the gap between the sexes for this cause of death. In 1990 the age-adjusted death rate for males was more than 100 percent higher than for females. In 2002 the difference between the rates had been reduced to 43 percent (table 41).

Between 1990 and 2002 **life expectancy at birth** increased more for the **black** than for the **white population**, thereby narrowing the gap in life expectancy between these two racial groups. In 1990 life expectancy at birth was 7.0 years longer for the white than for the black population. By 2002 the difference had narrowed to 5.5 years (table 27).

Overall mortality was 31 percent higher for **black Americans** than for white Americans in 2002 compared with 37 percent higher in 1990. In 2002 age-adjusted death rates for the black population exceeded those for the white population by 41 percent for **stroke**, 30 percent for **heart disease**, 25 percent for **cancer**, and more than 750 percent for **HIV disease** (table 29).

The **5-year survival rate** for black females diagnosed in 1992–99 with breast cancer was 14 percentage points lower than the 5-year survival rate for white females (table 54).

In 2002 **breast cancer mortality** for black females was 36 percent higher than for white females, compared with less than 15 percent higher in 1990 (based on age-adjusted death rates) (table 40).

Homicide rates among young black males 15–24 years of age and young Hispanic males were about 50 percent lower in 2002 than in 1992 and 1993 when homicide rates peaked for these groups. Despite these downward trends, homicide was still the leading cause of death for young black males and the second leading cause for young Hispanic males in 2002, and homicide rates for young black and Hispanic males remained substantially higher than for young non-Hispanic white males (table 45).

HIV disease mortality peaked in 1995 and then fell sharply with the advent of new drug therapies. However the decline in HIV disease mortality has slowed in recent years. Between

1999 and 2002, age-adjusted death rates for HIV disease declined about 3 percent per year on average for males and were unchanged for females (table 42).

In 2002 the death rate for motor vehicle-related injury for young American Indian males 15–24 years of age was almost 40 percent higher and the suicide rate was almost 60 percent higher than the rates for those causes for young white males. Death rates for the American Indian population are known to be underestimated (tables 44 and 46).

In 2002 age-adjusted death rates for **stroke for Asian males** ages 45–54 and 55–64 years were about 15 percent higher than for white males of those ages. Since 1990, stroke mortality for Asian males and females ages 45–74 years has generally exceeded that for white males and females of those ages. Death rates for the Asian population are known to be underestimated (table 37).

Death rates vary by **educational attainment**. In 2002 the age-adjusted death rate for persons 25–64 years of age with fewer than 12 years of education was 2.7 times the rate for persons with 13 or more years of education (table 34).

Occupational Health

Improvements in workplace safety constitute a major public health achievement in the twentieth century. Despite important accomplishments, preventable injuries and deaths continue to occur.

In 2002 approximately 2.5 million workplace injury and illness cases in the private sector involved days away from work, job transfer, or restriction. The manufacturing and service industries each reported more than 600,000 such cases with incidence rates of 4.1 and 2.2 cases per 100 full-time employees respectively (table 50).

Between 1992 and 2002 the occupational injury death rate decreased 23 percent to 4 deaths per 100,000 employed workers. Mining (including oil and gas extraction), the industry with the highest death rate in 2002 (24 per 100,000), accounted for 2 percent of all occupational injury deaths. The industry accounting for the largest percentage of occupational injury deaths, construction (20 percent), had a death rate of 12 per 100,000 (table 49).

A total of 2,715 **pneumoconiosis deaths**, for which pneumoconiosis was either the underlying or nonunderlying cause of death, occurred in 2002, compared with 4,151

deaths in 1980. Pneumoconiosis deaths are primarily associated with occupational exposures and can be prevented through effective control of worker exposure to occupational dusts (table 48).

Health Care Utilization and Health Care Resources

Major changes continue to occur in the delivery of health care in the United States, driven in part by changes in payment policies intended to rein in rising costs and by advances in technology that have allowed more complex treatments to be performed on an outpatient basis. Use of hospital inpatient services overall has decreased, yet inpatient care is becoming more complex with more cardiac procedures performed, especially on older persons. New types of health care providers including ambulatory surgery centers and end-stage renal disease facilities have emerged that provide services previously provided only in hospital settings.

Between 1995 and 2002 the rate of visits to **office-based physicians** increased from 271 per 100 population to 316 per 100 population (age adjusted). The increase was smaller for persons age 18–44 years than for other age groups (table 83).

In 2002 the **hospital emergency department** visit rate for black persons was twice the rate for white persons (71 visits compared with 36 visits per 100 persons, age adjusted). Adults 75 years and over had a higher rate of visits to the hospital emergency department than any other age group (61 visits per 100 persons) (table 83).

In 2002, 63 percent of all **surgical operations** in community hospitals were performed on outpatients, up from 51 percent in 1990 and 16 percent in 1980 (table 98).

In 2002 the **hospital discharge rate** was 117 discharges per 1,000 population, 23 percent lower than the rate in 1985. Most of the decline in the discharge rate had occurred by 1996. Between 2000 and 2002, the discharge rate increased slightly while **average length of stay** remained at 4.9 days, 1.7 days shorter than it was in 1985 (data are age adjusted) (table 93).

Between 1991–92 and 2001–02 hospital stays with at least one operation on vessels of the heart performed on persons 75 years of age and over increased from 73 to 124

hospital stays per 10,000 persons (rates are age adjusted) (table 97).

Between 1991–92 and 2001–02 hospital stays with at least one diagnostic ultrasound performed on persons 18 years of age and over decreased substantially from 71 to 32 hospital stays per 10,000 persons (rates are age adjusted) (table 97).

The percent of persons with **untreated dental caries** has declined for every age group except children 2–5 years of age. In 1999–2000, 26 percent of adults 18–64 years of age had untreated dental caries, following a decline from 48 to 28 percent between 1971–74 and 1988–94 (table 80).

Between 1995 and 2002 allopathic medicine graduates remained stable at nearly 16,000 per year, and osteopathic medicine graduates increased from 1,800 to 2,500 per year (table 106).

Between 1990 and 2002 the number of **community hospital beds** declined from about 927,000 to 821,000. Community hospital occupancy, estimated at 66 percent in 2002, increased from 62 percent in 1996, after declining from 67 percent in 1990 (table 109).

Between 1990 and 2000 the number of inpatient **mental health beds** per 100,000 civilian population in the United States declined 31 percent to 77 beds per 100,000 population. The largest decreases were in State and county mental hospitals and private psychiatric hospitals, which each had a decrease of almost 50 percent to 21 beds and 10 beds per 100,000 population, respectively (table 110).

In 2002 there were 6,800 Medicare-certified **home health agencies**, down from 10,800 in 1997. During this same period, the number of Medicare-certified **hospices** remained stable at about 2,300 (table 114).

In 2002 there were nearly 1.8 million **nursing home beds** in facilities certified for use by Medicare and Medicaid beneficiaries. Between 1995 and 2002 nursing home bed occupancy in those facilities was relatively stable, estimated at 82 percent in 2002 (table 113).

Preventive Health Care

Use of preventive health services helps reduce morbidity and mortality from disease. Use of several different types of preventive services has been increasing. However disparities

in use of preventive health care by race and ethnicity, and family income, remain.

The percent of mothers receiving **prenatal care** in the first trimester of pregnancy has continued to edge upward from 76 percent in 1990 to 84 percent in 2002. Although increases occurred for all racial and ethnic groups, in 2002 the percent of mothers with early prenatal care still varied substantially, from 70 percent for American Indian mothers to 91–92 percent for mothers of Japanese and Cuban origin (figures 8 and 9 and table 6).

In 2002, 78 percent of children 19–35 months of age received the combined **vaccination** series of four doses of DTaP (diphtheria-tetanus-acellular pertussis) vaccine, three doses of polio vaccine, one dose of MMR (measles-mumps-rubella vaccine), and three doses of Hib (Haemophilus influenzae type b) vaccine. Children living below the poverty threshold were less likely to have received the combined vaccination series than were children living at or above poverty (72 percent compared with 79 percent) (table 72).

In 2002, 66 percent of noninstitutionalized adults 65 years of age and over reported an **influenza vaccination** within the past year, the same percent as in 1999 and more than double the percent in 1989. Between 1989 and 2002 the percent of older adults ever having received a **pneumococcal vaccine** increased sharply from 14 percent to 56 percent (figure 10).

Between 1987 and 2000 the percent of women 18 years and over who reported a **Pap smear** in the past 3 years increased from 74 percent to 81 percent. Among women 25 years and over, in 2000, Pap smear use was lowest among women with less than a high school education and highest among women with at least some college education (70 percent and 88 percent) (table 82).

Access to Care

Access to care is important for preventive care and prompt treatment of illness and injuries. A major determinant of access to care is health insurance coverage and the generosity of coverage. Indicators of access to health services also include having a usual source of health care and having a recent health care contact.

The percent of the **population under 65 years of age with no health insurance coverage** (either public or private) fluctuated around 16–17 percent between 1994 and 2002.

Among the under 65 population, poor and near poor persons whose family incomes were less than 200 percent of poverty were much more likely than others to be uninsured (figures 6 and 7 and table 131).

The likelihood of being uninsured varies substantially among the **States**. In 2002 the percent of the population under 65 years of age with **no health insurance coverage** varied from less than 9 percent in Minnesota to more than 22 percent in Nevada, New Mexico, and Texas (table 153).

In 2002, 11 percent of **children** under 18 years of age had **no health insurance coverage**. Between 2000 and 2002 among children with family income just above the poverty level (1–1.5 times poverty), the percent uninsured dropped from 25 to 19 percent. However children with low family income remain substantially more likely than higher-income children to lack coverage (table 131).

Persons of **Hispanic origin and American Indians** who are under 65 years of age are more likely to have **no health insurance coverage** than are those in other racial and ethnic groups. In 2002 among the Hispanic-origin population, persons of Mexican origin were the most likely to lack health insurance coverage (37 percent). Non-Hispanic white persons were the least likely to lack coverage (13 percent) (figure 7 and table 131).

In 2002 **Hispanic persons** were more likely than non-Hispanic white and non-Hispanic black persons to have had **no health care visits** within the past 12 months (26 percent compared with 14–15 percent, percents are age adjusted) (table 71).

Twelve percent of **children** under 18 years of age had **no health care visit** to a doctor or clinic within the past 12 months in 2001–02. Hispanic and non-Hispanic black children were more likely to be without a recent visit than non-Hispanic white children (19 percent and 14 percent compared with 10 percent) (table 74).

Six percent of **children** under 18 years of age had **no usual source of health care** in 2001–02. Hispanic children were more likely than other children to be without a usual source of care (9 percent of Hispanic children under 6 years of age and 16 percent of Hispanic children 6–17 years of age were without a usual source of care) (table 75).

Poor children are more likely to have **untreated dental caries** than children in families with incomes above the poverty level. In 1999–2000, 34 percent of poor children 6–17

years of age had untreated dental caries compared with 13 percent of children in families with incomes 200 percent of the poverty level or greater (table 80).

Twenty-eight percent of young **children** under 6 years of age had an **emergency department (ED) visit** within the past 12 months in 2002. Young children with Medicaid coverage were more likely than those with private coverage or the uninsured to have had an ED visit within the past 12 months (38 percent compared with 22–25 percent) (table 76).

Working-age males 18–64 years of age were nearly twice as likely as working-age females to have **no usual source of health care** in 2001–02 (21 percent of males and 11 percent of females, percents are age adjusted (table 77).

In 2002, 63 percent of working-age adults 18–64 years of age had a dental visit in the past year. Less than one-half of poor and near poor working-age adults (persons with family incomes of less than twice the poverty level) had a dental visit in the past year compared with 69 percent of nonpoor working-age adults (with family incomes of at least twice the poverty level) (table 79).

Use of hospital inpatient care is greater among the poor than among the nonpoor whose family income is at least twice the poverty level. In 2002 among persons under 65 years of age, the hospital discharge rate for the poor was nearly twice the rate for nonpoor (158 and 83 per 1,000 population). Among those under 65 years of age, average length of stay was 1.3 days longer for poor than for nonpoor persons (4.7 and 3.4 days, data are age adjusted) (table 92).

Health Care Expenditures

After 25 years of double-digit annual growth in national health expenditures, the rate of growth slowed during the 1990s. At the end of the decade the rate of growth started edging up again. Since the millennium, the rate has accelerated with no indication of a slowdown. The United States continues to spend more on health than any other industrialized country.

In 2002 **national health care expenditures** in the United States totaled more than \$1.5 trillion, a 9.3 percent increase, compared with 8.5 percent in 2001 and 7.1 percent in 2000. In the mid-1990s annual growth had slowed somewhat, following an average annual growth rate of 11 percent during the 1980s (table 116).

The United States spends a larger share of the gross domestic product (GDP) on health than does any other major industrialized country. In 2001 the United States devoted 14 percent of the GDP to health compared with 11 percent each in Germany and Switzerland and nearly 10 percent in Canada and France, countries with the next highest shares (table 115).

In 2002 national health expenditures grew 9.3 percent, compared with 3.6 percent growth in the gross domestic product (GDP). **Health expenditures as a percent of the GDP** increased to 14.9 percent in 2002, up from 14.1 percent in 2001, and 13.2–13.4 percent between 1995 and 2000 (table 116).

In 2003 the rate of increase in the medical care component of the **Consumer Price Index** (CPI) was 4.0 percent, continuing to outpace overall inflation (2.3 percent). The CPI for hospital services showed the greatest price increase (7.4 percent) compared with other components of medical care (table 117).

Expenditures by Type of Care and Source of Funds

During the last few years expenditures for prescription drugs have grown at a faster rate than any other type of health expenditure. Hospital care, however, continues to account for the largest share of health care spending.

Expenditures for hospital care accounted for 31 percent of all national health expenditures in 2002. Physician services accounted for 22 percent of the total in 2002, prescription drugs for 11 percent, and nursing home care for 7 percent (table 118).

Between 2000 and 2002 **community hospital expenses** increased at an average annual rate of 8 percent compared with a 5-percent increase between 1995–2000 (table 125).

Between 1995 and 2002 the average annual rate of increase for **prescription drug expenditures** was 15 percent, higher than for any other type of health expenditure (table 118).

In 2001 and 2002 **prescription drug expenditures** increased 15–16 percent. Prescription drugs posted a 5-percent rate of price increase in the Consumer Price Index in 2001 and 2002 and a 3-percent increase in 2003 (tables 117 and 118).

In 2002, 48 percent of **prescription drug expenditures** were paid by private health insurance (up from 24 percent in

1990), 30 percent by out-of-pocket payments (down from 59 percent in 1990), and 18 percent by Medicaid. Although Medicare is the federal program that funds health care for persons age 65 years and over, and older Americans are the highest per capita consumers of prescription drugs, Medicare paid less than 2 percent of prescription drug expenses in 2002 (table 119).

In 2000, 88 percent of persons age 65 years and over in the civilian noninstitutionalized population had a **prescribed medicine expense** compared with 59 percent of younger people. Women 65 years of age and over averaged \$731 out-of-pocket for prescribed medicine compared with \$467 for men in 2000. Among those under 65 years of age, out-of-pocket expenses averaged \$218 for women and \$175 for men in 2000 (table 120).

In 2000, 96 percent of persons age 65 years and over in the civilian noninstitutionalized population reported medical expenses averaging about \$6,100 per person with expense. Eighteen percent of expenses were paid out-of-pocket, 15 percent by private insurance, and 65 percent by public programs (mainly Medicare and Medicaid) (tables 120 and 121).

The burden of **out-of-pocket expenses** for health care varies considerably by age. In 2000 about one-third of persons 65 years of age and over with health care expenses paid \$1,000 or more out-of-pocket and approximately an additional one-fifth incurred expenses of \$500 to \$1,000. One-fifth of adults 18–44 years of age with health care expenses paid at least \$500 out-of-pocket in 2000 (table 122).

In 2002, 34 percent of **personal health care expenditures** were paid by the Federal Government and 11 percent by State and local government; private health insurance paid 36 percent and consumers paid 16 percent out-of-pocket (table 119).

In 2002 the major sources of funds for hospital care were Medicare (31 percent) and private health insurance (34 percent). Physician services were also primarily funded by private health insurance (49 percent) and Medicare (20 percent). In contrast, nursing home care was financed primarily by Medicaid (49 percent) and out-of-pocket payments (25 percent). The Medicare share of nursing home expenditures has risen from 3 percent in 1990 to 13 percent in 2002 (table 119).

In 2003 Federal expenditures for HIV-related activities grew to \$16.7 billion, an 11-percent increase compared with a 6-percent increase in 2002. Of the total Federal HIV-related spending in 2003, 61 percent was for medical care, 17 percent for research, 12 percent for education and prevention, and 10 percent for cash assistance (table 128).

Publicly Funded Health Programs

The two major publicly funded health programs are Medicare and Medicaid. Medicare is funded through the Federal Government and covers the health care of persons 65 years of age and over and disabled persons. Medicaid is jointly funded by the Federal and State Governments to provide health care for certain groups of low-income persons and, in recent years, has expanded to cover a greater proportion of the low-income population—particularly low-income children. Medicaid benefits and eligibility vary by State.

In 2002 the **Medicare** program had 41 million enrollees and expenditures of \$266 billion (table 136).

In 2002 **hospital insurance** (HI) accounted for 57 percent of **Medicare** expenditures. Expenditures for home health agency care continued to hover around 3 percent of HI expenditures, down from 14 percent in 1995 (table 136).

In 2002 **supplementary medical insurance** (SMI) accounted for 43 percent of **Medicare** expenditures. Sixteen percent of SMI expenditures in 2002 were payments to managed care organizations, down from 20–22 percent in 1998–2000. Nearly one-half of the \$96 billion SMI paid for fee-for-service utilization in 2002 went to physicians under the physician fee schedule (table 136).

Of the 33.9 million **Medicare enrollees in the fee-for-service program** in 2001, 11 percent were 85 years of age and over and 15 percent were under 65 years of age. Among fee-for-service Medicare enrollees age 65 years and over, payments in 2001 increased with age of enrollee from an average of \$4,400 per year per enrollee for those age 65–74 years to \$8,500 for those 85 years and over (table 137).

In 2000, 80 percent of Medicare beneficiaries were non-Hispanic white, 9 percent were non-Hispanic black, and 7 percent were Hispanic. Some 22–23 percent of Hispanic and non-Hispanic black beneficiaries were persons under 65 years of age entitled to **Medicare through disability**, compared with 12 percent of non-Hispanic white beneficiaries (table 138).

In 2001 Medicare payments per fee-for-service enrollee varied by State, ranging from less than \$4,400 in Hawaii, South Dakota, and New Mexico to more than \$6,800 in New Jersey, the District of Columbia, New York, Maryland, and Louisiana (table 150).

In 2001 **Medicaid** vendor payments totaled \$186 billion for 46 million recipients (table 139).

In 2002 **Medicaid enrollment** increased to 11.8 percent of the noninstitutionalized population under 65 years of age, up from 10.3 percent in 2001. In 2002 among children less than 18 years of age, 24.5 percent were covered by Medicaid, a 3.3 percentage point increase over the previous year (table 130).

In 2001 children under the age of 21 years accounted for 46 percent of **Medicaid recipients** but only 16 percent of expenditures. Aged, blind, and disabled persons accounted for nearly one-quarter of recipients and nearly 70 percent of expenditures (table 139).

In 2001, 20 percent of **Medicaid payments** went to nursing facilities, 14 percent to inpatient general hospitals, 16 percent to capitated payment services, and 13 percent to prescribed drugs (table 140).

In 2001 Medicaid payments per recipient varied by State from less than \$3,000 in California, Tennessee, Georgia, and Washington to more than \$7,000 in New York and New Hampshire. On average payments per recipient were lower in the Southeast, Southwest, and Far West States than in the New England and Mideast States (table 151).

In 2003 spending on health care by the **Department of Veterans Affairs** was \$26 billion, an increase of 11 percent over the previous year. Forty-one percent of inpatients and 33 percent of outpatients were low-income veterans without a service-connected disability (table 141).

Health Insurance

Seventy percent of the population under 65 years of age has private health insurance, most of which is obtained through the workplace. In private industry, about 6 percent of employees' total compensation is devoted to health insurance. Most health insurance is now provided through some form of managed care organization, including health maintenance organizations (HMOs), preferred provider organizations (PPOs), and point-of-service plans (POSs). One-quarter of all

persons in the United States were enrolled in HMOs in 2002. HMO enrollment peaked in 1999 and has declined slowly since then.

In 2002 the age-adjusted proportion of the population under 65 years of age with **private health insurance** declined to 70 percent from 72 percent in 2001. Between 1995 and 2001 the proportion had fluctuated between 71 and 73 percent after declining from 77 percent in 1984. Ninety-four percent of private coverage was obtained through the workplace (a current or former employer or union) in 2002 (figure 6 and table 129).

In 2003 private employers' health insurance costs per employee-hour worked were \$1.41, up from \$1.28–1.29 in 2001–02. Among private employers the share of total compensation devoted to health insurance was 5.9–6.3 percent in 2001–03 (table 124).

Enrollment in HMOs totaled 72 million persons or one-quarter of the U.S. population in 2003. HMO enrollment varied from 17–20 percent in the South and Midwest to 32–36 percent in the Northeast and West. HMO enrollment increased steadily through 1999 but declined more than 9 million by 2003. Between 1999 and 2003 the number of HMO plans decreased from 643 to 454 plans (table 134).

In 2002, 25–27 percent of children under 18 years of age and adults age 18–44 and 45–64 years had health insurance coverage through a **private HMO**. Eleven percent of children had coverage through a **Medicaid HMO** while 2–3 percent of adults under 65 years of age had this coverage (table 133).

State Health Expenditures

Total personal health care per capita expenditures and its components vary substantially among the States. State expenditures are affected by factors such as population age structure and health, payment rates, and supply of services.

Personal health care per capita expenditures averaged \$3,800 in 1998, but varied among the States from \$2,700 in Utah to \$4,800 in Massachusetts. Higher expenditures were clustered in the New England and Mideast States, with lower per capita expenditures in the Rocky Mountain, Southwest, and Far West States (table 142).

The components of personal health care expenditures vary significantly by State. **Hospital care** per capita expenditures in 1998 ranged from \$1,016 in Utah to \$1,807 in

Massachusetts. **Physician** and other professional services per capita expenditures varied from \$763 in Utah to \$1,347 in Minnesota. Per capita expenditures for **nursing home care** ranged from \$90 in Alaska to \$860 in Connecticut (tables 143–145).

Twenty-one percent of all personal health care expenditures were paid by **Medicare** in 1998, up from 17 percent in 1991. The Medicare share of State health expenditures in 1998 varied from 9 percent in Alaska to 25–26 percent in Pennsylvania, Mississippi, and Louisiana, and 28 percent in Florida (table 147).

The share of personal health care expenditures paid by **Medicaid** increased from 13 percent in 1991 to 16 percent in 1995 through 1998. The Medicaid share of personal health care expenditures in 1998 ranged from less than 10 percent in Nevada and Virginia, to 21–22 percent in the District of Columbia, Maine, and Rhode Island, and 32 percent in New York (table 148).

Special Feature: Drugs

Drugs, both prescribed and over-the-counter, are an increasingly important component of health care. New drugs, and new uses for older drugs, are improving health outcomes and quality of life, curing some conditions, preventing or delaying disease, and hastening recovery. Trends in the percent of persons who reported taking a drug during a 1-month period, as well as trends in specific types of drugs prescribed, ordered, or provided during visits to office-based physicians and hospital outpatient departments, show the extent to which large changes in practice patterns and utilization can occur during a relatively short time period.

Between 1988–94 and 1999–2000 the percent of Americans of all ages who reported using **at least one prescription drug during the past month** increased from 39 to 44 percent. During the same period the percent of persons who reported using three or more drugs in the past month increased from 12 to 17 percent (percents are age adjusted) (figure 26 and table 86).

In 1999–2000 more than 60 percent of adults age 45–64 years and more than 80 percent of adults age 65 years and over reported taking at least one prescription drug during the past month (figure 26 and table 86).

In 1999–2000 **Mexican adults** age 65 years and over were less likely to report taking a **prescription drug in the past month** than non-Hispanic white or non-Hispanic black adults (69 percent compared with 85–87 percent) (table 86).

Between 1995–96 and 2001–02 visits to physician offices and hospital outpatient departments in which **five or more drugs** were prescribed, ordered, or provided increased from 4 to 7 percent of all visits (age adjusted). This increase was largest for persons age 75 years and over, for whom the percent of visits with five or more drugs increased from 13 percent in 1995–96 to 20 percent in 2001–02 (figure 27).

The percent of civilian noninstitutionalized persons age 65 years and over with an annual **out-of-pocket expense for prescribed medicine** increased from 82 percent in 1987 to 88 percent in 2000. For persons age 65 years and over with prescribed medicine expenses, the average amount paid out-of-pocket increased from \$321 in 1987 to \$623 in 2000 (expenses in 2000 dollars) (table 120).

Between 1995–96 and 2000–01 there was a substantial increase in the rate that **antidepressant drugs**, **blood glucose/sugar regulators**, **and cholesterol-lowering drugs** were prescribed, ordered, or provided during visits to physician offices and hospital outpatient departments (table 87).

Among physician office visits and hospital outpatient department visits with an **asthma** diagnosis, the percent of visits in which a long-term control asthma drug was prescribed, ordered, or provided surpassed the percent with a quick-relief (rescue) drug between 1995–96 and 1997–98. By 2001–02, 55 percent of asthma visits had a long-term asthma control drug prescribed, ordered, or provided compared with 39 percent in 1995–96 (figure 28).

The percent of **adults using antidepressants** almost tripled between 1988–94 and 1999–2000. Use is higher among women than men. In 1999–2000, 10 percent of women 18 years and over reported taking an antidepressant in the past month, compared with 4 percent of men (figure 30).

In 1999–2000 the percent of **non-Hispanic white adults** using antidepressants was 3 times the percent among non-Hispanic black and Mexican adults. In 1988–94, use among non-Hispanic white adults was 1.4 times that among non-Hispanic black and Mexican adults (figure 31).

The rate of visits to office-based physicians and hospital outpatient departments in which a **selective serotonin**

reuptake inhibitor (SSRI), a newer type of antidepressant, was prescribed, ordered, or provided nearly doubled between 1995–96 and 2001–02. In 2001–02 the SSRI visit rate among women was 25 visits per 100 women—more than twice the rate observed among men (figure 32).

In 2000–2002 the rate of **visits with a stimulant drug** prescribed, ordered or provided among **boys** was more than two times the visit rate among girls, reflecting the higher prevalence of identified Attention Deficit Hyperactivity Disease (ADHD) in boys compared with girls (figure 33).

The rate of **visits with an antidepressant drug** prescribed, ordered, or provided was similar for boys and girls in 2000–02. The antidepressant visit rate was more than twice as high among **adolescents** as younger school-age children (3.4 per 100 children 5–11 years of age and 8.8 per 100 adolescents 12–17 years of age) (figure 34).

For men and women age 45–64 years, the rate of drug visits to office-based physicians and hospital outpatient departments with a **cholesterol-lowering statin** prescribed, ordered, or provided increased by more than 200 percent between 1995–96 and 2001–02 (figure 35).

Since the introduction of **selective COX-2 nonsteroidal anti-inflammatory drugs (NSAIDs)**, their use has become widespread. In 2001–02, selective COX-2 inhibitors accounted for 51 percent of NSAID visits among adults age 18 years and over, surpassing traditional NSAIDs. This dramatic growth in COX-2 NSAID visits is evident in all adult age groups (figure 36).

Table 1 (page 1 of 2). Resident population, according to age, sex, race, and Hispanic origin: United States, selected years 1950–2002

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

Sex, race, Hispanic origin, and year	Total resident population	Under 1 year	1–4 years	5–14 years	15–24 years	25–34 years	35–44 years	45–54 years	55–64 years	65–74 years	75–84 years	85 years and over
All persons					Nu	ımber in	thousand	ds				
1950 1960 1970 1980 1990 2000 2001	226,546 248,710 281,422	3,147 4,112 3,485 3,534 3,946 3,806 4,034 4,034	16,209 13,669 12,815 14,812 15,370 15,336	35,465 40,746 34,942 35,095 41,078 41,065	24,020 35,441 42,487 37,013 39,184 39,948	22,818 24,907 37,082 43,161 39,892 39,607	24,081 23,088 25,635 37,435 45,149 45,019	17,343 20,485 23,220 22,800 25,057 37,678 39,188 40,084	15,572 18,590 21,703 21,113 24,275 25,309	12,435 15,581 18,045 18,391 18,313	12,574	577 929 1,511 2,240 3,021 4,240 4,404 4,593
Male												
1950 1960 1970 1980 1990 2000 2001 2002	74,833 88,331 98,912 110,053 121,239 138,054 139,813 141,661	1,602 2,090 1,778 1,806 2,018 1,949 2,064 2,064	8,240 6,968 6,556 7,581 7,862 7,841	17,855 17,971 21,043 21,033	11,906 17,551 21,419 18,915 20,079 20,485	11,179 12,217 18,382 21,564 20,121 20,014	11,755 11,231 12,570 18,510 22,448 22,403	8,655 10,093 11,199 11,009 12,232 18,497 19,236 19,676		4,024 5,116 5,437 6,757 7,907 8,303 8,297 8,301	1,507 2,025 2,436 2,867 3,745 4,879 4,987 5,081	237 362 542 682 841 1,227 1,299 1,390
Female	75.004	1 5 4 5	0.000	11 011	11 101	10.100	10.000	0.000	0.070	4.040	4 774	040
1950 1960 1970 1980 1990 2000 2001 2002	75,864 90,992 104,300 116,493 127,471 143,368 144,984 146,708	1,545 2,022 1,707 1,727 1,928 1,857 1,969 1,970	7,969 6,701 6,259 7,231 7,508 7,495	19,986 17,087 17,124 20,034 20,033	12,114 17,890 21,068 18,098 19,105 19,463	11,639 12,690 18,700 21,596 19,771 19,594	12,326 11,857 13,065 18,925 22,701 22,616	8,688 10,393 12,021 11,791 12,824 19,181 19,952 20,408		4,316 5,881 6,998 8,824 10,139 10,088 10,016 9,973	1,771 2,609 3,683 4,862 6,267 7,482 7,587 7,654	340 567 969 1,559 2,180 3,013 3,105 3,203
White male												
1950 1960 1970 1980 1990 2000 2001 2002	67,129 78,367 86,721 94,976 102,143 113,445 114,659 115,966	1,400 1,784 1,501 1,487 1,604 1,524 1,609 1,603	7,065 5,873 5,402 6,071 6,143 6,124	14,773 14,467 16,428 16,398	10,483 15,232 18,123 15,389 15,942 16,235	15,940 18,071 16,232 16,103	9,979 11,010 15,819 18,568 18,461	7,836 9,114 10,090 9,774 10,624 15,670 16,240 16,553	6,180 6,850 7,958 9,151 8,813 10,067 10,497 11,045	3,736 4,702 4,916 6,096 7,127 7,343 7,311 7,288	1,406 1,875 2,243 2,600 3,397 4,419 4,504 4,580	218 331 487 621 760 1,109 1,176 1,257
White female												
1950 1960 1970 1980 1990 2000 2001	67,813 80,465 91,028 99,835 106,561 116,641 117,693 118,780	1,341 1,714 1,434 1,412 1,524 1,447 1,536 1,528	6,795 5,615 5,127 5,762 5,839 5,826	16,912 14,057 13,706 15,576 15,554	10,596 15,420 17,653 14,599 14,966 15,238	11,004 15,896 17,757 15,574 15,385	11,232 15,834 18,386 18,245	7,868 9,364 10,756 10,285 10,946 15,921 16,493 16,794	11,162	4,031 5,428 6,366 7,951 9,048 8,757 8,659 8,590	1,669 2,441 3,429 4,457 5,687 6,715 6,784 6,825	314 527 890 1,440 2,001 2,729 2,809 2,895
Black or African American male			1								2	
1950 1960 1970 1980 1990 2000 2001	7,300 9,114 10,748 12,585 14,420 17,407 17,710 17,979	281 245 269 322 313 334 344	1944 1,082 975 967 1,164 1,271 1,263 1,290	1,442 2,185 2,784 2,614 2,700 3,454 3,462 3,454	1,162 1,305 2,041 2,807 2,669 2,932 3,033 3,107	1,105 1,120 1,226 1,967 2,592 2,586 2,574 2,589	1,003 1,086 1,084 1,235 1,962 2,705 2,727 2,726	772 891 979 1,024 1,175 1,957 2,067 2,149	459 617 739 854 878 1,090 1,131 1,177	299 382 461 567 614 683 691 701	² 113 137 169 228 277 330 340 349	29 46 53 66 87 88 93
Black or African American female												
1950 1960 1970 1980 1990 2000 2001 2002	7,745 9,758 11,832 14,046 16,063 19,187 19,486 19,769	283 243 266 316 302 317 330	1941 1,085 970 951 1,137 1,228 1,221 1,249	1,446 2,191 2,773 2,578 2,641 3,348 3,356 3,351	1,300 1,404 2,196 2,937 2,700 2,971 3,040 3,091	1,260 1,300 1,456 2,267 2,905 2,866 2,846 2,855	1,112 1,229 1,309 1,488 2,279 3,055 3,076 3,079	796 974 1,134 1,258 1,416 2,274 2,405 2,503	443 663 868 1,059 1,135 1,353 1,404 1,464	322 430 582 776 884 971 979 987	² 125 160 230 360 495 587 605 616	38 71 106 156 233 238 243

See notes at end of table.

Table 1 (page 2 of 2). Resident population, according to age, sex, race, and Hispanic origin: United States, selected years 1950–2002

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

Sex, race, Hispanic origin, and year	Total resident population	Under 1 year	1–4 years	5–14 years	15–24 years	25–34 years	35–44 years	45–54 years	55–64 years	65–74 years	75–84 years	85 years and over
American Indian or Alaska Native male					Nι	ımber in	thousand	ds				
1980 1990 2000 2001 2002	702 1,024 1,488 1,524 1,535	17 24 28 29 21	59 88 109 109 101	153 206 301 298 295	161 192 271 280 287	114 183 229 232 237	75 140 229 232 233	53 86 165 175 181	37 55 88 95 101	22 32 45 49 51	9 13 18 21 22	2 3 5 5 6
American Indian or Alaska Native female												
1980	718 1,041 1,496 1,530 1,541	16 24 26 28 20	57 85 106 105 98	149 200 293 290 287	158 178 254 263 271	118 186 219 220 223	79 148 236 238 238	57 92 174 185 192	41 61 95 102 109	27 41 54 58 60	12 21 28 30 32	4 6 10 11 12
Asian or Pacific Islander male												
1980	1,814 3,652 5,713 5,919 6,180	35 68 84 92 95	130 258 339 344 358	321 598 861 875 900	334 665 934 937 946	366 718 1,073 1,104 1,163	252 588 947 983 1,040	159 347 705 754 793	110 208 399 431 461	72 133 231 247 261	30 57 112 122 130	6 12 27 30 33
Asian or Pacific Islander female												
1980	1,915 3,805 6,044 6,275 6,618	34 65 81 88 91	127 247 336 342 352	307 578 817 833 868	325 621 914 922 936	423 749 1,112 1,143 1,235	269 664 1,024 1,057 1,118	192 371 812 869 919	126 264 451 486 529	71 166 305 321 337	33 65 152 167 181	9 17 41 47 53
Hispanic or Latino male												
1980 1990 2000 2001 2002	7,280 11,388 18,162 19,018 19,991	187 279 395 417 426	661 980 1,506 1,533 1,598	1,530 2,128 3,469 3,606 3,721	1,646 2,376 3,564 3,606 3,656	1,256 2,310 3,494 3,699 3,978	761 1,471 2,653 2,828 3,027	570 818 1,551 1,684 1,823	364 551 804 869 935	200 312 474 501 523	86 131 203 224 244	19 32 50 53 60
Hispanic or Latino female												
1980 1990 2000 2001 2002	7,329 10,966 17,144 17,955 18,770	181 268 376 401 408	634 939 1,441 1,467 1,530	1,482 2,039 3,318 3,450 3,545	1,546 2,028 3,017 3,085 3,147	1,249 2,073 3,016 3,163 3,354	805 1,448 2,476 2,624 2,782	615 868 1,585 1,714 1,832	411 632 907 978 1,040	257 403 603 635 658	117 209 303 331 356	30 59 101 107 121
White, not Hispanic or Latino male												
1980 1990 2000 2001 2002	88,035 91,743 96,551 96,966 97,329		4,719		13,219 12,628 12,885	12,958 12,634	10,284 14,481 16,088 15,816 15,534		8,803 8,303 9,312 9,680 10,168		2,519 3,275 4,225 4,291 4,348	603 729 1,062 1,126 1,201
White, not Hispanic or Latino female												
1980 1990 2000 2001 2002	92,872 96,557 100,774 101,070 101,363	1,280 1,102 1,169	4,909 4,517 4,482	12,529 12,385	12,749 12,183 12,393	15,872 12,778 12,449	10,468 14,520 16,089 15,810 15,531	14,446 14,900			4,345 5,491 6,429 6,471 6,489	1,411 1,945 2,633 2,707 2,780

^{- - -} Data not available.

NOTES: The race groups, white, black, American Indian or Alaska Native, and Asian or Pacific Islander, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with Health, United States, 2003, intercensal population estimates are based on census 2000 and census 2000 counts, and replace estimates for 1991 through 2000 projected from the 1990 Census. Population estimates for 2001 and later years are 2000-based postcensal estimates. Population figures are census counts as of April 1 for 1950, 1960, 1970, 1980, 1990, and 2000; estimates as of July 1 for other years. See Appendix I, Population Census and Population Estimates. Populations for age groups may not sum to the total due to rounding. Although population figures are shown rounded to the nearest 1,000, calculations of birth rates and death rates shown in this volume are based on unrounded population figures for decennial years and for all years starting with 1991. See Appendix II, Rate. Unrounded population figures are available in the spreadsheet version of this table. See www.cdc.gov/nchs/hus.htm. Data for additional years are available. See Appendix III.

SOURCES: U.S. Bureau of the Census: 1950 Nonwhite Population by Race. Special Report P-E, No. 3B. Washington. U.S. Government Printing Office, 1951; U.S. Census of Population: 1960, Number of Inhabitants, PC(1)-A1, United States Summary, 1964; 1970, Number of Inhabitants, Final Report PC(1)-A1, United States Summary, 1971; U.S. population estimates, by age, sex, race, and Hispanic origin: 1980 to 1991. Current population reports, series P-25, no 1095. Washington. U.S. Government Printing Office, Feb. 1993; National Center for Health Statistics. Estimates of the July 1, 1991–July 1, 1999, April 1, 2000, and July 1, 2001–July 1, 2002 United States resident population by age, sex, race, and Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau. Available at www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm. 2004.

¹Population for age group under 5 years.

²Population for age group 75 years and over.

Table 2 (page 1 of 2). Persons and families below poverty level, according to selected characteristics, race, and Hispanic origin: United States, selected years 1973–2002

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

-									
Selected characteristics, race, and Hispanic origin ¹	1973	1980	1985	1990	1995	1999²	2000³	2001	2002
All persons				Perce	ent below po	verty			
All races	11.1	13.0	14.0	13.5	13.8	11.9	11.3	11.7	12.1
White only	8.4 31.4	10.2 32.5	11.4 31.3	10.7 31.9 12.2	11.2 29.3 14.6	9.8 23.6 10.7	9.5 22.5 9.9	9.9 22.7 10.2	10.2 24.1 10.1
Hispanic or Latino	21.9 	25.7 	29.0 28.8 43.3	28.1 28.1 40.6	30.3 31.2 38.1	22.7 24.1 25.7	21.5 22.9 25.6	21.4 22.8 26.1	21.8
White only, not Hispanic or Latino.	7.5	9.1	9.7	8.8	8.5	7.7	7.4	7.8	8.0
Related children under 18 years of age in families									
All races	14.2	17.9	20.1	19.9	20.2	16.6	15.6	15.8	16.3
White only	9.7 40.6	13.4 42.1	15.6 43.1	15.1 44.2 17.0	15.5 41.5 18.6	13.1 32.8 11.5	12.4 30.9 12.5	12.8 30.0 11.1	13.1 32.1 11.4
Hispanic or Latino	27.8	33.0	39.6 37.4	37.7 35.5	39.3 39.3	29.9 31.1	27.6 29.5	27.4 28.8	28.2
Puerto Rican		11.3	58.6 12.3	56.7 11.6	53.2 10.6	37.5 8.8	32.1 8.5	33.0 8.9	8.9
Related children under 18 years of age in families with female householder and no spouse present									
All races		50.8	53.6	53.4	50.3	42.1	40.1	39.3	39.6
White only		41.6 64.8	45.2 66.9	45.9 64.7 32.2	42.5 61.6 42.4	35.7 51.9 32.6	33.9 49.3 38.0	34.7 46.6 26.7	34.7 47.5 29.8
Hispanic or Latino		65.0 	72.4 64.4 85.4	68.4 62.4 82.7	65.7 65.9 79.6	52.4 51.3 63.3	49.8 51.4 55.3	49.3 50.9 52.9	47.9
White only, not Hispanic or Latino.				39.6	33.5	28.9	28.0	29.0	29.2
All persons				Number bel	ow poverty ir	thousands			
All races	22,973	29,272	33,064	33,585	36,425	32,791	31,581	32,907	34,570
White only	15,142 7,388	19,699 8,579	22,860 8,926	22,326 9,837 858	24,423 9,872 1,411	22,169 8,441 1,285	21,645 7,982 1,258	22,739 8,136 1,275	23,466 8,602 1,161
Hispanic or Latino	2,366	3,491 	5,236 3,220	6,006 3,764	8,574 5,608	7,876 5,513	7,747 5,460	7,997 5,698	8,555
Puerto Rican	12,864	16,365	1,011 17,839	966 16,622	1,183 16,267	811 14,735	814 14,366	839 15,271	15,567
Related children under 18 years of age in families									
All races	9,453	11,114	12,483	12,715	13,999	11,678	11,005	11,175	11,646
White onlyBlack or African American only Asian only	5,462 3,822	6,817 3,906	7,838 4,057	7,696 4,412 356	8,474 4,644 532	7,194 3,698 367	6,834 3,495 407	7,086 3,423 353	7,203 3,570 302
Hispanic or Latino	1,364	1,718	2,512 1,589	2,750 1,733	3,938 2,655	3,561 2,639	3,342 2,537	3,433 2,613	3,653
Puerto Rican		5,174	535 5,421	490 5,106	610 4,745	387 3,832	329 3,715	319 3,887	3,848

See footnotes at end of table.

Table 2 (page 2 of 2). Persons and families below poverty level, according to selected characteristics, race, and Hispanic origin: United States, selected years 1973–2002

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

Selected characteristics, race, and Hispanic origin ¹	1973	1980	1985	1990	1995	1999 ²	2000³	2001	2002
Related children under 18 years of age in families with female householder and no spouse present				Number be	elow poverty i	n thousands			
All races		5,866	6,716	7,363	8,364	6,694	6,300	6,341	6,564
White only		2,813 2,944 809 	3,372 3,181 1,247 553 449	3,597 3,543 80 1,314 615 382 2,411	4,051 3,954 145 1,872 1,056 459 2,299	3,292 3,042 141 1,555 946 307 1,886	3,090 2,908 162 1,407 938 242 1,832	3,291 2,741 105 1,508 1,001 236 1,953	3,271 2,855 85 1,501 1,949

 ^{- - -} Data not available

NOTES: Estimates of poverty for 1991–98 are based on 1990 postcensal population estimates. Estimates for 1999 and later years are based on 2000 census population controls. Poverty status is based on family income and family size using Bureau of the Census poverty thresholds. See Appendix II, Poverty status. The Current Population Survey is not large enough to produce reliable annual estimates for American Indian or Alaska Native persons, or for Native Hawaiians. The 2000–02 average poverty rate for American Indian or Alaskan Native only or in combination was 21.7 percent, representing 802,000 persons; for American Indian or Alaska Native only was 23.2 percent, representing 667,000 persons. Data for additional years are available. See Appendix III.

SOURCES: U.S. Census Bureau, Current Population Survey 2000–2003 Annual Social and Economic Supplements; Proctor B, Dalaker J. Poverty in the United States: 2002. Current population reports, series P-60, no 222. Washington: U.S. Government Printing Office. 2003.

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

²Estimates for 1999 are revised based on 2000 census population controls and differ from those in *Health, United States, 2002.* See Appendix I, Population Census and Population Estimates.

³Estimates are consistent with 2001 data through implementation of Census 2000-based population controls and a 28,000 household sample expansion.

Table 3 (page 1 of 2). Crude birth rates, fertility rates, and birth rates by age of mother, according to race and Hispanic origin: United States, selected years 1950–2002

							Age of	mother				
_				1	5–19 yea	rs						
Race, Hispanic origin, and year	Crude birth rate ¹	Fertility rate ²	10–14 years	Total	15–17 years	18–19 years	20–24 years	25–29 years	30–34 years	35–39 years	40–44 years	45–54 years³
All races						Live	births pe	r 1,000 wo	omen			
1950	24.1 23.7 18.4 15.9 15.8 16.7 14.6	106.2 118.0 87.9 68.4 66.3 70.9 64.6	1.0 0.8 1.2 1.1 1.2 1.4 1.3	81.6 89.1 68.3 53.0 51.0 59.9 56.0	40.7 43.9 38.8 32.5 31.0 37.5 35.5	132.7 166.7 114.7 82.1 79.6 88.6 87.7	196.6 258.1 167.8 115.1 108.3 116.5 107.5	166.1 197.4 145.1 112.9 111.0 120.2 108.8	103.7 112.7 73.3 61.9 69.1 80.8 81.1	52.9 56.2 31.7 19.8 24.0 31.7 34.0	15.1 15.5 8.1 3.9 4.0 5.5 6.6	1.2 0.9 0.5 0.2 0.2 0.2
1998	14.3 14.2 14.4 14.1 13.9	64.3 64.4 65.9 65.3 64.8	1.0 0.9 0.9 0.8 0.7	50.3 48.8 47.7 45.3 43.0	29.9 28.2 26.9 24.7 23.2	80.9 79.0 78.1 76.1 72.8	108.4 107.9 109.7 106.2 103.6	110.2 111.2 113.5 113.4 113.6	85.2 87.1 91.2 91.9 91.5	36.9 37.8 39.7 40.6 41.4	7.4 7.4 8.0 8.1 8.3	0.4 0.4 0.5 0.5 0.5
Race of child:4 White												
1950	23.0 22.7 17.4 14.9	102.3 113.2 84.1 64.7	0.4 0.4 0.5 0.6	70.0 79.4 57.4 44.7	31.3 35.5 29.2 25.2	120.5 154.6 101.5 72.1	190.4 252.8 163.4 109.5	165.1 194.9 145.9 112.4	102.6 109.6 71.9 60.4	51.4 54.0 30.0 18.5	14.5 14.7 7.5 3.4	1.0 0.8 0.4 0.2
Race of mother: ⁵ White												
1980	15.1 15.0 15.8 14.1	65.6 64.1 68.3 63.6	0.6 0.6 0.7 0.8	45.4 43.3 50.8 49.5	25.5 24.4 29.5 29.6	73.2 70.4 78.0 80.2	111.1 104.1 109.8 104.7	113.8 112.3 120.7 111.7	61.2 69.9 81.7 83.3	18.8 23.3 31.5 34.2	3.5 3.7 5.2 6.4	0.2 0.2 0.2 0.3
1998	13.8 13.7 13.9 13.7 13.5	63.6 64.0 65.3 65.0 64.8	0.6 0.6 0.6 0.5 0.5	44.9 44.0 43.2 41.2 39.4	25.6 24.4 23.3 21.4 20.5	74.1 73.0 72.3 70.8 68.0	105.4 105.0 106.6 103.7 101.6	113.6 114.9 116.7 117.0 117.4	88.5 90.7 94.6 95.8 95.5	37.5 38.5 40.2 41.3 42.4	7.3 7.4 7.9 8.0 8.2	0.4 0.4 0.5 0.5
Race of child: ⁴ Black or African American												
1960	31.9 25.3 22.1	153.5 115.4 88.1	4.3 5.2 4.3	156.1 140.7 100.0	101.4 73.6	204.9 138.8	295.4 202.7 146.3	218.6 136.3 109.1	137.1 79.6 62.9	73.9 41.9 24.5	21.9 12.5 5.8	1.1 1.0 0.3
Race of mother: ⁵ Black or African American												
1980	21.3 20.4 22.4 17.8	84.9 78.8 86.8 71.0	4.3 4.5 4.9 4.1	97.8 95.4 112.8 94.4	72.5 69.3 82.3 68.5	135.1 132.4 152.9 135.0	140.0 135.0 160.2 133.7	103.9 100.2 115.5 95.6	59.9 57.9 68.7 63.0	23.5 23.9 28.1 28.4	5.6 4.6 5.5 6.0	0.3 0.3 0.3 0.3
1998 1999 2000 2001 2002	17.1 16.8 17.0 16.3 15.7	69.4 68.5 70.0 67.6 65.8	2.8 2.5 2.3 2.0 1.8	83.5 79.1 77.4 71.8 66.6	55.4 50.5 49.0 43.9 40.0	124.8 120.6 118.8 114.0 107.6	138.4 137.9 141.3 133.2 127.1	97.5 97.3 100.3 99.2 99.0	63.2 62.7 65.4 64.8 64.4	30.0 30.2 31.5 31.6 31.5	6.6 6.5 7.2 7.2 7.4	0.3 0.3 0.4 0.4 0.4
American Indian or Alaska Native mothers ⁵												
1980	20.7 19.8 18.9 15.3 14.8	82.7 78.6 76.2 63.0 61.3	1.9 1.7 1.6 1.6	82.2 79.2 81.1 72.9 64.7	51.5 47.7 48.5 44.6 39.7	129.5 124.1 129.3 122.2 106.9	143.7 139.1 148.7 123.1 125.1	106.6 109.6 110.3 91.6	61.8 62.6 61.5 56.5	28.1 27.4 27.5 24.3 24.6	8.2 6.0 5.9 5.5	* * * *
1999 2000 2001 2002	14.2 14.0 13.7 13.8	59.0 58.7 58.1 58.0	1.4 1.1 1.0 0.9	59.9 58.3 56.3 53.8	36.5 34.1 31.4 30.7	98.0 97.1 94.8 89.2	120.7 117.2 115.0 112.6	90.6 91.8 90.4 91.8	53.8 55.5 55.9 56.4	24.3 24.6 24.7 25.4	5.7 5.7 5.7 5.8	0.3 0.3 0.3 0.3

See footnotes at end of table.

Table 3 (page 2 of 2). Crude birth rates, fertility rates, and birth rates by age of mother, according to race and Hispanic origin: United States, selected years 1950-2002

							Age of	mother				
_				1	5–19 yea	rs						
Race, Hispanic origin, and year	Crude birth rate ¹	Fertility rate ²	10–14 years	Total	15–17 years	18–19 years	20–24 years	25–29 years	30–34 years	35–39 years	40–44 years	45–54 years³
Asian or Pacific Islander mothers ⁵						Live	births pe	r 1,000 wo	omen			
1980 1985 1990 1995	19.9 18.7 19.0 16.7	73.2 68.4 69.6 62.6	0.3 0.4 0.7 0.7	26.2 23.8 26.4 25.5	12.0 12.5 16.0 15.6	46.2 40.8 40.2 40.1	93.3 83.6 79.2 64.2	127.4 123.0 126.3 103.7	96.0 93.6 106.5 102.3	38.3 42.7 49.6 50.1	8.5 8.7 10.7 11.8	0.7 1.2 1.1 0.8
1998 1999 2000 2001 2002	15.9 15.9 17.1 16.4 16.5	60.1 60.9 65.8 64.2 64.1	0.5 0.4 0.3 0.2 0.3	22.2 21.4 20.5 19.8 18.3	13.8 12.4 11.6 10.3 9.0	34.5 33.9 32.6 32.8 31.5	59.2 58.9 60.3 59.1 60.4	98.7 100.8 108.4 106.4 105.4	101.6 104.3 116.5 112.6 109.6	51.4 52.9 59.0 56.7 56.5	11.8 11.3 12.6 12.3 12.5	0.9 0.9 0.8 0.9
Hispanic or Latino mothers ^{5,6,7}												
1980	23.5 26.7 24.1	95.4 107.7 98.8	1.7 2.4 2.6	82.2 100.3 99.3	52.1 65.9 68.3	126.9 147.7 145.4	156.4 181.0 171.9	132.1 153.0 140.4	83.2 98.3 90.5	39.9 45.3 43.7	10.6 10.9 10.7	0.7 0.7 0.6
1998 1999 2000 2001 2002	22.7 22.5 23.1 23.0 22.6	93.2 93.0 95.9 96.0 94.4	1.9 1.9 1.7 1.6 1.4	87.9 86.8 87.3 86.4 83.4	58.5 56.9 55.5 52.8 50.7	131.5 129.5 132.6 135.5 133.0	159.3 157.3 161.3 163.5 164.3	136.1 135.8 139.9 140.4 139.4	90.5 92.3 97.1 97.6 95.1	43.4 44.5 46.6 47.9 47.8	10.8 10.6 11.5 11.6 11.5	0.6 0.6 0.6 0.7 0.7
White, not Hispanic or Latino mothers ^{5,6,7}	140	60.4	0.4	44.0	00.4	67.7	105.5	110.0	50.0	477	0.0	0.4
1980	14.2 14.4 12.5	62.4 62.8 57.5	0.4 0.5 0.4	41.2 42.5 39.3	22.4 23.2 22.0	67.7 66.6 66.2	105.5 97.5 90.2	110.6 115.3 105.1	59.9 79.4 81.5	17.7 30.0 32.8	3.0 4.7 5.9	0.1 0.2 0.3
1998 1999 2000 2001 2002	12.2 12.1 12.2 11.8 11.7	57.6 57.7 58.5 57.7 57.4	0.3 0.3 0.3 0.3 0.2	35.3 34.1 32.6 30.3 28.5	18.3 17.1 15.8 14.0 13.1	60.9 59.4 57.5 54.8 51.9	91.2 90.6 91.2 87.1 84.3	107.4 108.6 109.4 108.9 109.3	87.2 89.5 93.2 94.3 94.4	36.4 37.3 38.8 39.8 40.9	6.8 6.9 7.3 7.5 7.6	0.4 0.4 0.4 0.4 0.5
Black or African American, not Hispanic or Latino mothers ^{5,6,7}												
1980	22.9 23.0 18.2	90.7 89.0 72.8	4.6 5.0 4.2	105.1 116.2 97.2	77.2 84.9 70.4	146.5 157.5 139.2	152.2 165.1 137.8	111.7 118.4 98.5	65.2 70.2 64.4	25.8 28.7 28.8	5.8 5.6 6.1	0.3 0.3 0.3
1998 1999 2000 2001 2002	17.5 17.1 17.3 16.6 16.1	70.9 69.9 71.4 69.1 67.4	2.9 2.6 2.4 2.1 1.9	85.7 81.0 79.2 73.5 68.3	56.8 51.7 50.1 44.9 41.0	128.2 123.9 121.9 116.7 110.3	142.5 142.1 145.4 137.2 131.0	99.9 99.8 102.8 102.1 102.1	64.4 63.9 66.5 66.2 66.1	30.4 30.6 31.8 32.1 32.1	6.7 6.5 7.2 7.3 7.5	0.3 0.3 0.4 0.4 0.4

^{*} Rates based on fewer than 20 births are considered unreliable and are not shown. - - Data not available.

NOTES: Data are based on births adjusted for underregistration for 1950 and on registered births for all other years. Beginning in 1970, births to persons who were not residents of the 50 States and the District of Columbia are excluded. Starting with Health, United States, 2003, rates for 1991-99 were revised using intercensal population estimates based on Census 2000. Rates for 2000 were computed using Census 2000 counts and rates for 2001 and 2002 were computed using 2000-based postcensal estimates. See Appendix I, Population Census and Population Estimates. Birth rates for teenagers 15-17 and 18-19 years for the 1990s were revised and differ from the previous edition of Health, United States. The race groups, white, black, American Indian or Alaska Native, and Asian or Pacific Islander, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Data for additional years are available. See Appendix III.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Birth File. Martin JA, Hamilton BE, Sutton PD, Ventura SJ, Menacker F, Munson ML. Births: Final Data for 2002. National vital statistics reports; vol 52, no 10. Hyattsville, Maryland: National Center for Health Statistics, 2003; Hamilton BE, Sutton PD, Ventura SJ. Revised birth and fertility rates for the 1990s: United States, and new rates for Hispanic populations, 2000 and 2001. National vital statistics reports; vol 51, no 12. Hyattsville, Maryland: National Center for Health Statistics, 2003; Ventura SJ. Births of Hispanic parentage, 1980 and 1985. Monthly vital statistics report; vol 32, no 6 and vol 36, no 11, suppl. Public Health Service. Hyattsville, Maryland. 1983 and 1988; Internet release of Vital statistics of the United States, 1999, vol 1, natality, tables 1–1 and 1–7 at www.cdc.gov/nchs/datawh/statab/unpubd/natality/natab99.htm. Vital statistics of the United States, 2000, vol 1, natality. In preparation.

¹Live births per 1,000 population.

²Total number of live births regardless of age of mother per 1,000 women 15–44 years of age.
³Prior to 1997 data are for live births to mothers 45–49 years of age per 1,000 women 45–49 years of age. Starting in 1997 data are for live births to mothers 45–54 years of age per 1,000 women 45–49 years of age. See Appendix II, Age. ⁴Live births are tabulated by race of child. See Appendix II, Race, Birth File.

⁵Live births are tabulated by race and/or Hispanic origin of mother. See Appendix II, Race, Birth File. ⁶Prior to 1993, data from States lacking an Hispanic-origin item on the birth certificate were excluded. Interpretation of trend data should take into consideration expansion of reporting areas and immigration. See Appendix II, Hispanic origin.

⁷Rates in 1985 were not calculated because estimates for the Hispanic and non-Hispanic populations were not available.

Table 4. Live births, according to detailed race and Hispanic origin of mother: United States, selected years 1970–2002

Race and Hispanic origin of mother	1970	1975	1980	1985	1990	1995	2000	2001	2002
				Total n	umber of liv	e births			
All races	3,731,386	3,144,198	3,612,258	3,760,561	4,158,212	3,899,589	4,058,814	4,025,933	4,021,726
White. Black or African American American Indian or Alaska Native Asian or Pacific Islander Chinese Japanese Filipino Hawaiian Other Asian or Pacific Islander		2,576,818 496,829 22,690 7,778 6,725 10,359 	2,936,351 568,080 29,389 74,355 11,671 7,482 13,968 4,669 36,565	3,037,913 581,824 34,037 104,606 16,405 8,035 20,058 4,938 55,170	3,290,273 684,336 39,051 141,635 22,737 8,674 25,770 6,099 78,355	3,098,885 603,139 37,278 160,287 27,380 8,901 30,551 5,787 87,668	3,194,005 622,598 41,668 200,543 34,271 8,969 32,107 6,608 118,588	3,177,626 606,156 41,872 200,279 31,401 9,048 32,468 6,411 120,951	3,174,760 593,691 42,368 210,907 33,673 9,264 33,016 6,772 128,182
Hispanic or Latino ¹ Mexican Puerto Rican Cuban. Central and South American Other and unknown Hispanic or Latino. Not Hispanic or Latino: ¹ White Black or African American			307,163 215,439 33,671 7,163 21,268 29,622 1,245,221 299,646	372,814 242,976 35,147 10,024 40,985 43,682 1,394,729 336,029	595,073 385,640 58,807 11,311 83,008 56,307 2,626,500 661,701	679,768 469,615 54,824 12,473 94,996 47,860 2,382,638 587,781	815,868 581,915 58,124 13,429 113,344 49,056 2,362,968 604,346	851,851 611,000 57,568 14,017 121,365 47,901 2,326,578 589,917	876,642 627,505 57,465 14,232 125,981 51,459 2,298,156 578,335

^{- - -} Data not available.

NOTES: The race groups, white, black, American Indian or Alaska Native, and Asian or Pacific Islander, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Interpretation of trend data should take into consideration expansion of reporting areas and immigration. Data for additional years are available. See Appendix III.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Birth File. Martin JA, Hamilton BE, Sutton PD, Ventura SJ, Menacker F, Munson ML. Births: Final Data for 2002. National vital statistics reports; vol 52, no 10. Hyattsville, Maryland: National Center for Health Statistics, 2003; Births: Final data for each data year 1997–2001. National vital statistics reports. Hyattsville, Maryland; Final natality statistics for each data year 1970–96. Monthly vital statistics report. Hyattsville, Maryland.

¹Prior to 1993, data from States lacking an Hispanic-origin item on the birth certificate were excluded. See Appendix II, Hispanic origin.

Table 5. Women 15-44 years of age who have not had at least 1 live birth, by age: United States, selected years 1960-2002

Year ¹	15–19 years	20–24 years	25–29 years	30–34 years	35–39 years	40–44 years
			Percent	of women		
1960. 1965. 1970. 1975. 1980.	91.4 92.7 93.0 92.6 93.4	47.5 51.4 57.0 62.5 66.2	20.0 19.7 24.4 31.1 38.9	14.2 11.7 11.8 15.2 19.7	12.0 11.4 9.4 9.6 12.5	15.1 11.0 10.6 8.8 9.0
1985. 1986. 1987. 1988.	93.7 93.8 93.8 93.8 93.7	67.7 68.0 68.2 68.4 68.4	41.5 42.0 42.5 43.0 43.3	24.6 25.1 25.5 25.7 25.9	15.4 16.1 16.9 17.7 18.2	11.7 12.2 12.6 13.0 13.5
1990. 1991. 1992. 1993.	93.3 93.0 92.7 92.6 92.6	68.3 67.9 67.3 66.7 66.1	43.5 43.6 43.7 43.8 43.9	25.9 26.0 26.0 26.1 26.2	18.5 18.7 18.8 18.8 18.7	13.9 14.5 15.2 15.8 16.2
1995. 1996. 1997. 1998.	92.5 92.5 92.8 93.1 93.4	65.5 65.0 64.9 65.1 65.5	44.0 43.8 43.5 43.0 42.5	26.2 26.2 26.2 26.1 26.1	18.6 18.5 18.4 18.2 18.1	16.5 16.6 16.6 16.5 16.4
2000	93.7 94.0 94.3	66.0 66.5 66.5	42.1 41.6 41.3	25.9 25.4 24.8	17.9 17.6 17.2	16.2 16.0 15.8

¹As of January 1.

NOTES: Data are based on cohort fertility. See Appendix II, Cohort fertility. Percents are derived from the cumulative childbearing experience of cohorts of women, up to the ages specified. Data on births are adjusted for underregistration and population estimates are corrected for underregistration and misstatement of age. Beginning in 1970 births to persons who were not residents of the 50 States and the District of Columbia are excluded.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Birth File. Table 1–32 at www.cdc.gov/nchs/datawh/statab/unpubd/natality/natab99.htm; Vital statistics of the United States, 2001, vol 1, natality. In preparation, forthcoming on CD-ROM.

Table 6. Prenatal care for live births, according to detailed race and Hispanic origin of mother: United States, selected years 1970–2002

Prenatal care, race, and Hispanic origin of mother	1970	1975	1980	1985	1990	1995	1997	1998	1999	2000	2001	2002
Prenatal care began during 1st trimester					Pe	ercent of	live birth	ıs¹				
All races	68.0	72.4	76.3	76.2	75.8	81.3	82.5	82.8	83.2	83.2	83.4	83.7
White. Black or African American American Indian or Alaska Native Asian or Pacific Islander Chinese Japanese Filipino Hawaiian Other Asian or Pacific Islander	72.3 44.2 38.2 71.8 78.1 60.6	75.8 55.5 45.4 76.7 82.7 70.6	79.2 62.4 55.8 73.7 82.6 86.1 77.3 68.8 67.4	79.3 61.5 57.5 74.1 82.0 84.7 76.5 67.7 69.9	79.2 60.6 57.9 75.1 81.3 87.0 77.1 65.8 71.9	83.6 70.4 66.7 79.9 85.7 89.7 80.9 75.9 77.0	84.7 72.3 68.1 82.1 87.4 89.3 83.3 78.0 79.7	84.8 73.3 68.8 83.1 88.5 90.2 84.2 78.8 80.9	85.1 74.1 69.5 83.7 88.5 90.7 84.2 79.6 81.8	85.0 74.3 69.3 84.0 87.6 91.0 84.9 79.9 82.5	85.2 74.5 69.3 84.0 87.0 90.1 85.0 79.1 82.7	85.4 75.2 69.8 84.8 87.2 90.5 85.4 78.1 83.9
Hispanic or Latino ²			60.2 59.6 55.1 82.7 58.8 66.4	61.2 60.0 58.3 82.5 60.6 65.8	60.2 57.8 63.5 84.8 61.5 66.4	70.8 69.1 74.0 89.2 73.2 74.3	73.7 72.1 76.5 90.4 76.9 76.0	74.3 72.8 76.9 91.8 78.0 74.8	74.4 73.1 77.7 91.4 77.6 74.8	74.4 72.9 78.5 91.7 77.6 75.8	75.7 74.6 79.1 91.8 77.4 77.3	76.7 75.7 79.9 92.0 78.7 76.7
White			81.2 60.7	81.4 60.1	83.3 60.7	87.1 70.4	87.9 72.3	87.9 73.3	88.4 74.1	88.5 74.3	88.5 74.5	88.6 75.2
Prenatal care began during 3d trimester or no prenatal care												
All races	7.9	6.0	5.1	5.7	6.1	4.2	3.9	3.9	3.8	3.9	3.7	3.6
White	6.3 16.6 28.9 6.5 4.1 7.2	5.0 10.5 22.4 4.4 2.7 4.1	4.3 8.9 15.2 6.5 3.7 2.1 4.0 6.7 9.3	4.8 10.2 12.9 6.5 4.4 3.1 4.8 7.4 8.2	4.9 11.3 12.9 5.8 3.4 2.9 4.5 8.7 7.1	3.5 7.6 9.5 4.3 3.0 2.3 4.1 5.1 5.0	3.2 7.3 8.6 3.8 2.4 2.7 3.3 5.4	3.3 7.0 8.5 3.6 2.2 2.1 3.1 4.7 4.2	3.2 6.6 8.2 3.5 2.0 2.1 2.8 4.0 4.1	3.3 6.7 8.6 3.3 2.2 1.8 3.0 4.2 3.8	3.2 6.5 8.2 3.4 2.4 2.0 3.0 4.8 3.8	3.1 6.2 8.0 3.1 2.1 2.1 2.8 4.7 3.5
Hispanic or Latino ² Mexican Puerto Rican Cuban Central and South American Other and unknown Hispanic or Latino Not Hispanic or Latino: ²			12.0 11.8 16.2 3.9 13.1 9.2	12.4 12.9 15.5 3.7 12.5 9.4	12.0 13.2 10.6 2.8 10.9 8.5	7.4 8.1 5.5 2.1 6.1 6.0	6.2 6.7 5.4 1.5 5.0 5.3	6.3 6.8 5.1 1.2 4.9 6.0	6.3 6.7 5.0 1.4 5.2 6.3	6.3 6.9 4.5 1.4 5.4 5.9	5.9 6.2 4.6 1.3 5.7 5.4	5.5 5.8 4.1 1.3 4.9 5.3
White			3.5 9.7	4.0 10.9	3.4 11.2	2.5 7.6	2.4 7.3	2.4 7.0	2.3 6.6	2.3 6.7	2.2 6.5	2.2 6.2

^{- - -} Data not available.

NOTES: Data for 1970 and 1975 exclude births that occurred in States not reporting prenatal care. The race groups, white, black, American Indian or Alaska Native, and Asian or Pacific Islander, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Interpretation of trend data should take into consideration expansion of reporting areas and immigration. See Appendix II, Hispanic origin; Prenatal care. Data for additional years are available. See

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Birth File. Martin JA, Hamilton BE, Sutton PD, Ventura SJ, Menacker F, Munson ML. Births: Final Data for 2002. National vital statistics reports; vol 52, no 10. Hyattsville, Maryland: National Center for Health Statistics, 2003; Births: Final data for each data year 1997–2001. National vital statistics reports. Hyattsville, Maryland; Final natality statistics for each data year 1970–96. Monthly vital statistics report. Hyattsville, Maryland.

¹Excludes live births for whom trimester when prenatal care began is unknown.

²Prior to 1993, data from States lacking an Hispanic-origin item on the birth certificate were excluded. See Appendix II, Hispanic origin.

Table 7 (page 1 of 2). Early prenatal care according to race and Hispanic origin of mother, geographic division, and State: United States, average annual 1994–96, 1997–99, and 2000–2002

						Not Hispan	ic or Latin	0	
O constant di trico		All races	s		White		Af	Black o irican Ame	
Geographic division and State	1994–96	1997–99	2000–2002	1994–96	1997–99	2000–2002	1994–96	1997–99	2000–2002
		Percent c	of live births	with early	prenatal c	are (beginnir	na in the 1	st trimeste	er)
United States	81.1	82.9	83.4	87.0	88.1	88.6	70.0	73.2	74.6
New England	88.1	89.2	89.5	90.6	91.6	91.9	76.2	80.0	80.5
Connecticut	88.2	88.8	88.8	92.0	92.4	92.5	77.0	80.6	82.3
Maine	89.5	89.0	88.3	89.9	89.5	88.6	80.1	82.7	76.8
Massachusetts	87.4	89.3	89.6	90.5	92.1	92.5	75.2	79.4	78.9
New Hampshire	89.2 89.5	90.0 90.1	91.1 90.6	89.7 92.1	90.5 92.6	91.9 93.1	77.1 78.8	75.8 81.2	78.4 83.2
Vermont	86.9	87.8	88.9	87.2	87.9	89.2	*69.6	78.1	73.2
Middle Atlantic	80.2	82.1	81.9	87.5	88.4	88.4	65.4	69.0	69.7
New Jersey	82.3	81.4	80.2	89.9	89.5	89.1	66.0	64.2	63.6
New York	77.5	80.9	81.0	86.5	88.1	88.1	65.6	70.6	71.1
Pennsylvania	83.1	84.6	85.1	87.3	88.0	88.3	64.5	70.1	72.3
East North Central	82.6	83.6	84.4	87.1	87.7	88.5	68.2	70.5	72.6
Illinois	80.9 80.6	82.6 80.2	83.7 80.9	88.5 82.9	89.7 82.8	90.2 84.0	67.2 65.4	69.9 66.2	72.8 69.0
Indiana	83.4	84.1	87.2	87.6	o∠.o 88.4	89.4	69.6	70.5	77.1
Ohio	84.7	85.7	84.8	87.4	88.1	89.1	70.3	74.0	70.1
Wisconsin	83.6	84.3	84.1	87.7	88.0	88.0	64.8	68.5	70.3
West North Central	84.7	85.6	86.1	87.4	88.4	89.2	70.5	73.3	76.1
lowa	87.2	87.5	88.5	88.4	88.9	90.0	72.7	74.4	78.2
Kansas	85.3 83.4	85.7 84.4	86.8 84.9	88.6 86.7	89.2 87.8	90.3 89.2	74.7	76.3 65.6	79.4 68.1
Minnesota	84.9	86.4	87.8	87.6	88.9	89.8	61.0 71.3	74.8	79.1
Nebraska	84.0	84.1	83.3	86.7	87.1	86.9	71.1	72.3	68.8
North Dakota	83.8	85.6	86.1	85.5	87.8	89.0	80.5	75.0	79.8
South Dakota	81.8	82.7	78.2	85.6	86.6	82.6	69.5	73.4	63.6
South Atlantic	82.8	84.6	84.4	88.5	89.8	89.9	71.5	75.2	76.2
Delaware	83.9 60.2	83.2 70.1	86.5 75.4	88.9 87.2	88.0 90.4	90.9 90.7	72.5 55.3	73.9 65.0	80.5 69.8
Florida	82.4	83.8	84.4	87.5	88.8	89.4	71.0	73.0	75.1
Georgia	83.8	86.5	85.9	89.5	91.4	91.2	75.3	79.6	80.1
Maryland	87.5	87.8	84.7	92.6	92.7	90.8	77.6	79.5	76.9
North Carolina	83.0 78.0	84.5 80.9	84.4 79.0	89.2 85.8	90.5 87.6	90.9 85.6	70.5 65.4	74.8 70.3	75.7 70.2
Virginia		85.2	85.2	89.0	90.2	90.4	71.5	74.1	76.2 76.4
West Virginia	81.3	83.6	86.1	81.9	84.2	86.7	65.9	68.7	74.0
East South Central	81.7	83.6	83.7	86.7	88.3	88.6	68.8	71.9	73.6
Alabama	81.6	82.6	82.8	88.2	89.3	89.7	69.2	70.6	72.4
Kentucky	84.0	86.3	86.8	85.4	87.4	88.0	71.5	77.3	79.5
Mississippi	77.2 82.6	80.7 84.0	82.6 82.9	87.0 86.5	89.4 88.0	89.9 87.7	66.4 70.6	70.8 73.0	74.4 72.2
West South Central	77.4	79.4	80.1	84.9	86.2	86.9	70.1	73.3	74.7
Arkansas	75.5	77.5	79.7	80.4	81.8	83.8	61.5	66.5	69.8
Louisiana	80.3	82.1	83.5	88.2	89.4	90.7	69.7	72.1	73.9
Oklahoma	77.6	79.2	77.7	81.1	82.6	81.7	65.4	70.0	69.8
Texas	77.0	79.0	79.9	85.8	87.0	87.8	72.7	75.7	76.7
Mountain	77.3 72.5	78.1 75.5	77.7 76.6	84.1 82.2	84.9 85.3	85.2 87.2	69.2 69.3	72.0 73.1	71.7 75.7
Colorado		82.2	79.8	86.0	88.1	87.1	72.9	76.2	73.7 72.9
Idaho	79.2	79.3	81.6	82.0	82.0	83.9	78.4	70.8	78.8
Montana		82.9	83.2	84.2	85.3	86.2	80.7	79.5	80.8
Nevada	76.1 68.7	75.3 68.2	75.4 68.9	82.6 78.3	83.0 76.0	85.2 76.7	66.0 60.3	67.7 62.3	68.0 66.8
Utah	84.5	82.1	79.4	87.2	85.4	83.5	68.8	65.2	58.9
Wyoming		82.3	83.5	84.5	83.9	85.0	67.6	74.0	79.1
Pacific	79.5	82.5	84.8	85.5	87.2	88.4	76.9	79.6	82.0
Alaska	83.0	80.4	80.3	85.5	82.9	84.1	84.3	82.7	83.3
California		82.6	85.4	86.0	88.4	90.1 89.4	76.8	79.7	82.5 92.5
Hawaii Oregon	84.1 79.3	84.8 80.7	84.5 81.5	89.0 82.0	90.8 83.5	84.5	87.8 73.5	90.7 78.4	92.5 76.3
Washington		83.1	83.1	85.8	86.0	86.0	76.0	76.6	76.5
-									

See footnotes at end of table.

Table 7 (page 2 of 2). Early prenatal care according to race and Hispanic origin of mother, geographic division, and State: United States, average annual 1994-96, 1997-99, and 2000-2002

[Data are based on birth certificates]

	His	spanic or L	∟atino¹		nerican Ind Alaska Nat		Asian	or Pacific	Islander ²
Geographic division and State	1994–96	1997–99	2000–2002	1994–96	1997–99	2000–2002	1994–96	1997–99	2000–2002
		Percent of	of live births v	with early	prenatal c	are (beginnir	ng in the 1	st trimeste	er)
United States	70.7	74.1	75.7	66.5	68.8	69.5	80.3	83.0	84.3
New England	77.0	79.1	80.9	75.8	78.4	82.9	81.6	84.2	85.6
Connecticut	76.6	78.5	78.3	73.7	78.5	83.8	85.9	86.3	88.0
Maine	77.1 76.1	82.0 78.7	80.4 81.4	78.1 73.6	71.0 78.1	81.3 84.5	81.1 80.5	82.2 83.9	85.2 84.8
New Hampshire	78.8	79.2	81.9	*75.4	84.5	85.2	85.5	84.5	86.7
Rhode Island	82.9	83.4	86.7	79.0	82.7	80.9	79.3	81.9	84.0
Vermont	83.3	79.1	82.5	*78.6	*82.8	*80.0	75.0	77.5	85.9
Middle Atlantic	66.4 70.7	71.5 70.7	72.1 68.2	72.4 77.2	76.0 71.9	77.4 72.9	75.7 83.1	78.6 83.6	79.0 83.6
New York	64.5	71.7	73.7	70.2	71.9 75.3	75.4	72.5	76.0	76.3
Pennsylvania	69.1	72.6	73.0	70.8	79.7	83.5	76.3	79.1	80.9
East North Central	70.6	72.6	74.1	71.3	73.5	75.5	79.1	82.9	84.2
Illinois	70.3 67.6	73.0 65.2	76.0 63.5	73.0 68.2	72.8 70.7	80.9 72.6	82.1 81.4	85.9 81.7	85.6 81.3
Michigan	72.2	72.8	76.9	74.4	70.7 74.7	80.7	83.7	85.9	89.5
Ohio	75.5	77.3	73.5	77.8	80.2	77.4	86.8	86.5	88.0
Wisconsin	69.4	71.6	69.3	66.4	70.9	71.8	56.5	63.6	67.2
West North Central	67.0 71.1	68.5 71.7	70.8 74.4	65.5 69.0	67.2 73.0	65.4 73.6	70.8 82.2	75.0 82.7	79.3 85.5
Kansas	64.3	67.0	70.7	77.7	73.0 77.0	80.9	80.6	83.3	85.6
Minnesota	60.5	62.4	65.2	59.0	61.6	62.3	57.3	64.2	71.2
Missouri	77.6	76.8	78.4	76.0	77.1 67.1	78.4 67.1	83.4 79.4	85.3 82.9	87.9 81.4
Nebraska	66.3 76.8	68.3 76.7	68.3 78.4	68.5 69.7	69.9	65.3	79.4 74.1	81.9	87.9
South Dakota	72.8	71.1	67.0	62.7	65.0	59.7	74.1	77.3	78.0
South Atlantic	76.7	78.3	77.1	74.3	73.6	74.9	83.0	86.4	86.2
Delaware	68.1	70.3	73.6	82.8	73.1	84.9	85.7	85.5	91.0
District of Columbia	55.9 79.6	65.6 81.6	73.4 82.2	70.2	67.0	66.0	50.7 84.6	75.1 87.8	81.1 88.3
Georgia	73.3	78.1	75.8	83.8	83.6	79.8	83.5	88.8	89.9
Maryland	82.0 67.8	81.5 68.8	73.8	83.6	81.8	82.5 77.9	89.2	89.8 82.4	84.8
North Carolina	65.9	64.3	69.6 61.3	73.3 70.8	73.6 77.8	77.9 77.9	80.9 76.7	02.4 77.7	83.8 77.4
Virginia	70.2	73.3	70.5	80.6	79.4	84.1	80.9	85.1	85.3
West Virginia	75.7	74.9	69.7	*65.8	*82.9	*66.7	79.9	81.6	83.3
East South Central	69.3	65.9	60.0	74.7	77.7	77.9	81.5	84.4	84.5
Alabama	65.1 76.2	61.8 72.5	53.9 69.6	78.5 79.3	78.6 81.1	80.4 85.5	82.5 82.2	84.3 86.3	87.6 86.0
Mississippi	76.4	75.4	73.7	74.2	76.3	74.6	77.7	80.9	84.5
Tennessee	67.6	64.0	57.4	70.8	76.8	76.4	82.0	84.6	82.6
West South Central	68.7 58.3	72.0 61.9	73.3 67.6	68.8 69.9	70.7 69.8	70.9 74.3	83.8 74.2	86.3 74.6	87.4 79.0
Louisiana	81.4	85.0	84.2	80.1	77.9	82.0	81.2	84.4	86.0
Oklahoma	67.7	68.2	65.1	67.4	69.5	69.1	78.9	81.8	80.3
lexas	68.7	72.0	73.6	71.8	74.8	75.3	84.8	87.3	88.4
Mountain	63.4 60.9	65.4 64.9	65.4 66.3	58.5 57.8	62.1 62.9	63.8 65.8	76.4 79.1	78.7 83.3	78.9 85.0
Colorado	66.2	67.9	65.5	67.9	72.2	66.4	76.7	81.5	82.0
Idaho	60.1	62.8	68.6	59.8	61.6	69.1	81.3	80.0	80.6
Montana	74.1 63.1	77.5 62.8	80.2 62.3	65.6 67.7	66.2 68.3	65.1 68.6	73.1 78.1	84.1 78.9	79.3 79.4
New Mexico	65.2	65.6	66.2	53.8	56.7	59.2	72.3	75.7	75.5
Utah	66.2	63.9	61.2	58.9	57.8 68.0	56.1	71.0	68.1	64.4
Wyoming	69.2	72.9	75.2	65.2	68.0	71.7	83.5	83.6	83.8
Pacific	73.0 80.3	77.9 79.5	81.7 79.7	71.3 76.6	72.9 74.9	72.8 70.6	81.8 80.6	84.1 74.6	86.1 77.2
California	73.3	78.4	82.4	68.5	72.5	75.0	82.0	84.9	87.2
Hawaii Oregon	81.8 63.6	83.1 67.5	83.2 70.1	83.8 64.5	83.2 67.6	82.5 70.0	82.2 77.3	82.8 81.2	82.9 82.0
Washington	68.8	70.9	70.1 72.8	70.9	72.1	70.0 72.4	77.3 78.8	80.7	82.6
			-			•			

^{*} Percents preceded by an asterisk are based on fewer than 50 events. Percents not shown are based on fewer than 20 events.

1Persons of Hispanic origin may be of any race.

2Includes persons of Hispanic and non-Hispanic origin.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Birth File.

Table 8. Teenage childbearing, according to detailed race and Hispanic origin of mother: United States, selected years 1970–2002

Maternal age, race, and Hispanic origin of mother	1970	1975	1980	1985	1990	1995	1997	1998	1999	2000	2001	2002
Age of mother under 18 years					Pe	ercent of	live birtl	าร				
All races	6.3	7.6	5.8	4.7	4.7	5.3	4.9	4.6	4.4	4.1	3.8	3.6
White Black or African American American Indian or Alaska Native Asian or Pacific Islander Chinese Japanese Filipino Hawaiian Other Asian or Pacific Islander	4.8 14.8 7.5 1.1 2.0 3.7	6.0 16.3 11.2 0.4 1.7 2.4	4.5 12.5 9.4 1.5 0.3 1.0 1.6 6.6 1.2	3.7 10.6 7.6 1.6 0.3 0.9 1.6 5.7	3.6 10.1 7.2 2.1 0.4 0.8 2.0 6.5 2.4	4.3 10.8 8.7 2.2 0.3 0.8 2.2 7.6 2.5	4.1 9.7 8.6 2.0 0.3 0.8 2.1 6.7 2.3	3.9 8.9 8.4 2.0 0.3 0.8 2.1 7.8 2.3	3.7 8.2 7.9 1.8 0.2 0.7 1.8 6.2 2.0	3.5 7.8 7.3 1.5 0.2 0.6 1.6 5.7	3.3 7.3 6.8 1.3 0.2 0.5 1.5 4.9	3.1 6.9 6.6 1.1 0.2 0.6 1.2 4.5 1.3
Hispanic or Latino ¹ Mexican Puerto Rican Cuban Central and South American Other and unknown Hispanic or Latino Not Hispanic or Latino:			7.4 7.7 10.0 3.8 2.4 6.5	6.4 6.9 8.5 2.2 2.4 7.0	6.6 6.9 9.1 2.7 3.2 8.0	7.6 8.0 10.8 2.8 4.1 9.0	7.2 7.6 9.5 2.7 3.9 8.9	6.9 7.2 9.2 2.9 3.6 8.8	6.7 7.0 8.5 2.9 3.5 8.1	6.3 6.6 7.8 3.1 3.3 7.6	5.8 6.2 7.4 2.7 3.1 6.8	5.6 6.0 6.9 2.7 2.8 6.5
White			4.0 12.7	3.2 10.7	3.0 10.2	3.4 10.8	3.2 9.8	3.0 9.0	2.8 8.3	2.6 7.8	2.3 7.3	2.2 6.9
Age of mother 18–19 years	44.0	44.0	0.0	0.0	0.4	7.0	7.0	7.0	7.0	77	7.5	7.4
All races White. Black or African American American Indian or Alaska Native Asian or Pacific Islander Chinese Japanese Filipino Hawaiian Other Asian or Pacific Islander	11.3 10.4 16.6 12.8 3.9 4.1 7.1	11.3 10.3 16.9 15.2 1.7 3.3 5.0	9.8 9.0 14.5 14.6 3.9 1.0 2.3 4.0 13.3 3.8	8.0 7.1 12.9 12.4 3.4 0.6 1.9 3.7 12.3 3.5	8.1 7.3 13.0 12.3 3.7 0.8 2.0 4.1 11.9 3.9	7.9 7.2 12.4 12.7 3.5 0.6 1.7 4.1 11.5 3.8	7.8 7.1 12.5 12.2 3.2 0.6 1.5 3.8 11.9 3.3	7.9 7.2 12.6 12.5 3.3 0.6 1.6 4.1 11.0 3.5	7.9 7.2 12.4 12.3 3.3 0.7 1.4 4.0 11.9 3.5	7.7 7.1 11.9 12.4 3.0 0.7 1.4 3.7 11.7 3.2	7.5 6.9 11.5 12.5 3.0 0.8 1.2 3.6 11.3 3.1	7.1 6.6 11.1 11.9 2.7 0.7 1.1 3.3 10.2 2.8
Hispanic or Latino ¹ Mexican Puerto Rican Cuban Central and South American Other and unknown Hispanic or Latino Not Hispanic or Latino: ¹			11.6 12.0 13.3 9.2 6.0 10.8	10.1 10.6 12.4 4.9 5.8 10.5	10.2 10.7 12.6 5.0 5.9 11.1	10.3 10.8 12.7 4.9 6.5 11.1	9.8 10.2 12.7 4.7 6.5 10.9	10.0 10.3 12.7 4.0 6.6 11.4	10.0 10.4 12.6 4.8 6.5 11.4	9.9 10.4 12.2 4.4 6.5 11.3	9.7 10.3 11.8 4.8 6.3 10.5	9.3 9.8 10.9 5.5 5.7 10.2
White			8.5 14.7	6.6 12.9	6.6 13.0	6.4 12.4	6.3 12.6	6.4 12.7	6.4 12.5	6.1 12.0	5.9 11.6	5.6 11.1

⁻⁻⁻ Data not available.

NOTES: The race groups, white, black, American Indian or Alaska Native, and Asian or Pacific Islander, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Interpretation of trend data should take into consideration expansion of reporting areas and immigration. Data for additional years are available. See Appendix III.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Birth File. Martin JA, Hamilton BE, Sutton PD, Ventura SJ, Menacker F, Munson ML. Births: Final Data for 2002. National vital statistics reports; vol 52, no 10. Hyattsville, Maryland: National Center for Health Statistics, 2003; Births: Final data for each data year 1997–2001. National vital statistics reports. Hyattsville, Maryland; Final natality statistics for each data year 1970–96. Monthly vital statistics report. Hyattsville, Maryland.

¹Prior to 1993, data from States lacking an Hispanic-origin item on the birth certificate were excluded. See Appendix II, Hispanic origin.

Table 9. Nonmarital childbearing according to detailed race and Hispanic origin of mother, and maternal age: United States, selected years 1970–2002

·												
Race, Hispanic origin of mother, and maternal age	1970	1975	1980	1985	1990	1995	1997	1998	1999	2000	2001	2002
			Live	births p	er 1,000	unmarri	ed wome	n 15–44	years o	f age ¹		
All races and origins	26.4	24.5	29.4	32.8	43.8	44.3	42.9	43.3	43.3	44.0	43.8	43.7
White ²	13.9 95.5	12.4 84.2	18.1 81.1	22.5 77.0	32.9 90.5	37.0 74.5	36.3 71.6	36.9 71.6	37.4 69.7	38.2 70.5 20.9	38.5 68.2 21.2	38.9 66.2 21.3
Hispanic or Latino ³					89.6 24.4	88.7 28.1	83.2 27.5	82.8 27.9	84.9 27.9	87.2 28.0	87.8 27.8	87.9 27.8
				Pe	rcent of I	ive births	to unma	arried mo	others			
All races	10.7	14.3	18.4	22.0	28.0	32.2	32.4	32.8	33.0	33.2	33.5	34.0
White. Black or African American American Indian or Alaska Native. Asian or Pacific Islander Chinese Japanese Filipino Hawaiian Other Asian or Pacific Islander	5.5 37.5 22.4 3.0 4.6 9.1	7.1 49.5 32.7 1.6 4.6 6.9	11.2 56.1 39.2 7.3 2.7 5.2 8.6 32.9 5.4	14.7 61.2 46.8 9.5 3.0 7.9 11.4 37.3 8.5	20.4 66.5 53.6 13.2 5.0 9.6 15.9 45.0 12.6	25.3 69.9 57.2 16.3 7.9 10.8 19.5 49.0 16.2	25.8 69.2 58.7 15.6 6.5 10.1 19.5 49.1 15.6	26.3 69.1 59.3 15.6 6.4 9.7 19.7 51.1 15.2	26.8 68.9 58.9 15.4 6.9 9.9 21.1 50.4 14.5	27.1 68.5 58.4 14.8 7.6 9.5 20.3 50.0 13.8	27.7 68.4 59.7 14.9 8.4 9.2 20.4 50.6 13.7	28.5 68.2 59.7 14.9 9.0 10.3 20.0 50.4 13.5
Hispanic or Latino ³ Mexican Puerto Rican Cuban Central and South American Other and unknown Hispanic or Latino Not Hispanic or Latino: ³ White			23.6 20.3 46.3 10.0 27.1 22.4	29.5 25.7 51.1 16.1 34.9 31.1	36.7 33.3 55.9 18.2 41.2 37.2	40.8 38.1 60.0 23.8 44.1 44.0	40.9 38.9 59.4 24.4 41.8 43.6	41.6 39.6 59.5 24.8 42.0 45.3	42.2 40.1 59.6 26.4 43.7 45.8	42.7 40.7 59.6 27.3 44.7 46.2	42.5 40.8 58.9 27.2 44.3 44.2	43.5 42.1 59.1 29.8 44.8 44.4
Black or African American			57.3	62.1	66.7	70.0	69.4	69.3	69.1	68.7	68.6	68.4
					Number	r of live b	irths, in	thousand	ds			
Live births to unmarried mothers	399	448	666	828	1,165	1,254	1,257	1,294	1,309	1,347	1,349	1,366
Maternal age			F	Percent (distributio	on of live	births to	unmarr	ied moth	ers		
Under 20 years	50.1 31.8 18.1	52.1 29.9 18.0	40.8 35.6 23.5	33.8 36.3 29.9	30.9 34.7 34.4	30.9 34.5 34.7	30.7 34.9 34.4	30.1 35.6 34.3	29.3 36.4 34.3	28.0 37.4 34.6	26.6 38.2 35.2	25.4 38.6 35.9

^{- - -} Data not available.

NOTES: National estimates for 1970 and 1975 for unmarried mothers are based on births occurring in States reporting marital status of mother. Changes in reporting procedures for marital status occurred in some States during the 1990s. Interpretation of trend data should also take into consideration expansion of reporting areas and immigration. See Appendix II, Marital status. The race groups, white, black, American Indian or Alaska Native, and Asian or Pacific Islander, include persons of Hispanic origin. Persons of Hispanic origin may be of any race. Starting with Health, United States, 2003, rates for 1991–99 were revised using intercensal population estimates based on Census 2000. Rates for 2000 were computed using Census 2000 counts and rates for 2001 and 2002 were computed using 2000-based postcensal estimates. Data for additional years are available. See Appendix III.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Birth File. Martin JA, Hamilton BE, Sutton PD, Ventura SJ, Menacker F, Munson ML. Births: Final Data for 2002. National vital statistics reports; vol 52, no 10. Hyattsville, Maryland: National Center for Health Statistics, 2003; Hamilton BE, Sutton PD, Ventura SJ. Revised birth and fertility rates for the 1990s and new rates for Hispanic populations, 2000 and 2001: United States. National vital statistics reports; vol 51, no 12. Hyattsville, Maryland: National Center for Health Statistics, 2003; Births: Final data for each data year 1997–2001. National vital statistics reports. Hyattsville, Maryland; Final natality statistics for each data year 1993–96. Monthly vital statistics report. Hyattsville, Maryland; Ventura SJ. Births to unmarried mothers: United States, 1980–92. Vital Health Stat 21(53). 1995.

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

available for rate calculations. ²For 1970 and 1975, birth rates are by race of child.

³Prior to 1993, data from States lacking an Hispanic-origin item on the birth certificate were excluded. See Appendix II, Hispanic origin.

Table 10. Maternal education for live births, according to detailed race and Hispanic origin of mother: United States, selected years 1970–2002

Education, race, and Hispanic origin of mother	1970	1975	1980	1985	1990	1995	1997	1998	1999	2000	2001	2002
Less than 12 years of education					Pe	ercent of	live birth	ns¹				
All races	30.8	28.6	23.7	20.6	23.8	22.6	22.1	21.9	21.7	21.7	21.7	21.5
White. Black or African American American Indian or Alaska Native Asian or Pacific Islander Chinese Japanese Filipino Hawaiian Other Asian or Pacific Islander	27.1 51.2 60.5 23.0 11.8 26.4	25.1 45.3 52.7 16.5 9.1 22.3	20.8 36.4 44.2 21.0 15.2 5.0 16.4 20.7 27.6	17.8 32.6 39.0 19.4 15.5 4.8 13.9 18.7 24.3	22.4 30.2 36.4 20.0 15.8 3.5 10.3 19.3 26.8	21.6 28.7 33.0 16.1 12.9 2.6 8.0 17.6 21.2	21.3 27.6 32.8 14.0 12.3 2.3 7.3 16.8 17.8	21.2 26.9 32.7 12.9 11.4 2.4 6.9 18.5 15.9	21.3 26.0 32.2 12.4 12.0 2.0 6.3 16.8 14.8	21.4 25.5 31.6 11.6 11.7 2.1 6.2 16.7 13.5	21.7 24.9 31.0 10.8 11.9 1.8 6.0 15.4 12.2	21.6 24.4 30.8 10.3 11.3 2.2 5.3 14.3
Hispanic or Latino ²			51.1 62.8 55.3 24.1 41.2 40.1	44.5 59.0 46.6 21.1 37.0 36.5	53.9 61.4 42.7 17.8 44.2 33.3	52.1 58.6 38.6 14.4 41.7 33.8	50.3 56.3 37.1 13.7 39.6 32.8	49.3 55.2 35.9 13.0 38.5 33.6	49.1 55.2 34.4 12.3 37.9 32.5	48.9 55.0 33.4 11.9 37.2 31.4	48.8 55.0 32.3 11.8 36.5 30.4	48.1 54.2 31.5 11.8 35.8 31.7
White			18.3 37.4	15.8 33.5	15.2 30.0	13.3 28.6	12.9 27.5	12.8 26.7	12.6 25.9	12.2 25.3	12.0 24.8	11.7 24.3
16 years or more of education												
All races	8.6	11.4	14.0	16.7	17.5	21.4	22.8	23.4	24.1	24.7	25.2	25.9
White	9.6 2.8 2.7 34.0 20.7 28.1	12.7 4.3 2.2 37.8 30.6 36.6	15.5 6.2 3.5 30.8 41.5 36.8 37.1 7.9 29.2	18.6 7.0 3.7 30.3 35.2 38.1 35.2 6.5 30.2	19.3 7.2 4.4 31.0 40.3 44.1 34.5 6.8 27.3	23.1 9.5 6.2 35.0 49.0 46.2 36.7 9.7 30.5	24.6 10.5 6.8 38.0 51.1 48.3 38.6 11.0 34.4	25.1 11.0 6.8 39.7 53.8 49.1 39.2 11.0 36.7	25.7 11.4 7.2 40.9 54.3 49.5 39.6 12.7 38.5	26.3 11.7 7.8 42.8 55.6 51.1 40.5 13.5 40.7	26.7 12.1 8.2 44.0 55.9 52.0 41.8 13.2 42.6	27.3 12.7 8.7 45.7 57.3 53.5 43.3 14.6 44.4
Hispanic or Latino ²			4.2 2.2 3.0 11.6 6.1 5.5	6.0 3.0 4.6 15.0 8.1 7.2	5.1 3.3 6.5 20.4 8.6 8.5	6.1 4.0 8.7 26.5 10.3 10.5	6.7 4.5 9.2 27.8 11.9 11.7	7.0 4.7 9.5 28.6 12.5 11.5	7.4 5.0 10.3 29.9 13.2 12.0	7.6 5.1 10.4 31.0 14.1 12.5	7.9 5.3 11.1 30.8 14.8 13.2	8.3 5.5 11.8 30.5 15.5 13.2
White			16.4 5.7	19.3 6.7	22.6 7.3	27.7 9.5	29.7 10.6	30.4 11.0	31.4 11.4	32.5 11.7	33.3 12.2	34.3 12.7

^{- - -} Data not available.

NOTES: Starting in 1992, education of mother was reported on the birth certificate by all 50 States and the District of Columbia. Prior to 1992, data from States lacking an education of mother item were excluded. See Appendix II, Education. The race groups, white, black, American Indian or Alaska Native, and Asian or Pacific Islander, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Maternal education groups shown in this table generally represent the group at highest risk for unfavorable birth outcomes (less than 12 years of education) and the group at lowest risk (16 years or more of education). Interpretation of trend data should take into consideration expansion of reporting areas and immigration. Data for additional years are available. See Appendix III.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Birth File.

¹Excludes live births for whom education of mother is unknown.

²Prior to 1993, data shown only for States with an Hispanic-origin item and education of mother item on the birth certificate. See Appendix II, Education; Hispanic origin.

Table 11. Mothers who smoked cigarettes during pregnancy, according to mother's detailed race, Hispanic origin, age, and education: Selected States, 1989–2002

Characteristic of mother	1989	1990	1995	1997	1998	1999	2000	2001	2002
Race of mother				Percent of r	mothers who	o smoked ^{1,2}	!		
All races	19.5	18.4	13.9	13.2	12.9	12.6	12.2	12.0	11.4
White Black or African American American Indian or Alaska Native Asian or Pacific Islander ³ Chinese Japanese Filipino Hawaiian Other Asian or Pacific Islander	20.4 17.1 23.0 5.7 2.7 8.2 5.1 19.3 4.2	19.4 15.9 22.4 5.5 2.0 8.0 5.3 21.0 3.8	15.0 10.6 20.9 3.4 0.8 5.2 3.4 15.9 2.7	14.3 9.7 20.8 3.2 1.0 4.7 3.4 15.8 2.5	14.0 9.5 20.2 3.1 0.8 4.8 3.3 16.8 2.4	13.6 9.3 20.2 2.9 0.5 4.5 3.3 14.7 2.3	13.2 9.1 20.0 2.8 0.6 4.2 3.2 14.4 2.3	13.0 9.0 19.9 2.8 0.7 3.8 3.2 14.8 2.3	12.3 8.7 19.7 2.5 0.5 4.0 2.9 13.7 2.1
Hispanic origin and race of mother ⁴									
Hispanic or Latino	8.0 6.3 14.5 6.9 3.6 12.1	6.7 5.3 13.6 6.4 3.0 10.8	4.3 3.1 10.4 4.1 1.8 8.2	4.1 2.9 11.0 4.2 1.8 8.5	4.0 2.8 10.7 3.7 1.5 8.0	3.7 2.6 10.5 3.3 1.4 7.7	3.5 2.4 10.3 3.3 1.5 7.4	3.2 2.4 9.7 3.0 1.3 6.8	3.0 2.2 9.0 2.8 1.3 6.5
WhiteBlack or African American	21.7 17.2	21.0 15.9	17.1 10.6	16.5 9.8	16.2 9.6	15.9 9.4	15.6 9.2	15.5 9.1	15.0 8.8
Age of mother ¹									
Under 15 years 15–19 years 15–17 years 18–19 years 20–24 years 25–29 years 30–34 years 35–39 years 40–54 years ⁵	7.7 22.2 19.0 23.9 23.5 19.0 15.7 13.6 13.2	7.5 20.8 17.6 22.5 22.1 18.0 15.3 13.3 12.3	7.3 16.8 14.6 18.1 17.1 12.8 11.4 12.0 10.1	8.1 17.6 15.5 18.8 16.6 11.8 10.0 11.1	7.7 17.8 15.5 19.2 16.5 11.4 9.3 10.6 10.0	7.8 18.1 15.5 19.5 16.7 11.0 8.6 9.9 9.5	7.1 17.8 15.0 19.2 16.8 10.5 8.0 9.1 9.5	6.0 17.5 14.4 19.0 17.0 10.3 7.6 8.6 9.3	5.8 16.7 13.4 18.2 16.7 9.9 7.1 7.8 8.4
Education of mother ⁶		F	Percent of m	others 20 y	ears of age	and over v	vho smoked	2	
0–8 years	18.9 42.2 22.8 13.7 5.0	17.5 40.5 21.9 12.8 4.5	11.0 32.0 18.3 10.6 2.7	9.9 30.2 17.5 9.9 2.4	9.5 29.3 17.1 9.6 2.2	8.9 29.0 16.9 9.4 2.1	7.9 28.2 16.6 9.1 2.0	7.2 27.6 16.5 9.2 1.9	6.8 26.8 16.0 8.8 1.7

¹Data from States that did not require the reporting of mother's tobacco use during pregnancy on the birth certificate are not included. Reporting area for tobacco use increased from 43 States and the District of Columbia (DC) in 1989 to 49 States and DC in 2000–02. See Appendix II, Tobacco use.

NOTES: The race groups, white, black, American Indian or Alaska Native, and Asian or Pacific Islander, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Interpretation of trend data should take into consideration expansion of reporting areas and immigration. Data for additional years are available. See Appendix III.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Birth File. Martin JA, Hamilton BE, Sutton PD, Ventura SJ, Menacker F, Munson ML. Births: Final Data for 2002. National vital statistics reports; vol 52, no 10. Hyattsville, Maryland: National Center for Health Statistics, 2003; Births: Final data for each data year 1997–2001. National vital statistics reports. Hyattsville, Maryland; Final natality statistics for each data year 1989–96. Monthly vital statistics report. Hyattsville, Maryland.

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

³Maternal tobacco use during pregnancy was not reported on the birth certificates of California, which in 2002 accounted for 31 percent of the births to Asian or Pacific Islander mothers.

⁴Data from States that did not require the reporting of either Hispanic origin of mother or tobacco use during pregnancy on the birth certificate are not included. Reporting area for tobacco use and Hispanic origin of mother increased from 42 States and DC in 1989 to 49 States and DC in 2000–02. See Appendix II, Hispanic origin; Tobacco use.

⁵Prior to 1997 data are for live births to mothers 45–49 years of age.

⁶Data from States that did not require the reporting of either mother's education or tobacco use during pregnancy on the birth certificate are not included. Reporting area for tobacco use and education of mother increased from 42 States and DC in 1989 to 49 States and DC in 2000–02. See Appendix II, Education; Tobacco use.

Table 12. Low-birthweight live births, according to mother's detailed race, Hispanic origin, and smoking status: United States, selected years 1970–2002

Birthweight, race, Hispanic origin of mother, and smoking status of mother	1970	1975	1980	1985	1990	1995	1997	1998	1999	2000	2001	2002
Low birthweight (less than 2,500 grams)					Pe	ercent of	live birth	s¹				
All races	7.93	7.38	6.84	6.75	6.97	7.32	7.51	7.57	7.62	7.57	7.68	7.82
White Black or African American American Indian or Alaska Native Asian or Pacific Islander Chinese Japanese Filipino Hawaiian Other Asian or Pacific Islander	6.85 13.90 7.97 6.67 9.03 10.02	6.27 13.19 6.41 5.29 7.47 8.08	5.72 12.69 6.44 6.68 5.21 6.60 7.40 7.23 6.83	5.65 12.65 5.86 6.16 4.98 6.21 6.95 6.49 6.19	5.70 13.25 6.11 6.45 4.69 6.16 7.30 7.24 6.65	6.22 13.13 6.61 6.90 5.29 7.26 7.83 6.84 7.05	6.46 13.01 6.75 7.23 5.06 6.82 8.33 7.20 7.54	6.52 13.05 6.81 7.42 5.34 7.50 8.23 7.15 7.76	6.57 13.11 7.15 7.45 5.19 7.95 8.30 7.69 7.76	6.55 12.99 6.76 7.31 5.10 7.14 8.46 6.76 7.67	6.68 12.95 7.33 7.51 5.33 7.28 8.66 7.91 7.76	6.80 13.29 7.23 7.78 5.52 7.57 8.61 8.14
Hispanic or Latino ²			6.12	6.16	6.06	6.29	6.42	6.44	6.38	6.41	6.47	6.55
Mexican			5.62 8.95 5.62 5.76 6.96	5.77 8.69 6.02 5.68 6.83	5.55 8.99 5.67 5.84 6.87	5.81 9.41 6.50 6.20 7.55	5.97 9.39 6.78 6.26 7.93	5.97 9.68 6.50 6.47 7.59	5.94 9.30 6.80 6.38 7.63	6.01 9.30 6.49 6.34 7.84	6.08 9.34 6.49 6.49 7.96	6.16 9.68 6.50 6.53 7.87
WhiteBlack or African American			5.67 12.71	5.60 12.61	5.61 13.32	6.20 13.21	6.47 13.11	6.55 13.17	6.64 13.23	6.60 13.13	6.76 13.07	6.91 13.39
Cigarette smoker ³					11.25 6.14	12.18 6.79	12.06 7.07	12.01 7.18	12.06 7.21	11.88 7.19	11.90 7.32	12.15 7.48
Very low birthweight (less than 1,500 grams)												
All races	1.17	1.16	1.15	1.21	1.27	1.35	1.42	1.45	1.45	1.43	1.44	1.46
White	0.95 2.40 0.98 0.80 1.48 1.08	0.92 2.40 0.95 0.52 0.89 0.93	0.90 2.48 0.92 0.92 0.66 0.94 0.99 1.05 0.96	0.94 2.71 1.01 0.85 0.57 0.84 0.86 1.03 0.91	0.95 2.92 1.01 0.87 0.51 0.73 1.05 0.97 0.92	1.06 2.97 1.10 0.91 0.67 0.87 1.13 0.94 0.91	1.13 3.04 1.19 1.05 0.74 0.78 1.29 1.41 1.07	1.15 3.08 1.24 1.10 0.75 0.84 1.35 1.53 1.12	1.15 3.14 1.26 1.08 0.68 0.86 1.41 1.41 1.09	1.14 3.07 1.16 1.05 0.77 0.75 1.38 1.39 1.04	1.16 3.04 1.26 1.03 0.69 0.71 1.23 1.50 1.06	1.17 3.13 1.28 1.12 0.74 0.97 1.31 1.55
Hispanic or Latino ²			0.98 0.92 1.29 1.02 0.99	1.01 0.97 1.30 1.18 1.01	1.03 0.92 1.62 1.20 1.05	1.11 1.01 1.79 1.19 1.13	1.13 1.02 1.85 1.36 1.17	1.15 1.02 1.86 1.33 1.23	1.14 1.04 1.86 1.49 1.15	1.14 1.03 1.93 1.21 1.20	1.14 1.05 1.85 1.27 1.19	1.17 1.06 1.96 1.15 1.20
Other and unknown Hispanic or Latino Not Hispanic or Latino: ² White			1.01 0.86	0.96 0.90	1.09 0.93	1.28 1.04	1.35 1.12	1.38 1.15	1.32 1.15	1.42 1.14	1.27 1.17	1.44 1.17
Black or African American Cigarette smoker ³ Nonsmoker ³			2.46	2.66	2.93 1.73 1.18	2.98 1.85 1.31	3.05 1.83 1.40	3.11 1.87 1.44	3.18 1.91 1.43	3.10 1.91 1.40	3.08 1.88 1.42	3.15 1.88 1.45

^{- - -} Data not available.

NOTES: The race groups, white, black, American Indian or Alaska Native, and Asian or Pacific Islander, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Interpretation of trend data should take into consideration expansion of reporting areas and immigration. Data for additional years are available. See Appendix III.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Birth File. Martin JA, Hamilton BE, Sutton PD, Ventura SJ, Menacker F, Munson ML. Births: Final Data for 2002. National vital statistics reports; vol 52, no 10. Hyattsville, Maryland: National Center for Health Statistics, 2003; Births: Final data for each data year 1997–2001. National vital statistics reports. Hyattsville, Maryland; Final natality statistics for each data year 1970–96. Monthly vital statistics report. Hyattsville, Maryland.

¹Excludes live births with unknown birthweight. Percent based on live births with known birthweight.

²Prior to 1993, data from States lacking an Hispanic-origin item on the birth certificate were excluded. See Appendix II, Hispanic origin.

³Percent based on live births with known smoking status of mother and known birthweight. Data from States that did not require the reporting of mother's tobacco use during pregnancy on the birth certificate are not included. Reporting area for tobacco use increased from 43 States and the District of Columbia (DC) in 1989 to 49 States and DC in 2000–02. See Appendix II, Tobacco use.

Table 13. Low-birthweight live births among mothers 20 years of age and over, by mother's detailed race, Hispanic origin, and education: United States, selected years 1989–2002

Education, race, and Hispanic origin of mother	1989	1990	1995	1997	1998	1999	2000	2001	2002
Less than 12 years of education			Percent o	f live births	weighing les	ss than 2,50	00 grams ¹		
All races	9.0	8.6	8.4	8.4	8.4	8.3	8.2	8.2	8.2
White	7.3	7.0	7.1	7.2	7.2	7.2	7.1	7.1	7.1
	17.0	16.5	16.0	15.4	15.0	15.0	14.8	14.6	15.0
	7.3	7.4	8.0	7.7	8.0	8.1	7.2	8.3	8.4
	6.6	6.4	6.7	6.8	7.4	7.1	7.2	7.5	7.4
	5.4	5.2	5.3	5.1	5.9	5.2	5.3	4.9	4.4
Japanese	4.0	10.6	11.0	2.6	5.0	11.0	6.8	8.4	4.7
	6.9	7.2	7.5	7.8	7.9	8.4	8.6	8.5	9.0
	11.0	10.7	9.8	7.4	8.5	7.2	9.4	8.9	7.8
	6.8	6.4	6.7	7.1	7.8	7.5	7.5	8.1	8.1
Hispanic or Latino ² . Mexican. Puerto Rican Cuban Central and South American Other and unknown Hispanic or Latino.	6.0	5.7	5.8	5.9	5.9	5.9	6.0	6.0	6.0
	5.3	5.2	5.4	5.6	5.6	5.5	5.6	5.7	5.7
	11.3	10.3	10.5	10.6	10.7	10.5	10.9	10.4	10.4
	9.4	7.9	9.2	9.5	7.4	6.7	8.4	6.7	7.5
	5.8	5.8	6.2	5.8	6.2	6.0	6.2	6.4	6.2
	8.2	8.0	7.7	8.3	7.7	8.0	8.6	8.2	7.8
Not Hispanic or Latino: ² WhiteBlack or African American	8.4	8.3	8.9	9.1	9.1	9.2	9.0	9.1	9.3
	17.6	16.7	16.2	15.6	15.3	15.2	15.2	14.9	15.3
12 years of education									
All races	7.1	7.1	7.6	7.7	7.9	8.0	7.9	8.1	8.2
White Black or African American. American Indian or Alaska Native Asian or Pacific Islander. Chinese. Japanese Filipino. Hawaiian Other Asian or Pacific Islander.	5.7 13.4 5.6 6.4 5.1 7.4 6.8 7.0 6.5	5.8 13.1 6.1 6.5 4.9 6.2 7.6 6.7 6.7	6.4 13.3 6.5 7.0 5.7 7.4 7.7 6.6 7.1	6.6 13.1 6.4 7.2 5.2 7.9 8.2 7.2 7.3	6.7 13.1 6.9 7.2 4.7 8.0 6.7 7.6	6.8 13.3 6.9 7.4 5.8 8.9 8.0 8.7 7.3	6.8 13.0 6.7 7.4 5.6 7.2 8.1 6.8 7.7	7.0 13.1 7.2 7.5 5.4 8.6 9.2 7.5 7.4	7.0 13.4 7.1 7.9 5.2 7.1 8.7 8.3 8.2
Hispanic or Latino ²	5.9	6.0	6.1	6.2	6.4	6.2	6.2	6.4	6.5
	5.2	5.5	5.6	5.7	6.0	5.8	5.8	6.0	6.1
	8.8	8.3	8.7	8.7	9.4	8.6	8.8	9.3	9.3
	5.3	5.2	6.7	6.9	6.0	6.5	6.5	5.8	6.0
	5.7	5.8	5.9	6.3	6.2	6.2	6.0	6.3	6.4
	6.1	6.6	7.1	7.4	7.3	7.1	7.3	7.7	7.7
WhiteBlack or African American	5.7	5.7	6.5	6.7	6.8	7.0	6.9	7.2	7.3
	13.6	13.2	13.4	13.2	13.3	13.4	13.1	13.3	13.5
13 years or more of education									
All races White Black or African American American Indian or Alaska Native Asian or Pacific Islander Chinese Japanese Filipino Hawaiian Other Asian or Pacific Islander	5.5	5.4	6.0	6.4	6.5	6.6	6.6	6.7	7.0
	4.6	4.6	5.3	5.7	5.8	5.8	5.8	6.0	6.2
	11.2	11.1	11.4	11.4	11.5	11.6	11.6	11.6	12.0
	5.6	4.7	5.7	6.2	5.9	6.1	6.5	6.7	7.0
	6.1	6.0	6.6	7.0	7.2	7.2	7.0	7.3	7.6
	4.5	4.4	5.1	4.9	5.3	4.9	4.8	5.3	5.7
	6.6	6.0	7.1	6.6	7.4	7.6	7.0	6.9	7.7
	7.2	7.0	7.6	8.1	8.0	8.0	8.3	8.3	8.4
	6.3	4.7	5.0	6.6	6.6	6.3	4.5	7.7	7.2
	6.1	6.2	6.7	7.3	7.5	7.6	7.4	7.6	7.9
Hispanic or Latino ²	5.5	5.5	5.9	6.2	6.3	6.2	6.2	6.4	6.6
	5.1	5.2	5.6	5.8	5.8	5.6	5.8	6.0	6.2
	7.4	7.4	7.9	8.2	8.2	8.2	7.9	8.0	8.9
	4.9	5.0	5.6	6.0	6.3	6.9	5.9	6.7	6.4
	5.2	5.6	5.8	6.1	6.5	6.3	6.3	6.3	6.5
	5.4	5.2	6.1	6.7	6.8	6.4	6.6	7.0	7.0
WhiteBlack or African American	4.6	4.5	5.2	5.6	5.7	5.8	5.8	6.0	6.2
	11.2	11.1	11.5	11.5	11.6	11.7	11.7	11.7	12.1

¹Excludes live births with unknown birthweight. Percent based on live births with known birthweight.

NOTES: Starting in 1992, education of mother was reported on the birth certificate by all 50 States and the District of Columbia. Prior to 1992, data from States lacking an education of mother item were excluded. See Appendix II, Education. The race groups, white, black, American Indian or Alaska Native, and Asian or Pacific Islander, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Interpretation of trend data should take into consideration expansion of reporting areas and immigration. Data for additional years are available. See Appendix III.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Birth File.

²Prior to 1993, data shown only for States with an Hispanic-origin item and education of mother item on the birth certificate. See Appendix II, Education; Hispanic origin.

Table 14 (page 1 of 2). Low-birthweight live births, according to race and Hispanic origin of mother, geographic division, and State: United States, average annual 1994–96, 1997–99, and 2000–2002

						Not Hispan	ic or Latin	0	
Occupation division		All race	s		White		Afi	Black o rican Ame	
Geographic division and State	1994–96	1997–99	2000–2002	1994–96	1997–99	2000–2002	1994–96	1997–99	2000–2002
			Percent of	live births	weighing	less than 2,5	500 grams	1	
United States	7.33	7.57	7.69	6.20	6.56	6.75	13.22	13.17	13.19
		6.96	7.14	5.64	6.25	6.46	11.97	11.92	11.83
New England	7.07	7.56	7.14	5.71	6.31	6.48	12.73	12.94	12.28
Maine	5.89	5.93	6.12	5.91	6.00	6.13	*	*12.07	*9.47
Massachusetts	6.37	6.99	7.26	5.63	6.35	6.56	11.51	11.31	11.54
New Hampshire	5.15	5.91	6.40	4.99	5.75	6.24	*8.53	*7.81	10.58
Rhode Island	6.71 5.85	7.43 6.15	7.47 6.15	5.96 5.77	6.65 6.08	6.75 6.12	11.69	11.23	12.32
	7.57	7.83	7.84	5.95	6.42	6.62	12.02	12.02	10.60
Middle Atlantic	7.60	8.01	7.89	5.94	6.44	6.59	13.23 13.64	13.03 14.02	12.69 13.20
New York	7.63	7.83	7.76	5.79	6.34	6.48	12.63	12.26	12.02
Pennsylvania	7.44	7.69	7.93	6.13	6.49	6.78	14.25	13.93	13.79
East North Central	7.52	7.72	7.79	6.24	6.54	6.71	14.03	13.80	13.78
Illinois	7.92	7.96	8.04	6.17	6.47	6.74	14.62	14.12	14.04
Indiana	7.32	7.84	7.54	6.64	7.20	6.95	13.07	13.33	12.89
Michigan	7.72 7.54	7.84 7.78	7.94 8.07	6.23 6.46	6.34 6.75	6.55 7.08	13.96 13.60	13.89 13.47	14.24 13.45
Wisconsin	6.22	6.53	6.58	5.34	5.71	5.83	13.61	13.43	13.25
West North Central	6.49	6.75	6.87	5.90	6.24	6.36	13.04	12.94	12.44
lowa	6.06	6.31	6.39	5.77	6.05	6.19	13.02	11.99	11.77
Kansas	6.61	7.01	6.96	6.12	6.58	6.66	12.72	12.80	12.37
Minnesota	5.78	5.92	6.23	5.34	5.62	5.80	12.28	11.08	10.54
Missouri	7.57 6.25	7.75 6.75	7.74 6.88	6.47 5.86	6.70 6.42	6.79 6.52	13.47 11.92	13.77 12.33	13.27 13.07
North Dakota	5.48	6.31	6.28	5.29	6.36	6.13	*10.91	*9.35	*9.02
South Dakota	5.75	5.75	6.58	5.62	5.75	6.37	*9.09	*10.81	*11.51
South Atlantic	8.32	8.53	8.63	6.52	6.87	7.09	13.11	13.13	13.15
Delaware	8.09	8.57	9.29	6.54	6.53	7.80	12.97	14.32	14.08
District of Columbia	13.94	13.21	11.85	5.78	6.05	6.35	16.45	16.05	14.60
Florida	7.76 8.63	8.09 8.68	8.18 8.79	6.44 6.47	6.93 6.69	6.98 6.92	12.36 12.87	12.31 12.84	12.58 12.98
Georgia	8.53	8.82	8.88	6.24	6.50	6.79	13.40	13.41	13.00
North Carolina	8.69	8.84	8.90	6.83	7.22	7.49	13.77	13.77	13.83
South Carolina	9.22	9.52	9.74	6.84	7.09	7.40	13.37	14.11	14.29
Virginia	7.62	7.80	7.90	6.09	6.39	6.54	12.55	12.44	12.56
West Virginia	7.78	8.12	8.60	7.57	7.97	8.39	13.75	12.88	13.81
East South Central	8.82 9.11	9.07 9.28	9.45 9.75	7.17 7.08	7.52 7.37	7.88 7.77	13.43 13.30	13.61 13.34	14.24 14.10
Kentucky	7.71	8.06	8.38	7.08	7.58	7.77 7.84	12.65	13.15	13.84
Mississippi	9.85	10.18	10.82	7.02	7.35	7.97	13.07	13.63	14.48
Tennessee	8.78	9.01	9.20	7.24	7.65	7.95	14.26	14.06	14.23
West South Central	7.57	7.81	8.00	6.43	6.81	7.07	13.13	13.30	13.51
Arkansas	8.29	8.62	8.64	6.95	7.45	7.48	13.17	13.21	13.81
Louisiana	9.73 7.12	10.09 7.28	10.40 7.75	6.64 6.60	7.00 6.91	7.56 7.35	14.12 12.59	14.57 12.22	14.44 13.57
Texas	7.12	7.35	7.54	6.24	6.61	6.81	12.48	12.58	12.82
Mountain	7.16	7.36	7.36	6.85	7.11	7.09	13.89	13.45	13.65
Arizona	6.75	6.86	6.91	6.63	6.60	6.78	12.96	12.83	13.16
Colorado		8.60	8.60	8.10	8.18	8.24	15.52	14.12	14.59
Idaho	5.72	6.15	6.41	5.56	6.01	6.29	*	*9.68	*
Montana	6.16 7.49	6.71 7.59	6.65 7.44	5.94 7.05	6.56 7.42	6.60 7.19	14.03	13.32	13.40
New Mexico	7.46	7.68	7.99	7.43	7.83	7.19	10.80	13.30	13.88
Utah	6.28	6.72	6.48	6.09	6.55	6.28	12.87	14.76	13.09
Wyoming	8.21	8.75	8.35	7.92	8.77	8.12	*13.22	*16.76	*13.29
Pacific	6.01	6.09	6.22	5.40	5.50	5.70	12.04	11.69	11.50
Alaska	5.45	5.90	5.71	5.01	5.36	4.84	11.94	11.24	10.70
California	6.11 7.17	6.17 7.44	6.29 7.98	5.55 5.24	5.61 5.48	5.86 6.17	12.19 10.73	11.87 10.34	11.66 11.01
Oregon		5.41	5.65	5.15	5.21	5.44	10.73	10.54	10.32
Washington		5.72	5.75	5.09	5.33	5.43	10.61	10.10	10.34
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See footnotes at end of table.

Table 14 (page 2 of 2). Low-birthweight live births, according to race and Hispanic origin of mother, geographic division, and State: United States, average annual 1994-96, 1997-99, and 2000-2002

Geographic division and State	Hispanic or Latino ²			American Indian or Alaska Native ³			Asian or Pacific Islande		
	1994–96	1997–99	2000–2002	1994–96	1997–99	2000–2002	1994–96	1997–99	2000–2002
			Percent of	live births	weighing	less than 2,5	500 grams	1	
Inited States	. 6.27	6.41	6.48	6.51	6.90	7.11	6.93	7.37	7.54
lew England	. 8.06	8.33	8.08	7.68	8.59	7.93	7.06	7.39	7.64
Connecticut	. 8.85	9.05	8.25	*10.10	*9.63	10.06	8.28	7.59	8.07
Maine		8.11	*6.03 8.37	*5.31	*7.74	*7.11	*6.78 6.70	*4.79 7.26	*5.46 7.57
New Hampshire		6.80	4.84	*	*	*	*7.07	*7.27	5.95
Rhode Island		7.57	7.20	*9.23	11.76	*10.32	6.75	9.19	9.31
Vermont		7.71	7.47	8.66	8.34	8.66	7.00	7.52	7.42
New Jersey		7.71	7.15	10.22	9.87	11.09	7.00	7.71	7.42
New York	. 7.62	7.66	7.38	7.51	7.56	7.81	6.86	7.43	7.33
Pennsylvania		9.23	8.97	9.33	9.03	9.15	7.23	7.54	7.48
ast North Central	. 6.08 . 5.90	6.46 6.29	6.33 6.31	6.36 8.45	6.87 8.08	7.17 8.60	7.24 8.02	7.75 8.02	7.92 8.49
Indiana		6.77	6.09	*7.20	*10.65	*7.74	6.02	7.06	7.41
Michigan	. 6.24	6.67	6.26	6.24	6.75	7.26	6.79	7.94	7.46
Ohio		7.57 6.42	7.20 6.13	9.66 4.79	7.23 6.08	8.86 6.12	6.75 6.37	7.44 7.21	7.86 6.97
Vest North Central		6.07	6.10	6.27	6.33	6.99	6.97	7.32	7.29
lowa		6.10	6.01	*6.52	8.53	7.23	7.97	7.64	7.13
Kansas		6.01	5.93	7.76	6.42	6.20	5.74	7.87	6.69
Minnesota		6.15 6.07	6.02 6.18	6.60 *6.00	6.57 8.58	7.10 8.67	6.80 7.49	7.23 6.83	7.28 7.34
Nebraska		6.19	6.30	*4.63	6.89	7.27	7.13	8.03	8.05
North Dakota		*4.98 *5.29	*8.10 6.89	6.23 6.13	6.03 5.47	6.62 6.84	*8.70 *6.34	*6.86	*11.39
South Atlantic		6.35	6.39	8.84	9.24	9.17	7.16	7.53	7.95
Delaware		7.52	6.81	*	*	*	8.53	7.89	9.89
District of Columbia		6.06	8.04	*	* 7.50	*	7.22	*8.67	*7.00
Florida		6.55 5.51	6.61 5.77	8.01 *5.27	7.52 8.43	7.11 9.29	7.66 6.57	8.29 7.54	8.35 8.18
Maryland		6.65	6.73	*6.76	9.48	9.74	6.99	7.19	7.42
North Carolina		6.24	6.13	9.79	10.35	10.30	7.46 7.60	7.26 7.66	8.20 8.02
South Carolina		5.71 6.23	6.87 6.07	*8.81 *7.22	*8.88 *7.58	10.22 *10.73	6.84	7.08	7.50
West Virginia		*	*	*	*	*	*5.87	*7.16	*9.16
ast South Central		6.47	6.74	7.57	7.73	7.84	6.88	7.92	7.95
Alabama		6.57 6.76	6.95 7.73	*6.89	*7.03 *9.51	9.68 *7.17	7.66 4.94	8.24 7.37	7.38 7.75
Mississippi		5.41	6.61	*7.93	*6.44	7.30	7.09	7.70	6.83
Tennessee		6.49	6.28	*7.69	*9.37	*7.11	7.22	8.13	8.60
Vest South Central		6.62	6.85	5.91	6.33	6.71	7.16	7.80	7.80
Arkansas		6.28 6.37	5.79 6.56	7.75 6.23	*5.60 8.00	8.11 9.06	7.77 6.97	8.55 8.39	7.73 7.89
Oklahoma		5.86	6.41	5.80	6.19	6.48	6.76	6.52	7.87
Texas	. 6.47	6.65	6.88	5.83	6.68	6.67	7.20	7.82	7.78
Mountain		7.18	7.23	6.38	6.97	7.01	8.21	8.70	8.27
Arizona		6.64 8.54	6.56 8.33	6.18 8.72	6.83 8.85	6.85 9.05	7.50 9.41	7.67 10.05	7.95 10.17
Idaho	. 6.43	6.71	6.95	7.62	7.18	6.15	*6.44	*6.47	7.38
Montana		6.69 6.23	7.44 6.34	6.20 7.78	7.37 6.87	7.14 6.80	*8.71 8.76	*7.38	*5.95 7.56
New Mexico		7.66	8.13	6.05	6.55	6.88	9.05	9.11 8.83	7.56
Utah	. 7.66	7.08	7.20	5.93	7.54	6.37	6.85	7.95	7.23
Wyoming		7.09	8.81	8.58	7.39	9.55	*	*16.31	*12.04
'acific		5.58 6.69	5.66 6.07	6.08 5.37	6.28 5.89	6.36 5.81	6.67 6.03	6.99 6.88	7.27 7.33
California		5.57	5.66	6.58	6.06	6.21	6.55	6.86	7.33
Hawaii	. 6.79	7.71	8.00	*8.38	*7.65	*4.99	7.71	7.96	8.45
Oregon		5.47 5.46	5.54 5.31	5.61 5.99	6.13 7.13	7.23 7.08	5.54 5.91	6.07 6.61	6.78 6.37
vvasimigion	. J.ZI	5.40	J.J1	J.33	1.10	7.00	J.81	0.01	0.37

^{*} Percents preceded by an asterisk are based on fewer than 50 events. Percents not shown are based on fewer than 20 events.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Birth File.

¹Excludes live births with unknown birthweight.

²Persons of Hispanic origin may be of any race.

³Includes persons of Hispanic and non-Hispanic origin.

Table 15 (page 1 of 2). Very low-birthweight live births, according to race and Hispanic origin of mother, geographic division, and State: United States, average annual 1994–96, 1997–99, and 2000–2002

						Not Hispan	anic or Latino				
		All races	s		White		Af	Black o rican Ame			
Geographic division and State	1994–96	1997–99	2000–2002	1994–96	1997–99	2000–2002	1994–96	1997–99	2000–2002		
			Percent of	live births	weighing	less than 1,5	500 grams	1			
United States	1.35	1.44	1.44	1.04	1.14	1.16	3.00	3.11	3.11		
New England	1.17	1.37	1.38	0.94	1.13	1.15	3.09	3.13	3.19		
Connecticut	1.41	1.59	1.56	0.97	1.18	1.18	3.44	3.53	3.53		
Maine	1.12 1.15	1.01 1.33	1.16 1.35	1.13 0.94	1.02 1.13	1.16 1.11	2.95	2.90	2.98		
New Hampshire	0.83	1.14	1.17	0.79	1.05	1.12	*	*	*		
Rhode Island	1.07 0.88	1.55 1.12	1.58 1.09	0.88 0.82	1.33 1.09	1.35 1.08	2.33	2.69	3.11		
Middle Atlantic	1.46	1.55	1.52	1.02	1.14	1.15	3.15	3.23	3.11		
New Jersey	1.54	1.67	1.56	1.09	1.19	1.13	3.40	3.67	3.42		
New York	1.47 1.38	1.53 1.51	1.50 1.53	0.95 1.06	1.07 1.19	1.10 1.21	3.04 3.17	3.02 3.28	2.94 3.24		
Pennsylvania	1.42	1.49	1.53	1.00	1.19	1.20	3.17	3.20	3.23		
Illinois	1.52	1.60	1.61	1.10	1.18	1.25	3.13	3.17	3.34		
Indiana	1.31	1.39	1.39	1.12	1.21	1.22	2.85	2.90	2.81		
Michigan	1.50 1.40	1.56 1.47	1.57 1.53	1.11 1.11	1.13 1.20	1.18 1.25	3.19 3.05	3.36 3.01	3.39 3.08		
Wisconsin	1.17	1.22	1.24	0.94	1.03	1.02	2.95	2.87	3.26		
West North Central	1.17	1.24	1.27	1.01	1.11	1.12	2.79	3.00	2.93		
Iowa	1.11 1.24	1.20 1.28	1.19 1.30	1.03 1.09	1.12 1.18	1.13 1.18	3.01 3.23	2.98 2.82	2.61 2.95		
Minnesota	1.08	1.07	1.16	0.98	1.02	1.03	2.64	2.63	2.61		
Missouri	1.29	1.43	1.45	1.02	1.12	1.17	2.75	3.17	3.10		
Nebraska North Dakota	1.11 0.97	1.26 1.15	1.26 1.12	1.07 0.88	1.21 1.15	1.18 1.07	2.18	2.99	2.93		
South Dakota	1.00	1.08	0.96	0.89	1.01	0.89	*	*	*		
South Atlantic	1.65	1.74	1.73	1.11	1.22	1.24	3.09	3.18	3.15		
Delaware	1.62	1.82	1.86	1.23	1.17	1.40	2.91	3.66	3.20		
District of Columbia	3.48 1.47	3.29 1.58	2.67 1.57	*0.80 1.07	*1.08 1.22	*0.98 1.15	4.32 2.84	4.13 2.84	3.44 2.97		
Georgia	1.71	1.75	1.74	1.07	1.15	1.17	2.95	2.99	2.98		
Maryland	1.80	1.92	1.89	1.07	1.10	1.25	3.37	3.55	3.21 3.54		
North Carolina	1.79 1.81	1.89 1.96	1.88 1.92	1.24 1.16	1.36 1.24	1.40 1.27	3.29 2.94	3.51 3.31	3.22		
Virginia	1.50	1.59	1.61	1.04	1.18	1.19	3.03	2.97	3.13		
West Virginia	1.26	1.42	1.47	1.22	1.37	1.41	2.27	2.81	3.17		
East South Central	1.65 1.84	1.76 1.95	1.81 2.00	1.17 1.21	1.30 1.32	1.35 1.36	2.97 3.10	3.12 3.29	3.26 3.42		
Kentucky	1.32	1.52	1.51	1.19	1.38	1.36	2.67	3.04	2.99		
Mississippi	1.81	2.03	2.16	1.03	1.31	1.36	2.70	2.91	3.17		
Tennessee	1.63	1.64	1.69	1.19	1.21	1.31	3.22	3.19	3.25		
West South Central	1.34 1.56	1.43 1.59	1.42 1.57	1.05 1.25	1.15 1.29	1.14 1.21	2.80 2.67	3.05 2.80	3.05 3.07		
Louisiana	1.91	2.07	2.10	1.08	1.17	1.18	3.11	3.39	3.40		
Oklahoma	1.16 1.23	1.26 1.31	1.29 1.31	1.01 1.01	1.19 1.11	1.17 1.11	2.68 2.63	2.55 2.92	2.73 2.84		
Mountain	1.09	1.13	1.13	1.01	1.07	1.05	2.73	2.68	2.67		
Arizona	1.09	1.12	1.10	1.03	1.06	1.06	2.74	2.68	2.61		
Colorado	1.24	1.30	1.27	1.13	1.21	1.15	3.01	2.79	2.90		
Idaho	0.85 0.99	0.97 1.06	0.98 1.08	0.80 0.93	0.92 0.97	0.91 1.08	*	*	*		
Nevada	1.13	1.18	1.20	1.05	1.04	1.11	2.55	2.66	2.57		
New Mexico	1.09	1.07	1.21	1.09	1.21	1.17	*1.99 *3.36	*1.93 *2.77	*3.21		
Utah	0.97 1.06	1.04 1.13	1.00 1.06	0.91 1.03	1.00 1.12	0.94 1.04	*3.36	∠.11 *	*		
Pacific	1.04	1.11	1.12	0.89	0.95	0.98	2.59	2.73	2.67		
Alaska	0.97	1.15	1.00	0.86	1.06	0.74	*3.00	*2.55	*2.12		
California	1.08 1.02	1.14 1.23	1.14 1.31	0.91 0.88	0.98 1.03	1.02 1.17	2.64 *2.90	2.79 *2.62	2.75 *2.33		
Oregon	0.88	0.90	0.98	0.83	0.86	0.95	*1.69	*1.68	2.00		

See footnotes at end of table.

Table 15 (page 2 of 2). Very low-birthweight live births, according to race and Hispanic origin of mother, geographic division, and State: United States, average annual 1994-96, 1997-99, and 2000-2002

	His	panic or L	atino²		nerican Ind Alaska Nat		Asian	or Pacific	Islander ³
Geographic division and State	1994–96	1997–99	2000–2002	1994–96	1997–99	2000–2002	1994–96	1997–99	2000–2002
			Percent of	live births	weighing	less than 1,	500 grams	1	
United States	1.10	1.14	1.15	1.14	1.23	1.23	0.94	1.08	1.07
New England	1.53	1.76	1.71	*	*2.15	*1.29	0.99	1.05	1.13
Connecticut	1.78	1.96	1.84	*	*	*	*1.34	*1.02	1.02
Massachusetts	1.42	1.70	1.68	*	*	*	0.86	0.94	1.20
New Hampshire	1.35	1.51	1.67	*	*	* *	* *	*1.85	*1.66
Middle Atlantic	1.41	1.46	1.48	*1.29	*1.38	1.42	0.94	1.04	0.97
New Jersey	1.37	1.47	1.43	*1 10	*1 00	*1 07	0.94	1.07	0.97
New York Pennsylvania	1.41 1.58	1.42 1.78	1.46 1.77	*1.19	*1.29	*1.37	0.94 0.94	1.03 1.04	0.98 0.89
East North Central	1.18	1.26	1.19	1.20	1.36	1.20	1.00	1.16	1.07
Illinois	1.10 1.26	1.25 1.30	1.17 1.20	*	*	*	1.11	1.29 *1.14	1.24 *0.89
Michigan	1.23	1.14	1.20	*1.22	*1.64	*1.20	0.86	1.09	0.86
Ohio	1.53 1.61	1.49 1.27	1.33 1.18	*0.80	*1.02	*1.08	0.91 1.01	0.89 1.18	0.98 1.02
West North Central	1.12	1.10	1.23	1.40	1.24	1.27	0.89	1.00	1.12
lowa	*1.23	1.18	1.32	*	*	*	*1.15	*1.32	*1.24
Kansas	0.93 1.22	1.14 1.16	1.21 1.22	*1.49	*1.09	1.46	*0.83 0.91	*0.83 0.99	*1.08 1.17
Missouri	1.27	1.05	1.38	*	*	*	*0.77	*0.98	*0.99
Nebraska North Dakota	1.15	0.94	1.06	*1.37	*1.07	*1.58 *1.29	*	*	*
South Dakota	*	*	*	1.56	1.34	1.20	*	*	*
South Atlantic	1.11	1.16	1.13	1.99	1.83	1.64	0.98	1.12	1.15
Delaware	*1.30 *1.08	*1.51 *1.36	1.52 *1.72	*	*	*	*	*	*
Florida	1.13	1.19	1.17	*1.26	*0.93	*1.05	0.99	1.05	1.20
Georgia	0.99 1.10	0.94 1.23	0.97 1.22	*	*	*	0.97 0.89	1.04 1.27	1.10 1.03
North Carolina	0.92	1.10	1.08 1.03	2.54	2.38	2.11	1.01	1.17	1.38 *1.08
South Carolina	*1.47 1.12	*0.94 1.28	1.12	*	*	*	0.93	*0.98 1.11	1.08
West Virginia	*	*	*	*	*	*	*	*	*
East South Central	1.03 *1.50	1.03 *0.95	0.97 1.13	*1.58 *	*1.81	*1.06	1.00 *1.57	1.09 *1.63	1.12
Kentucky	1.50	*1.20	1.33	*	*	*	*	1.03	*1.41
Mississippi Tennessee	*0.71	0.98	0.78	*	*	*	*0.95	*1.23	*1.01
West South Central	1.07	1.09	1.12	0.90	1.00	1.09	0.89	1.00	1.06
Arkansas	*1.13	1.01	1.16	*	*	*	*	*	*
Louisiana	*1.12 0.91	1.21 0.96	*1.10 0.92	0.91	0.88	1.10	*0.95	*0.97	*1.52 *1.15
Texas	1.07	1.10	1.13	*0.91	*1.73	*1.04	0.87	1.02	1.02
Mountain	1.10	1.10	1.13	0.95	1.13	1.15	1.06	1.12	1.14
Arizona	1.09 1.20	1.06 1.30	1.03 1.25	0.88	1.11 *1.11	1.10 *1.38	*0.81 1.14	1.03 1.00	0.99 1.46
Idaho	0.94	1.16	1.30	* *^ 0.4	1 60	* 1 27	*	*	*
Montana	0.88	1.02	1.02	*0.84	1.63	1.37 *1.44	*1.00	1.45	0.86
New Mexico	1.11	1.01	1.21	0.88	0.89	1.02	*1 10	*1 00	*
Utah	1.24 *1.31	1.12	1.23 *1.19	*1.47	*1.54	*1.42	*1.13	*1.08	1.14
Pacific	0.99	1.02	1.03	1.08	1.14	1.28	0.92	1.08	1.06
Alaska	1.00	*1.56 1.03	*1.08 1.04	0.99 1.14	1.06 1.12	1.22 1.17	0.93	1.04	*1.22 1.02
Hawaii	0.97	0.97	1.24	*	*	*	1.00	1.26	1.32
Oregon	0.98 0.78	0.96 0.93	0.95 0.97	*1.04 1.07	*1.14 1.30	*1.29 1.52	*0.96 0.67	0.98 1.05	1.04 0.98
vvaomington	0.76	0.53	0.37	1.07	1.30	1.52	0.07	1.05	0.50

 ^{*} Percents preceded by an asterisk are based on fewer than 50 events. Percents not shown are based on fewer than 20 events.
 1 Excludes live births with unknown birthweight.
 2 Persons of Hispanic origin may be of any race.
 3 Includes persons of Hispanic and non-Hispanic origin.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Birth File.

Table 16. Legal abortions and legal abortion ratios, according to selected patient characteristics: United States, selected years 1973–2001

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

Characteristic	1973	1975	1980	1985	1990	1995	1997	1998 ¹	1999¹	2000 ²	2001 ²
				Number	of legal at	oortions re	ported in	thousands			
Centers for Disease Control and	616	855	1,298	1,329	1,429	1 011	1,186	884	862	857	052
Prevention	745	1,034	1,554	1,529	1,429	1,211 1,359	1,100	1,319	1,315	1,313	853
					Abortions	s per 100	live births4	ļ.			
Total	19.6	27.2	35.9	35.4	34.4	31.1	30.6	26.4	25.6	24.5	24.6
Age											
Under 15 years	123.7	119.3	139.7	137.6	81.8	66.4	72.9	75.0	70.9	70.8	74.4
15–19 years	53.9	54.2	71.4	68.8	51.1	39.9	40.7	39.1	37.5	36.1	36.6
20–24 years	29.4 20.7	28.9 19.2	39.5 23.7	38.6 21.7	37.8 21.8	34.8 22.0	34.5 22.4	32.9 21.6	31.6 20.8	30.0 19.8	30.4 20.0
30–34 years	28.0	25.0	23.7	19.9	19.0	16.4	16.1	15.7	15.2	14.5	14.7
35–39 years	45.1	42.2	41.0	33.6	27.3	22.3	20.9	20.0	19.3	18.1	18.0
40 years and over	68.4	66.8	80.7	62.3	50.6	38.5	35.2	33.8	32.9	30.1	30.4
Race											
White ⁵ Black or African American ⁶	32.6 42.0	27.7 47.6	33.2 54.3	27.7 47.2	25.8 53.7	20.3 53.1	19.4 54.3	18.9 51.2	17.7 52.9	16.7 50.3	16.5 49.1
	42.0	47.0	34.3	47.2	55.7	55.1	34.3	31.2	52.9	50.5	49.1
Hispanic origin ⁷						07.1	06.0	07.0	06.1	00.5	00.0
Hispanic or Latino Not Hispanic or Latino						27.1 27.9	26.8 27.2	27.3 27.1	26.1 25.2	22.5 23.3	23.0 23.2
Marital status											
Married	7.6	9.6	10.5	8.0	8.7	7.6	7.4	7.1	7.0	6.5	6.5
Unmarried	139.8	161.0	147.6	117.4	86.3	64.5	65.9	62.7	60.4	57.0	57.2
Previous live births ⁸											
0	43.7	38.4	45.7	45.1	36.0	28.6	26.4	25.5	24.3	22.6	26.4
1 2	23.5 36.8	22.0 36.8	20.2 29.5	21.6 29.9	22.7 31.5	22.0 30.6	22.3 31.0	21.4 30.0	20.6 29.0	19.4 27.4	18.0 25.5
	46.9	47.7	29.8	18.2	30.1	30.0	31.0	30.5	29.8	28.5	26.4
3 4 or more ⁹	44.7	43.5	24.3	21.5	26.6	23.7	24.5	24.3	24.2	23.7	21.9
					Perc	ent distribi	ution ¹⁰				
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Period of gestation											
Under 9 weeks	36.1	44.6	51.7	50.3	51.6	54.0	55.4	55.7	57.6	58.1	59.1
9–10 weeks	29.4	28.4	26.2	26.6	25.3	23.1	22.0	21.5	20.2	19.8	19.0
11–12 weeks	17.9	14.9	12.2	12.5	11.7	10.9	10.7	10.9	10.2	10.2	10.0
13–15 weeks	6.9 8.0	5.0 6.1	5.1 3.9	5.9 3.9	6.4 4.0	6.3 4.3	6.2 4.3	6.4 4.1	6.2 4.3	6.2 4.3	6.2 4.3
21 weeks and over	1.7	1.0	0.9	0.8	1.0	1.4	1.4	1.4	1.5	1.4	1.4
Previous induced abortions											
0		81.9	67.6	60.1	57.1	55.1	53.4	53.8	53.7	54.7	55.5
1		14.9	23.5	25.7	26.9	26.9	27.5	27.0	27.1	26.4	25.8
2 3 or more		2.5 0.7	6.6 2.3	9.8 4.4	10.1 5.9	10.9 7.1	11.5 7.6	11.4 7.8	11.5 7.7	11.3 7.6	11.0 7.7
		0.7	۷.۵	4.4	5.8	7.1	7.0	7.0	1.1	7.0	1.1

^{- - -} Data not available

NOTES: See Appendix I, Abortion Surveillance and Alan Guttmacher Institute Abortion Provider Survey, for methodological differences between these two data sources. The number of areas reporting adequate data (less than or equal to 15 percent missing) for each characteristic varies from year to year. See Appendix I, Abortion Surveillance. Some data for 2000 have been revised and differ from the previous edition of *Health, United States*. Data for additional years are available. See Appendix III

SOURCES: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion: Abortion Surveillance, 1973, 1975, 1979–80. Public Health Service, Atlanta, Ga., 1975, 1977, 1983; CDC MMWR Surveillance Summaries. Abortion Surveillance, United States, 1984 and 1985, Vol. 38, No. SS–2, 1989; 1990, Vol. 42, No. SS–6, 1993; 1995, Vol. 47, No. SS–2, 1998; 1997, Vol. 49, No. SS–11, 2000; 1998, Vol. 51, No. SS–3, 2002; 1999, Vol. 51, No. SS–9, 2002; 2000, Vol. 52, No. SS–12, 2003; 2001, Vol. 53, No. SS-9, 2004.

Alan Guttmacher Institute Abortion Provider Survey. Finer LB and Henshaw SK: Abortion incidence and services in the United States in 2000. Perspectives on Sexual and Reproductive Health. 35(1), 2003.

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

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

³No surveys were conducted in 1983, 1986, 1989, 1990, 1993, 1994, 1997, or 1998. Data for these years were estimated by interpolation.

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

⁵For 1989 and later years, white race includes women of Hispanic ethnicity.
⁶Before 1989 black race includes races other than white.

Reporting area increased from 20–22 States, the District of Columbia (DĆ), and New York City (NYC) in 1991–95 to 31 States and NYC in 2001. California, Florida, Illinois, and Arizona, States with large Hispanic populations, do not report Hispanic ethnicity.

⁸For 1973–75 data indicate number of living children.

⁹For 1975 data refer to four previous live births, not four or more. For five or more previous live births, the ratio is 47.3.

¹⁰For calculation of percent distribution by each characteristic, abortions with characteristic unknown were excluded.

Table 17 (page 1 of 3). Contraceptive use among women 15–44 years of age, according to age, race, Hispanic origin, and method of contraception: United States, 1982, 1988, and 1995

[Data are based on household interviews of samples of women in the childbearing ages]

			Age in years		
Race, Hispanic origin, and year	15–44	15–19	20–24	25–34	35–44
Alla		Number of v	vomen in population	in thousands	
All women:	54,099 57,900 60,201	9,521 9,179 8,961	10,629 9,413 9,041	19,644 21,726 20,758	14,305 17,582 21,440
Not Hispanic or Latino: White: 1982 . 1988 . 1995 .	41,279 42,575 42,522	7,010 6,531 5,962	8,081 6,630 6,062	14,945 15,929 14,565	11,243 13,486 15,933
Black or African American: 1982 . 1988 . 1995 .	6,825 7,408 8,210	1,383 1,362 1,392	1,456 1,322 1,328	2,392 2,760 2,801	1,593 1,965 2,689
Hispanic or Latino: ¹ 1982	4,393 5,557 6,702	886 999 1,150	811 1,003 1,163	1,677 2,104 2,450	1,018 1,451 1,940
		Percent of wom	nen in population usi	ing contraception	
All women:	55.7 60.3 64.2	24.2 32.1 29.8	55.8 59.0 63.5	66.7 66.3 71.1	61.6 68.3 72.3
Not Hispanic or Latino: White: 1982	57.3 62.9 66.1	23.6 34.0 30.5	58.7 62.6 65.3	67.8 67.7 72.9	63.5 71.5 73.6
Black or African American: 1982 1988 1995	51.6 56.8 62.1	29.8 35.7 34.8	52.2 61.8 67.9	63.5 63.5 66.8	52.0 58.7 68.5
Hispanic or Latino: ¹ 1982 1988 1995	50.6 50.4 59.0	* *18.3 26.1	*36.8 40.8 50.6	67.2 67.4 69.2	59.0 54.3 70.8

See footnotes at end of table.

Table 17 (page 2 of 3). Contraceptive use among women 15–44 years of age, according to age, race, Hispanic origin, and method of contraception: United States, 1982, 1988, and 1995

[Data are based on household interviews of samples of women in the childbearing ages]

			Age in years		
Method of contraception and year	15–44	15–19	20–24	25–34	35–44
Female sterilization		Perce	nt of contracepting v	vomen	
982	23.2 27.5 27.8	0.0	*4.5 *4.6 4.0	22.1 25.0 23.8	43.5 47.6 45.0
Male sterilization					
982	10.9 11.7 10.9	* * —	*3.6	10.1 10.2 7.8	19.9 20.8 19.4
Implant ²					
982	1.3	· · · · · · · · · · · · · · · · · · ·	 3.7	 1.3	
Injectable ²					
982	 3.0	 9.7	 6.1	 2.8	*0.8
Birth control pill					
982	28.0 30.7 26.9	63.9 58.8 43.8	55.1 68.2 52.1	25.7 32.6 33.3	*3.7 4.3 8.7
Intrauterine device					
982	7.1 2.0 0.8	0.0	*4.2 *	9.7 2.1 *0.8	6.9 3.1 *1.1
Diaphragm					
982	8.1 5.7 1.9	*6.0 *	10.2 *3.7 *	10.3 7.3 1.7	4.0 6.0 2.8
Condom					
982	12.0 14.6 20.4	20.8 32.8 36.7	10.7 14.5 26.4	11.4 13.7 21.1	11.3 11.2 14.7

See footnotes at end of table.

Table 17 (page 3 of 3). Contraceptive use among women 15-44 years of age, according to age, race, Hispanic origin, and method of contraception: United States, 1982, 1988, and 1995

[Data are based on household interviews of samples of women in the childbearing ages]

	No	t Hispanic or Latino	
Method of contraception and year	White	Black or African American	Hispanic or Latino ¹
Female sterilization		Percent of contracepting women	
1982	21.9 25.6 24.6	30.0 37.8 40.1	23.0 31.7 36.6
Male sterilization			
1982	13.0 14.3 13.6	*1.5 *0.9 *1.7	* * 4.0
Implant ²			
1982	1.0	· · · · · · *2.3	· · · · · · *2.0
Injectable ²			
1982	 2.4	 5.3	 4.7
Birth control pill			
1982	26.4 29.5 28.5	37.8 38.1 23.8	30.2 33.4 23.0
Intrauterine device			
1982	5.8 1.5 0.7	9.3 3.2 *	19.2 *5.0 *1.5
Diaphragm			
1982	9.2 6.6 2.3	*3.2 *2.0 *	* * *
Condom			
1982	13.1 15.2 19.7	6.3 10.1 20.2	*6.9 13.6 20.5

^{0.0} Quantity more than zero but less than 0.05.

NOTES: Method of contraception used in the month of interview. If multiple methods were reported, only the most effective method is shown. Methods are listed in the table in order of effectiveness. Some data for 1982 were revised and differ from previous editions of Health, United States.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Survey of Family Growth.

Quantity zero.

^{*} Estimates with relative standard error of 20-30 percent are preceded by an asterisk and may have low reliability; those with relative standard error greater than 30 percent are considered unreliable and are not shown.

^{...} Data not applicable.

1 Persons of Hispanic origin may be of any race.

²Data collected in 1995 survey only.

Table 18. Breastfeeding by mothers 15–44 years of age by year of baby's birth, according to selected characteristics of mother: United States, average annual 1972–74 to 1993–94

[Data are based on household interviews of samples of women in the childbearing ages]

Selected characteristics of mother	1972–74	1975–77	1978–80	1981–83	1984–86	1987–89	1990–92	1993–9
				Percent of ba	bies breastfe	d		
otal	30.1	36.7	47.5	58.1	54.5	52.3	54.2	58.1
Race and Hispanic origin ¹								
Not Hispanic or Latino:	32.5	38.9	53.2	64.3	59.7	58.3	59.1	61.2
White	12.5	16.8	19.6	26.0	22.9	21.0	22.9	27.5
Hispanic or Latino	33.1	42.9	46.3	52.8	58.9	51.3	58.8	67.4
Education ²								
No high school diploma or GED ³	14.0	19.4	27.6	31.4	36.8	30.0	38.6	43.0
High school diploma or GED ³ Some college, no bachelor's degree	25.0 35.2	33.6 43.5	40.2 63.2	54.3 66.7	46.7 66.1	46.6 57.8	46.0 60.7	51.2 65.9
Bachelor's degree or higher	65.5	66.9	71.3	83.2	75.3	79.2	80.8	80.6
Geographic region								
Vortheast	29.9	34.7	49.3	68.2	55.3	49.9	54.0	56.7
Aidwest	22.3 30.6	30.9 33.1	34.4 49.5	46.0 57.9	50.9 45.3	50.4 42.5	51.6 43.6	49.7 49.7
Vest	47.1	54.5	66.6	69.9	70.9	69.1	70.5	79.3
Age at baby's birth								
Inder 20 years	17.0	22.1	31.4	31.0	30.6	26.2	35.2	45.3
0-24 years	28.7 38.7	33.5 45.9	44.7 53.6	50.8 62.2	50.2 59.8	46.7 57.1	44.7 56.5	50.9 55.9
0-44 years	43.1	47.5	55.2	73.1	65.9	65.3	67.5	71.1
		Percen	t of breastfed	babies who	were breastfe	d 3 months of	r more ⁴	
ōtal	62.3	66.2	64.7	68.3	63.2	61.5	61.0	56.2
Race and Hispanic origin ¹								
lot Hispanic or Latino:								
White	62.1 47.8	66.7 60.7	67.6 58.5	68.1 61.1	62.5 56.8	62.3 46.9	62.6 56.7	56.8 45.4
lispanic or Latino	64.7	62.7	46.3	65.6	66.4	64.3	58.2	55.5
Education ²								
No high school diploma or GED3	54.4	54.7	53.7	50.5	59.8	57.3	55.5	44.5
High school diploma or GED ³ Some college, no bachelor's degree	53.7 69.5	62.5 77.2	59.4 63.8	59.6 73.3	58.0 63.4	58.3 60.7	58.2 53.8	49.7 60.2
achelor's degree or higher	69.2	65.3	79.8	80.9	72.2	68.1	73.8	68.1
Geographic region								
ortheast	64.6	68.2	71.2	75.0	64.8	59.7	72.7	58.7
didwest	44.4 72.6	54.3 74.1	53.1 67.6	64.4 65.0	60.4 60.3	58.6 55.2	63.1 50.8	56.7 50.9
Vest	69.0	70.6	66.8	69.6	66.9	69.9	60.4	59.0
Age at baby's birth								
Inder 20 years	50.0	61.0	48.2	49.1	62.5	56.3	31.9	22.6
0–24 years	57.7 68.3	59.4 71.5	60.0 65.1	63.7 70.8	51.9 65.6	51.6 58.3	54.0 59.7	50.6 63.7
0–44 years	79.4	71.3 72.8	81.5	70.8 72.8	73.2	73.5	71.8	62.3

¹Persons of Hispanic origin may be of any race.

NOTES: Data on breastfeeding during 1972–83 are based on responses to questions in the National Survey of Family Growth (NSFG) Cycle 4, conducted in 1988. Data for 1984–94 are based on the NSFG Cycle 5, conducted in 1995. Data are based on all births to mothers 15–44 years of age at interview, including those births that occurred when the mothers were younger than 15 years of age.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Survey of Family Growth, Cycle 4 1988, Cycle 5 1995.

²For women 22–44 years of age. Education is as of year of interview. See NOTES below.

³General equivalency diploma.

⁴For mothers interviewed in the first 3 months of 1995, only babies age 3 months and over are included so they would be eligible for breastfeeding for 3 months or more.

Table 19 (page 1 of 2). Infant, neonatal, and postneonatal mortality rates, according to detailed race and Hispanic origin of mother: United States, selected years 1983–2002

Race and Hispanic origin of mother	1983¹	1985¹	1990¹	1995 ²	1998 ²	1999 ²	2000 ²	2001 ²	2002 ²
				Infant ³ deat	hs per 1,00	0 live births	;		
All mothers	10.9	10.4	8.9	7.6	7.2	7.0	6.9	6.8	7.0
White	9.3 19.2 15.2 8.3 9.5 *5.6 8.4 11.2 8.1	8.9 18.6 13.1 7.8 5.8 *6.0 7.7 *9.9 8.5	7.3 16.9 13.1 6.6 4.3 *5.5 6.0 *8.0 7.4	6.3 14.6 9.0 5.3 3.8 *5.3 5.6 *6.5	6.0 13.8 9.3 5.5 4.0 *3.4 6.2 9.9 5.7	5.8 14.0 9.3 4.8 2.9 *3.5 5.8 *7.0 5.1	5.7 13.5 8.3 4.9 3.5 *4.5 5.7 9.0 4.8	5.7 13.3 9.7 4.7 3.2 *4.0 5.5 *7.3 4.8	5.8 13.8 8.6 4.8 3.0 *4.9 5.7 9.6 4.7
Hispanic or Latino ^{4,5}	9.5 9.1 12.9 7.5 8.5 10.6	8.8 8.5 11.2 8.5 8.0 9.5	7.5 7.2 9.9 7.2 6.8 8.0	6.3 6.0 8.9 5.3 5.5 7.4	5.8 5.6 7.8 *3.7 5.3 6.5	5.7 5.5 8.3 4.6 4.7 7.2	5.6 5.4 8.2 4.6 4.6 6.9	5.4 5.2 8.5 4.2 5.0 6.0	5.6 5.4 8.2 3.7 5.1 7.1
White ⁵ Black or African American ⁵	9.2 19.1	8.6 18.3	7.2 16.9	6.3 14.7	6.0 13.9	5.8 14.1	5.7 13.6	5.7 13.5	5.8 13.9
			N	eonatal ³ dea	aths per 1,0	00 live birth	าร		
All mothers	7.1	6.8	5.7	4.9	4.8	4.7	4.6	4.5	4.7
White Black or African American American Indian or Alaska Native Asian or Pacific Islander Chinese Japanese Filipino Hawaiian Other Asian or Pacific Islander	6.1 12.5 7.5 5.2 5.5 *3.7 5.6 *7.0 5.0	5.8 12.3 6.1 4.8 3.3 *3.1 5.1 *5.7	4.6 11.1 6.1 3.9 2.3 *3.5 3.5 *4.3 4.4	4.1 9.6 4.0 3.4 2.3 *3.3 3.4 *4.0 3.7	4.0 9.4 5.0 3.9 2.7 *2.5 4.6 *7.2 3.9	3.9 9.5 5.0 3.2 1.8 *2.8 3.9 *4.9 3.3	3.8 9.1 4.4 3.4 2.5 *2.6 4.1 *6.2 3.4	3.8 8.9 4.2 3.1 1.9 *2.5 4.0 *3.6 3.2	3.9 9.3 4.6 3.4 2.4 *3.7 4.1 *5.6 3.3
Hispanic or Latino ^{4,5}	6.2 5.9 8.7 *5.0 5.8 6.4	5.7 5.4 7.6 6.2 5.6 5.6	4.8 4.5 6.9 5.3 4.4 5.0	4.1 3.9 6.1 *3.6 3.7 4.8	3.9 3.7 5.2 *2.7 3.6 4.5	3.9 3.7 5.9 *3.5 3.3 4.8	3.8 3.6 5.8 *3.2 3.3 4.6	3.6 3.5 6.0 *2.5 3.4 3.9	3.8 3.6 5.8 *3.2 3.5 5.1
White ⁵	5.9 12.0	5.6 11.9	4.5 11.0	4.0 9.6	3.9 9.4	3.8 9.6	3.8 9.2	3.8 9.0	3.9 9.3
			Pos	stneonatal ³ c	deaths per 1	,000 live b	irths		
All mothers	3.8 3.2 6.7 7.7 3.1 4.0	3.6 3.1 6.3 7.0 2.9 *2.5 *2.9	3.2 2.7 5.9 7.0 2.7 *2.0	2.6 2.2 5.0 5.1 1.9 *1.5	2.4 2.0 4.4 4.4 1.7 *1.3	2.3 1.9 4.5 4.3 1.7 *1.2	2.3 1.9 4.3 3.9 1.4 *1.0	2.3 1.9 4.4 5.4 1.6 *1.3	2.3 1.9 4.5 4.0 1.4 *0.7
Filipino	*2.8 *4.2 3.0	2.9 2.7 *4.3 3.0	2.5 *3.8 3.0	2.2 * 1.9	1.6 * 1.8	1.9 * 1.8	1.6 * 1.4	*1.5 *3.7 1.6	1.7 *4.0 1.4
Hispanic or Latino ^{4,5}	3.3 3.2 4.2 *2.5 2.6 4.2	3.2 3.2 3.5 *2.3 2.4 3.9	2.7 2.7 3.0 *1.9 2.4 3.0	2.1 2.1 2.8 *1.7 1.9 2.6	1.9 1.9 2.6 * 1.7 2.0	1.8 1.8 2.4 * 1.4 2.5	1.8 1.8 2.4 * 1.4 2.3	1.8 1.7 2.5 *1.7 1.6 2.1	1.8 1.8 2.4 * 1.6 2.0
Not Hispanic or Latino: White ⁵ Black or African American ⁵	3.2 7.0	3.0 6.4	2.7 5.9	2.2 5.0	2.0 4.5	1.9 4.6	1.9 4.4	1.9 4.5	1.9 4.6

See footnotes at end of table.

Table 19 (page 2 of 2). Infant, neonatal, and postneonatal mortality rates, according to detailed race and Hispanic origin of mother: United States, selected years 1983–2002

Race and Hispanic origin of mother	1983–85 ^{1,6}	1986–88 ^{1,6}	1989–91 ^{1,6}	1996–98 ^{2,6}	1997–99 ^{2,6}	2000–2002 ^{2,6}
			Infant ³ deaths p	er 1,000 live birth	ıs	
All mothers	10.6	9.8	9.0	7.2	7.1	6.9
White	9.0	8.2	7.4	6.0	5.9	5.7
Black or African American	18.7	17.9	17.1	13.9	13.8	13.5
American Indian or Alaska Native	13.9	13.2	12.6	9.3	9.1	8.9
Asian or Pacific Islander	8.3 7.4	7.3 5.8	6.6 5.1	5.2 3.4	5.1 3.3	4.8 3.2
Japanese	6.0	6.9	5.3	4.3	4.1	4.5
Filipino	8.2	6.9	6.4	5.9	6.0	5.7
Hawaiian	11.3 8.6	11.1 7.6	9.0 7.0	8.2 5.5	8.6 5.2	8.7 4.8
Hispanic or Latino ^{4,5}	9.2	8.3	7.5	5.9	5.8	5.5
Mexican	8.8	7.9	7.2	5.8	5.6	5.4
Puerto Rican	12.3	11.1	10.4	8.1	8.0	8.3
Cuban	8.0	7.3	6.2	4.7	4.6	4.2
Central and South American Other and unknown Hispanic or Latino	8.2 9.8	7.5 9.0	6.6 8.2	5.2 6.8	5.1 6.7	4.9 6.7
Not Hispanic or Latino:						
White ⁵ Black or African American ⁵	8.8 18.5	8.1 17.9	7.3 17.2	6.0 13.9	5.9 13.9	5.7 13.6
Diack of Affical Afficiation	10.5					13.0
All mothers	6.0	6.3	Neonatal ³ deaths			4.6
All mothers	6.9		5.7	4.8	4.8	4.6
White	5.9 12.2	5.2 11.7	4.7 11.1	4.0 9.3	3.9 9.4	3.8 9.1
American Indian or Alaska Native	6.7	5.9	5.9	4.7	4.8	4.4
Asian or Pacific Islander	5.2	4.5	3.9	3.5	3.4	3.3
Chinese	4.3	3.3	2.7	2.3	2.2	2.3
Japanese Filipino	3.4 5.3	4.4 4.5	3.0 4.0	2.6 4.1	2.8 4.0	2.9 4.1
Hawaiian	7.4	7.1	4.8	5.6	6.1	5.2
Other Asian or Pacific Islander	5.5	4.7	4.2	3.6	3.5	3.3
Hispanic or Latino ^{4,5}	6.0	5.3	4.8	3.9	3.9	3.8
Mexican	5.7 8.3	5.0 7.2	4.5 7.0	3.8 5.4	3.8 5.5	3.6 5.9
Cuban	5.9	5.3	4.6	3.5	3.4	3.0
Central and South American	5.7	4.9	4.4	3.6	3.6	3.4
Other and unknown Hispanic or Latino Not Hispanic or Latino:	6.1	5.8	5.2	4.5	4.3	4.5
White ⁵	5.7	5.1	4.6	3.9	3.9	3.8
Black or African American ⁵	11.8	11.4	11.1	9.3	9.4	9.2
		Po	stneonatal ³ death	ns per 1,000 live	births	
All mothers	3.7	3.5	3.3	2.5	2.4	2.3
White	3.1	3.0	2.7	2.1	2.0	1.9
Black or African American	6.4 7.2	6.2 7.3	6.0 6.7	4.6 4.6	4.5	4.4 4.5
Asian or Pacific Islander	3.1	2.8	2.6	1.8	4.3 1.7	1.5
Chinese	3.1	2.5	2.4	1.2	1.1	1.0
Japanese	2.6	2.5	2.2	*1.7	*1.3	*1.6
Filipino	2.9 3.9	2.4 4.0	2.3 4.1	1.9 *2.6	1.9 *2.5	1.6 3.5
Other Asian or Pacific Islander	3.1	2.9	2.8	1.8	1.8	1.5
Hispanic or Latino ^{4,5}	3.2	3.0	2.7	2.0	1.9	1.8
Mexican	3.2	2.9	2.7	2.0	1.9	1.8
Puerto Rican	4.0 2.2	3.9 2.0	3.4 1.6	2.7 *1.3	2.5 *1.2	2.4 *1.2
Central and South American	2.5	2.6	2.2	1.6	1.5	1.5
Other and unknown Hispanic or Latino	3.7	3.2	3.0	2.3	2.3	2.1
Not Hispanic or Latino: White ⁵	3.1	3.0	2.7	2.1	2.0	1.9
Black or African American ⁵	6.7	6.5	6.1	4.6	4.5	4.5

^{*} Estimates are considered unreliable. Rates preceded by an asterisk are based on fewer than 50 deaths in the numerator. Rates not shown are based on fewer than 20 deaths in the numerator.

1 Rates based on unweighted birth cohort data.

NOTES: The race groups white, black, American Indian or Alaska Native, and Asian or Pacific Islander include persons of Hispanic and non-Hispanic origin. National linked files do not exist for 1992–94. Data for additional years are available. See Appendix III.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Linked Birth/Infant Death Data Set.

²Rates based on a period file using weighted data. See Appendix I, National Vital Statistics System, Linked Birth/Infant Death Data Set.

³Infant (under 1 year of age), neonatal (under 28 days), and postneonatal (28 days-11 months).

⁴Persons of Hispanic origin may be of any race.

⁵Prior to 1995, data shown only for States with an Hispanic-origin item on their birth certificates. See Appendix II, Hispanic origin. ⁶Average annual mortality rate.

Table 20. Infant mortality rates for mothers 20 years of age and over, according to mother's education, detailed race, and Hispanic origin: United States, selected years 1983–2002

Education, race, and Hispanic origin of mother	1983 ¹	1990 ¹	1995²	2001 ²	2002 ²	1983–85 ^{1,3}	1986–88 ^{1,3}	1989–91 ^{1,3}	1997–99 ^{2,3}	2000–2002 ^{2,3}
Less than 12 years of education					Infa	ant deaths pe	er 1,000 live	births		
All mothers	15.0	10.8	8.9	7.6	7.9	14.6	13.8	11.1	8.2	7.8
White	12.5	9.0	7.6	6.5	6.7	12.4	11.4	9.2	7.1	6.7
Black or African American	23.4 14.5	19.5 14.3	17.0 12.7	14.0 12.9	15.6 8.6	21.8 15.2	21.1 16.8	20.3 13.8	14.7 10.2	14.8 10.5
Asian or Pacific Islander ⁴	9.7	6.6	5.7	5.5	4.5	9.5	8.2	6.9	5.5	5.3
Hispanic or Latino ^{5,6}	10.9 8.7	7.3 7.0	6.0 5.8	5.1 4.9	5.3 5.0	10.6 9.5	9.9 8.3	7.5 7.1	5.6 5.5	5.2 5.0
Puerto Rican	15.3	10.1	10.6	7.8	10.1	14.1	12.8	11.7	8.7	9.2
Cuban	*14.5 9.8	7.0	5.1	5.0	5.7	*10.5 8.6	*9.4 9.2	*8.2 6.8	*6.4 5.4	5.2
Other and unknown Hispanic or Latino Not Hispanic or Latino:	9.2	9.9	7.3	5.8	6.0	10.1	10.6	10.0	6.8	6.4
White ⁶ Black or African American ⁶	12.8 24.7	10.9 19.7	9.9 17.3	9.0 14.3	9.4 15.9	12.6 22.6	11.8 21.6	11.0 20.6	9.2 15.0	9.2 15.1
12 years of education										
All mothers	10.2	8.8	7.8	7.3	7.6	10.0	9.6	8.9	7.5	7.4
White	8.7	7.1	6.4	6.0	6.3	8.5	8.0	7.2	6.1	6.1
Black or African American	17.8 15.5	16.0 13.4	14.7 7.9	12.9 9.6	13.6 8.8	17.7 13.4	17.1 11.6	16.4 12.3	14.0 8.8	13.3 8.7
Asian or Pacific Islander ⁴	10.0	7.5	5.5	5.9	5.3	9.3	7.9	7.5	5.7	5.4
Hispanic or Latino ^{5,6}	8.4	7.0	5.9	5.1	5.4	9.1	8.3	6.8	5.5	5.2
MexicanPuerto Rican	6.9 9.5	6.8 8.5	5.7 6.5	4.7 9.2	5.2 8.1	7.8 10.8	8.2 10.1	6.5 8.6	5.2 7.9	4.9 8.1
Cuban	*6.9	*8.0	*	*	*	8.6	6.6	7.6	4.5	*3.6
Central and South American Other and unknown Hispanic or Latino	8.7 8.8	6.5 7.4	6.1 6.5	4.8 5.6	4.6 7.2	8.7 8.8	7.4 7.7	6.3 7.0	5.1 6.1	4.5 6.2
Not Hispanic or Latino: White ⁶	8.7	7.1	6.5	6.2	6.7	8.3	7.9	7.3	6.3	6.4
Black or African American ⁶	17.8	16.1	14.8	13.1	13.7	17.9	17.4	16.5	14.1	13.4
13 years or more of education										
All mothers	8.1	6.4	5.4	5.1	5.0	7.8	7.2	6.4	5.2	5.0
White	7.2	5.4	4.7	4.3	4.2	6.9	6.2	5.5	4.4	4.2
Black or African American	15.3 12.5	13.7 6.8	11.9 5.9	11.7 6.7	11.1 7.3	15.3 10.4	14.9 8.4	13.7 8.1	11.3 7.0	11.4 6.9
Asian or Pacific Islander ⁴	6.6	5.1	4.4	3.7	4.0	6.7	5.9	5.1	4.2	3.9
Hispanic or Latino ^{5,6}	9.0	5.7	5.0	4.6	4.5	7.4	7.0	5.8	4.8	4.6
Mexican Puerto Rican	*8.3 10.9	5.5 7.3	5.2 6.3	4.7 5.9	4.7 5.4	7.6 8.1	6.4 6.9	5.7 7.8	4.9 6.0	4.6 5.9
Cuban	*	*5.3	*5.3	*4.0	*3.0	5.5	5.9	4.2	3.9	3.9
Central and South American	*7.1 11.6	5.6 5.4	3.7 5.2	4.1 3.8	4.2 3.9	7.2 7.9	7.6 7.5	5.4 5.6	4.1 4.3	4.0 4.0
Other and unknown Hispanic or Latino Not Hispanic or Latino:	11.0	5.4	5.2	3.0	3.9	1.9	7.5	0.0	4.3	4.0
White ^{'6}	7.0	5.4	4.6	4.3	4.2	6.8 14.7	6.1	5.4	4.4	4.2
DIACK OF AIRCAN AMERICAN	14.8	13.7	12.0	11.8	11.2	14.7	14.9	13.8	11.4	11.5

^{*} Estimates are considered unreliable. Rates preceded by an asterisk are based on fewer than 50 deaths. Rates not shown are based on fewer than 20 deaths.

NOTES: Prior to 1995, data for all mothers and by race are shown only for States reporting education of mother on their birth certificates. See Appendix II, Education. The race groups white, black, American Indian or Alaska Native, and Asian or Pacific Islander include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. National linked files do not exist for 1992–94. Data for additional years are available. See Appendix III.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Linked Birth/Infant Death Data Set.

¹Rates based on unweighted birth cohort data.

²Rates based on a period file using weighted data. See Appendix I, National Vital Statistics System, Linked Birth/Infant Death Data Set.

³Average annual mortality rate.

⁴The States not reporting maternal education on the birth certificate accounted for 49–51 percent of the Asian or Pacific Islander births in the United States in 1983–87, 59 percent in 1988, and 12 percent in 1989–91. Starting in 1992 maternal education was reported by all 50 States and the District of Columbia.

⁵Persons of Hispanic origin may be of any race.

⁶Prior to 1995, data shown only for States with an Hispanic-origin item and education of mother on their birth certificates. See Appendix II, Education; Hispanic origin. The Hispanic-reporting States that did not report maternal education on the birth certificate during 1983–88 together accounted for 28–85 percent of the births in each Hispanic subgroup (except Cuban, 11–16 percent, and Puerto Rican, 6–7 percent in 1983–87); and in 1989–91 accounted for 27–39 percent of Central and South American and Puerto Rican births and 2–9 percent of births in other Hispanic subgroups.

Table 21. Infant mortality rates according to birthweight: United States, selected years 1983–2002

Birthweight	1983 ¹	1985 ¹	1990 ¹	1995 ²	1998 ²	1999 ²	2000 ²	2001 ²	2002 ²		
	Infant deaths per 1,000 live births ³										
All birthweights	10.9	10.4	8.9	7.6	7.2	7.0	6.9	6.8	7.0		
Less than 2,500 grams Less than 1,500 grams Less than 500 grams 500–999 grams 1,000–1,499 grams 1,500–1,999 grams 2,000–2,499 grams	95.9 400.6 890.3 584.2 162.3 58.4 22.5	93.9 387.7 895.9 559.2 145.4 54.0 20.9	78.1 317.6 898.2 440.1 97.9 43.8 17.8	65.3 270.7 904.9 351.0 69.6 33.5 13.7	62.3 252.4 869.6 319.4 60.6 29.0 12.7	61.3 249.5 857.7 318.6 59.2 29.1 12.0	60.2 246.9 847.9 313.8 60.9 28.7 11.9	59.4 246.9 856.8 313.0 59.4 27.6 11.4	60.3 253.2 863.6 321.5 57.7 26.9 11.7		
2,500 grams or more 2,500–2,999 grams 3,000–3,499 grams 3,500–3,999 grams 4,000 grams or more 4,000–4,499 grams 4,500–4,999 grams 5,000 grams or more ⁴	4.7 8.8 4.4 3.2 3.3 2.9 3.9 14.4	4.3 7.9 4.3 3.0 3.2 2.9 3.8 14.7	3.7 6.7 3.7 2.6 2.4 2.2 2.5 9.8	3.0 5.5 2.9 2.0 2.0 1.8 2.2 8.5	2.7 4.9 2.6 1.8 1.7 1.7 2.0 *4.3	2.6 4.7 2.5 1.7 1.8 1.6 1.9	2.5 4.6 2.4 1.7 1.6 1.5 2.1	2.5 4.5 2.3 1.7 1.6 1.5 2.0 *6.5	2.4 4.5 2.3 1.6 1.5 1.4 2.0 *5.1		

^{*} Estimates are considered unreliable. Rates preceded by an asterisk are based on fewer than 50 deaths in the numerator.

NOTES: National linked files do not exist for 1992-94. Data for additional years are available. See Appendix III.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Linked Birth/Infant Death Data Set.

¹Rates based on unweighted birth cohort data.

²Rates based on a period file using weighted data; unknown birthweight imputed when period of gestation is known and proportionately distributed when period of gestation is unknown. See Appendix I, National Vital Statistics System, Linked Birth/Infant Death Data Set.

³For calculation of birthweight-specific infant mortality rates, unknown birthweight has been distributed in proportion to known birthweight separately for live births

⁽denominator) and infant deaths (numerator).

4In 1989 a birthweight-gestational age consistency check instituted for the natality file resulted in a decrease in the number of deaths to infants coded with birthweights of 5,000 grams or more and a discontinuity in the mortality trend for infants weighing 5,000 grams or more at birth. Starting with 1989 the rates are believed to be more accurate.

Table 22. Infant mortality rates, fetal mortality rates, and perinatal mortality rates, according to race: United States, selected years 1950-2002

[Data are based on death certificates, fetal death records, and birth certificates]

	Neonatal ¹						
Race and year	Infant ¹	Under 28 days	Under 7 days	Postneonatal ¹	Fetal mortality rate ²	Late fetal mortality rate ³	Perinatal mortality rate ⁴
All races		Deaths pe	r 1,000 live bi	rths			
1950 ⁵ 1960 ⁵ 1970	29.2 26.0 20.0	20.5 18.7 15.1	17.8 16.7 13.6	8.7 7.3 4.9	18.4 15.8 14.0	14.9 12.1 9.5	32.5 28.6 23.0
1980 1985 1990 1995 1996 1997 1998 1999 2000 2001	12.6 10.6 9.2 7.6 7.3 7.2 7.2 7.1 6.9 6.8 7.0	8.5 7.0 5.8 4.9 4.8 4.8 4.7 4.6 4.5 4.7	7.1 5.8 4.8 4.0 3.8 3.8 3.8 3.8 3.7 3.6 3.7	4.1 3.7 3.4 2.7 2.5 2.5 2.4 2.3 2.3 2.3 2.3	9.1 7.8 7.5 7.0 6.9 6.8 6.7 6.7 6.6 6.5 6.4	6.2 4.9 4.3 3.6 3.5 3.4 3.4 3.3 3.3 3.2	13.2 10.7 9.1 7.6 7.4 7.3 7.2 7.1 7.0 6.9 6.9
Race of child: ⁶ White							
1950 ⁵	26.8 22.9 17.8 11.0	19.4 17.2 13.8 7.5	17.1 15.6 12.5 6.2	7.4 5.7 4.0 3.5	16.6 13.9 12.3 8.1	13.3 10.8 8.6 5.7	30.1 26.2 21.0 11.9
Race of mother:7 White							
1980 1985 1990 1995 1996 1997 1998 1999 2000 2001	10.9 9.2 7.6 6.3 6.1 6.0 6.0 5.8 5.7 5.7	7.4 6.0 4.8 4.1 4.0 4.0 3.9 3.8 3.8 3.9	6.1 5.0 3.9 3.3 3.2 3.2 3.1 3.1 3.0 3.0 3.1	3.5 3.2 2.8 2.2 2.1 2.0 2.0 1.9 1.9 1.9	8.1 6.9 6.9 5.9 5.8 5.7 5.6 5.5	5.7 4.5 3.8 3.3 3.2 3.1 3.0 2.9 2.9 2.8	11.8 9.5 7.7 6.5 6.4 6.3 6.2 6.1 5.9 5.9
Race of child: ⁶ Black or African American							
1950 ⁵	43.9 44.3 32.6 21.4	27.8 27.8 22.8 14.1	23.0 23.7 20.3 11.9	16.1 16.5 9.9 7.3	32.1 23.2 14.4	 8.9	34.5 20.7
Race of mother: ⁷ Black or African American							
1980 1985 1990 1995 1996 1997 1998 1999 2000 2001	22.2 19.0 18.0 15.1 14.7 14.2 14.3 14.6 14.1 14.0	14.6 12.6 11.6 9.8 9.6 9.4 9.5 9.8 9.4 9.2 9.5	12.3 10.8 9.7 8.2 7.8 7.8 7.9 7.6 7.6 7.8	7.6 6.4 6.4 5.3 5.1 4.8 4.8 4.7 4.8	14.7 12.8 13.3 12.7 12.5 12.5 12.3 12.6 12.4 12.1	9.1 7.2 6.7 5.7 5.5 5.3 5.4 5.4 5.3 5.2	21.3 17.9 16.4 13.8 13.3 13.2 13.1 13.2 13.0 12.8

NOTES: Infant mortality rates in this table are based on infant deaths from the mortality file (numerator) and live births from the natality file (denominator). Inconsistencies in reporting race for the same infant between the birth and death certificate can result in underestimated infant mortality rates for races other than white or black. Infant mortality rates for minority population groups are available from the Linked Birth/Infant Death Data Set and are presented in tables 19–20 and 23–24. Data for additional years are available. See Appendix III.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System: Kochanek KD, Murphy SL, Anderson RN, Scott C. Deaths: Final data for 2002. National vital statistics reports. vol 53 no 5. Hyattsville, Maryland: National Center for Health Statistics. 2004.

¹Infant (under 1 year of age), neonatal (under 28 days), early neonatal (under 7 days), and postneonatal (28 days–11 months).

²Number of fetal deaths of 20 weeks or more gestation per 1,000 live births plus fetal deaths.

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

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

⁵Includes births and deaths of persons who were not residents of the 50 States and the District of Columbia.

⁶Infant deaths are tabulated by race of decedent; live births and fetal deaths are tabulated by race of child. See Appendix II, Race.

Infant deaths are tabulated by race of decedent; fetal deaths and live births are tabulated by race of mother. See Appendix II, Race.

Table 23 (page 1 of 2). Infant mortality rates, according to race, Hispanic origin, geographic division, and State: United States, average annual 1989–91, 1997–99, and 2000–2002

				Not Hispanic or Latino						
		All race	s		White		А	Black o frican Ame		
Geographic division and State	1989–91 ¹	1997–99	2000–2002	1989–91 ¹	1997–99 ⁶	2000–2002	1989–91 ¹	1997–99	2000–2002²	
				Infant ³ dea	aths per 1,	000 live births	;			
United States	9.0	7.1	6.9	7.3	5.9	5.7	17.2	13.9	13.6	
New England ⁴	7.3	5.7	5.4	6.2	4.7	4.5	15.1	11.8	12.1	
Connecticut	7.9	6.7	6.4	5.9	4.8	4.9	17.0	13.4	14.3	
Maine		5.5 5.2	5.1 4.8	6.2	5.6 4.4	5.0 4.0	140	100	10 5	
Massachusetts	7.0 7.1	3.2 4.8	4.6 4.9	5.9 7.2	4.4	4.5	14.2	10.8	10.5	
Rhode Island		6.7	6.7	7.5	4.8	5.3	*13.6	*12.4	*12.6	
Vermont	6.6	6.2	5.5	6.3	6.0	5.5	*	*	*	
Middle Atlantic	9.2	6.7	6.4	6.6	5.0	5.0	18.5	13.3	12.5	
New Jersey	8.4 9.5	6.5 6.4	6.1 6.1	6.1	4.3 4.6	4.0 4.8	17.8 18.4	13.9 11.9	13.6 11.2	
New York	9.5	7.4	7.3	6.3 7.2	5.8	5.9	19.1	16.0	14.4	
East North Central		8.0	7.7	7.7	6.4	6.2	19.1	16.0	15.9	
Illinois	10.7	8.5	7.8	7.6	6.2	5.9	20.5	17.1	15.8	
Indiana	9.4	7.9	7.7	8.4	7.0	7.0	17.3	15.2	13.9	
Michigan		8.1	8.1	7.7	6.1	6.0	20.7	16.1	16.9	
Ohio	9.0 8.4	8.0 6.8	7.7 6.9	7.7 7.4	6.8 5.6	6.3 5.6	16.2 17.0	14.5 15.7	15.3 17.9	
West North Central	8.5	6.9	6.6	7.4	6.1	5.8	17.5	15.2	14.1	
lowa	8.2	6.1	5.8	7.8	5.7	5.5	15.8	17.2	*11.4	
Kansas	8.5	7.3	7.0	7.8	7.1	6.4	15.4	12.0	14.7	
Minnesota	7.3	6.0	5.5	6.4	5.4	4.7	18.5	12.5	10.8	
Missouri	9.7 8.1	7.6 7.2	7.7 7.0	8.0 7.2	6.1 6.3	6.3 6.2	18.0 18.3	16.4 17.0	15.6 15.0	
North Dakota	8.0	7.2	7.8	7.3	6.7	6.8	*	*	13.0	
South Dakota	9.5	8.5	6.4	7.5	7.1	5.4	*	*	*	
South Atlantic	10.4	8.3	8.0	7.6	6.2	6.0	17.2	14.1	13.7	
Delaware	11.2	8.3	9.6	8.2	6.0	7.9	20.1	16.1	14.9	
District of Columbia	20.3 9.4	14.1 7.2	11.4 7.2	*8.2 7.2	6.0	5.7	23.9 16.2	17.4 12.5	15.3 13.0	
Georgia		8.4	8.7	8.4	6.0	6.3	17.9	13.3	13.4	
Maryland	9.1	8.6	7.7	6.3	5.5	5.3	15.0	14.8	12.7	
North Carolina	10.7 11.8	9.2 9.8	8.4 9.0	8.0 8.4	6.9 6.5	6.4 6.0	16.9 17.2	15.9 15.8	15.1 14.9	
Virginia	9.9	7.5	7.2	7.4	5.8	5.5	18.0	13.3	13.6	
West Virginia	9.1	8.3	7.9	8.8	8.2	7.7	*15.7	*12.7	*11.7	
East South Central	10.4	8.8	8.8	8.1	6.8	6.8	16.5	14.6	15.0	
Alabama	11.4	9.8	9.3	8.6	7.3	6.8	16.8	14.8	14.7	
Kentucky	8.7	7.4	6.7	8.1	6.9	6.4	14.4 15.2	12.2	10.8 14.7	
Mississippi	11.5 10.2	10.3 8.2	10.5 9.0	7.9 7.8	6.7 6.2	7.0 7.0	18.2	14.5 15.0	17.0	
West South Central ⁴	8.4	7.0	6.8	7.2	6.4	6.2	14.2	12.3	12.3	
Arkansas	9.8	8.5	8.3	8.1	7.5	7.5	15.2	12.8	12.8	
Louisiana ⁴	10.2	9.3	9.8	7.5	6.4	6.9	14.3	13.7	13.7	
Oklahoma ⁴	8.0 7.9	8.2 6.3	8.0 5.9	7.3 6.9	7.9 5.8	7.4 5.5	12.7 14.1	13.4 11.1	14.5 11.1	
		6.7	6.2	7.9	6.2	5.7	16.9	12.7	13.5	
Mountain		7.1	6.2 6.7	7.9 8.2	6.5	6.5	17.3	13.7	14.4	
Colorado		6.8	6.0	8.0	6.3	5.2	16.7	13.7	13.7	
Idaho		6.8	6.6	8.9	6.6	6.2	*	*	*	
Montana	9.0 8.6	7.0 6.8	6.9 6.0	8.0 7.8	6.2 6.8	6.4 5.1	16.9	11.8	13.7	
New Mexico		6.7	6.4	8.1	6.7	6.0	*17.2	*	*15.8	
Utah	7.0	5.4	5.3	6.8	5.3	5.0	*	*	*	
Wyoming		6.7	6.5	8.0	6.3	6.3	*	*	*	
Pacific		5.7	5.5	7.0	5.1	4.9	15.4	12.0	11.2	
Alaska	9.2 7.6	6.5 5.7	6.8 5.4	7.2 6.9	5.5 5.0	5.1 4.7	15.4	12.2	11.4	
Hawaii		6.9	7.2	5.5	5.8	6.3	*13.4	*	*	
Oregon	8.0	5.6	5.5	7.4	5.4	5.6	21.3	*8.8	*10.4	
Washington	8.0	5.4	5.5	7.4	4.9	5.2	15.1	11.4	9.5	

See footnotes at end of table.

Table 23 (page 2 of 2). Infant mortality rates, according to race, Hispanic origin, geographic division, and State: United States, average annual 1989-91, 1997-99, and 2000-2002

	His	spanic or L	atino ⁵	American	Indian or A	laska Native ⁶	Asian	or Pacific	Islander ⁶
Geographic division and State	1989–91¹	1997–99 ²	2000–2002 ²	1989–91¹	1997–99 ²	2000–2002 ²	1989–91 ¹	1997–99 ²	2000–2002
				Infant ³ dea	aths per 1,0	000 live births			
United States	7.5	5.8	5.5	12.6	9.1	8.9	6.6	5.1	4.8
New England ⁷	8.1 7.9	7.6 8.9	6.5 7.1	*	*	*	5.8	3.8	3.9 *3.7
Maine	8.3	6.3	6.0	*	*	*	5.7	*3.5	3.7
Rhode Island	*7.2	*8.3	8.0	*	*	*	*	*	*
Middle Atlantic. New Jersey	9.1 7.5 9.4	6.3 6.4 5.9	6.0 6.3 5.5	*11.6 * *15.2	*	*7.9	6.4 5.6 6.4	4.2 4.4 4.0	3.4 3.3 3.4
Pennsylvania	10.9	8.2	8.6	*	*	*	7.8	*4.7	*4.0
East North Central	8.7 9.2 *7.2	7.2 6.9 7.4	6.5 6.4 6.4	11.6	8.4	9.7	6.1 6.0 *	6.0 6.3 *6.4	5.6 6.5 *
Michigan Ohio	7.9 8.0	7.0 8.8	6.7 7.6	*10.7	*	*	*6.1 *4.8	6.0 *4.9	4.9 *4.8
Wisconsin	*7.3	9.2	6.2	*11.9	*9.2	*11.5	*6.7	*5.7	*5.2
West North Central	9.3 *11.9	6.5 *5.6	7.0 *6.7	17.1	12.3	10.9	7.4	6.6	5.6
Minesota Missouri	8.7 *8.4 *9.1	5.8 7.0 *5.6	7.1 6.5 7.2	17.3	*10.9	*10.3	*5.1 *9.1	7.0 *5.7	6.1 *4.5
Nebraska North Dakota South Dakota	*8.8	8.7	7.2	*18.2 *13.8 19.9	*13.8 15.2	*15.8 *13.4 11.6	* *	* *	* * *
South Atlantic	7.4	5.1	5.4 *7.9	12.7	10.7	8.5	6.8	5.2	5.3
District of Columbia Florida.	*8.8 7.1	* 4.7	*7.5 5.2	*	*8.5	* *5.8	*6.2	* 4.5	* 5.1
Georgia	9.0 7.2 *7.5	4.9 5.4 6.7	6.0 5.7 5.6	* 12.2	* 13.7	* * 10.6	*8.2 7.5 *6.3	*5.0 *5.2 *5.8	6.8 *4.5 5.9
South Carolina	7.6	*7.5 5.0	*4.6 4.8	*	*	*	6.0	5.2	4.6
West Virginia	*5.9	6.7	6.2	*	*	*10.1	*7.7	*6.2	*5.4
Alabama Kentucky Mississippi		*7.5 *	*7.0 *4.8 *	*	*	*	* *	*	* *
Tennessee	*	*7.0	6.2	*	*	*	*	*	*
West South Central ⁷	*	5.5 *6.2 *	5.1 *4.5 *6.0	8.4	7.9	7.5	6.7	4.4	4.4
Louisiana ⁷ Oklahoma ⁷ Texas	7.0	5.1 5.5	*6.0 5.7 5.1	7.8	8.0 *8.6	7.6	* 6.8	* 4.4	*8.1 * 4.0
Mountain Arizona	7.9 8.0	6.7 7.1	6.2 6.0	11.6 11.4	8.8 8.6	8.6 9.4	8.1 *8.5	5.7 *6.1	5.9 *5.3
Colorado	8.5 *7.2	7.0 7.0	6.2 8.8	*16.5	*	*11.8	*7.8 *	*5.9	*6.2
Montana Nevada New Mexico	7.0 7.8	5.6 6.5	5.1 6.3	16.7 * 9.8	*12.0 * 7.7	*9.9 * 6.8	*	*4.7	*4.7
Utah	*7.0	5.9	6.5	*10.0	*	*	*10.7	*6.5	*8.4
PacificAlaska		5.3	5.1	14.6 15.7	8.9 9.1	9.3 11.2	6.5	5.3	4.9
CaliforniaHawaii	7.0 10.7	5.3 *7.0	5.1 *6.0	11.0	8.9	7.6	6.4 7.1	4.9 7.4	4.5 7.3
Oregon Washington		6.2 5.0	5.1 5.1	*15.7 19.6	9.6	10.6	*8.4 6.2	*5.2 4.9	*3.7 4.8

^{*} Estimates are considered unreliable. Rates preceded by an asterisk are based on fewer than 50 deaths. Rates not shown are based on fewer than 20 deaths.

NOTE: National linked files do not exist for 1992-94.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Linked Birth/Infant Death Data Set.

¹Rates based on unweighted birth cohort data. - - - Data not available.

²Rates based on period file using weighted data. See Appendix I, National Vital Statistics System, Linked Birth/Infant Death Data Set.

³Under 1 year of age.

^{***} Alates for white and black are substituted for non-Hispanic white and non-Hispanic black for Louisiana 1989, Oklahoma 1989–90, and New Hampshire 1989–91.

***Persons of Hispanic origin may be of any race.**

***Includes persons of Hispanic origin.**

***Pattes for Hispanic origin exclude data from States not reporting Hispanic origin on the birth certificate for 1 or more years in a 3-year period.**

Table 24 (page 1 of 2). Neonatal mortality rates, according to race, Hispanic origin, geographic division, and State: United States, average annual 1989–91, 1997–99, and 2000–2002

				Not Hispanic or Latino						
		All races	;		White		A	Black or African Amer		
Geographic division and State	1989–91 ¹	1997–99 ²	2000–2002 ²	1989–91 ¹	1997–99 ²	2000–2002 ²	1989–91 ¹	1997–99 ²	2000–2002²	
				Neonatal ³ o	deaths per 1	,000 live births				
United States	5.7	4.8	4.6	4.6	3.9	3.8	11.1	9.4	9.2	
New England ⁴	5.1	4.4	4.0	4.2	3.6	3.3	11.0	8.8	9.0	
Connecticut	5.7	5.1	4.8	4.2	3.7	3.8	12.5	10.0	10.1	
Maine	4.5	3.9	3.8	4.2	3.9	3.7	*	*	*	
Massachusetts New Hampshire ⁴	4.9 4.3	4.0 3.6	3.7 3.4	4.1 4.4	3.4 3.4	3.0 3.1	10.4	8.3	8.0	
Rhode Island	6.4	5.0	5.1	5.3	3.9	3.8	*9.8	*	*10.2	
Vermont	4.1	4.4	3.5	3.9	4.4	3.6	*	*	*	
Middle Atlantic	6.3	4.7	4.5	4.6	3.5	3.6	12.3	9.2	8.6	
New Jersey	5.8	4.6	4.3	4.5	3.2	2.9	11.4	9.6	9.3	
New York Pennsylvania	6.5 6.2	4.5 5.1	4.3 5.2	4.3 4.9	3.2 4.0	3.4 4.3	12.6 12.5	8.2 11.1	7.8 9.6	
East North Central	6.3	5.4	5.3	4.9	4.3	4.2	12.1	10.6	10.4	
Illinois	7.0	5.7	5.3	5.1	4.3	4.2	12.7	11.1	10.4	
Indiana	6.0	5.2	5.1	5.2	4.6	4.6	11.5	10.3	8.6	
Michigan	6.9	5.5	5.6	4.9	4.0	4.2	14.0	11.0	11.4	
Ohio	5.5 5.1	5.3 4.6	5.3 4.6	4.8 4.6	4.6 3.7	4.2 3.9	9.8 9.1	9.4 10.5	10.4 11.3	
West North Central lowa	5.0 4.8	4.5 4.0	4.3 3.7	4.5 4.5	4.0 3.7	3.7 3.5	10.2 *10.5	10.0 *11.3	9.6 *8.4	
Kansas	4.9	4.8	4.6	4.6	4.7	4.0	8.3	8.1	10.3	
Minnesota	4.3	3.9	3.6	3.9	3.6	3.2	10.7	8.1	6.4	
Missouri	6.0	4.9	5.1	5.0	3.9	4.1	10.6	10.8	10.7	
Nebraska	4.5 5.0	4.9 4.4	4.8 5.1	4.2 4.7	4.3 4.5	4.3 4.5	*9.8	*11.6	*10.9 *	
South Dakota	5.1	4.6	3.4	4.5	4.2	3.0	*	*	*	
South Atlantic	6.9	5.7	5.5	4.9	4.1	4.0	11.7	10.0	9.6	
Delaware	7.5	5.9	7.0	5.8	3.8	5.8	12.4	12.8	11.1	
District of Columbia	14.1	9.8	8.3	*5.2	*	*	16.7	12.4	10.9	
Florida	6.2 7.9	4.8 5.8	4.8 5.8	4.7 5.5	3.9 4.0	3.6 4.1	10.5 12.0	8.3 9.4	8.7 9.2	
Georgia	5.9	6.2	5.6	3.9	3.8	3.8	10.2	10.8	9.2	
North Carolina	7.3	6.5	5.9	5.3	4.8	4.4	11.9	11.5	11.0	
South Carolina	7.7	6.9	6.2	5.4	4.3	3.9	11.3	11.6	10.6	
Virginia	6.8 5.8	5.3 5.3	4.9 5.1	4.8 5.6	3.9 5.2	3.6 5.0	13.0 *9.7	9.8 *8.1	9.6 *9.8	
_		5.6	5.6	5.0	4.2	4.2	10.6	9.5	9.8	
East South Central	6.6 7.5	6.3	5.9	5.0 5.7	4.2 4.6	4.2	11.1	9.9	9.6	
Kentucky	5.0	4.7	4.2	4.6	4.4	4.0	8.9	7.6	6.3	
Mississippi	7.1	6.2	6.6	4.9	3.9	4.2	9.5	9.0	9.5	
Tennessee	6.5	5.2	5.8	4.9	3.9	4.3	11.8	9.9	11.4	
West South Central ⁴	5.0	4.4	4.2	4.2 4.5	3.9	3.7	8.4	7.6	7.7	
Arkansas	5.4 6.3	5.1 6.0	4.9 6.3	4.5 4.8	4.4 4.1	4.2 4.3	8.5 8.5	7.5 8.9	8.1 8.9	
Oklahoma ⁴	4.4	5.0	4.8	4.1	4.9	4.6	6.3	8.1	8.5	
Texas	4.7	3.9	3.6	4.1	3.5	3.3	8.5	6.7	6.7	
Mountain	4.8	4.2	4.1	4.4	3.9	3.7	10.1	8.2	8.9	
Arizona	5.3	4.6	4.3	4.9	4.3	4.2	11.0	9.0	9.6	
Colorado	5.0 5.3	4.5 4.4	4.2 4.5	4.7 5.2	4.0 4.3	3.5 4.1	10.9	9.8	10.5	
Montana	4.6	3.7	4.5	4.2	3.2	4.3	*	*	*	
Nevada	4.3	3.8	3.6	3.8	3.5	2.9	*8.3	*	7.4	
New Mexico	5.0	3.9	4.0	4.8	4.3	3.5	*	*	*	
Utah	3.7 3.9	3.5 3.8	3.5 4.3	3.6 3.8	3.3 3.5	3.4 4.3	*	*	*	
							0.0	7 5	7.0	
Pacific	4.6 4.1	3.7 3.1	3.6 3.1	4.0 3.7	3.3 2.9	3.2 *2.9	9.2	7.5	7.2	
California	4.6	3.8	3.6	4.1	3.3	3.1	9.2	7.7	7.5	
Hawaii	4.3	4.7	5.0	3.5	*3.9	5.3	*	*	*	
Oregon	4.4	3.6	3.6	4.0	3.4	3.6	*11.6	* 7 1	*	
Washington	4.3	3.4	3.5	3.8	3.0	3.3	9.7	7.1	6.0	

See footnotes at end of table.

Table 24 (page 2 of 2). Neonatal mortality rates, according to race, Hispanic origin, geographic division, and State: United States, average annual 1989-91, 1997-99, and 2000-2002

[Data are based on linked birth and death certificates for infants]

	His	spanic or La	atino ⁵	American	Indian or A	laska Native ⁶	Asian	or Pacific	Islander ⁶
Geographic division and State	1989–91 ¹	1997–99 ²	2000–2002 ²	1989–91 ¹	1997–99 ²	2000–2002 ²	1989–91 ¹	1997–99 ²	2000–2002
				Neonatal ³ c	leaths per 1	,000 live births			
United States	4.8	3.9	3.8	5.9	4.8	4.4	3.9	3.4	3.3
New England ⁷	5.5	5.7	4.9	*	*	*	4.4	*2.6	3.1
Connecticut	5.3	6.5	5.3	*	*	*	*	*	*
Maine	5.8	5.1	4.6	*	*	*	*3.9	*2.5	*2.7
New Hampshire ⁷		*	*	*	*	*	*	*	*
Rhode Island	*4.9	*5.4 *	*6.0	*	*	*	*	*	*
Middle Atlantic	6.2	4.5	4.2	*	*	*	4.1	3.0	2.3
New Jersey	5.1	4.6	4.3	*	*	*	*3.4	3.1	2.2
New York	6.4 7.3	4.2 5.5	3.9 5.8	*	*	*	4.1 *5.2	2.9 *3.4	2.3 *2.7
East North Central	5.9	5.1	4.5	*6.2	*5.3	*5.0	3.6	4.1	4.3
Illinois	6.4	4.8	4.4	*	*	3.0	3.9	4.4	4.8
Indiana	*4.7	5.2	4.8	*	*	*	*	*0.0	*0.0
Michigan	5.2 *5.4	4.8 6.7	4.7 5.3	*	*	*	*	*3.9 *3.0	*3.8 *4.0
Wisconsin	*3.9	7.3	4.4	*	*	*	*	*4.2	*3.8
West North Central	5.3	4.5	4.9	6.1	5.3	5.3	4.6	4.5	3.9
lowa	*5.4	*3.9 *3.7	*4.9 4.9	*	*	*	*	*	*
Minnesota	*	*4.7	4.6	*4.9	*	*	*3.2	*4.5	*4.2
Missouri.	*	*4.6	*5.2 *4.6	*	*	*	*	*	*
Nebraska North Dakota	*	*6.5 *	*4.6 *	*	*	*	*	*	*
South Dakota	*	*	*	*8.2	*6.1	*4.7	*	*	*
South Atlantic	5.2	3.6	3.7	7.4	8.0	5.8	4.6	3.5	4.0
Delaware	*	*	*	*	*	*	*	*	*
Florida	5.1	3.2	3.6	*	*	*	*4.4	*2.9	3.8
Georgia	*5.7	3.3	4.0	*	*	*	*5.3	*3.2	5.4
Maryland	*4.7 *5.5	*4.4 4.8	4.2 3.8	*7.7	11.2	*8.1	*4.5	*4.0 *3.6	*3.6 *4.4
South Carolina	*	*5.5	*3.6	*	*	*	*	*	*
Virginia	*4.8	3.8	3.5	*	*	*	*4.1	4.0	3.2
East South Central	*	4.3	3.9	*	*	*	*	*4.7	*3.6
Alabama	*	*	*4.6	*	*	*	*	*	0.0 *
Kentucky	*	*	*	*	*	*	*	*	*
Mississippi	*	*4.9	*3.8	*	*	*	*	*	*
West South Central ⁷	4.2	3.5	3.2	4.3	4.4	3.7	4.1	2.7	2.9
Arkansas	*	*4.1	*3.1	*	*	*	*	*	*
Louisiana ⁷ Oklahoma ⁷		*3.1	*3.3	*3.7	4.5	3.9	*	*	*7.1 *
Texas	4.2	3.5	3.2	*	*	*	4.0	2.8	2.5
Mountain	4.7	4.3	4.2	5.8	4.4	4.3	4.6	3.6	3.7
Arizona	5.0 4.4	4.6 4.8	4.1 4.6	5.4	4.4	4.4	*	*	*4.7
Idaho	*	*4.3	6.8	*	*	*	*	*	*
Montana	* 4 4	*	*	*7.6 *	*5.3	*5.9 *	*	*	*
Nevada	*4.1 4.9	3.4 3.6	3.3 4.3	4.9	*3.6	*3.5	*	*	*
Utah	*3.6	4.0	4.1	*	*	*	*	*	*5.0
Wyoming	4 =	*	*			*	*		*
Pacific	4.5	3.6	3.5	6.5 *5.7	4.3 *3.3	4.1 *3.9	3.7	3.4	3.3
California	4.4	3.6	3.5	6.3	*4.6	*4.0	3.6	3.1	3.0
Hawaii	*6.6	*4.3	*3.8	*	*	*	4.2	5.0	4.9
Oregon	6.5 4.9	4.7 3.4	3.6 3.2	*8.5	*5.6	*4.1	*5.3 *2.7	*3.8 3.1	3.2

^{*} Estimates are considered unreliable. Rates preceded by an asterisk are based on fewer than 50 deaths. Rates not shown are based on fewer than 20 deaths.

NOTE: National linked files do not exist for 1992-94.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Linked Birth/Infant Death Data Set.

^{- - -} Data not available. ¹Rates based on unweighted birth cohort data.

²Rates based on period file using weighted data. See Appendix I, National Vital Statistics System, Linked Birth/Infant Death Data Set. ³Infants under 28 days of age.

⁴Rates for white and black are substituted for non-Hispanic white and non-Hispanic black for Louisiana 1989, Oklahoma 1989–90, and New Hampshire 1989–91.

Fersons of Hispanic origin may be of any race.

Flates for Hispanic origin exclude data from States not reporting Hispanic origin on the birth certificate for 1 or more years in a 3-year period.

Table 25. Infant mortality rates and international rankings: Selected countries, selected years 1960–2000

[Data are based on reporting by countries]

								International rankings ¹		
Country ²	1960	1970	1980	1990	1995	1999 ³	2000	1960	2000	
			nfant ³ deat	hs per 1,00	0 live births	3				
Australia . Austria . Belgium . Bulgaria . Canada . Chile . Costa Rica . Cuba . Czech Republic . Denmark .	20.2 37.5 31.2 45.1 27.3 125.1 67.8 37.3 20.0 21.5	17.9 25.9 21.1 27.3 18.8 78.8 65.4 38.7 20.2 14.2	10.7 14.3 12.1 20.2 10.4 33.0 20.3 19.6 16.9 8.4	8.2 7.8 8.0 14.8 6.8 16.0 15.3 10.7 10.8 7.5	5.7 5.4 6.1 14.8 6.0 11.1 13.3 9.4 7.7 5.1	5.7 4.4 4.9 14.6 5.3 10.0 11.8 6.4 4.6 4.2	5.2 4.8 4.8 13.3 5.3 8.9 10.2 7.2 4.1 5.3	5 24 20 30 14 36 33 23 4 8	17 12 12 35 18 31 34 28 8 18	
England and Wales Finland France Germany ⁴ Greece Hong Kong Hungary Ireland Israel ⁵ Italy	22.4 21.0 27.5 35.0 40.1 41.5 47.6 29.3 31.0 43.9	18.5 13.2 18.2 22.5 29.6 19.2 35.9 19.5 18.9 29.6	12.1 7.6 10.0 12.4 17.9 11.2 23.2 11.1 15.6 14.6	7.9 5.6 7.3 7.0 9.7 6.2 14.8 8.2 9.9 8.2	6.2 3.9 4.9 5.3 8.1 4.6 10.7 6.4 6.8 6.2	5.8 3.6 4.3 4.5 6.2 3.1 8.4 5.9 5.8 5.1	5.6 3.8 4.6 4.4 6.1 3.0 9.2 6.2 5.4 4.5	9 6 15 22 25 26 31 17 19 29	22 5 11 9 24 2 32 25 20 10	
Japan	30.7 17.9 22.6 27.2 18.9 56.1 77.5 43.3 75.7	13.1 12.7 16.7 22.9 12.7 36.7 55.5 27.9 49.4	7.5 8.6 13.0 13.4 8.1 25.4 24.3 18.5 29.3 22.0	4.6 7.1 8.4 7.5 7.0 19.4 11.0 13.4 26.9 17.6	4.3 5.5 6.7 7.1 4.0 13.6 7.5 12.7 21.2 18.2	3.4 5.2 5.8 6.4 3.9 8.9 5.6 10.6 18.6 17.0	3.2 5.1 6.3 5.1 3.8 8.1 5.5 9.9 18.6 15.2	18 2 10 13 3 32 35 27 34	3 15 26 15 5 29 21 33 37 36	
Scotland Singapore Slovakia Spain Sweden Switzerland United States	26.4 34.8 28.6 43.7 16.6 21.1 26.0	19.6 21.4 25.7 28.1 11.0 15.1 20.0	12.1 11.7 20.9 12.3 6.9 9.1 12.6	7.7 6.7 12.0 7.6 6.0 6.8 9.2	6.2 4.0 11.0 5.5 4.1 5.0 7.6	5.0 3.3 8.3 4.5 3.4 4.6 7.1	5.7 2.5 8.6 3.9 3.4 4.9 6.9	12 21 16 28 1 7	23 1 30 7 4 14 27	

^{- - -} Data not available.

NOTE: Some rates were revised and differ from the previous edition of *Health, United States*.

SOURCES: Organization for Economic Cooperation and Development (OECD): OECD Health Data 2003, A Comparative Analysis of 30 Countries, www.oecd.org/els/health/; United Nations: 2000 Demographic Yearbook, United Nations Publication, Sales No. E/F.02.XIII.1, New York, 2002; World Health Organization Statistical Information System (WHOSIS), www3.who.int/whosis/; United States and Puerto Rico: Centers for Disease Control and Prevention, National Center for Health Statistics. Vital Statistics of the United States, vol. II, mortality part A (selected years). Public Health Service. Washington; Sweden: Statistics Sweden; Costa Rica: Dirección General de Estadisticas y Censos. Elaboración y estimación, Centro Centroamericano de Población, Universidad de Costa Rica, http://populi.eest.ucr.ac.cr/observa/index1.htm; Russian Federation: Goskomstat, http://www.gks.ru/eng/, Israel: Central Bureau Statistics of Israel www.cbs.gov.il/engindex.htm.

¹Rankings are from lowest to highest infant mortality rates (IMR). Countries with the same IMR receive the same rank. The country with the next highest IMR is assigned the rank it would have received had the lower-ranked countries not been tied, i.e., skip a rank. Some of the variation in IMRs is due to differences among countries in distinguishing between fetal and infant deaths.

²Refers to countries, territories, cities, or geographic areas with at least 1 million population and with "complete" counts of live births and infant deaths as indicated in the United Nations Demographic Yearbook.

³Under 1 year of age.

⁴Rates for 1990 and earlier years were calculated by combining information from the Federal Republic of Germany and the German Democratic Republic.

⁵Includes data for East Jerusalem and Israeli residents in certain other territories under occupation by Israeli military forces since June 1967.

⁶Excludes infants born alive after less than 28 weeks' gestation, of less than 1,000 grams in weight and 35 centimeters in length, who die within 7 days of birth.

Table 26 (page 1 of 2). Life expectancy at birth and at 65 years of age, according to sex: Selected countries, selected years 1980–1999

[Data are based on reporting by countries]

	Male						Female					
Country	1980	1990	1995	1998	1999	1999	1980	1990	1995	1998	1999	1999
At birth	ı	_ife expe	ectancy	in years	6	Rank	L	ife exp	ectancy	in year	s	Rank
Australia. Austria Belgium Bulgaria Canada Chile Costa Rica Cuba Czech Republic¹ Denmark	68.5 71.7	73.9 72.4 72.7 68.3 74.4 71.1 74.7 74.6 67.6 72.0	75.0 73.6 73.4 67.4 75.1 71.8 74.0 75.4 69.7 72.7	75.9 74.7 74.3 67.4 76.0 72.3 74.8 75.8 71.1 73.9	76.2 75.1 74.4 67.4 76.3 72.4 74.9 73.3 71.4 74.2	7 15 20 34 6 28 18 26 30 22	78.1 76.1 76.8 73.9 78.9 77.0 73.9 77.3	80.1 78.9 79.4 75.0 80.8 76.9 79.1 76.9 75.4 77.7	80.8 80.1 80.2 74.9 81.1 77.8 78.6 77.7 76.6 77.8	81.5 80.9 80.5 74.7 81.5 78.3 79.3 78.2 78.1 78.8	81.8 81.0 80.8 74.9 81.7 78.4 79.8 77.5 78.2 79.0	8 11 13 35 9 28 20 31 29 27
England and Wales Finland. France Germany² Greece Hong Kong Hungary Ireland Israel	69.6 72.2 71.6	73.1 70.9 72.8 72.0 74.6 74.6 65.1 72.1 75.1 73.6	74.2 72.8 73.9 73.3 75.0 76.0 65.3 72.9 75.5 74.9	75.1 73.5 74.8 74.5 75.5 77.4 66.1 73.5 76.2 75.5	75.3 73.8 75.0 74.7 75.5 77.7 66.4 73.9 76.6 75.6	13 25 17 19 12 1 36 23 5	76.8 77.6 78.4 76.1 76.8 77.9 72.7 75.6 75.8 77.4	78.8 78.9 80.9 78.4 79.5 80.3 73.7 77.6 78.5 80.1	79.5 80.2 81.8 79.7 80.3 81.5 74.5 78.4 79.5 81.3	80.0 80.8 82.4 80.6 80.6 83.0 75.2 79.1 80.6 81.8	80.1 81.0 82.5 80.7 80.6 83.2 75.2 79.1 80.6 82.3	19 11 3 15 16 2 34 26 16 5
Japan Netherlands New Zealand Northern Ireland Norway Poland Portugal Puerto Rico Romania Russian Federation	73.4 72.5 70.0 68.3 72.3 66.0 67.7 70.8 66.6 61.4	75.9 73.8 72.4 72.2 73.4 66.7 70.4 69.1 66.6 63.8	76.4 74.6 74.2 73.3 74.8 67.6 71.2 69.6 65.5 58.3	77.2 75.2 75.2 74.3 75.6 68.9 71.7 71.4 65.5 61.4	77.1 75.3 75.7 74.3 75.6 68.2 72.2 70.7 67.1 59.4	2 13 8 21 9 33 29 31 35 37	78.8 79.2 76.3 75.0 79.2 74.4 75.2 76.9 71.9 73.0	81.9 80.9 78.3 77.9 79.8 76.3 77.4 77.2 73.1 74.4	82.9 80.4 79.5 78.8 80.8 76.4 78.6 78.9 73.1 71.7	84.0 80.6 80.4 79.8 81.3 77.3 78.9 79.3 73.3 73.3	84.0 80.5 80.8 79.2 81.1 77.2 79.2 79.8 74.2 72.0	1 18 13 24 10 32 24 20 36 37
Scotland . Singapore . Slovakia¹ Spain . Sweden . Switzerland . United States		71.2 73.1 66.6 73.3 74.8 74.0 71.8	72.1 74.2 68.4 74.3 76.2 75.3 72.5	72.6 75.3 68.6 75.1 76.9 76.3 73.8	72.7 75.6 69.0 75.1 77.1 76.8 73.9	27 9 32 15 2 4 23	75.2 74.7 74.3 78.6 78.8 79.6 77.4	76.9 77.6 75.4 80.3 80.4 80.7 78.8	77.6 78.6 76.3 81.5 81.4 81.7 78.9	78.1 79.4 76.7 82.1 81.9 82.4 79.5	78.1 79.7 77.2 82.1 81.9 82.5 79.4	30 22 32 6 7 3 23

See footnotes at end of table.

Table 26 (page 2 of 2). Life expectancy at birth and at 65 years of age, according to sex: Selected countries, selected years 1980–1999

[Data are based on reporting by countries]

			Má	ale					Fer	nale		
Country	1980	1990	1995	1998	1999	1999	1980	1990	1995	1998	1999	1999
At 65 years	ı	_ife expe	ectancy	in years	6	Rank	L	ife exp	ectancy	in year	s	Rank
Australia. Austria Belgium Bulgaria Canada Chile Costa Rica Cuba		15.2 14.4 14.3 12.9 15.7 14.6	15.7 15.1 14.8 12.8 16.0 14.9	16.3 15.6 15.2 12.5 16.3 15.1	16.6 15.8 15.4 12.5 16.5 15.2 17.1 15.6	5 15 20 33 7 23 2	17.9 16.3 16.9 14.7 18.9	19.0 18.0 18.5 15.4 19.9 17.6	19.5 18.7 19.1 15.4 20.0 18.1	20.0 19.3 19.3 15.1 20.1 18.4	20.2 19.4 19.4 15.6 20.3 18.5 19.3 17.5	7 12 12 34 6 22 14 28
Czech Republic ¹	11.2 13.6	11.6 14.0	12.7 14.1	13.4 14.8	13.6 14.9	30 26	14.3 17.6	15.2 17.8	16.1 17.5	16.0 18.1	16.9 18.1	31 24
England and Wales Finland France Germany². Greece Hong Kong Hungary Ireland Israel Italy	13.0 14.6 13.9 11.6	14.2 13.7 15.5 14.0 15.7 15.3 12.0 13.3 15.9 15.1	14.8 14.5 16.1 14.7 16.1 16.2 12.1 13.6 16.0 16.0	15.5 14.9 16.4 15.3 16.4 17.1 12.2 14.2 16.6 16.1	15.5 15.1 16.5 15.5 16.3 17.2 12.2 14.2 16.6 16.5	18 24 7 18 12 1 35 28 5	16.9 16.5 18.2 16.7 16.8 13.9 14.6 15.7 15.8 17.4	18.1 17.7 19.8 17.6 18.0 18.8 15.3 16.9 17.8	18.5 18.6 20.6 18.5 18.4 19.5 15.8 17.3 18.0 20.0	18.7 19.1 20.9 19.0 18.7 20.7 16.0 17.7 18.9 20.4	18.7 19.2 20.9 19.2 18.7 21.0 15.9 17.7 18.9 20.4	20 15 3 15 20 2 33 27 19 5
Japan Netherlands New Zealand Northern Ireland Norway Poland Portugal Puerto Rico Romania Russian Federation	12.0 12.9 12.6	16.2 14.4 14.7 13.4 14.6 12.7 13.9	16.5 14.7 15.4 14.5 15.1 12.9 14.3	17.1 15.1 16.1 14.9 15.7 13.4 14.3	17.0 15.1 16.4 15.3 15.6 13.2 14.5	3 24 10 22 16 31 27 33 36	17.7 18.0 17.0 15.8 18.0 15.5 16.5 14.2 15.6	20.0 18.9 18.3 17.5 18.5 16.9 17.0	20.9 19.0 19.0 18.0 19.1 16.6 17.7 15.4 15.1	22.0 19.2 19.5 18.5 19.6 17.0 17.9	21.9 19.1 19.8 18.2 19.5 17.0 18.0	1 17 10 23 11 30 25 35 36
Scotland Singapore Slovakia ¹ Spain Sweden Switzerland United States	12.6 12.3	13.1 14.5 12.2 15.4 15.3 15.3	13.7 14.6 12.7 16.0 16.0 16.1 15.6	11.6 14.2 15.2 12.9 16.1 16.3 16.6 16.0	10.9 14.2 15.4 13.0 16.1 16.4 16.8 16.1	28 20 32 13 10 4 13	15.6 16.2 15.4 15.4 17.9 17.9 17.9 18.3	16.8 16.9 15.7 19.1 19.0 19.4 18.9	15.1 17.1 17.3 16.1 19.8 19.7 20.2 18.9	17.4 17.7 16.6 20.3 20.0 20.5 19.2	14.7 17.3 17.9 16.6 20.1 19.9 20.6 19.1	29 26 32 8 9 4

^{- - -} Data not available.

NOTES: Rankings are from highest to lowest life expectancy (LE) for the most recent year available. Since calculation of LE estimates varies among countries, comparisons among them and their interpretation should be made with caution. See Appendix II, Life expectancy. Countries with the same LE receive the same rank. The country with the next lower LE is assigned the rank it would have received had the higher-ranked countries not been tied, i.e., skip a rank. Some estimates for selected countries and selected years were revised and differ from the previous edition of *Health, United States*.

SOURCES: Organization for Economic Cooperation and Development (OECD) Health Data 2003, A Comparative Analysis of 30 Countries, www.oecd.org/els/health/; European health for all database, World Health Organization Regional Office for Europe, http://who.dk/hfadb; Centers for Disease Control and Prevention, National Center for Health Statistics. Vital statistics of the United States (selected years). Public Health Service. Washington, DC. www.cdc.gov/nchs/fastats/lifexpec.htm; Puerto Rico: Commonwealth of Puerto Rico, Department of Health, Auxiliary Secretariat for Planning, Evaluation, Statistics, and Information Systems: Unpublished data; Singapore: Singapore Department of Statistics, Population Statistics Section, www.singstat.gov.sg/stats/singstat/internet.htm; England and Wales, Northern Ireland, and Scotland: Government Actuary's Department, London, http://www.gad.gov.uk; Hong Kong: Government of Hong Kong, Special Administrative Region, Department of Health, http://info.gov.hk/dh/index.htm; Costa Rica: Instituto Nacional de Estadistica y Censos (INEC) y Centro Centroamericano de Población (CCP), <a href="http://ccp.ucr.ac.cr/observa/series/se

¹In 1993 Czechoslovakia was divided into two Nations, the Czech Republic and Slovakia. Data for years prior to 1993 are from the Czech and Slovak regions of Czechoslovakia.

²Until 1990 estimates refer to the Federal Republic of Germany; from 1995 onwards data refer to Germany after reunification.

Table 27. Life expectancy at birth, at 65 years of age, and at 75 years of age, according to race and sex: United States, selected years 1900–2002

		All race	s		White		Black or African American ¹		
Specified age and year	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female
At birth				Remainir	ng life ex	pectancy in	years		
1900 ^{2,3} 1950 ³ 1960 ³ 1970 1980	47.3 68.2 69.7 70.8 73.7 74.7	46.3 65.6 66.6 67.1 70.0 71.1	48.3 71.1 73.1 74.7 77.4 78.2	47.6 69.1 70.6 71.7 74.4 75.3	46.6 66.5 67.4 68.0 70.7 71.8	48.7 72.2 74.1 75.6 78.1 78.7	33.0 60.8 63.6 64.1 68.1 69.3	32.5 59.1 61.1 60.0 63.8 65.0	33.5 62.9 66.3 68.3 72.5 73.4
1990 1991 1992 1993	75.4 75.5 75.8 75.5 75.7	71.8 72.0 72.3 72.2 72.4	78.8 78.9 79.1 78.8 79.0	76.1 76.3 76.5 76.3 76.5	72.7 72.9 73.2 73.1 73.3	79.4 79.6 79.8 79.5 79.6	69.1 69.3 69.6 69.2 69.5	64.5 64.6 65.0 64.6 64.9	73.6 73.8 73.9 73.7 73.9
1995 1996 1997 1998 1999 2000 ⁴ 2001 2002	75.8 76.1 76.5 76.7 76.7 77.0 77.2 77.3	72.5 73.1 73.6 73.8 73.9 74.3 74.4 74.5	78.9 79.1 79.4 79.5 79.4 79.7 79.8 79.9	76.5 76.8 77.1 77.3 77.3 77.6 77.7	73.4 73.9 74.3 74.5 74.6 74.9 75.0 75.1	79.6 79.7 79.9 80.0 79.9 80.1 80.2 80.3	69.6 70.2 71.1 71.3 71.4 71.9 72.2 72.3	65.2 66.1 67.2 67.6 67.8 68.3 68.6 68.8	73.9 74.2 74.7 74.8 74.7 75.2 75.5 75.6
At 65 years 1950 ³	13.9 14.3 15.2 16.4 16.7	12.8 12.8 13.1 14.1 14.5	15.0 15.8 17.0 18.3 18.5	14.4 15.2 16.5 16.8	12.8 12.9 13.1 14.2 14.5	15.1 15.9 17.1 18.4 18.7	13.9 13.9 14.2 15.1 15.2	12.9 12.7 12.5 13.0 13.0	14.9 15.1 15.7 16.8 16.9
1990 1991 1992 1993	17.2 17.4 17.5 17.3 17.4	15.1 15.3 15.4 15.3 15.5	18.9 19.1 19.2 18.9 19.0	17.3 17.5 17.6 17.4 17.5	15.2 15.4 15.5 15.4 15.6	19.1 19.2 19.3 19.0 19.1	15.4 15.5 15.7 15.5 15.7	13.2 13.4 13.5 13.4 13.6	17.2 17.2 17.4 17.1 17.2
1995 1996 1997 1998 1999 2000 ⁴ 2001 2002	17.4 17.5 17.7 17.8 17.7 18.0 18.1 18.2	15.6 15.7 15.9 16.0 16.1 16.2 16.4 16.6	18.9 19.0 19.2 19.2 19.1 19.3 19.4 19.5	17.6 17.8 17.8 17.8 17.8 18.0 18.2 18.2	15.7 15.8 16.0 16.1 16.1 16.3 16.5 16.6	19.1 19.1 19.3 19.3 19.2 19.4 19.5	15.6 15.8 16.1 16.1 16.0 16.2 16.4 16.6	13.6 13.9 14.2 14.3 14.3 14.2 14.4	17.1 17.2 17.6 17.4 17.3 17.7 17.9
At 75 years	10.4	0 0	11.5	10.4	0 0	11.5	0.7	0.2	10.7
1980 1985	10.4	8.8 9.0	11.5 11.7	10.4 10.6	8.8 9.0	11.5 11.7	9.7 10.1	8.3 8.7	10.7 11.1
1990 1991 1992 1993 1994	10.9 11.1 11.2 10.9 11.0	9.4 9.5 9.6 9.5 9.6	12.0 12.1 12.2 11.9 12.0	11.0 11.1 11.2 11.0 11.1	9.4 9.5 9.6 9.5 9.6	12.0 12.1 12.2 12.0 12.0	10.2 10.2 10.4 10.2 10.3	8.6 8.7 8.9 8.7 8.9	11.2 11.2 11.4 11.1 11.2
1995 1996 1997 1998 1999 2000 ⁴ 2001 2002	11.0 11.1 11.2 11.3 11.2 11.4 11.5	9.7 9.8 9.9 10.0 10.0 10.1 10.2 10.3	11.9 12.0 12.1 12.2 12.1 12.3 12.4 12.4	11.1 11.2 11.3 11.2 11.4 11.5	9.7 9.8 9.9 10.0 10.0 10.1 10.2 10.3	12.0 12.0 12.1 12.2 12.1 12.3 12.3	10.2 10.3 10.7 10.5 10.4 10.7 10.8 10.9	8.8 9.0 9.3 9.2 9.2 9.3 9.5	11.1 11.2 11.5 11.3 11.1 11.6 11.7

⁻⁻⁻ Data not available.

¹Data shown for 1900–60 are for the nonwhite population.

NOTES: Populations for computing life expectancy for 1991–99 are 1990-based postcensal estimates of U.S. resident population. See Appendix I, Population Census and Population Estimates. In 1997 life table methodology was revised to construct complete life tables by single years of age that extend to age 100 (Anderson RN. Method for Constructing Complete Annual U.S. Life Tables. National Center for Health Statistics. Vital Health Stat 2(129). 1999). Previously abridged life tables were constructed for 5-year age groups ending with 85 years and over. Life table values for 2000 and later years were computed using a slight modification of the new life table method due to a change in the age detail of populations received from the U.S. Census Bureau. Data for additional years are available. See Appendix III.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System; Grove RD, Hetzel AM. Vital statistics rates in the United States, 1940–1960. Washington: U.S. Government Printing Office, 1968; life expectancy trend data available at www.cdc.gov/nchs/about/major/dvs/mortdata.htm; Kochanek KD, Murphy SL, Anderson RN, Scott C. Deaths: Final data for 2002. National vital statistics reports. Vol 53 no 5. Hyattsville, Maryland: National Center for Health Statistics. 2004.

²Death 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. See Appendix II, Registration area. ³Includes deaths of persons who were not residents of the 50 States and the District of Columbia. ⁴Life expectancies (LEs) for 2000 were revised and may differ from those shown previously. LEs for 2000 were computed using population counts from census 2000 and replace LEs for 2000 using 1990-based postcensal estimates.

Table 28 (page 1 of 2). Age-adjusted death rates, according to race, Hispanic origin, geographic division, and State: United States, average annual 1979–81, 1989–91, and 2000–2002

		All persons		White	Black or African American	American Indian or Alaska Native	Asian or Pacific Islander	Hispanic or Latino ¹	White, not Hispanic or Latino
Geographic division and State	1979–81	1989–91	2000–02	2000–02	2000–02	2000–02	2000–02	2000–02	2000–02
			Age	e-adiusted d	eath rate per	100.000 poi	oulation ²		
United States	1,022.8	942.2	853.3	835.7	1,097.7	687.0	486.0	642.7	843.1
New England Connecticut Maine Massachusetts New Hampshire Rhode Island Vermont	979.9 961.5 1,002.9 982.6 982.3 990.8 990.2	882.4 857.5 918.7 884.8 891.7 889.6 908.6	798.8 773.0 847.9 801.8 796.2 811.7 800.5	798.8 764.1 847.3 805.3 798.4 811.0 803.3	895.1 918.5 773.1 878.1 796.2 926.3	* * * * * * *	374.6 321.0 494.8 379.6 373.3 456.6	555.7 580.4 * 582.0 392.7 460.8	795.3 756.5 845.3 804.0 785.8 810.0 805.2
Middle Atlantic	1,059.1 1,047.5 1,051.8 1,076.4	967.8 956.0 973.7 963.4	829.6 829.4 797.2 873.3	819.6 810.7 797.9 851.2	977.7 1,077.0 870.5 1,157.9	* * *	393.8 372.5 401.7 393.9	606.7 567.6 608.0 734.0	819.0 819.8 791.0 850.0
East North Central	1,048.0 1,063.7 1,048.3 1,050.2 1,070.6 956.4	957.9 973.8 962.0 966.0 967.4 879.1	880.0 863.9 910.8 884.0 910.9 807.6	853.9 829.3 896.6 847.6 889.9 795.3	1,154.7 1,163.1 1,152.1 1,161.8 1,143.2 1,098.9	* * * * *	408.1 413.1 305.7 397.5 404.6 478.7	552.5 535.2 591.7 658.5 587.5 350.3	855.2 835.7 899.9 841.5 888.9 798.9
West North Central lowa Kansas Minnesota Missouri Nebraska North Dakota South Dakota	951.6 919.9 940.1 892.9 1,033.7 930.6 922.4 941.9	876.6 848.2 867.2 825.2 952.4 867.9 818.4 846.4	821.8 781.4 843.6 749.2 914.2 799.9 761.8 786.0	807.3 779.1 832.4 742.2 892.5 789.7 745.3 749.9	1,138.4 1,085.6 1,178.3 969.0 1,167.9 1,112.3	1,205.4 * 1,199.8 1,438.4 1,471.0	455.5 477.1 307.5 532.4 421.3 439.7	613.3 631.2 595.8 579.0 735.4 554.0	803.5 779.2 825.6 734.5 892.7 787.3 724.4 751.6
South Atlantic Delaware District of Columbia Florida. Georgia Maryland North Carolina South Carolina Virginia West Virginia	1,033.1 1,069.7 1,243.1 960.8 1,094.3 1,063.3 1,050.4 1,104.6 1,054.0 1,100.3	951.3 1,001.9 1,255.3 870.9 1,037.4 985.2 986.0 1,030.0 963.1 1,031.5	870.0 872.2 1,035.5 796.4 958.9 881.8 920.2 952.5 867.0 998.8	829.1 843.8 658.4 774.1 913.4 828.2 875.0 895.7 833.7 999.6	1,106.3 1,061.5 1,258.3 1,046.1 1,136.7 1,094.5 1,133.5 1,136.8 1,085.6 1,119.6	946.5	388.4 388.1 520.4 323.5 410.2 402.4 367.5 407.0 441.2	588.2 707.1 176.9 623.6 366.5 280.2 295.7 332.8 490.4 342.7	842.3 843.7 697.4 796.1 919.9 838.6 879.4 899.2 836.4 1,002.2
East South Central Alabama Kentucky Mississippi Tennessee	1,079.3 1,091.2 1,088.9 1,108.7 1,045.5	1,031.6 1,037.9 1,024.5 1,071.4 1,011.8	996.5 996.7 991.7 1,035.2 982.0	963.2 956.8 984.4 972.1 948.9	1,191.2 1,161.5 1,176.0 1,194.8 1,236.8	* * * *	423.0 332.0 427.8 499.1 443.5	409.0 315.2 843.7 221.9 331.7	965.8 961.0 984.1 975.3 952.2
West South Central Arkansas Louisiana Oklahoma Texas	1,036.8 1,017.0 1,132.6 1,025.6 1,014.9	974.9 996.3 1,074.6 961.4 947.6	915.3 961.8 1,002.7 970.8 877.4	891.2 935.7 933.6 969.2 861.0	1,166.6 1,191.2 1,205.9 1,165.7 1,140.2	* * * *	432.7 609.0 492.2 455.9 418.3	736.1 244.2 539.0 731.0 744.5	912.6 943.5 940.0 972.9 884.4
Mountain Arizona Colorado Idaho Montana Nevada New Mexico Utah Wyoming	961.8 951.5 941.1 936.7 1,013.6 1,077.4 967.1 924.9 1,016.1	878.2 873.5 856.1 856.6 890.2 1,017.4 891.9 823.2 897.4	810.1 795.3 787.0 797.8 842.8 915.9 815.0 780.2 854.9	805.0 786.0 787.0 796.1 825.0 920.3 808.5 779.3 849.1	990.8 974.8 957.8 1,163.2 1,091.9 1,082.4 881.7 1,020.8 822.6	928.6 979.9 520.2 960.8 1,271.6 706.0 894.7 804.8 1,266.5	529.0 462.7 499.3 579.1 * 560.8 537.3 673.4	745.4 758.3 763.7 607.6 725.7 532.5 795.7 642.5 800.8	805.3 782.5 782.9 797.8 821.9 952.3 799.8 781.8 848.8

See footnotes at end of table.

Table 28 (page 2 of 2). Age-adjusted death rates, according to race, Hispanic origin, geographic division, and State: United States, average annual 1979–81, 1989–91, and 2000–2002

[Data are based on death certificates]

		All persons		White	Black or African American	American Indian or Alaska Native	Asian or Pacific Islander	Hispanic or Latino ¹	White, not Hispanic or Latino
Geographic division and State	1979–81	1989–91	2000–02	2000–02	2000–02	2000–02	2000–02	2000–02	2000–02
			Age	e-adjusted d	eath rate per	100,000 por	oulation ²		
Pacific Alaska California Hawaii Oregon Washington	966.5 1,087.4 975.5 801.2 953.9 947.7	900.1 944.6 911.0 752.2 893.0 869.4	776.1 825.4 770.9 660.1 828.8 792.3	791.6 780.1 786.5 686.6 831.7 796.4	1,042.5 841.8 1,053.6 427.7 1,038.2 982.5	1,143.8 * * 943.4	536.4 551.6 506.1 652.4 504.3 534.1	612.1 702.8 611.8 1,107.2 496.0 535.4	813.1 781.2 815.1 674.0 837.8 799.9

^{*} Data for States with population under 10,000 in the middle year of a 3-year period or fewer than 50 deaths for the 3-year period are considered unreliable and are not shown. Data for American Indian or Alaska Native in States with more than 10 percent misclassification of American Indian or Alaska Native deaths on death certificates or without information on misclassification are also not shown. (Support Services International, Inc. Methodology for adjusting IHS mortality data for miscoding race-ethnicity of American Indians and Alaska Natives on State death certificates. Report submitted to Indian Health Service. 1996.) Division death rates for American Indian or Alaska Native are not shown when any State within the division does not meet reliability criteria.

NOTES: The race groups, white, black, American Indian or Alaska Native, and Asian or Pacific Islander, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native and Asian or Pacific Islander populations are known to be underestimated. See Appendix II, Race, for a discussion of sources of bias in death rates by race and Hispanic origin.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System; numerator data from annual mortality files; denominator data from State population estimates prepared by the U.S. Bureau of the Census: 1980 from April 1, 1980 MARS Census File; 1990 from April 1, 1990 MARS Census File; 2001 from National Center for Health Statistics. Estimates of the July 1, 2001 resident populations of the United States by State and county, race, age, sex, and Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau. Available at: www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge/htm. 2003.

¹Caution should be used when comparing death rates by Hispanic origin and race among States. Estimates of death rates may be affected by several factors including possible misreporting of race and Hispanic origin on the death certificate, migration patterns between United States and country of origin for persons who were born outside the United States, and possible biases in population estimates. See Appendix I, National Vital Statistics System, Mortality File and Appendix II, Hispanic origin;

²Average annual death rates, age-adjusted using the year 2000 standard population. See Appendix II, Age adjustment. Denominators for rates are resident population estimates for the middle year of each 3-year period, multiplied by 3. The 2001 populations used to compute rates for 2000–02 are based on census 2000. See Appendix I, Population Census and Population Estimates.

Table 29 (page 1 of 4). Age-adjusted death rates for selected causes of death, according to sex, race, and Hispanic origin: United States, selected years 1950–2002

Sex, race, Hispanic origin, and cause of death ¹	1950 ²	1960 ²	1970	1980	1990	1995	2000 ³	2001	2002
All persons			Age-adj	usted deat	h rate per	100,000 pc	pulation4		
All causes	1,446.0	1,339.2	1,222.6	1,039.1	938.7	909.8	869.0	854.5	845.3
Diseases of heart	586.8	559.0	492.7	412.1	321.8	293.4	257.6	247.8	240.8
Ischemic heart disease				345.2	249.6	219.7	186.8	177.8	170.8
Cerebrovascular diseases	180.7	177.9	147.7	96.2	65.3	63.1	60.9	57.9	56.2
Malignant neoplasms	193.9	193.9	198.6	207.9	216.0	209.9	199.6	196.0	193.5
Trachea, bronchus, and lung	15.0	24.1 30.3	37.1 28.9	49.9 27.4	59.3 24.5	58.4 22.5	56.1 20.8	55.3 20.1	54.9 19.7
Prostate ⁵	28.6	28.7	28.8	32.8	38.4	37.0	30.4	29.1	27.9
Breast ⁶	31.9	31.7	32.1	31.9	33.3	30.5	26.8	26.0	25.6
Chronic lower respiratory diseases				28.3	37.2	40.1	44.2	43.7	43.5
Influenza and pneumonia	48.1	53.7	41.7	31.4	36.8	33.4	23.7	22.0	22.6
Chronic liver disease and cirrhosis	11.3	13.3	17.8	15.1	11.1	9.9	9.5	9.5	9.4
Diabetes mellitus	23.1	22.5	24.3	18.1	20.7 10.2	23.2 16.2	25.0 5.2	25.3 5.0	25.4 4.9
Unintentional injuries	78.0	62.3	60.1	46.4	36.3	34.4	34.9	35.7	36.9
Motor vehicle-related injuries	24.6	23.1	27.6	22.3	18.5	16.3	15.4	15.3	15.7
Suicide ⁷	13.2	12.5	13.1	12.2	12.5	11.8	10.4	10.7	10.9
Homicide ⁷	5.1	5.0	8.8	10.4	9.4	8.3	5.9	7.1	6.1
Male									
All causes	1,674.2	1,609.0	1,542.1	1,348.1	1,202.8	1,143.9	1,053.8	1,029.1	1,013.7
Diseases of heart	697.0	687.6	634.0	538.9 459.7	412.4 328.2	371.0 286.5	320.0 241.4	305.4 228.5	297.4 220.4
Cerebrovascular diseases	186.4	186.1	157.4	102.2	68.5	65.9	62.4	59.0	56.5
Malignant neoplasms	208.1	225.1	247.6	271.2	280.4	267.5	248.9	243.7	238.9
Trachea, bronchus, and lung	24.6	43.6	67.5	85.2	91.1	84.2	76.7	75.2	73.2
Colon, rectum, and anus	28.6	31.8 28.7	32.3 28.8	32.8 32.8	30.4 38.4	27.4 37.0	25.1 30.4	24.2 29.1	23.7 27.9
Chronic lower respiratory diseases				49.9	55.4	54.8	55.8	54.0	53.5
Influenza and pneumonia	55.0	65.8	54.0	42.1	47.8	42.8	28.9	26.6	27.0
Chronic liver disease and cirrhosis	15.0	18.5	24.8	21.3	15.9	14.2	13.4	13.2	12.9
Diabetes mellitus	18.8	19.9	23.0	18.1	21.7	25.0	27.8	28.1	28.6
Human immunodeficiency virus (HIV) disease Unintentional injuries	101.8	85.5	87.4	69.0	18.5 52.9	27.3 49.6	7.9 49.3	7.5 50.2	7.4 51.5
Motor vehicle-related injuries	38.5	35.4	41.5	33.6	26.5	22.8	21.7	21.8	22.1
Suicide ⁷	21.2	20.0	19.8	19.9	21.5	20.3	17.7	18.2	18.4
Homicide ⁷	7.9	7.5	14.3	16.6	14.8	12.8	9.0	10.8	9.4
Female									
All causes	1,236.0	1,105.3	971.4	817.9	750.9	739.4	731.4	721.8	715.2
Diseases of heart	484.7	447.0	381.6	320.8 263.1	257.0 193.9	236.6 171.3	210.9 146.5	203.9 139.9	197.2 133.6
Cerebrovascular diseases	175.8	170.7	140.0	91.7	62.6	60.5	59.1	56.4	55.2
Malignant neoplasms	182.3	168.7	163.2	166.7	175.7	173.6	167.6	164.7	163.1
Trachea, bronchus, and lung	5.8	7.5	13.1	24.4	37.1	40.4	41.3	41.0	41.6
Colon, rectum, and anus		29.1	26.5	23.8	20.6	19.1	17.7	17.2	16.7
Breastdiseases	31.9	31.7	32.1	31.9 14.9	33.3 26.6	30.5 31.8	26.8 37.4	26.0 37.6	25.6 37.4
Chronic lower respiratory diseases Influenza and pneumonia	41.9	43.8	32.7	25.1	30.5	28.1	20.7	19.2	19.9
Chronic liver disease and cirrhosis	7.8	8.7	11.9	9.9	7.1	6.2	6.2	6.2	6.3
Diabetes mellitus	27.0	24.7	25.1	18.0	19.9	21.8	23.0	23.1	23.0
Human immunodeficiency virus (HIV) disease	 E4 O	40.0	 0E 1	06.1	2.2	5.3	2.5	2.5	2.5
Unintentional injuries	54.0	40.0	35.1	26.1	21.5	21.0	22.0	22.5	23.5
	11 5	11 7						כינו	
Motor vehicle-related injuries	11.5 5.6	11.7 5.6	14.9 7.4	11.8 5.7	11.0 4.8	10.3 4.3	9.5 4.0	9.3 4.0	9.6 4.2

See footnotes at end of table.

Table 29 (page 2 of 4). Age-adjusted death rates for selected causes of death, according to sex, race, and Hispanic origin: United States, selected years 1950–2002

Sex, race, Hispanic origin, and cause of death ¹	1950 ²	1960 ²	1970	1980	1990	1995	2000 ³	2001	2002
White ⁸			Age-ad	justed deat	h rate per	100,000 pc	pulation ⁴		
All causes	1,410.8	1,311.3	1,193.3	1,012.7	909.8	882.3	849.8	836.5	829.0
Diseases of heart	584.8	559.0	492.2	409.4 347.6	317.0 249.7	288.6 219.1	253.4 185.6	243.5 176.5	236.7 169.8
Cerebrovascular diseases	175.5	172.7	143.5	93.2	62.8	60.7	58.8	55.8	54.2
Malignant neoplasms	194.6	193.1	196.7	204.2	211.6	206.2	197.2	193.9	191.7
Trachea, bronchus, and lung	15.2	24.0	36.7	49.2	58.6	58.1	56.2	55.6	55.3
Colon, rectum, and anusProstate ⁵	28.4	30.9 27.7	29.2 27.4	27.4 30.5	24.1 35.5	22.0 34.2	20.3 27.8	19.6 26.6	19.2 25.7
Breast ⁶	32.4	32.0	32.5	32.1	33.2	30.1	26.3	25.5	25.0
Chronic lower respiratory diseases				29.3	38.3	41.5	46.0	45.6	45.4
Influenza and pneumonia	44.8	50.4	39.8	30.9	36.4	33.0	23.5	21.7	22.6
Chronic liver disease and cirrhosis Diabetes mellitus	11.5 22.9	13.2 21.7	16.6 22.9	13.9 16.7	10.5 18.8	9.7 20.9	9.6 22.8	9.6 23.0	9.6 23.1
Human immunodeficiency virus (HIV) disease					8.3	11.4	2.8	2.6	2.6
Unintentional injuries	77.0	60.4	57.8	45.3	35.5	33.9	35.1	36.0	37.5
Motor vehicle-related injuries	24.4	22.9	27.1	22.6	18.5	16.3	15.6	15.6	16.0
Suicide ⁷	13.9 2.6	13.1 2.7	13.8 4.7	13.0 6.7	13.4 5.5	12.6 5.0	11.3 3.6	11.7 4.9	12.0 3.7
Tiomidide	2.0	2.1	4.7	0.7	5.5	5.0	5.0	4.3	0.7
Black or African American ⁸									
All causes	1,722.1	1,577.5	1,518.1	1,314.8	1,250.3	1,213.9	1,121.4	1,101.2	1,083.3
Diseases of heart	586.7	548.3	512.0	455.3	391.5	363.8	324.8	316.9	308.4
Ischemic heart disease	233.6	235.2	197.1	334.5 129.1	267.0 91.6	244.9 86.9	218.3 81.9	211.6 78.8	203.0 76.3
Malignant neoplasms	176.4	199.1	225.3	256.4	279.5	267.7	248.5	243.1	238.8
Trachea, bronchus, and lung	11.1	23.7	41.3	59.7	72.4	69.0	64.0	62.5	61.9
Colon, rectum, and anus		22.8	26.1	28.3	30.6	29.3	28.2	27.6	26.8
Prostate ⁵ Breast ⁶	30.9 25.3	41.2 27.9	48.5 28.9	61.1 31.7	77.0 38.1	76.6 38.0	68.1 34.5	66.1 34.4	62.0 34.0
Chronic lower respiratory diseases				19.2	28.1	30.1	31.6	30.9	31.2
Influenza and pneumonia	76.7	81.1	57.2	34.4	39.4	36.4	25.6	24.1	24.0
Chronic liver disease and cirrhosis	9.0	13.6	28.1	25.0	16.5	12.0	9.4	9.3	8.5
Diabetes mellitus	23.5	30.9	38.8	32.7	40.5 26.7	46.7 54.2	49.5 23.3	49.2 22.8	49.5 22.5
Unintentional injuries	79.9	74.0	78.3	57.6	43.8	41.0	37.7	37.6	36.9
Motor_vehicle-related injuries	26.0	24.2	31.1	20.2	18.8	16.7	15.7	15.4	15.0
Suicide ⁷	4.5	5.0	6.2	6.5	7.1	6.8	5.5	5.5	5.3
Homicide ⁷	28.3	26.0	44.0	39.0	36.3	29.7	20.5	21.2	21.0
American Indian or Alaska Native ⁸									
All causes				867.0	716.3	771.2	709.3	686.7	677.4
Diseases of heart				240.6	200.6	204.6	178.2	159.6	157.4
Ischemic heart disease				173.6	139.1	141.4	129.1	114.0	114.0
Cerebrovascular diseases				57.8	40.7	48.6	45.0	41.3	37.5
Malignant neoplasms				113.7 20.7	121.8 30.9	138.2 37.4	127.8 32.3	131.0 34.2	125.4 33.1
Colon, rectum, and anus				9.5	12.0	14.9	13.4	12.0	14.2
Prostate ⁵				20.7	17.8	21.7	19.6	19.0	15.2
Breast ^b				10.8	13.7	15.0	13.6	11.8	13.8
Chronic lower respiratory diseases Influenza and pneumonia				14.2 44.4	25.4 36.1	27.6 36.1	32.8 22.3	30.0 22.5	30.1 20.4
Chronic liver disease and cirrhosis				45.3	24.1	27.4	24.3	22.6	22.8
Diabetes mellitus				29.6	34.1	45.9	41.5	40.4	43.2
Human immunodeficiency virus (HIV) disease					1.8	6.5	2.2	2.7	2.2
Unintentional injuries				99.0 54.5	62.6 32.5	55.3 29.1	51.3 27.3	51.3 25.9	53.8 28.8
Suicide ⁷				11.9	32.5 11.7	10.6	9.8	10.5	10.2
Homicide ⁷				15.5	10.4	9.9	6.8	6.8	8.4

See footnotes at end of table.

Table 29 (page 3 of 4). Age-adjusted death rates for selected causes of death, according to sex, race, and Hispanic origin: United States, selected years 1950–2002

Sex, race, Hispanic origin, and cause of death ¹	1950²	1960²	1970	1980	1990	1995	2000³	2001	2002
Asian or Pacific Islander ⁸			Age-adj	usted deat	th rate per	100,000 pc	opulation ⁴		
All causes				589.9	582.0	554.8	506.4	492.1	474.4
Diseases of heart				202.1	181.7	171.3	146.0	137.6	134.6
Ischemic heart disease				168.2	139.6	128.0	109.6	103.0	98.6
Cerebrovascular diseases				66.1	56.9	55.2	52.9	51.2	47.7
Malignant neoplasms				126.1	134.2	131.8	121.9	119.5	113.6
Trachea, bronchus, and lung				28.4	30.2	29.9	28.1	28.2	25.6
Colon, rectum, and anus				16.4	14.4	14.0	12.7	13.2	12.5
Prostate ⁵				10.2	16.8	18.0	12.5	11.6	10.2
Breast ⁶				11.9	13.7	13.9	12.3	12.9	12.8
Chronic lower respiratory diseases				12.9	19.4	19.3	18.6	17.7	15.8
Influenza and pneumonia				24.0	31.4	29.1	19.7	19.0	17.5
Chronic liver disease and cirrhosis				6.1	5.2	3.9	3.5	3.5	3.2
Diabetes mellitus				12.6	14.6	16.8	16.4	16.9	17.4
Human immunodeficiency virus (HIV) disease					2.2	3.2	0.6	0.7	0.8
Unintentional injuries				27.0	23.9	20.2	17.9	17.4	17.9
Motor_vehicle-related injuries				13.9	14.0	11.4	8.6	8.1	8.4
Suicide ⁷				7.8	6.7	6.7	5.5	5.4	5.4
Homicide ⁷				5.9	5.0	4.7	3.0	4.2	2.9
Hispanic or Latino ^{8,9}									
All causes					692.0	700.2	665.7	658.7	629.3
Diseases of heart					217.1	211.0	196.0	192.2	180.5
Ischemic heart disease					173.3	166.4	153.2	149.9	138.3
Cerebrovascular diseases					45.2	46.3	46.4	44.9	41.3
Malignant neoplasms					136.8	138.5	134.9	132.3	128.4
Trachea, bronchus, and lung					26.5	25.9	24.8	23.8	23.7
Colon, rectum, and anus					14.7	14.1	14.1	14.1	13.7
Prostate ⁵					23.3	27.4	21.6	23.5	21.6
Breast ⁶					19.5	18.7	16.9	16.3	15.5
Chronic lower respiratory diseases					19.3	22.6	21.1	20.7	20.6
Influenza and pneumonia					29.7	26.2	20.6	20.5	19.2
Chronic liver disease and cirrhosis					18.3	17.4	16.5	15.8	15.4
Diabetes mellitus					28.2	35.7	36.9	36.7	35.6
Human immunodeficiency virus (HIV) disease					16.3	24.9	6.7	6.2	5.8
Unintentional injuries					34.6	32.2	30.1	30.7	30.7
Motor vehicle-related injuries					19.5	16.4	14.7	15.0	15.2
Suicide ⁷					7.8	7.2	5.9	5.7	5.7
Homicide ⁷					16.2	12.5	7.5	8.3	7.3

See footnotes at end of table.

Table 29 (page 4 of 4). Age-adjusted death rates for selected causes of death, according to sex, race, and Hispanic origin: United States, selected years 1950–2002

[Data are based on death certificates]

Sex, race, Hispanic origin, and cause of death ¹	1950 ²	1960 ²	1970	1980	1990	1995	2000 ³	2001	2002
White, not Hispanic or Latino ⁹			Age-adj	usted dea	th rate per	100,000 p	opulation ⁴		
All causes					914.5	882.3	855.5	842.9	837.5
Diseases of heart					319.7	289.9	255.5	245.6	239.2
Ischemic heart disease					251.9	219.9	186.6	177.5	171.0
Cerebrovascular diseases					63.5	60.8	59.0	56.0	54.6
Malignant neoplasms					215.4	208.9	200.6	197.4	195.6
Trachea, bronchus, and lung					60.3	59.6	58.2	57.7	57.5
Colon, rectum, and anus					24.6	22.3	20.5	19.9	19.5
Prostate ⁵					36.1	34.4	28.0	26.7	25.8
Breast ⁶					33.9	30.6	26.8	26.0	25.6
Chronic lower respiratory diseases					39.2	42.1	47.2	47.0	46.9
Influenza and pneumonia					36.5	33.0	23.5	21.7	22.6
Chronic liver disease and cirrhosis					9.9	9.0	9.0	9.0	9.0
Diabetes mellitus					18.3	20.1	21.8	22.1	22.2
Human immunodeficiency virus (HIV) disease					7.4	9.8	2.2	2.1	2.1
Unintentional injuries					35.0	33.4	35.3	36.2	38.0
Motor vehicle-related injuries					18.2	16.1	15.6	15.5	16.0
Suicide ⁷					13.8	13.1	12.0	12.5	12.9
Homicide ⁷					4.0	3.6	2.8	4.0	2.8

 ^{- -} Data not available.

⁹Prior to 1997, excludes data from States lacking an Hispanic-origin item on the death certificate. See Appendix II, Hispanic origin.

NOTES: Starting with *Health, United States, 2003*, rates for 1991–99 were revised using intercensal population estimates based on census 2000. Rates for 2000 were revised based on census 2000 counts. Rates for 2001 and 2002 were computed using 2000-based postcensal estimates. See Appendix I, Population Census and Population Estimates. Data for additional years are available. See Appendix III.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System; Grove RD, Hetzel AM. Vital statistics rates in the United States, 1940–1960. Washington: U.S. Government Printing Office. 1968; numerator data from National Vital Statistics System, annual mortality files; denominator data from national population estimates for race groups from table 1 and unpublished Hispanic population estimates for 1985–96 prepared by the Housing and Household Economic Statistics Division, U.S. Bureau of the Census; additional mortality tables available at www.cdc.gov/nchs/datawh/statab/unpubd/mortabs.htm; Kochanek KD, Murphy SL, Anderson RN, Scott C. Deaths: Final data for 2002. National vital statistics reports. Vol 53 no 5. Hyattsville, Maryland: National Center for Health Statistics. 2004.

¹Underlying cause of death code numbers are based on the applicable revision of the *International Classification of Diseases* (ICD) for data years shown. For the period 1980–98, causes were coded using ICD–9 codes that are most nearly comparable with the 113 cause list for ICD–10. See Appendix II, tables IV and V. ²Includes deaths of persons who were not residents of the 50 States and the District of Columbia.

³Starting with 1999 data, cause of death is coded according to ICD-10. See Appendix II, Comparability ratio and tables V and VI.

⁴Age-adjusted rates are calculated using the year 2000 standard population. See Appendix II, Age adjustment.

⁵Rate for male population only.

⁶Rate for female population only.

⁷Figures for 2001 include September 11-related deaths for which death certificates were filed as of October 24, 2002. See Appendix II, table V for terrorism-related ICD-10 codes.

⁸The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native and Asian or Pacific Islander populations are known to be underestimated. See Appendix II, Race, for a discussion of sources of bias in death rates by race and Hispanic origin.

Table 30 (page 1 of 4). Years of potential life lost before age 75 for selected causes of death, according to sex, race, and Hispanic origin: United States, selected years 1980–2002

	Crude			Age adj	usted¹		
Sex, race, Hispanic origin, and cause of death ²	2002	1980	1990	1995	2000³	2001	2002
All persons		Years lost be	fore age 75 per	100,000 popula	ation under 75	years of age	
All causes	7,563.2	10,448.4	9,085.5	8,626.2	7,578.1	7,531.2	7,499.6
Diseases of heart Ischemic heart disease. Cerebrovascular diseases Malignant neoplasms. Trachea, bronchus, and lung. Colorectal Prostate ⁴ Breast ⁵	1,226.7 802.5 209.8 1,644.7 430.4 143.0 56.9 328.4	2,238.7 1,729.3 357.5 2,108.8 548.5 190.0 84.9 463.2	1,617.7 1,153.6 259.6 2,003.8 561.4 164.7 96.8 451.6	1,475.4 1,013.2 246.5 1,841.6 497.3 152.0 83.5 398.6	1,253.0 841.8 223.3 1,674.1 443.1 141.9 63.6 332.6	1,221.1 809.7 211.9 1,651.7 431.2 142.4 61.8 328.1	1,212.7 792.0 208.1 1,622.7 423.4 141.0 60.1 316.8
Chronic lower respiratory diseases Influenza and pneumonia	185.9 83.2 162.3 186.5	169.1 160.2 300.3 134.4	187.4 141.5 196.9 155.9	190.4 126.9 173.7 174.7	188.1 87.1 164.1 178.4	185.8 82.3 164.7 180.5	184.5 82.7 160.5 184.3
(HIV) disease Unintentional injuries Motor vehicle-related injuries. Suicide ⁶ Homicide ⁶	160.8 1,082.2 588.9 348.2 276.1	1,543.5 912.9 392.0 425.5	383.8 1,162.1 716.4 393.1 417.4	595.3 1,057.2 616.3 384.7 378.6	174.6 1,026.5 574.3 334.5 266.5	167.8 1,036.8 572.5 342.6 311.0	161.8 1,079.2 585.8 346.7 274.4
Male							
All causes	9,429.3	13,777.2	11,973.5	11,289.2	9,572.2	9,507.1	9,470.0
Diseases of heart Ischemic heart disease Cerebrovascular diseases Malignant neoplasms Trachea, bronchus, and lung Colorectal Prostate Chronic lower respiratory diseases Influenza and pneumonia Chronic liver disease and cirrhosis Diabetes mellitus Human immunodeficiency virus	1,675.5 1,154.6 222.2 1,720.0 507.3 164.8 56.9 193.3 95.7 224.8 213.3	3,352.1 2,715.1 396.7 2,360.8 821.1 214.9 84.9 235.1 202.5 415.0 140.4	2,356.0 1,766.3 286.6 2,214.6 764.8 194.3 96.8 224.8 180.0 283.9 170.4	2,117.4 1,531.5 276.9 2,008.5 645.6 179.4 83.5 213.1 155.7 254.8 194.6	1,766.0 1,255.4 244.6 1,810.8 554.9 167.3 63.6 206.0 102.8 236.9 203.8	1,708.3 1,201.8 233.5 1,782.4 535.9 166.6 61.8 200.7 96.9 233.6 209.6	1,706.9 1,179.6 227.6 1,754.2 520.5 168.2 60.1 200.7 97.3 226.6 217.2
(HIV) disease Unintentional injuries Motor vehicle-related injuries Suicide ⁶ Homicide ⁶	234.4 1,561.1 832.3 560.6 434.8	2,342.7 1,359.7 605.6 675.0	686.2 1,715.1 1,018.4 634.8 658.0	991.2 1,531.6 851.1 628.4 589.6	258.9 1,475.6 796.4 539.1 410.5	247.7 1,490.1 803.5 552.3 480.5	237.0 1,542.2 817.2 555.7 425.0
Female	5 700 4	7.050.0	0.000.4	0.057.5		7 000 0	·
All causes Diseases of heart Ischemic heart disease. Cerebrovascular diseases Malignant neoplasms. Trachea, bronchus, and lung. Colorectal Breast. Chronic lower respiratory diseases Influenza and pneumonia Chronic liver disease and cirrhosis Diabetes mellitus. Human immunodeficiency virus	5,706.1 780.1 452.0 197.4 1,569.7 353.9 121.3 328.4 178.6 70.7 100.1 159.8	7,350.3 1,246.0 852.1 324.0 1,896.8 310.4 168.7 463.2 114.0 122.0 194.5 128.5	6,333.1 948.5 600.3 235.9 1,826.6 382.2 138.7 451.6 155.9 106.2 115.1 142.3	6,057.5 883.9 537.8 218.7 1,698.9 365.2 127.5 398.6 171.0 100.2 96.6 155.9	5,644.6 774.6 457.6 203.9 1,555.3 342.1 118.7 332.6 172.3 94.5 154.4	5,609.2 765.4 444.3 192.1 1,538.4 336.6 120.4 328.1 172.8 68.7 98.8 153.0	5,580.0 748.8 430.2 190.3 1,507.7 335.4 115.9 316.8 170.0 69.1 97.4 153.1
(HIV) disease Unintentional injuries Motor vehicle-related injuries Suicide ⁶ Homicide ⁶	87.5 605.7 346.6 136.7 118.1	755.3 470.4 184.2 181.3	87.8 607.4 411.6 153.3 174.3	205.7 580.1 378.4 140.8 163.2	92.0 573.2 348.5 129.1 118.9	89.4 578.3 337.2 131.9 137.4	88.1 610.3 349.8 136.6 119.6

See footnotes at end of table.

Table 30 (page 2 of 4). Years of potential life lost before age 75 for selected causes of death, according to sex, race, and Hispanic origin: United States, selected years 1980–2002

	Crude			Age ac	ljusted¹		
Sex, race, Hispanic origin, and cause of death ²	2002	1980	1990	1995	2000 ³	2001	2002
White ⁷		Years lost be	fore age 75 pe	r 100,000 popu	lation under 75	years of age	
All causes	7,117.6	9,554.1	8,159.5	7,744.9	6,949.5	6,941.6	6,936.6
Diseases of heart	1,168.3 803.1 181.4 1,665.9 446.3 141.6	2,100.8 1,682.7 300.7 2,035.9 529.9 186.8	1,490.3 1,113.4 213.1 1,929.3 544.2 157.8	1,353.0 975.2 205.2 1,780.5 487.1 145.0	1,149.4 805.3 187.1 1,627.8 436.3 134.1	1,115.0 773.0 175.6 1,610.2 427.5 135.0	1,111.8 759.5 173.5 1,582.8 418.5 134.0
Prostate ⁴ Breast ⁵ Chronic lower respiratory diseases	51.6 318.8 194.2	74.8 460.2 165.4	86.6 441.7 182.3	73.0 381.5 185.7	54.3 315.6 185.3	53.1 309.6 184.7	51.3 297.5 183.5
Influenza and pneumonia	77.4 169.4 168.3	130.8 257.3 115.7	116.9 175.8 133.7	108.3 164.6 149.4	77.7 162.7 155.6	72.7 164.4 156.2	75.1 162.9 160.3
(HIV) disease	84.8 1,095.5 599.7 381.2	1,520.4 939.9 414.5	309.0 1,139.7 726.7 417.7	422.6 1,040.9 623.6 411.6	94.7 1,031.8 586.1 362.0	88.4 1,049.0 585.1 373.5	84.7 1,101.6 604.0 380.1
Homicide ⁶	158.0	271.7	234.9	220.2	156.6	204.0	159.7
Black or African American ⁷				l			
All causes	11,640.8	17,873.4	16,593.0	15,809.7	12,897.1	12,579.7	12,401.0
Diseases of heart Ischemic heart disease. Cerebrovascular diseases Malignant neoplasms. Trachea, bronchus, and lung. Colorectal Prostate ⁴ Breast ⁵ Chronic lower respiratory diseases Influenza and pneumonia. Chronic liver disease and cirrhosis Diabetes mellitus. Human immunodeficiency virus	1,869.2 992.5 399.3 1,834.1 451.8 175.4 107.3 446.8 193.1 134.4 139.8 330.8	3,619.9 2,305.1 883.2 2,946.1 776.0 232.3 200.3 524.2 203.7 384.9 644.0 305.3	2,891.8 1,676.1 656.4 2,894.8 811.3 241.8 223.5 592.9 240.6 330.8 371.8 361.5	2,681.8 1,510.2 583.6 2,597.1 683.0 226.9 210.0 577.4 244.0 269.8 250.3 400.8	2,275.2 1,300.1 507.0 2,294.7 593.0 222.4 171.0 500.0 232.7 161.2 185.6 383.4	2,248.9 1,260.6 491.3 2,228.4 557.5 219.6 164.1 501.7 220.5 152.1 181.5 392.6	2,212.8 1,218.7 474.1 2,196.6 561.9 213.7 160.3 495.9 222.8 146.7 161.3 396.7
(HIV) disease Unintentional injuries Motor vehicle-related injuries Suicide ⁶ Homicide ⁶	670.9 1,157.8 581.1 199.6 1,023.9	1,751.5 750.2 238.0 1,580.8	1,014.7 1,392.7 699.5 261.4 1,612.9	1,945.4 1,272.1 621.8 254.2 1,352.8	763.3 1,152.8 580.8 208.7 941.6	743.5 1,133.4 571.7 201.5 963.6	720.6 1,129.3 558.5 196.5 962.2
American Indian or Alaska Native ⁷							
All causes	7,532.8	13,390.9	9,506.2	9,332.5	7,758.2	7,991.8	8,278.0
Diseases of heart Ischemic heart disease Cerebrovascular diseases Malignant neoplasms Trachea, bronchus, and lung Colorectal Prostate ⁴ Breast ⁵ Chronic lower respiratory diseases Influenza and pneumonia Chronic liver disease and cirrhosis Diabetes mellitus Human immunodeficiency virus	766.9 495.2 160.9 850.9 161.9 88.5 23.0 159.6 99.9 87.4 430.1 262.5	1,819.9 1,208.2 269.3 1,101.3 181.1 78.8 66.7 205.5 89.3 307.9 1,190.3 305.5	1,391.0 901.8 223.3 1,141.1 268.1 82.4 42.0 213.4 129.0 206.3 535.1 292.3	1,296.3 877.3 255.3 1,099.5 267.7 103.5 51.1 195.9 145.3 199.7 604.8 360.6	1,030.1 709.3 198.1 995.7 227.8 93.8 44.5 174.1 151.8 124.0 519.4 305.6	1,027.7 695.2 193.5 1,099.5 238.7 87.9 35.2 175.2 139.3 141.3 506.0 297.3	959.9 648.4 201.7 1,066.0 226.3 115.7 36.3 187.1 137.0 100.9 495.8 344.7
(HIV) disease Unintentional injuries Motor vehicle-related injuries. Suicide ⁶ Homicide ⁶	74.9 1,833.0 1,164.5 451.2 393.1	3,541.0 2,102.4 515.0 628.9	70.1 2,183.9 1,301.5 495.9 434.2	246.9 1,980.9 1,210.3 445.2 432.7	68.4 1,700.1 1,032.2 403.1 278.5	88.1 1,632.0 989.4 420.6 287.0	79.9 1,764.6 1,089.3 420.8 366.5

See footnotes at end of table.

Table 30 (page 3 of 4). Years of potential life lost before age 75 for selected causes of death, according to sex, race, and Hispanic origin: United States, selected years 1980–2002

	Crude			Age ac	djusted¹		
Sex, race, Hispanic origin, and cause of death ²	2002	1980	1990	1995	2000³	2001	2002
Asian or Pacific Islander ⁷		Years lost be	efore age 75 pe	r 100,000 popu	lation under 75	years of age	
All causes	3,461.5	5,378.4	4,705.2	4,333.2	3,811.1	3,798.7	3,635.5
Diseases of heart Ischemic heart disease. Cerebrovascular diseases Malignant neoplasms. Trachea, bronchus, and lung. Colorectal Prostate ⁴ . Breast ⁵ . Chronic lower respiratory diseases Influenza and pneumonia. Chronic liver disease and cirrhosis Diabetes mellitus. Human immunodeficiency virus	483.0 306.6 165.5 904.7 151.6 83.9 15.8 182.1 38.5 34.6 37.0 64.9	952.8 697.7 266.9 1,218.6 238.2 115.9 17.0 222.2 56.4 79.3 85.6 83.1	702.2 486.6 233.5 1,166.4 204.7 105.1 32.4 216.5 72.8 74.0 72.4 74.0	664.9 440.6 220.0 1,122.1 197.0 99.5 25.3 237.8 65.8 64.3 48.4 83.5	567.9 381.1 199.4 1,033.8 185.8 91.6 18.8 200.8 56.5 48.6 44.8 77.0	547.1 369.4 198.8 1,029.6 180.8 97.2 13.3 205.0 52.1 45.4 44.5 83.8	539.4 352.0 186.5 990.3 173.8 92.8 20.8 188.4 44.8 38.0 40.0 76.4
(HIV) disease Unintentional injuries Motor vehicle-related injuries. Suicide ⁶ Homicide ⁶ Hispanic or Latino ^{7,8}	25.6 443.2 280.9 175.5 135.5	742.7 472.6 217.1 201.1	77.0 636.6 445.5 200.6 205.8	110.4 525.7 351.9 211.1 202.3	19.9 425.7 263.4 168.6 113.1	21.6 431.4 275.9 166.4 165.1	24.8 431.1 269.7 162.7 127.5
All causes	5,256.3		7,963.3	7,426.7	6,037.6	5,982.2	5,865.9
Diseases of heart Ischemic heart disease. Cerebrovascular diseases Malignant neoplasms. Trachea, bronchus, and lung. Colorectal Prostate ⁴ . Breast ⁵ . Chronic lower respiratory diseases Influenza and pneumonia. Chronic liver disease and cirrhosis Diabetes mellitus. Human immunodeficiency virus (HIV) disease Unintentional injuries Motor vehicle-related injuries.	524.0 324.0 133.0 734.1 88.7 61.2 20.7 150.4 46.0 52.6 165.7 127.7		1,082.0 756.6 238.0 1,232.2 193.7 100.2 47.7 299.3 78.8 130.1 329.1 177.8 600.1 1,190.6 740.8	962.0 665.8 232.0 1,172.0 173.9 97.9 60.8 257.7 82.1 108.5 281.4 228.8 865.0 1,017.9 593.0	821.3 564.6 207.8 1,098.2 152.1 101.4 42.9 230.7 68.5 76.0 252.1 215.6 209.4 920.1 540.2	791.6 539.1 201.4 1,099.1 154.9 95.8 49.4 233.6 67.6 66.1 247.7 212.1 190.3 945.8 554.0	796.9 540.1 193.4 1,052.9 150.5 96.7 44.1 205.1 69.0 65.5 237.9 207.1 179.1 958.1 569.6
Chronic liver disease and cirrhosis Diabetes mellitus	165.7 127.7 154.1		329.1 177.8 600.1	281.4 228.8 865.0	252.1 215.6 209.4	247.7 212.1 190.3	

See footnotes at end of table.

Table 30 (page 4 of 4). Years of potential life lost before age 75 for selected causes of death, according to sex, race, and Hispanic origin: United States, selected years 1980-2002

[Data are based on death certificates]

	Crude		Age adjusted¹						
Sex, race, Hispanic origin, and cause of death ²	2002	1980	1990	1995	2000³	2001	2002		
White, not Hispanic or Latino ⁸		Years lost	before age 75 p	per 100,000 pop	ulation under 75	years of age			
All causes	7,394.1		8,022.5	7,607.5	6,960.5	6,970.9	6,997.9		
Diseases of heart Ischemic heart disease. Cerebrovascular diseases Malignant neoplasms. Trachea, bronchus, and lung. Colorectal Prostate ⁴ Breast ⁵ Chronic lower respiratory diseases Influenza and pneumonia Chronic liver disease and cirrhosis Diabetes mellitus.	1,282.4 888.4 188.9 1,832.4 513.0 156.1 57.5 347.5 221.7 81.3 167.4 174.0		1,504.0 1,127.2 210.1 1,974.1 566.8 162.1 89.2 451.5 188.1 112.3 162.4 131.2	1,368.2 988.7 199.6 1,814.2 507.0 147.8 73.6 389.3 190.6 105.8 151.4 142.8	1,175.1 824.7 183.0 1,668.4 460.3 136.2 54.9 322.3 193.8 76.4 150.9 150.2	1,144.4 794.7 170.6 1,652.3 451.9 138.5 53.2 315.9 194.3 72.9 153.0 151.0	1,143.8 781.3 169.4 1,629.7 443.7 137.6 51.7 305.9 193.3 75.8 152.1 155.8		
Human immunodeficiency virus (HIV) disease Unintentional injuries Motor vehicle-related injuries Suicide ⁶ Homicide ⁶	69.1 1,093.1 585.2 413.5 110.9		271.2 1,114.7 715.7 433.0 162.0	362.1 1,026.1 618.0 427.7 148.6	76.0 1,041.4 588.8 389.2 113.2	71.0 1,057.2 584.1 405.3 160.1	67.8 1,117.4 603.3 413.9 114.8		

^{- - -} Data not available.

⁸Prior to 1997, excludes data from States lacking an Hispanic-origin item on the death certificate. See Appendix II, Hispanic origin.

NOTES: Starting with Health, United States, 2003, rates for 1991-99 were revised using intercensal population estimates based on Census 2000. Rates for 2000 were revised based on Census 2000 counts. Rates for 2001 and 2002 were computed using 2000-based postcensal estimates. See Appendix I, Population Census and Population Estimates. See Appendix II for definition of years of potential life lost (YPLL) and method of calculation. Data for additional years are available. See

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National vital statistics system; numerator data from annual mortality files; denominator data from national population estimates for race groups from table 1 and unpublished Hispanic population estimates for 1990-96 prepared by the Housing and Household Economic Statistics Division, U.S. Bureau of the Census.

^{*} Rate based on fewer than 20 deaths is considered unreliable and is not shown.

¹Age-adjusted rates are calculated using the year 2000 standard population. See Appendix II, Age adjustment.

²Underlying cause of death code numbers are based on the applicable revision of the International Classification of Diseases (ICD) for data years shown. For the period 1980–98, causes were coded using ICD–9 codes that are most nearly comparable with the 113 cause list for ICD–10. See Appendix II, tables IV and V.

³Starting with 1999 data, cause of death is coded according to ICD–10. To estimate change between 1998 and 1999, compare the 1999 rate with the

comparability-modified rate for 1998. See Appendix II, Comparability ratio and tables V and VI.

⁴Rate for male population only.

⁵Rate for female population only.

⁶Figures for 2001 include September 11 related deaths for which death certificates were filed as of October 24, 2002. See Appendix II, table V for terrorism-related ICD-10 codes

⁷The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native and Asian or Pacific Islander populations are known to be underestimated. See Appendix II, Race, for a discussion of sources of bias in death rates by race and Hispanic origin.

Table 31 (page 1 of 4). Leading causes of death and numbers of deaths, according to sex, race, and Hispanic origin: United States, 1980 and 2002

Sex, race,	1980		2002	
Hispanic origin, and rank order	Cause of death	Deaths	Cause of death	Deaths
All persons				
	All causes	1,989,841	All causes	2,443,387
3	Malignant neoplasms Cerebrovascular diseases Unintentional injuries Chronic obstructive pulmonary diseases Pneumonia and influenza Diabetes mellitus Chronic liver disease and cirrhosis Atherosclerosis	761,085 416,509 170,225 105,718 56,050 54,619 34,851 30,583 29,449 26,869	Diseases of heart Malignant neoplasms Cerebrovascular diseases Chronic lower respiratory diseases Unintentional injuries Diabetes mellitus Influenza and pneumonia Alzheimer's disease Nephritis, nephrotic syndrome and nephrosis Septicemia	696,947 557,271 162,672 124,816 106,742 73,249 65,681 58,866 40,974 33,865
Male				
	All causes	1,075,078	All causes	1,199,264
3	Malignant neoplasms Unintentional injuries Cerebrovascular diseases Chronic obstructive pulmonary diseases Pneumonia and influenza Suicide Chronic liver disease and cirrhosis Homicide	405,661 225,948 74,180 69,973 38,625 27,574 20,505 19,768 18,779 14,325	Diseases of heart Malignant neoplasms Unintentional injuries Cerebrovascular diseases Chronic lower respiratory diseases Diabetes mellitus Influenza and pneumonia Suicide Nephritis, nephrotic syndrome and nephrosis Chronic liver disease and cirrhosis	340,933 288,768 69,257 62,622 60,713 34,301 28,918 25,409 19,695 17,401
Female				
	All causes	914,763	All causes	1,244,123
3	Malignant neoplasms Cerebrovascular diseases Unintentional injuries Pneumonia and influenza Diabetes mellitus	355,424 190,561 100,252 31,538 27,045 20,526 17,848 17,425 10,815 9,815	Diseases of heart Malignant neoplasms Cerebrovascular diseases Chronic lower respiratory diseases Alzheimer's disease Diabetes mellitus Unintentional injuries Influenza and pneumonia Nephritis, nephrotic syndrome and nephrosis Septicemia	356,014 268,503 100,050 64,103 41,877 38,948 37,485 36,763 21,279 18,918
White				
	All causes	1,738,607	All causes	2,102,589
3	Malignant neoplasms Cerebrovascular diseases Unintentional injuries Chronic obstructive pulmonary diseases Pneumonia and influenza Diabetes mellitus Atherosclerosis Chronic liver disease and cirrhosis	683,347 368,162 148,734 90,122 52,375 48,369 28,868 27,069 25,240 24,829	Diseases of heart Malignant neoplasms Cerebrovascular diseases Chronic lower respiratory diseases Unintentional injuries Diabetes mellitus Influenza and pneumonia Alzheimer's disease Nephritis, nephrotic syndrome and nephrosis Suicide	606,876 482,481 139,719 115,395 90,866 58,459 58,346 55,058 32,615 28,731
Black or African American				
	All causes	233,135	All causes	290,051
3	Malignant neoplasms Cerebrovascular diseases Unintentional injuries Homicide Certain conditions originating in the perinatal period Pneumonia and influenza	72,956 45,037 20,135 13,480 10,172 6,961 5,648 5,544 4,790 3,416	Diseases of heart Malignant neoplasms Cerebrovascular diseases Diabetes mellitus Unintentional injuries Homicide Human immunodeficiency virus (HIV) disease Chronic lower respiratory diseases Nephritis, nephrotic syndrome and nephrosis Septicemia	77,621 62,617 18,856 12,686 12,513 8,287 7,835 7,831 7,488 6,137

See footnotes at end of table.

Table 31 (page 2 of 4). Leading causes of death and numbers of deaths, according to sex, race, and Hispanic origin: United States, 1980 and 2002

Sex, race, Hispanic origin,	1980			
and rank order	Cause of death	Deaths	Cause of death	Deaths
American Indian or Alaska Native				
	All causes	6,923	All causes	12,415
3	Unintentional injuries Malignant neoplasms Chronic liver disease and cirrhosis Cerebrovascular diseases Pneumonia and influenza Homicide Diabetes mellitus Certain conditions originating in the perinatal period	1,494 1,290 770 410 322 257 217 210 199 181	Diseases of heart Malignant neoplasms Unintentional injuries Diabetes mellitus Cerebrovascular diseases Chronic liver diseases and cirrhosis Chronic lower respiratory diseases Suicide Influenza and pneumonia Homicide	2,467 2,175 1,488 744 567 547 452 324 293 267
Asian or Pacific Islander				
	All causes	11,071	All causes	38,332
3. 4. 5. 6. 7. 8. 9.	Malignant neoplasms Cerebrovascular diseases Unintentional injuries Pneumonia and influenza Suicide Certain conditions originating in the perinatal period Diabetes mellitus	3,265 2,522 1,028 810 342 249 246 227 211 207	Malignant neoplasms Diseases of heart Cerebrovascular diseases Unintentional injuries Diabetes mellitus Influenza and pneumonia Chronic lower respiratory diseases Suicide Nephritis, nephrotic syndrome and nephrosis Septicemia	9,998 9,983 3,530 1,875 1,359 1,171 1,138 661 649 423
Hispanic or Latino				
			All causes	117,135
1. 2. 3. 4. 5. 6. 7. 8. 9. 00.			Diseases of heart Malignant neoplasms Unintentional injuries Cerebrovascular diseases Diabetes mellitus Chronic liver disease and cirrhosis Homicide Chronic lower respiratory diseases Influenza and pneumonia Certain conditions originating in the perinatal period	27,887 23,141 10,106 6,451 5,912 3,409 3,129 3,058 2,824 2,402
White male				
	All causes	933,878	All causes	1,025,196
3	Malignant neoplasms Unintentional injuries Cerebrovascular diseases Chronic obstructive pulmonary diseases Pneumonia and influenza Suicide Chronic liver disease and cirrhosis Diabetes mellitus	364,679 198,188 62,963 60,095 35,977 23,810 18,901 16,407 12,125 10,543	Diseases of heart Malignant neoplasms Unintentional injuries Chronic lower respiratory diseases Cerebrovascular diseases Diabetes mellitus Influenza and pneumonia Suicide Alzheimer's disease Nephritis, nephrotic syndrome and nephrosis	296,904 249,867 58,467 55,409 52,959 28,110 25,381 23,049 15,874 15,850
Black or African American male				
	All causes	130,138	All causes	146,835
3	Malignant neoplasms Unintentional injuries Cerebrovascular diseases Homicide Certain conditions originating in the perinatal period Pneumonia and influenza Chronic liver disease and cirrhosis Chronic obstructive pulmonary diseases	37,877 25,861 9,701 9,194 8,274 3,869 3,386 3,020 2,429 2,010	Diseases of heart Malignant neoplasms Unintentional injuries Cerebrovascular diseases Homicide Human immunodeficiency virus (HIV) disease Diabetes mellitus Chronic lower respiratory diseases Nephritis, nephrotic syndrome and nephrosis Influenza and pneumonia	37,094 32,627 8,612 7,828 6,896 5,301 5,207 4,341 3,427 2,768

See footnotes at end of table.

Table 31 (page 3 of 4). Leading causes of death and numbers of deaths, according to sex, race, and Hispanic origin: United States, 1980 and 2002

Sex, race,	1980		2002	
Hispanic origin, and rank order	Cause of death	Deaths	Cause of death	Deaths
American Indian or Alaska Native male				
	All causes	4,193	All causes	6,750
2	Malignant neoplasms Chronic liver disease and cirrhosis Cerebrovascular diseases Homicide Pneumonia and influenza Suicide Certain conditions originating in the perinatal period	946 917 408 239 163 162 148 147 107 86	Diseases of heart Malignant neoplasms Unintentional injuries Diabetes mellitus Chronic liver disease and cirrhosis Suicide Cerebrovascular diseases Chronic lower respiratory diseases Homicide Influenza and pneumonia	1,412 1,081 1,003 336 319 258 236 220 185 133
Asian or Pacific Islander male				
	All causes	6,809	All causes	20,483
3	Malignant neoplasms Unintentional injuries Cerebrovascular diseases Pneumonia and influenza Suicide Chronic obstructive pulmonary diseases Homicide Certain conditions originating in the perinatal period	2,174 1,485 556 521 227 159 158 151 128 103	Diseases of heart Malignant neoplasms Cerebrovascular diseases Unintentional injuries Chronic lower respiratory diseases Diabetes mellitus Influenza and pneumonia Suicide Nephritis, nephrotic syndrome and nephrosis Homicide	5,523 5,193 1,599 1,175 743 648 636 469 320 277
Hispanic or Latino male				
			All causes	65,703
1. 2. 3. 4. 5. 6. 7. 8. 9. 10.		111	Diseases of heart Malignant neoplasms Unintentional injuries Cerebrovascular diseases Diabetes mellitus Homicide Chronic liver disease and cirrhosis Suicide Chronic lower respiratory diseases Human immunodeficiency virus (HIV) disease	14,798 12,235 7,698 3,003 2,779 2,635 2,437 1,651 1,625 1,440
White female	•		•	
3. 4. 5. 6. 7. 8.	Malignant neoplasms Cerebrovascular diseases Unintentional injuries Pneumonia and influenza Diabetes mellitus	804,729 318,668 169,974 88,639 27,159 24,559 16,743 16,526 16,398 8,833 6,512	All causes Diseases of heart Malignant neoplasms Cerebrovascular diseases Chronic lower respiratory diseases Alzheimer's disease Influenza and pneumonia Unintentional injuries Diabetes mellitus Nephritis, nephrotic syndrome and nephrosis Septicemia	1,077,393 309,972 232,614 86,760 59,986 39,184 32,965 32,399 30,349 16,765 15,191
Black or African American female				
	All causes	102,997	All causes	143,216
3	Malignant neoplasms Cerebrovascular diseases Unintentional injuries Diabetes mellitus Certain conditions originating in the perinatal period Pneumonia and influenza	35,079 19,176 10,941 3,779 3,534 3,092 2,262 1,898 1,770 1,722	Diseases of heart Malignant neoplasms Cerebrovascular diseases Diabetes mellitus Nephritis, nephrotic syndrome and nephrosis Unintentional injuries Chronic lower respiratory diseases Septicemia Influenza and pneumonia Human immunodeficiency virus (HIV) disease	40,527 29,990 11,028 7,480 4,061 3,901 3,490 3,434 3,103 2,534

See footnotes at end of table.

Table 31 (page 4 of 4). Leading causes of death and numbers of deaths, according to sex, race, and Hispanic origin: United States, 1980 and 2002

[Data are based on death certificates]

Sex, race,	1980		2002	
Hispanic origin, and rank order	Cause of death	Deaths	Cause of death	Deaths
American Indian or Alaska Native female				
	All causes	2,730	All causes	5,665
2	Pneumonia and influenza Certain conditions originating in the perinatal period Nephritis, nephrotic syndrome, and nephrosis	577 362 344 171 159 124 109 92 56 55	Malignant neoplasms Diseases of heart Unintentional injuries Diabetes mellitus Cerebrovascular diseases Chronic lower respiratory diseases Chronic liver disease and cirrhosis Influenza and pneumonia Nephritis, nephrotic syndrome and nephrosis Septicemia	1,094 1,055 485 408 331 232 228 160 124 100
Asian or Pacific Islander female				
	All causes	4,262	All causes	17,849
2	Diseases of heart Malignant neoplasms Cerebrovascular diseases Unintentional injuries Diabetes mellitus Certain conditions originating in the perinatal period Pneumonia and influenza Congenital anomalies		Malignant neoplasms Diseases of heart Cerebrovascular diseases Diabetes mellitus Unintentional injuries Influenza and pneumonia Chronic lower respiratory diseases Nephritis, nephrotic syndrome and nephrosis Alzheimer's disease Essential (primary) hypertension and hypertensive renal disease	4,805 4,460 1,931 711 700 535 395 329 231
Hispanic or Latino female				
			All causes	51,432
1			Diseases of heart	13,089
2			Malignant neoplasms Cerebrovascular diseases	10,906 3,448
4			Diabetes mellitus	3,448
5			Unintentional injuries	2,408
6			Chronic lower respiratory diseases	1,433
7			Influenza and pneumonia	1,426
8			Certain conditions originating in the perinatal period Alzheimer's disease	1,050 1,010

^{...} Category not applicable.

NOTES: For cause of death code numbers based on the International Classification of Diseases, 9th Revision (ICD-9) in 1980 and ICD-10 in 2002, see Appendix II, tables IV and V.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System; Vital statistics of the United States, vol II, mortality, part A, 1980. Washington: Public Health Service. 1985; Anderson RN, Smith BL. Deaths: Leading causes for 2002. National vital statistics reports. Vol 53. Hyattsville, Maryland: National Center for Health Statistics. 2004.

^{- - -} Data not available.

Table 32 (page 1 of 2). Leading causes of death and numbers of deaths, according to age: United States, 1980 and 2002

[Data are based on death certificates]

	1980		2002			
Age and rank order	Cause of death	Deaths	Cause of death	Deaths		
Under 1 year						
	All causes	45,526	All causes	28,034		
1	Congenital anomalies	9,220	Congenital malformations, deformations and chromosomal abnormalities	5,623		
2	Sudden infant death syndrome	5,510	Disorders related to short gestation and low birth weight, not elsewhere classified	4,637		
3	Respiratory distress syndrome Disorders relating to short gestation and	4,989	Sudden infant death syndrome Newborn affected by maternal complications	2,295		
	unspecified low birthweight Newborn affected by maternal complications	3,648	of pregnancy Newborn affected by complications of	1,708		
•	of pregnancy	1,572	placenta, cord and membranes	1,028		
6	Intrauterine hypoxia and birth asphyxia Unintentional injuries	1,497 1,166	Unintentional injuries Respiratory distress of newborn	946 943		
8		1,058	Bacterial sepsis of newborn	749		
9	Pneumonia and influenza	1,012	Diseases of circulatory system	667		
10	Newborn affected by complications of placenta, cord, and membranes	985	Intrauterine hypoxia and birth asphyxia	583		
1-4 years						
	All causes	8,187	All causes	4,858		
1	Unintentional injuries	3,313	Unintentional injuries	1,641		
	Congenital anomalies	1,026	Congenital malformations, deformations and chromosomal abnormalities	530		
3	Malignant neoplasms	573	Homicide	423		
5	Diseases of heart Homicide	338 319	Malignant neoplasms Diseases of heart	402 165		
	Pneumonia and influenza	267	Influenza and pneumonia	110		
7	Meningitis	223	Septicemia	79		
	Meningococcal infection	110	Chronic lower respiratory diseases	65 65		
8	Certain conditions originating in the perinatal period	84	Certain conditions originating in the perinatal period	65 		
10		71	In situ neoplasms, benign neoplasms and neoplasms of uncertain or unknown behavior	60		
5-14 years						
	All causes	10,689	All causes	7,150		
1	Unintentional injuries	5,224	Unintentional injuries	2,718		
2	Malignant neoplasms Congenital anomalies	1,497 561	Malignant neoplasms Congenital malformations, deformations and	1,072		
4	Homicide	415	chromosomal abnormalities Homicide	417 356		
5	Diseases of heart	330	Suicide	264		
	Pneumonia and influenza	194	Diseases of heart	255		
7	Benign neoplasms	142 104	Chronic lower respiratory diseases Septicemia	136 95		
9	Cerebrovascular diseases	95	Cerebrovascular diseases	91		
9			Influenza and pneumonia	91		
	Chronic obstructive pulmonary diseases	85				
15–24 years	All causes	49,027	All causes	33,046		
	Unintentional injuries	26,206	Unintentional injuries	15,412		
2		6,537	Homicide	5,219		
3		5,239	Suicide	4,010		
	Malignant neoplasms	2,683	Malignant neoplasms	1,730		
	Diseases of heart Congenital anomalies	1,223 600	Diseases of heart Congenital malformations, deformations and	1,022		
V	Congonital anomalios	000	chromosomal abnormalities	492		
	Cerebrovascular diseases	418	Chronic lower respiratory diseases	192		
	Pneumonia and influenza	348	Human immunodeficiency virus (HIV) disease Diabetes mellitus	178		
9	Chronic obstructive pulmonary diseases	141	Cerebrovascular diseases	171 171		
10		133	···			

See footnotes at end of table.

Table 32 (page 2 of 2). Leading causes of death and numbers of deaths, according to age: United States, 1980 and 2002

[Data are based on death certificates]

	1980		2002	
Age and rank order	Cause of death	Deaths	Cause of death	Deaths
25–44 years				
	All causes	108,658	All causes	132,495
1	Chronic liver disease and cirrhosis Cerebrovascular diseases Diabetes mellitus	26,722 17,551 14,513 10,983 9,855 4,782 3,154 1,472 1,467 817	Unintentional injuries Malignant neoplasms Diseases of heart Suicide Homicide Human immunodeficiency virus (HIV) disease Chronic liver disease and cirrhosis Cerebrovascular diseases Diabetes mellitus Influenza and pneumonia	29,279 19,957 16,853 11,897 7,728 7,546 3,528 2,992 2,806 1,316
45-64 years				
	All causes	425,338	All causes	425,727
1	Pneumonia and influenza	148,322 135,675 19,909 18,140 16,089 11,514 7,977 7,079 5,804 4,019	Malignant neoplasms Diseases of heart Unintentional injuries Cerebrovascular diseases Diabetes mellitus Chronic lower respiratory diseases Chronic liver disease and cirrhosis Suicide Human immunodeficiency virus (HIV) disease Septicemia	143,028 101,804 23,020 15,952 15,518 14,755 13,313 9,926 5,821 5,434
65 years and over				
	All causes	1,341,848	All causes	1,811,720
1	Diseases of heart Malignant neoplasms Cerebrovascular diseases Pneumonia and influenza Chronic obstructive pulmonary diseases Atherosclerosis Diabetes mellitus Unintentional injuries Nephritis, nephrotic syndrome, and nephrosis Chronic liver disease and cirrhosis	595,406 258,389 146,417 45,512 43,587 28,081 25,216 24,844 12,968 9,519	Diseases of heart Malignant neoplasms Cerebrovascular diseases Chronic lower respiratory diseases Influenza and pneumonia Alzheimer's disease Diabetes mellitus Nephritis, nephrotic syndrome and nephrosis Unintentional injuries Septicemia	576,301 391,001 143,293 108,313 58,826 58,289 54,715 34,316 33,641 26,670

^{...} Category not applicable.

NOTES: For cause of death code numbers based on the International Classification of Diseases, 9th Revision (ICD-9) in 1980 and ICD-10 in 2002, see Appendix II, tables IV and V.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System; Vital statistics of the United States, vol II, mortality, part A, 1980. Washington: Public Health Service. 1985; Anderson RN, Smith BL. Deaths: Leading causes for 2002. National vital statistics reports. Vol 53. Hyattsville, Maryland: National Center for Health Statistics. 2004.

Table 33 (page 1 of 3). Age-adjusted death rates, according to race, sex, region, and urbanization level: United States, average annual 1994–96, 1997–99, and 2000–02

[Data are based on the National Vital Statistics System]

One was		All races			White		Black o	or African Ar	merican
Sex, region, and urbanization level ¹	1994–96	1997–99	2000–02	1994–96	1997–99	2000–02	1994–96	1997–99	2000–02
Both sexes			Age-adjust	ed death rat	e per 100,00	00 standard p	oopulation ²		
All regions:									
Metropolitan counties: Large	902.5	860.8	833.1	870.6	836.6	813.0	1,198.6	1.115.7	1,079.3
Medium	881.9	857.7	844.6	860.9	839.7	829.1	1,188.9	1,136.7	1.114.9
Small	906.1	885.9	875.1	883.8	865.8	856.4	1,212.6	1,167.6	1,153.4
Nonmetropolitan counties:	000.0	010.4	007.7	004.0	000.0	000.7	1 000 0	1 000 1	4 450 7
Micropolitan	926.2 945.8	910.4 929.7	897.7 914.3	904.9 921.7	889.9 906.0	880.7 894.2	1,233.9 1,215.4	1,200.1 1,190.7	1,158.7 1,149.4
·	343.0	323.7	314.0	321.7	300.0	004.2	1,210.4	1,150.7	1,170.7
Northeast: Metropolitan counties:									
Large	908.8	847.6	815.0	880.2	831.5	803.9	1,135.4	1.007.6	966.4
Medium	873.1	841.9	823.3	860.5	833.5	816.5	1,162.1	1,048.9	1,020.5
Small	884.8	845.5	834.3	878.8	841.6	830.9	1,195.7	1,080.7	1,068.6
Nonmetropolitan counties: Micropolitan	896.6	868.6	843.9	895.6	868.1	845.4	*	*	*
Nonmicropolitan	907.5	888.0	864.1	905.9	885.5	863.4	*	*	*
Midwest:									
Metropolitan counties:									
Large	934.2	902.6	878.1	885.4	859.7	838.0	1,253.3	1,189.9	1,162.5
Medium	894.6	876.2	861.6	874.1	857.4	845.1	1,199.8	1,163.0	1,131.6
Small	874.7	856.0	842.5	860.9	843.9	831.7	1,230.3	1,148.4	1,151.7
Micropolitan	884.5	869.9	851.8	879.9	865.2	849.6	1,231.8	1,212.6	1,108.6
Nonmicropolitan	883.7	862.5	843.7	874.0	853.3	836.5	1,351.3	1,377.7	1,068.2
South:									
Metropolitan counties:									
Large	916.6	884.1	867.6	862.7	837.9	827.2	1,223.8	1,156.8	1,119.4
Međium	905.1 962.5	883.1 946.8	877.0 940.9	861.3 925.7	843.8 913.4	841.1 910.9	1,201.6 1,217.2	1,156.1 1,182.1	1,140.4 1,163.9
Nonmetropolitan counties:		040.0		020.7	010.4	010.0	1,217.2	1,102.1	1,100.0
Micropolitan	983.9	971.3	967.2	940.9	931.5	935.5	1,244.2	1,210.0	1,175.3
Nonmicropolitan	1,014.1	1,004.7	995.1	983.1	975.3	971.7	1,213.3	1,187.7	1,157.2
West:									
Metropolitan counties:	040.0	000.0	771.0	054.0	010.0	783.4	1 156 4	1 000 0	1.051.0
Large	848.2 832.5	809.2 807.6	771.2 789.9	854.0 843.1	819.3 820.2	783.4 805.2	1,156.4 1,080.2	1,088.3 1,041.3	1,051.3 974.7
Small	838.4	816.3	800.5	837.5	816.5	800.1	1,055.9	986.6	1,010.4
Nonmetropolitan counties:							•	-	,
Micropolitan	874.3	857.2	843.2	875.6 862.3	856.8	842.4 816.9	*	*	*
Nonmicropolitan	883.6	858.6	835.5	862.3	836.6	816.9			

See footnotes at end of table.

Table 33 (page 2 of 3). Age-adjusted death rates, according to race, sex, region, and urbanization level: United States, average annual 1994–96, 1997–99, and 2000–02

[Data are based on the National Vital Statistics System]

		All races		White			Black or African American		
Sex, region, and urbanization level ¹	1994–96	1997–99	2000–02	1994–96	1997–99	2000–02	1994–96	1997–99	2000–02
Male			Age-adjust	ed death rate	e per 100,00	00 standard p	opulation ²		
All regions: Metropolitan counties: Large Medium. Small Nonmetropolitan counties: Micropolitan.	1,130.6 1,103.5 1,141.3 1,169.3	1,050.6 1,051.3 1,094.2 1,130.2	999.2 1,013.1 1,055.3 1,088.1	1,087.6 1,076.5 1,113.6 1,142.4	1,018.7 1,028.3 1,069.1 1,104.1	973.0 993.2 1,032.2 1,067.4	1,567.5 1,532.4 1,555.5 1,604.3	1,415.4 1,435.0 1,472.8 1,532.7	1,343.6 1,375.7 1,433.8 1,442.7
Nonmicropolitan	1,201.5	1,160.5	1,114.7	1,171.4	1,131.0	1,090.4	1,577.7	1,522.0	1,439.2
Northeast: Metropolitan counties: Large Medium. Small Nonmetropolitan counties: Micropolitan. Nonmicropolitan.	1,146.8 1,099.0 1,113.6 1,123.7 1,132.3	1,041.9 1,039.6 1,049.8 1,073.0 1,081.5	986.2 995.2 1,002.7 1,024.2 1,040.0	1,107.7 1,082.9 1,106.5 1,122.5 1,131.0	1,020.6 1,029.5 1,046.2 1,073.4 1,079.5	971.7 987.7 999.1 1,027.7 1,039.6	1,502.6 1,485.2 1,500.0	1,284.6 1,309.4 1,329.3	1,214.0 1,234.7 1,329.6
Midwest:	1,102.0	1,001.5	1,040.0	1,101.0	1,079.5	1,009.0			
Metropolitan counties: Large . Medium . Small . Nonmetropolitan counties:	1,174.9 1,122.8 1,105.9	1,112.6 1,082.6 1,064.9	1,058.0 1,038.9 1,026.5	1,110.3 1,097.7 1,089.5	1,057.9 1,059.9 1,050.3	1,007.4 1,020.1 1,013.5	1,633.3 1,509.7 1,532.1	1,511.0 1,444.0 1,420.1	1,447.7 1,369.0 1,414.7
Micropolitan	1,124.6 1,124.6	1,086.2 1,081.0	1,040.1 1,033.3	1,119.4 1,113.0	1,080.7 1,069.7	1,038.5 1,025.5	1,540.2 1,682.3	1,501.8 1,735.5	1,313.1 1,312.0
South: Metropolitan counties: Large Medium Small Nonmetropolitan counties:	1,153.1 1,141.2 1,227.5	1,081.4 1,085.4 1,178.9	1,039.2 1,053.7 1,141.0	1,080.1 1,082.7 1,180.8	1,020.5 1,032.9 1,135.8	987.4 1,007.2 1,102.1	1,607.3 1,571.5 1,579.8	1,475.1 1,481.5 1,507.4	1,394.7 1,427.3 1,460.4
Micropolitan	1,256.0 1,302.5	1,218.6 1,266.2	1,178.2 1,223.6	1,199.3 1,263.3	1,166.2 1,229.0	1,137.2 1,194.6	1,635.4 1,582.8	1,563.6 1,524.2	1,481.6 1,456.4
West: Metropolitan counties: Large Medium. Small	1,046.5 1,020.4 1,026.4	970.1 972.3 982.9	915.7 934.7 945.0	1,053.2 1,033.6 1,025.6	980.4 987.1 983.1	928.4 948.9 945.0	1,459.9 1,311.5 1,254.8	1,331.7 1,216.5 1,127.1	1,274.1 1,154.9 1,130.7
Nonmetropolitan counties: Micropolitan Nonmicropolitan	1,063.1 1,079.5	1,029.5 1,038.7	996.7 984.7	1,065.7 1,054.4	1,027.2 1,011.8	992.9 959.7	*	*	*

See footnotes at end of table.

Table 33 (page 3 of 3). Age-adjusted death rates, according to race, sex, region, and urbanization level: United States, average annual 1994–96, 1997–99, and 2000–02

[Data are based on the National Vital Statistics System]

	All races			White			Black or African American		
Sex, region, and urbanization level ¹	1994–96	1997–99	2000–02	1994–96	1997–99	2000–02	1994–96	1997–99	2000–02
Female			Age-adjust	ed death rat	e per 100,00	00 standard p	oopulation ²		
All regions: Metropolitan counties:									
Large	737.4	722.6	707.9	714.0	703.4	691.3	944.5	912.7	896.9
Medium	721.4	715.6	715.2	705.5	701.2	702.6	946.6	930.0	928.7
Small	737.4	734.4	737.9	719.0	717.5	721.9	974.5	958.2	958.2
Nonmetropolitan counties: Micropolitan	748.7	747.7	750.5	731.6	731.0	735.8	978.2	974.0	959.7
Nonmicropolitan	753.0	752.8	750.5 754.9	731.6	731.0	737.6	957.3	956.5	943.0
·									- 1010
Northeast: Metropolitan counties:									
Large	743.0	711.9	691.1	721.9	698.8	681.2	895.1	828.8	804.3
Medium	718.8	705.3	698.5	709.6	698.2	692.8	923.7	869.3	860.0
Small	725.5	704.0	709.6	720.8	699.8	706.4	977.5	924.1	908.0
Nonmetropolitan counties: Micropolitan	737.0	721.2	710.3	736.6	720.5	710.6	*	*	*
Nonmicropolitan	740.7	741.0	725.1	739.1	738.4	724.3	*	*	*
Midwest:									
Metropolitan counties:									
Large	768.6	756.5	747.1	733.7	723.2	715.4	987.3	966.7	960.7
Medium	738.6	733.0	732.0	722.3	717.5	717.7	976.0	960.8	953.1
Small	716.0	709.3	708.7	704.5	699.6	699.7	1,005.1	940.7	955.4
Micropolitan	716.4	716.0	712.3	712.1	711.7	709.9	1,012.3	1,023.1	947.8
Nonmicropolitan	703.9	696.3	694.5	696.0	689.0	688.2	1,124.4	1,140.1	918.2
South:									
Metropolitan counties:									
Large	742.8	737.8	736.0	702.4	700.8	702.3	960.5	942.7	930.7
Medium	729.9 775.3	730.6 780.5	737.3 789.1	695.9 744.7	698.9 752.2	707.1 763.4	948.6 972.1	937.1 966.7	942.9 962.9
Small	775.3	780.5	769.1	744.7	752.2	763.4	972.1	900.7	962.9
Micropolitan	786.3	790.3	804.2	751.7	757.5	776.9	979.3	973.8	965.7
Nonmicropolitan	801.1	809.3	817.4	775.5	784.4	796.4	952.3	951.2	945.6
Vest:									
Metropolitan counties:									
Large	694.8	684.7	656.9	699.6	693.7	667.7	926.5	908.9	883.1
Medium Small	687.4 689.0	679.1 683.1	674.4 682.2	697.8 688.1	691.1 683.8	690.1 681.6	886.6 881.3	892.8 838.7	825.1 894.8
Nonmetropolitan counties:	003.0	003.1	002.2	000.1	000.0	001.0	001.3	030.7	034.0
Micropolitan	716.5	712.2	710.3	717.8	714.1	711.6	*	*	*
Nonmicropolitan	715.8	702.8	702.2	699.5	686.2	689.5	*	*	*

^{*} Estimates of death rates for the black population in nonmetropolitan counties in the Northeast and West may be unreliable, possibly due to anomalies in population estimates for the black population in nonmetropolitan counties in these regions.

1 Urbanization levels are for county of residence of decedent. Urbanization levels have been revised and differ from the previous edition of *Health, United States*. See

NOTE: The race groups, white and black, include persons of Hispanic and non-Hispanic origin.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Compressed Mortality File.

¹Urbanization levels are for county of residence of decedent. Urbanization levels have been revised and differ from the previous edition of *Health, United States*. See Appendix II, Urbanization for definition of urbanization levels.

²Average annual death rates, age-adjusted using the year 2000 standard population starting with *Health, United States, 2001*. See Appendix II, Age adjustment.

²Average annual death rates, age-adjusted using the year 2000 standard population starting with *Health, United States, 2001*. See Appendix II, Age adjustment. Denominators for rates are population estimates for the middle year of each 3-year period multiplied by 3. The 1995 and 1998 population estimates used to compute rates for 1994–96 and 1997–99 are intercensal population estimates based on Census 2000. See Appendix I, Population Census and Population Estimates.

Table 34 (page 1 of 2). Age-adjusted death rates for persons 25–64 years of age for selected causes of death, according to sex and educational attainment: Selected States, 1994–2002

	Во	oth sexes	S		Male			Female	
	Years of educ	cational	attainment ¹	Years of educ	cational	attainment ¹	Years of edu	cational	attainment ¹
Cause of death ² and year	Less than 12	12	13 or more	Less than 12	12	13 or more	Less than 12	12	13 or more
All causes			Age-a	djusted death ra	ate per	100,000 popu	lation ³		
1994 1995 1996 1997 1998 1999 2000 2001 2002	594.6 604.7 579.6 554.1 561.6 585.3 591.0 576.6 575.1	506.4 512.5 492.5 473.4 465.8 474.5 484.5 480.9 490.9	254.8 251.9 241.8 232.7 223.9 219.1 216.7 214.6 211.3	793.6 801.1 763.9 719.7 727.6 763.7 780.2 745.8 726.1	707.1 713.2 669.6 634.4 627.1 636.7 641.8 631.2 650.2	323.5 316.8 300.7 283.4 271.9 264.2 260.8 257.3 253.5	397.3 408.6 396.6 387.2 395.6 409.9 409.0 407.1 416.6	342.9 348.1 344.2 337.5 330.9 337.3 347.7 348.6 350.7	182.1 183.5 180.3 180.2 174.3 172.6 171.9 171.5 168.8
Chronic and noncommunicable diseases									
1994 1995 1996 1997 1998 1998 comparability-modified ⁴ 1999 ⁵ 2000 2001 2002	440.5 445.1 432.7 419.0 425.2 429.5 447.0 446.2 436.5 432.0	380.7 384.0 375.3 368.8 362.9 366.5 369.8 377.6 370.7 374.4	193.7 192.1 189.0 187.4 180.9 182.7 177.2 175.7 171.1 168.6	561.9 563.4 550.6 527.0 534.4 539.7 563.0 567.2 545.1 528.9	504.4 507.3 486.9 474.1 470.2 474.9 477.6 481.5 468.2 478.2	228.4 224.4 222.1 219.0 211.3 213.4 205.5 202.9 195.7 193.9	325.0 332.1 321.2 316.0 321.3 324.5 337.2 334.3 331.7 334.9	286.8 290.0 287.7 284.6 277.9 280.7 283.6 292.3 290.3 288.5	155.5 156.3 153.4 153.8 148.6 150.1 147.4 147.2 145.5 142.6
Injuries									
1994 1995 1996 1997 1998 1998 comparability-modified ⁴ 1999 ⁵ 2000 2001 ⁶ 2002	95.8 96.6 92.3 92.7 93.9 95.0 94.8 99.8 97.4 99.2	73.4 74.3 73.0 73.5 73.8 74.7 75.2 76.4 80.4 84.9	31.9 31.6 32.0 31.9 31.2 31.6 30.6 30.3 33.1 32.1	149.4 149.8 139.8 138.8 139.4 141.0 143.7 153.9 146.0 142.5	119.2 120.3 116.2 116.4 116.6 118.0 118.3 118.6 122.2 129.0	45.7 45.3 45.7 45.5 44.4 44.9 43.2 43.1 47.4 45.4	38.9 40.0 40.6 41.1 43.8 44.3 42.6 43.7 44.8 49.2	31.7 32.1 32.7 33.4 33.7 34.1 34.4 35.2 38.6 41.0	17.9 17.8 18.4 18.4 18.5 18.5 19.1 17.9 19.3
Communicable diseases									
1994 1995 1996 1997 1998 1998 comparability-modified ⁴ 1999 ⁵ 2000 2001	57.5 62.1 53.7 41.6 41.5 35.4 42.1 43.5 41.4 42.7	51.6 53.4 43.3 30.1 28.2 24.1 28.5 29.4 28.7 30.5	28.9 27.9 20.2 12.9 11.4 9.7 10.8 10.3 9.9 10.2	81.5 87.3 72.5 53.1 52.8 45.1 54.8 56.9 52.9 53.0	82.8 84.7 65.6 42.9 39.4 33.6 39.5 40.4 39.4 41.6	49.1 46.7 32.6 18.4 15.7 13.4 15.1 14.3 13.6 13.8	32.5 35.8 33.8 29.3 29.6 25.3 29.4 30.3 29.7 31.8	23.7 25.2 23.0 18.7 18.4 15.7 18.8 19.5 19.0 20.4	8.4 8.9 8.0 7.6 7.0 6.0 6.6 6.4 6.3 6.7
HIV disease: 1994 1995 1996 1997 1998 1998 comparability-modified ⁴ 1999 ⁵ 2000 2001 2002	36.2 39.7 31.9 19.4 17.3 19.8 19.0 19.8 18.4 18.2	36.5 38.0 27.7 14.3 11.7 13.4 13.1 13.2 12.5 12.6	21.4 20.6 13.1 5.8 4.3 4.9 4.6 4.1 3.8 3.8	54.7 59.0 45.4 26.3 23.4 26.8 26.1 26.9 25.0 23.4	63.0 64.4 45.4 23.0 18.3 20.9 20.1 19.8 18.6 18.6	39.7 37.8 23.8 10.1 7.5 8.6 7.9 7.1 6.4 6.3	16.8 19.0 17.2 11.8 10.6 12.1 11.7 12.6 11.6 12.6	12.3 13.7 11.2 6.2 5.6 6.4 6.6 7.1 6.8 6.9	2.9 3.5 2.4 1.6 1.1 1.3 1.4 1.2 1.2

See footnotes at end of table.

Table 34 (page 2 of 2). Age-adjusted death rates for persons 25-64 years of age for selected causes of death, according to sex and educational attainment: Selected States, 1994-2002

[Data are based on death certificates]

	Во	th sexe	es			Female				
	Years of educ	ational	attainment ¹	Years of educ	ational	attainment ¹	Years of educ	Years of educational attain		
Cause of death ² and year	Less than 12	12	13 or more	Less than 12	12	13 or more	Less than 12	12	13 or more	
Other communicable diseases:			Age-a	djusted death ra	ite per	100,000 popul	lation ³			
1994 1995 1996 1997 1998 1998 comparability-modified ⁴ 1995 2000 2001	21.2 22.4 21.8 22.2 24.2 19.4 23.1 23.7 22.9	15.1 15.5 15.7 15.9 16.5 13.2 15.4 16.2 16.2	7.5 7.2 7.2 7.1 7.1 5.7 6.2 6.2 6.1	26.8 28.2 27.2 26.8 29.4 23.6 28.8 30.0 27.9	19.7 20.3 20.2 19.9 21.1 16.9 19.4 20.6 20.8	9.4 8.8 8.2 8.2 6.6 7.2 7.2 7.1	15.7 16.8 16.7 17.6 19.0 15.2 17.6 17.7	11.4 11.5 11.9 12.5 12.8 10.3 12.2 12.4 12.2	5.5 5.5 5.6 6.0 5.9 4.7 5.3 5.1	

¹Educational attainment for the numerator is based on the death certificate item "highest grade completed." Educational attainment for the denominator is based on answers to the Current Population Survey question "What is the highest level of school completed or highest degree received?" (Kominski R, Adams A. Educational Attainment in the United States: March 1993 and 1992, U.S. Bureau of the Census, Current Population Reports, P20-476, Washington, DC. 1994.) ²Underlying cause of death code numbers are based on the applicable revision of the International Classification of Diseases (ICD) for data years shown. See Appendix

NOTES: Based on data from 45-47 States and the District of Columbia. Death rates for age groups 65 years and over are not shown because reporting quality of educational attainment on the death certificate is poorer at older than younger ages. See Appendix II, Education, for information about reporting states and sources of bias in death rates by educational attainment.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System; numerator data from annual mortality files; denominator data from unpublished population estimates prepared by the Housing and Household Economic Statistics Division, U.S. Bureau of the Census.

II, tables IV and V.

³Age-adjusted rates are calculated using the year 2000 standard population. See Appendix II, Age adjustment.

Death records that are missing information about decedent's education are not included. Percent with not stated education averages 2-9 percent of the deaths comprising the age-adjusted death rates for causes of death in this table. Age-adjusted death rates for 1994-2000 were calculated using 1990-based postcensal population estimates in the denominator. Rates for 2001 and 2002 were computed using 2000-based postcensal estimates. See Appendix I, Population Census and Population Estimates

⁴Calculated by multiplying the 1998 rate by its comparability ratio to adjust for differences between ICD-9 and ICD-10. See Appendix II, Comparability ratio and table

⁵Starting with 1999 data, cause of death is coded according to ICD-10. To estimate change between 1998 and 1999, compare the 1999 rate with the comparability-modified rate for 1998. See Appendix II, Comparability ratio and tables V and VI.

⁶Figures include September 11, 2001-related deaths for which death certificates were filed as of October 24, 2002. See Appendix II table V for terrorism-related ICD–10

Table 35 (page 1 of 4). Death rates for all causes, according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002

Sex, race, Hispanic origin, and age	1950¹	1960¹	1970	1980	1990	1995	1999	2000	2001	2002
All persons				Deaths	per 100,000	resident po	opulation			
All ages, age adjusted ² All ages, crude	1,446.0	1,339.2	1,222.6	1,039.1	938.7	909.8	875.6	869.0	854.5	845.3
	963.8	954.7	945.3	878.3	863.8	868.3	857.0	854.0	848.5	847.3
Under 1 year. 1–4 years 5–14 years 15–24 years 25–34 years 35–44 years 45–54 years 55–64 years 65–74 years 75–84 years 85 years and over	3,299.2	2,696.4	2,142.4	1,288.3	971.9	780.3	736.0	736.7	683.4	695.0
	139.4	109.1	84.5	63.9	46.8	40.4	34.2	32.4	33.3	31.2
	60.1	46.6	41.3	30.6	24.0	22.2	18.6	18.0	17.3	17.4
	128.1	106.3	127.7	115.4	99.2	93.4	79.3	79.9	80.7	81.4
	178.7	146.4	157.4	135.5	139.2	137.3	102.2	101.4	105.2	103.6
	358.7	299.4	314.5	227.9	223.2	239.4	198.0	198.9	203.6	202.9
	853.9	756.0	730.0	584.0	473.4	454.3	418.2	425.6	428.9	430.1
	1,901.0	1,735.1	1,658.8	1,346.3	1,196.9	1,104.7	1,005.0	992.2	964.6	952.4
	4,104.3	3,822.1	3,582.7	2,994.9	2,648.6	2,549.0	2,457.3	2,399.1	2,353.3	2,314.7
	9,331.1	8,745.2	8,004.4	6,692.6	6,007.2	5,811.3	5,714.5	5,666.5	5,582.4	5,556.9
	20,196.9	19,857.5	16,344.9	15,980.3	15,327.4	15,248.6	15,554.6	15,524.4	15,112.8	14,828.3
Male										
All ages, age adjusted ² All ages, crude	1,674.2	1,609.0	1,542.1	1,348.1	1,202.8	1,143.9	1,067.0	1,053.8	1,029.1	1,013.7
	1,106.1	1,104.5	1,090.3	976.9	918.4	900.8	859.2	853.0	846.4	846.6
Under 1 years	3,728.0	3,059.3	2,410.0	1,428.5	1,082.8	856.3	805.0	806.5	749.8	761.5
	151.7	119.5	93.2	72.6	52.4	44.5	37.9	35.9	37.0	35.2
	70.9	55.7	50.5	36.7	28.5	26.4	21.5	20.9	19.8	20.0
	167.9	152.1	188.5	172.3	147.4	137.4	113.1	114.9	117.0	117.3
	216.5	187.9	215.3	196.1	204.3	198.0	139.7	138.6	143.7	142.2
	428.8	372.8	402.6	299.2	310.4	331.0	254.9	255.2	259.6	257.5
	1,067.1	992.2	958.5	767.3	610.3	589.9	533.1	542.8	545.1	547.5
	2,395.3	2,309.5	2,282.7	1,815.1	1,553.4	1,400.7	1,252.0	1,230.7	1,192.7	1,184.0
	4,931.4	4,914.4	4,873.8	4,105.2	3,491.5	3,263.8	3,073.7	2,979.6	2,911.5	2,855.3
	10,426.0	10,178.4	10,010.2	8,816.7	7,888.6	7,399.6	7,083.3	6,972.6	6,833.0	6,760.5
	21,636.0	21,186.3	17,821.5	18,801.1	18,056.6	17,861.0	17,597.2	17,501.4	16,744.8	16,254.5
Female										
All ages, age adjusted ² All ages, crude	1,236.0	1,105.3	971.4	817.9	750.9	739.4	734.0	731.4	721.8	715.2
	823.5	809.2	807.8	785.3	812.0	837.2	854.9	855.0	850.4	848.0
Under 1 year. 1–4 years 5–14 years 15–24 years 25–34 years 35–44 years 45–54 years 55–64 years 65–74 years 75–84 years 85 years and over	2,854.6	2,321.3	1,863.7	1,141.7	855.7	700.5	663.6	663.4	613.9	625.3
	126.7	98.4	75.4	54.7	41.0	36.0	30.3	28.7	29.5	27.0
	48.9	37.3	31.8	24.2	19.3	17.9	15.6	15.0	14.6	14.7
	89.1	61.3	68.1	57.5	49.0	47.3	43.7	43.1	42.6	43.7
	142.7	106.6	101.6	75.9	74.2	76.1	64.1	63.5	66.0	64.0
	290.3	229.4	231.1	159.3	137.9	149.3	141.8	143.2	148.2	148.8
	641.5	526.7	517.2	412.9	342.7	324.1	307.6	312.5	316.8	316.9
	1,404.8	1,196.4	1,098.9	934.3	878.8	835.2	777.6	772.2	754.0	738.0
	3,333.2	2,871.8	2,579.7	2,144.7	1,991.2	1,975.8	1,952.3	1,921.2	1,890.8	1,864.7
	8,399.6	7,633.1	6,677.6	5,440.1	4,883.1	4,818.6	4,825.4	4,814.7	4,760.5	4,757.9
	19,194.7	19,008.4	15,518.0	14,746.9	14,274.3	14,242.3	14,731.3	14,719.2	14,429.9	14,209.6
White male ³	4 0 4 0 5	4 500 0	4 540 7	1 017 0	1 105 0	1 107 5	1 0 1 0 0	1 000 1	1 000 1	000.0
All ages, age adjusted ² All ages, crude	1,642.5	1,586.0	1,513.7	1,317.6	1,165.9	1,107.5	1,040.0	1,029.4	1,006.1	992.9
	1,089.5	1,098.5	1,086.7	983.3	930.9	921.0	892.1	887.8	881.9	884.0
Under 1 years	3,400.5	2,694.1	2,113.2	1,230.3	896.1	720.7	667.0	667.6	627.6	650.9
	135.5	104.9	83.6	66.1	45.9	39.0	33.9	32.6	34.2	31.5
	67.2	52.7	48.0	35.0	26.4	24.3	19.7	19.8	18.4	18.4
	152.4	143.7	170.8	167.0	131.3	120.1	102.8	105.8	108.0	109.7
	185.3	163.2	176.6	171.3	176.1	171.9	125.4	124.1	130.3	128.3
	380.9	332.6	343.5	257.4	268.2	286.8	230.8	233.6	239.7	239.3
	984.5	932.2	882.9	698.9	548.7	528.3	484.6	496.9	501.3	505.4
	2,304.4	2,225.2	2,202.6	1,728.5	1,467.2	1,319.3	1,179.7	1,163.3	1,127.5	1,118.6
	4,864.9	4,848.4	4,810.1	4,035.7	3,397.7	3,173.3	2,998.7	2,905.7	2,842.3	2,795.4
	10,526.3	10,299.6	10,098.8	8,829.8	7,844.9	7,347.3	7,040.1	6,933.1	6,799.7	6,738.8
	22,116.3	21,750.0	18,551.7	19,097.3	18,268.3	18,050.7	17,752.9	17,716.4	16,935.4	16,473.2

See footnotes at end of table.

Table 35 (page 2 of 4). Death rates for all causes, according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002

Sex, race, Hispanic origin, and age	1950¹	1960¹	1970	1980	1990	1995	1999	2000	2001	2002
Black or African American male ³				Deaths _I	per 100,000	resident po	opulation			
All ages, age adjusted ² All ages, crude	1,909.1 1,257.7	1,811.1 1,181.7	1,873.9 1,186.6	1,697.8 1,034.1	1,644.5 1,008.0	1,585.7 960.2	1,432.6 847.4	1,403.5 834.1	1,375.0 823.9	1,341.4 816.7
Under 1 year. 1–4 years ⁴ 5–14 years 15–24 years 25–34 years 35–44 years 45–54 years 55–64 years 65–74 years 75–84 years ⁵ 85 years and over	1,412.6 95.1 289.7 503.5 878.1 1,905.0 3,773.2 5,310.3 10,101.9	5,306.8 208.5 75.1 212.0 402.5 762.0 1,624.8 3,316.4 5,798.7 8,605.1 14,844.8	4,298.9 150.5 67.1 320.6 559.5 956.6 1,777.5 3,256.9 5,803.2 9,454.9 12,222.3	2,586.7 110.5 47.4 209.1 407.3 689.8 1,479.9 2,873.0 5,131.1 9,231.6 16,098.8	2,112.4 85.8 41.2 252.2 430.8 699.6 1,261.0 2,618.4 4,946.1 9,129.5 16,954.9	1,664.7 73.1 38.5 246.6 407.4 716.8 1,238.9 2,382.0 4,707.8 8,862.0 17,016.0	1,592.8 59.0 32.0 184.6 258.6 469.2 1,030.7 2,145.6 4,352.3 8,559.1 17,304.5	1,567.6 54.5 28.2 181.4 261.0 453.0 1,017.7 2,080.1 4,253.5 8,486.0 16,791.0	1,426.4 53.2 27.7 180.7 259.2 445.0 996.1 2,025.3 4,166.6 8,355.9 16,439.9	1,351.5 54.4 28.9 172.6 264.5 434.7 983.0 2,039.2 4,024.5 8,169.6 15,635.5
American Indian or Alaska Native male ³										
All ages, age adjusted ² All ages, crude				1,111.5 597.1	916.2 476.4	932.0 459.4	925.9 431.8	841.5 415.6	798.9 424.2	794.2 439.6
Under 1 year. 1–4 years 5–14 years 15–24 years 25–34 years 35–44 years 45–54 years 55–64 years 65–74 years 75–84 years 85 years and over				1,598.1 82.7 43.7 311.1 360.6 556.8 871.3 1,547.5 2,968.4 5,607.0 12,635.2	1,056.6 77.4 33.4 219.8 256.1 365.4 619.9 1,211.3 2,461.7 5,389.2 11,243.9	696.0 73.3 27.0 182.1 263.6 377.4 601.0 1,276.0 2,660.8 5,787.7 10,604.7	721.8 46.6 18.8 154.2 189.6 296.5 554.8 1,122.4 2,786.2 6,157.2 11,769.3	700.2 44.9 20.2 136.2 179.1 295.2 520.0 1,090.4 2,478.3 5,351.2 10,725.8	720.2 47.6 25.2 142.9 180.0 311.4 536.9 1,053.4 2,393.5 4,775.3 9,758.0	896.8 48.3 22.0 145.1 193.1 321.5 539.4 1,059.2 2,366.5 4,748.3 9,219.2
Asian or Pacific Islander male ³				700.5	710.1	000.4	044.0	0040	507.4	570.4
All ages, age adjusted ² All ages, crude				786.5 375.3	716.4 334.3	693.4 341.4	641.2 333.2	624.2 332.9	597.4 335.0	578.4 331.4
Under 1 year. 1–4 years 5–14 years 15–24 years 25–34 years 35–44 years 45–54 years 45–54 years 65–74 years 75–84 years 85 years and over				816.5 50.9 23.4 80.8 83.5 128.3 342.3 881.1 2,236.1 5,389.5 13,753.6	605.3 45.0 20.7 76.0 79.6 130.8 287.1 789.1 2,041.4 5,008.6 12,446.3	468.3 28.0 19.6 73.0 75.4 124.9 273.0 714.2 1,894.8 4,729.9 13,252.0	451.0 28.9 13.5 51.6 57.3 108.2 240.1 661.0 1,689.5 4,457.0 12,732.5	529.4 23.3 12.9 55.2 55.0 104.9 249.7 642.4 1,661.0 4,328.2 12,125.3	438.8 23.5 13.6 59.2 62.4 108.2 253.6 625.5 1,556.0 4,168.9 11,308.9	461.9 27.1 14.4 58.6 54.5 100.0 248.4 594.5 1,487.1 4,090.8 10,938.5
Hispanic or Latino male ^{3,6} All ages, age adjusted ²					886.4	897.6	830.5	818.1	802.5	766.7
All ages, crude					411.6	391.6	332.6	331.3	332.9	328.7
Under 1 year. 1–4 years					921.8 53.8 26.0 159.3 234.0 341.8 533.9	684.6 39.3 24.6 147.3 196.7 333.6 528.5	623.4 32.9 17.8 104.1 120.6 215.1 444.4	637.1 31.5 17.9 107.7 120.2 211.0 439.0	624.4 33.8 16.6 111.5 118.0 208.5 443.9	644.0 34.2 17.4 114.4 112.5 192.5 423.4
55–64 years					1,123.7 2,368.2 5,369.1 12,272.1	1,076.9 2,429.3 5,557.4 13,295.9	974.8 2,368.9 5,379.2 13,485.9	965.7 2,287.9 5,395.3 13,086.2	923.9 2,242.6 5,258.0 12,888.3	937.4 2,193.4 5,043.5 11,674.1

See footnotes at end of table.

Table 35 (page 3 of 4). Death rates for all causes, according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002

Sex, race, Hispanic origin, and age	1950 ¹	1960 ¹	1970	1980	1990	1995	1999	2000	2001	2002
White, not Hispanic or Latino male ⁶				Deaths	per 100,000) resident n	onulation			
All ages, age adjusted ²					1,170.9	1,105.6	1,045.5	1,035.4	1,012.8	1,002.2
All ages, crude					985.9	984.8	979.6	978.5	975.6	983.9
Under 1 year					865.4	703.8	658.1	658.7	611.6	643.5
1–4 years					43.8 25.7	37.8	33.4	32.4	33.7	30.3
5–14 years					123.4	23.5 111.5	19.9 100.8	20.0 103.5	18.6 105.1	18.3 106.7
25–34 years					165.3	163.5	124.5	123.0	131.5	130.9
35–44 years					257.1 544.5	276.5 520.7	230.0 483.7	233.9 497.7	241.6 502.6	244.9 509.9
55–64 years					1,479.7	1,322.7	1,187.4	1,170.9	1,136.3	1,126.5
65–74 years					3,434.5 7,920.4	3,188.5	3,023.2 7,088.0	2,930.5 6,977.8	2,869.4 6,851.5	2,824.1 6,801.7
75–84 years					18,505.4	7,367.4 18,132.6	17,871.2	17,853.2	17,055.3	16,641.9
White female ³										
All ages, age adjusted ²	1,198.0	1,074.4	944.0	796.1	728.8	718.7	716.6	715.3	706.7	701.3
All ages, crude	803.3	800.9	812.6	806.1	846.9	883.2	910.4	912.3	907.9	907.0
Under 1 year	2,566.8	2,007.7	1,614.6	962.5	690.0	574.4	542.0	550.5	511.5	519.4
1–4 years	112.2 45.1	85.2 34.7	66.1 29.9	49.3 22.9	36.1 17.9	31.3 16.5	27.5 14.6	25.5 14.1	27.1 13.9	24.5 13.7
15–24 years	71.5	54.9	61.6	55.5	45.9	43.7	41.5	41.1	40.8	42.4
25–34 years	112.8 235.8	85.0 191.1	84.1 193.3	65.4 138.2	61.5 117.4	62.9 125.5	56.2 123.2	55.1 125.7	58.6 131.0	56.9 133.2
45–54 years	546.4	458.8	462.9	372.7	309.3	291.9	277.9	281.4	286.8	286.8
55–64 years	1,293.8	1,078.9	1,014.9	876.2	822.7	783.4	731.0	730.9	712.2	698.7
65–74 years	3,242.8 8,481.5	2,779.3 7,696.6	2,470.7 6,698.7	2,066.6 5,401.7	1,923.5 4,839.1	1,913.2 4,775.3	1,893.9 4,787.8	1,868.3 4,785.3	1,840.2 4,738.5	1,819.7 4,742.5
85 years and over	19,679.5	19,477.7	15,980.2	14,979.6	14,400.6	14,405.8	14,900.6	14,890.7	14,597.6	14,382.8
Black or African American female ³										
All ages, age adjusted ²	1,545.5	1,369.7	1,228.7	1,033.3	975.1	955.9	933.6	927.6	912.5	901.8
All ages, crude	1,002.0	905.0	829.2	733.3	747.9	743.2	734.3	733.0	727.7	724.4
Under 1 year		4,162.2	3,368.8	2,123.7	1,735.5	1,399.9	1,317.4	1,279.8	1,176.3	1,172.0
1–4 years ⁴	1,139.3 72.8	173.3 53.8	129.4 43.8	84.4 30.5	67.6 27.5	59.5 25.4	46.1 20.9	45.3 20.0	41.7 18.7	39.5 19.9
15–24 years	213.1	107.5	111.9	70.5	68.7	68.9	58.6	58.3	54.9	54.4
25–34 years	393.3	273.2	231.0	150.0	159.5	162.8	117.6	121.8	117.9	116.4
35–44 years	758.1 1,576.4	568.5 1,177.0	533.0 1,043.9	323.9 768.2	298.6 639.4	324.9 612.1	279.4 569.8	271.9 588.3	278.0 579.1	272.3 579.4
55–64 years	3,089.4	2,510.9	1,986.2	1,561.0	1,452.6	1,354.3	1,262.7	1,227.2	1,215.5	1,184.2
65–74 years	4,000.2 8,347.0	4,064.2 6,730.0	3,860.9 6,691.5	3,057.4 6,212.1	2,865.7 5,688.3	2,837.5 5,671.9	2,751.5 5,742.4	2,689.6 5,696.5	2,616.1 5,591.6	2,545.0 5,584.4
85 years and over		13,052.6	10,706.6	12,367.2	13,309.5	13,073.3	13,805.9	13,941.3	13,849.9	13,734.2
American Indian or Alaska Native female ³										
All ages, age adjusted ²				662.4	561.8	643.9	668.2	604.5	594.0	581.1
All ages, crude				380.1	330.4	360.1	367.1	346.1	360.2	367.7
Under 1 year				1,352.6	688.7	780.6	682.6	492.2	577.5	744.1
1–4 years				87.5 33.5	37.8 25.5	54.4 20.0	34.2 17.6	39.8 17.7	48.5 18.6	42.0 21.2
15–24 years				90.3	69.0	60.4	59.6	58.9	59.6	61.7
25–34 years				178.5 286.0	102.3 156.4	106.3 171.9	106.9 168.9	84.8 171.9	81.4 172.6	87.5 176.8
35–44 years				491.4	380.9	349.1	298.7	284.9	334.3	324.7
55–64 years				837.1	805.9	876.2	852.3	772.1	749.4	747.5
65–74 years				1,765.5 3,612.9	1,679.4 3,073.2	1,935.6 4,067.6	2,015.8 4,266.5	1,899.8 3,850.0	1,801.7 3,839.7	1,828.9 3,667.4
85 years and over				8,567.4	8,201.1	9,201.8	10,639.6	9,118.2	8,492.0	7,866.4

See footnotes at end of table.

Table 35 (page 4 of 4). Death rates for all causes, according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950¹	1960¹	1970	1980	1990	1995	1999	2000	2001	2002
Asian or Pacific Islander female ³				De	eaths per 10	0,000 reside	nt populatior	1		
All ages, age adjusted ² All ages, crude				425.9 222.5	469.3 234.3	446.7 250.4	427.5 262.5	416.8 262.3	412.0 274.4	395.9 269.7
Under 1 year1–4 years				755.8 35.4	518.2 32.0	396.6 24.9	425.3 20.9	434.3 20.0	385.0 21.1	391.4 19.6
5–14 years				21.5	13.0	15.4	11.9	11.7	10.8	10.4
15–24 years				32.3	28.8	31.1	26.1	22.4	26.6	23.8
25–34 years				45.4	37.5	35.6	29.5	27.6	32.9	26.6
35–44 years				89.7	69.9	66.2	59.0	65.6	61.9	53.9
45–54 years				214.1	182.7	184.1	164.4	155.5	158.5	149.5
55–64 years				440.8	483.4	457.7	408.7	390.9	379.9	372.0
65–74 years				1,027.7	1,089.2	1,037.8	1,070.8	996.4	1,059.9	1,024.7
75–84 years				2,833.6 7,923.3	3,127.9 10,254.0	3,089.9 9,406.1	2,930.8 9,126.7	2,882.4 9,052.2	2,814.4 8,706.2	2,713.6 8,400.6
Hispanic or Latino female ^{3,6}										
All ages, age adjusted ²					537.1	546.1	555.9	546.0	544.2	518.3
All ages, crude					285.4	281.9	277.2	274.6	279.0	274.0
Under 1 year					746.6	572.0	542.3	553.6	518.9	539.1
1–4 years					42.1	33.1	28.7	27.5	27.2	25.3
5–14 years					17.3	15.0	13.3	13.4	12.7	13.5
15–24 years					40.6	37.5	32.9	31.7	33.7	34.1
25–34 years					62.9	58.6	44.9	43.4	45.2	40.0
35–44 years					109.3	118.9	97.4	100.5	97.0	94.9
45–54 years					253.3	238.8	224.9	223.8	226.7	219.8
55–64 years					607.5	602.3	555.8	548.4	543.0	524.3
65–74 years					1,453.8	1,457.2	1,448.8	1,423.2	1,408.0	1,368.7
75–84 years					3,351.3	3,506.4	3,675.7	3,624.5	3,589.8	3,526.4
85 years and over					10,098.7	10,540.5	11,547.3	11,202.8	11,300.5	10,186.0
White, non-Hispanic or Latino female ⁶										
All ages, age adjusted ²					734.6	721.1	722.3	721.5	713.5	709.9
All ages, crude					903.6	951.7	1,001.3	1,007.3	1,006.1	1,010.6
Under 1 year					655.3	553.9	524.6	530.9	496.4	504.8
1–4 years					34.0	30.3	26.7	24.4	26.3	23.8
5–14 years					17.6	16.4	14.7	13.9	13.9	13.6
15–24 years					46.0	44.0	42.9	42.6	41.9	43.8
25–34 years					60.6	62.2	57.8	56.8	60.9	60.3
35–44 years					116.8	124.1	125.6	128.1	134.9	138.3
45–54 years					312.1	293.0	281.0	285.0	291.0	292.1
55–64 years					834.5	789.8	741.6	742.1	723.5	710.5
65–74 years					1,940.2	1,925.9	1,915.1	1,891.0	1,864.1	1,846.0
75–84 years					4,887.3	4,794.9	4,817.7	4,819.3	4,777.3	4,787.9
85 years and over					14,533.1	14,450.9	14,967.5	14,971.7	14,670.6	14,504.3

^{- - -} Data not available.

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NOTES: Starting with *Health, United States, 2003*, rates for 1991–99 were revised using intercensal population estimates based on census 2000. Rates for 2000 were revised based on census 2000 counts. Rates for 2001 and 2002 were computed using 2000-based postcensal estimates. See Appendix I, Population Census and Population Estimates. Data for additional years are available. See Appendix III.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System; Grove RD, Hetzel AM. Vital statistics rates in the United States, 1940–60. Washington: U.S. Government Printing Office, 1968; numerator data from National Vital Statistics System, annual mortality files; denominator data from national population estimates for race groups from table 1 and unpublished Hispanic population estimates for 1985–96 prepared by the Housing and Household Economic Statistics Division, U.S. Bureau of the Census; additional mortality tables are available at www.cdc.gov/nchs/datawh/statab/unpubd/mortabs.htm; Kochanek KD, Murphy SL, Anderson RN, Scott C. Deaths: Final data for 2002. National vital statistics reports.

¹Includes deaths of persons who were not residents of the 50 States and the District of Columbia.

²Age-adjusted rates are calculated using the year 2000 standard population. See Appendix II, Age adjustment.

³The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native and Asian or Pacific Islander populations are known to be underestimated. See Appendix II, Race, for a discussion of sources of bias in death rates by race and Hispanic origin.

⁴In 1950 rate is for the age group under 5 years.

⁵In 1950 rate is for the age group 75 years and over.

⁶Prior to 1997, excludes data from States lacking an Hispanic-origin item on the death certificate. See Appendix II, Hispanic origin.

Table 36 (page 1 of 3). Death rates for diseases of heart, according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002

Sex, race, Hispanic origin, and age	1950¹	1960¹	1970	1980	1990	2000 ²	2001	2002
All persons			Death	s per 100,000	resident popul	ation		
All ages, age adjusted ³	586.8	559.0	492.7	412.1	321.8	257.6	247.8	240.8
All ages, crude	355.5	369.0	362.0	336.0	289.5	252.6	245.8	241.7
Under 1 year. 1–4 years 5–14 years 15–24 years 15–24 years 25–34 years 35–44 years 45–54 years 55–64 years 65–74 years 75–84 years 85 years and over	3.5	6.6	13.1	22.8	20.1	13.0	11.9	12.4
	1.3	1.3	1.7	2.6	1.9	1.2	1.5	1.1
	2.1	1.3	0.8	0.9	0.9	0.7	0.7	0.6
	6.8	4.0	3.0	2.9	2.5	2.6	2.5	2.5
	19.4	15.6	11.4	8.3	7.6	7.4	8.0	7.9
	86.4	74.6	66.7	44.6	31.4	29.2	29.6	30.5
	308.6	271.8	238.4	180.2	120.5	94.2	92.9	93.7
	808.1	737.9	652.3	494.1	367.3	261.2	246.9	241.5
	1,839.8	1,740.5	1,558.2	1,218.6	894.3	665.6	635.1	615.9
	4,310.1	4,089.4	3,683.8	2,993.1	2,295.7	1,780.3	1,725.7	1,677.2
	9,150.6	9,317.8	7,891.3	7,777.1	6,739.9	5,926.1	5,664.2	5,446.8
Male								
All ages, age adjusted ³ All ages, crude	697.0	687.6	634.0	538.9	412.4	320.0	305.4	297.4
	423.4	439.5	422.5	368.6	297.6	249.8	242.5	240.7
Under 1 year. 1–4 years 5–14 years 15–24 years 25–34 years 35–44 years 45–54 years 55–64 years 65–74 years 75–84 years 85 years and over	4.0 1.4 2.0 6.8 22.9 118.4 440.5 1,104.5 2,292.3 4,825.0 9,659.8	7.8 1.4 4.2 20.1 112.7 420.4 1,066.9 2,291.3 4,742.4 9,788.9	15.1 1.9 0.9 3.7 15.2 103.2 376.4 987.2 2,170.3 4,534.8 8,426.2	25.5 2.8 1.0 3.7 11.4 68.7 282.6 746.8 1,728.0 3,834.3 8,752.7	21.9 1.9 0.9 3.1 10.3 48.1 183.0 537.3 1,250.0 2,968.2 7,418.4	13.3 1.4 0.8 3.2 9.6 41.4 140.2 371.7 898.3 2,248.1 6,430.0	11.8 1.5 0.7 3.2 10.3 41.7 136.6 349.8 851.3 2,177.3 6,040.5	12.9 1.1 0.7 3.3 10.5 43.1 138.4 343.4 827.1 2,110.1 5,823.5
Female								
All ages, age adjusted ³ All ages, crude	484.7	447.0	381.6	320.8	257.0	210.9	203.9	197.2
	288.4	300.6	304.5	305.1	281.8	255.3	249.0	242.7
Under 1 year. 1–4 years 5–14 years 15–24 years 25–34 years 35–44 years 45–54 years 65–64 years 65–74 years 75–84 years	2.9	5.4	10.9	20.0	18.3	12.5	12.0	11.8
	1.2	1.1	1.6	2.5	1.9	1.0	1.4	1.0
	2.2	1.2	0.8	0.9	0.8	0.5	0.7	0.6
	6.7	3.7	2.3	2.1	1.8	2.1	1.8	1.7
	16.2	11.3	7.7	5.3	5.0	5.2	5.6	5.2
	55.1	38.2	32.2	21.4	15.1	17.2	17.6	18.0
	177.2	127.5	109.9	84.5	61.0	49.8	50.7	50.6
	510.0	429.4	351.6	272.1	215.7	159.3	151.8	147.2
	1,419.3	1,261.3	1,082.7	828.6	616.8	474.0	455.9	440.1
	3,872.0	3,582.7	3,120.8	2,497.0	1,893.8	1,475.1	1,428.9	1,389.7
	8,796.1	9,016.8	7,591.8	7,350.5	6,478.1	5,720.9	5,506.8	5,283.3
White male ⁴								
All ages, age adjusted ³	700.2	694.5	640.2	539.6	409.2	316.7	301.8	294.1
All ages, crude	433.0	454.6	438.3	384.0	312.7	265.8	257.8	256.0
45–54 years	423.6	413.2	365.7	269.8	170.6	130.7	127.0	128.6
55–64 years	1,081.7	1,056.0	979.3	730.6	516.7	351.8	330.8	324.0
65–74 years	2,308.3	2,297.9	2,177.2	1,729.7	1,230.5	877.8	829.1	807.8
75–84 years	4,907.3	4,839.9	4,617.6	3,883.2	2,983.4	2,247.0	2,175.8	2,112.0
85 years and over	9,950.5	10,135.8	8,818.0	8,958.0	7,558.7	6,560.8	6,157.2	5,939.8
Black or African American male ⁴								
All ages, age adjusted ³	639.4	615.2	607.3	561.4	485.4	392.5	384.5	371.0
	346.2	330.6	330.3	301.0	256.8	211.1	209.0	206.3
45-54 years 55-64 years 65-74 years 75-84 years ⁵ 85 years and over	622.5 1,433.1 2,139.1 4,106.1	514.0 1,236.8 2,281.4 3,533.6 6,037.9	512.8 1,135.4 2,237.8 3,783.4 5,367.6	433.4 987.2 1,847.2 3,578.8 6,819.5	328.9 824.0 1,632.9 3,107.1 6,479.6	247.2 631.2 1,268.8 2,597.6 5,633.5	242.6 602.2 1,245.8 2,569.3 5,459.9	246.0 605.3 1,192.7 2,449.6 5,125.7

See footnotes at end of table.

Table 36 (page 2 of 3). Death rates for diseases of heart, according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002

Sex, race, Hispanic origin, and age	1950¹	1960¹	1970	1980	1990	2000 ²	2001	2002
American Indian or Alaska Native male ⁴			Death	ns per 100,000) resident popu	lation		
All ages, age adjusted ³ All ages, crude				320.5 130.6	264.1 108.0	222.2 90.1	200.7 89.1	201.2 92.0
5–54 years				238.1 496.3	173.8 411.0	108.5	109.1 301.1	104.2 273.2
55–64 years				1,009.4	839.1	285.0 748.2	682.1	638.4
75–84 years				2,062.2 4,413.7	1,788.8 3,860.3	1,655.7 3,318.3	1,384.5 2,895.7	1,422.7 3,162.4
Asian or Pacific Islander male ⁴								
All ages, age adjusted ³				286.9	220.7	185.5	169.8	169.8
All ages, crude				119.8	88.7	90.6	87.3	89.4
15-54 years				112.0 306.7	70.4 226.1	61.1 182.6	60.1 162.0	60.6 154.2
65–74 years				852.4	623.5	482.5	439.1	422.4
75–84 years				2,010.9 5,923.0	1,642.2 4,617.8	1,354.7 4,154.2	1,273.8 3,688.1	1,252.4 3,841.3
Hispanic or Latino male ^{4,6}				0,020.0	1,017.0	1,101.2	0,000.1	0,011.0
All ages, age adjusted ³					270.0	238.2	232.6	219.8
All ages, crude					91.0	74.7	74.6	74.0
5–54 years					116.4	84.3	82.9	80.5
55–64 years					363.0 829.9	264.8 684.8	242.2 683.7	256.0 657.7
75–84 years					1,971.3	1,733.2	1,702.7	1,599.5
35 years and over					4,711.9	4,897.5	4,784.3	4,301.8
White, not Hispanic or Latino male ⁶								
All ages, age adjusted ³ All ages, crude					413.6 336.5	319.9 297.5	304.8 289.5	297.7 289.2
45–54 years					172.8	134.3	130.7	133.1
55–64 years					521.3	356.3	335.8	327.6
65–74 years					1,243.4 3,007.7	885.1 2,261.9	834.7 2,190.4	813.5 2,129.9
35 years and over					7,663.4	6,606.6	6,195.4	5,994.1
White female ⁴								
All ages, age adjusted ³ All ages, crude	478.0 289.4	441.7 306.5	376.7 313.8	315.9 319.2	250.9 298.4	205.6 274.5	198.7 267.7	192.1 261.0
45–54 years	141.9 460.2	103.4 383.0	91.4 317.7	71.2 248.1	50.2 192.4	40.9 141.3	41.5 134.3	41.7 130.6
65–74 years	1,400.9	1,229.8	1,044.0	796.7	583.6	445.2	429.0	414.7
75–84 years	3,925.2 9,084.7	3,629.7 9,280.8	3,143.5 7,839.9	2,493.6 7,501.6	1,874.3 6,563.4	1,452.4 5,801.4	1,407.9 5,582.5	1,368.2 5,350.6
Black or African American female ⁴								
All ages, age adjusted ³ All ages, crude	536.9 287.6	488.9 268.5	435.6 261.0	378.6 249.7	327.5 237.0	277.6 212.6	269.8 208.6	263.2 205.0
15-54 years	525.3	360.7	290.9	202.4	155.3	125.0	125.9	124.9
55–64 vears	1,210.2	952.3	710.5	530.1	442.0	332.8	323.1	312.3
65–74 ýears	1,659.4 3,499.3	1,680.5 2,926.9	1,553.2 2,964.1	1,210.3 2,707.2	1,017.5 2,250.9	815.2 1,913.1	768.0 1,849.6	734.0 1,821.9
35 years and over		5,650.0	5,003.8	5,796.5	5,766.1	5,298.7	5,207.3	5,111.2

See footnotes at end of table.

Table 36 (page 3 of 3). Death rates for diseases of heart, according to sex, race, Hispanic origin, and age: United States, selected years 1950-2002

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950¹	1960¹	1970	1980	1990	2000 ²	2001	2002
American Indian or Alaska Native female ⁴			D	oatha nar 100 (000 resident po	nulation		
			De		•	•		
ll ages, age adjusted ³				175.4	153.1	143.6	127.0	123.
Il ages, crude				80.3	77.5	71.9	68.2	68.
5–54 years				65.2	62.0	40.2	42.7	29.
5–64 years				193.5	197.0	149.4	126.5	124.
5–74 years				577.2	492.8	391.8	384.2	365.
5–84 years				1,364.3	1,050.3	1,044.1	934.3	1,002.
years and over				2,893.3	2,868.7	3,146.3	2,510.3	2,372.
Asian or Pacific Islander female ⁴								
Il ages, age adjusted ³				132.3	149.2	115.7	112.9	108
l ages, crude				57.0	62.0	65.0	67.9	67
				28.6	17.5	15.9	18.4	16
–54 years				92.9	99.0	68.8	62.8	61
–74 years				313.3	323.9	229.6	241.7	239
i–84 years				1,053.2	1,130.9	866.2	848.7	796
years and over				3,211.0	4,161.2	3,367.2	3,186.3	3,067
Hispanic or Latino female ^{4,6}								
l ages, age adjusted ³					177.2	163.7	161.0	149
l ages, crude					79.4	71.5	71.8	69
•								30
-54 years					43.5 153.2	28.2 111.2	27.9 107.2	105
i–64 years					460.4	366.3	363.1	346
5–74 years					1,259.7	1,169.4	1,155.7	1.090
years and over					4,440.3	4,605.8	4,521.1	4,032
White, not Hispanic or Latino female ⁶					·	·	·	
l ages, age adjusted ³					252.6	206.8	200.0	193
l ages, crude					320.0	304.9	298.4	292
5–54 years					50.2	41.9	42.7	42
-64 years					193.6	142.9	136.0	132
-74 years					584.7	448.5	431.8	417
–84 years					1,890.2	1,458.9	1,414.7	1,377
years and over					6,615.2	5,822.7	5,601.6	5,384

NOTES: Starting with Health, United States, 2003, rates for 1991-99 were revised using intercensal population estimates based on Census 2000. Rates for 2000 were revised based on Census 2000 counts. Rates for 2001 and 2002 were computed using 2000-based postcensal estimates. See Appendix I, Population Census and Population Estimates. Underlying cause of death code numbers are based on the applicable revision of the International Classification of Diseases (ICD) for data years shown. For the period 1980-98, causes were coded using ICD-9 codes that are most nearly comparable with the 113 cause list for ICD-10. See Appendix II, tables IV and V. Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. Data for additional years are available. See Appendix III.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System; numerator data from annual mortality files; denominator data from national population estimates for race groups from table 1 and unpublished Hispanic population estimates for 1985–96 prepared by the Housing and Household Economic Statistics Division, U.S. Bureau of the Census; additional mortality tables are available at www.cdc.gov/nchs/datawh/statab/unpubd/mortabs.htm; Kochanek KD, Murphy SL, Anderson RN, Scott C. Deaths: Final data for 2002. National vital statistics reports. Vol 53 no 5. Hyattsville, Maryland: National Center for Health Statistics. 2004.

¹Includes deaths of persons who were not residents of the 50 States and the District of Columbia.

²Starting with 1999 data, cause of death is coded according to ICD-10. See Appendix II, Comparability ratio and tables V and VI.

³Age-adjusted rates are calculated using the year 2000 standard population. See Appendix II, Age adjustment.

⁴The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native and Asian or Pacific Islander populations are known to be underestimated. See Appendix II, Race, for a discussion of sources of bias in death rates by race and Hispanic origin.

⁵In 1950 rate is for the age group 75 years and over

⁶Prior to 1997, excludes data from States lacking an Hispanic-origin item on the death certificate. See Appendix II, Hispanic origin.

Table 37 (page 1 of 3). Death rates for cerebrovascular diseases, according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002

								
Sex, race, Hispanic origin, and age	1950¹	1960¹	1970	1980	1990	2000 ²	2001	2002
All persons			Death	ns per 100,000	resident popu	lation		
All ages, age adjusted ³ All ages, crude	180.7 104.0	177.9 108.0	147.7 101.9	96.2 75.0	65.3 57.8	60.9 59.6	57.9 57.4	56.2 56.4
Under 1 year. 1–4 years 5–14 years 15–24 years 25–34 years 35–44 years 45–54 years 55–64 years 65–74 years 75–84 years 85 years and over	5.1 0.9 0.5 1.6 4.2 18.7 70.4 194.2 554.7 1,499.6 2,990.1	4.1 0.8 0.7 1.8 4.7 14.7 49.2 147.3 469.2 1,491.3 3,680.5	5.0 1.0 0.7 1.6 4.5 15.6 41.6 115.8 384.1 1,254.2 3,014.3	4.4 0.5 0.3 1.0 2.6 8.5 25.2 65.1 219.0 786.9 2,283.7	3.8 0.3 0.2 0.6 2.2 6.4 18.7 47.9 144.2 498.0 1,628.9	3.3 0.3 0.2 0.5 1.5 5.8 16.0 41.0 128.6 461.3 1,589.2	2.7 0.4 0.2 0.5 1.5 5.5 15.1 38.0 123.4 443.9 1,500.2	2.9 0.3 0.2 0.4 1.4 5.4 15.1 37.2 120.3 431.0 1,445.9
Male								
All ages, age adjusted ³ All ages, crude	186.4 102.5	186.1 104.5	157.4 94.5	102.2 63.4	68.5 46.7	62.4 46.9	59.0 45.2	56.5 44.2
Under 1 year. 1–4 years 5–14 years 15–24 years 25–34 years 35–44 years 45–54 years 55–64 years 65–74 years 75–84 years 85 years and over	6.4 1.1 0.5 1.8 4.2 17.5 67.9 205.2 589.6 1,543.6 3,048.6	5.0 0.9 0.7 1.9 4.5 14.6 52.2 163.8 530.7 1,555.9 3,643.1	5.8 1.2 0.8 1.8 4.4 15.7 44.4 138.7 449.5 1,361.6 2,895.2	5.0 0.4 0.3 1.1 2.6 8.7 27.2 74.6 258.6 866.3 2,193.6	4.4 0.3 0.2 0.7 2.1 6.8 20.5 54.3 166.6 551.1 1,528.5	3.8 * 0.2 0.5 1.5 5.8 17.5 47.2 145.0 490.8 1,484.3	3.1 0.3 0.2 0.5 1.6 5.7 16.7 43.4 140.4 467.3 1,380.2	3.2 0.4 0.2 0.5 1.4 5.3 16.7 42.7 135.0 445.9 1,317.9
Female								
All ages, age adjusted ³ All ages, crude	175.8 105.6	170.7 111.4	140.0 109.0	91.7 85.9	62.6 68.4	59.1 71.8	56.4 69.2	55.2 68.2
Under 1 year. 1–4 years 5–14 years 15–24 years 25–34 years 35–44 years 45–54 years 55–64 years 65–74 years 75–84 years 85 years and over	3.7 0.7 0.4 1.5 4.3 19.9 72.9 183.1 522.1 1,462.2 2,949.4	3.2 0.7 0.6 1.6 4.9 14.8 46.3 131.8 415.7 1,441.1 3,704.4	4.0 0.7 0.6 1.4 4.7 15.6 39.0 95.3 333.3 1,183.1 3,081.0	3.8 0.5 0.3 0.8 2.6 8.4 23.3 56.8 188.7 740.1 2,323.1	3.1 0.3 0.2 0.6 2.2 6.1 17.0 42.2 126.7 466.2 1,667.6	2.7 0.4 0.2 0.5 1.5 5.7 14.5 35.3 115.1 442.1 1,632.0	2.3 0.4 0.2 0.5 1.5 5.4 13.6 32.9 109.3 428.6 1,550.4	2.5 0.3 0.2 0.3 1.4 5.5 13.6 32.1 108.1 421.2 1,501.5
White male ⁴								
All ages, age adjusted ³ All ages, crude	182.1 100.5	181.6 102.7	153.7 93.5	98.7 63.1	65.5 46.9	59.8 48.4	56.5 46.6	54.2 45.7
45–54 years 55–64 years 65–74 years 75–84 years 85 years and over	53.7 182.2 569.7 1,556.3 3,127.1	40.9 139.0 501.0 1,564.8 3,734.8	35.6 119.9 420.0 1,361.6 3,018.1	21.7 64.0 239.8 852.7 2,230.8	15.4 45.7 152.9 539.2 1,545.4	13.6 39.7 133.8 480.0 1,490.7	12.7 36.1 128.5 458.8 1,386.2	12.9 35.6 123.8 437.5 1,327.4
Black or African American male ⁴								
All ages, age adjusted ³ All ages, crude	228.8 122.0	238.5 122.9	206.4 108.8	142.0 73.0	102.2 53.0	89.6 46.1	85.4 44.6	81.7 43.5
45–54 years 55–64 years 65–74 years 75–84 years ⁵ 85 years and over	211.9 522.8 783.6 1,504.9	166.1 439.9 899.2 1,475.2 2,700.0	136.1 343.4 780.1 1,445.7 1,963.1	82.1 189.7 472.3 1,066.3 1,873.2	68.4 141.7 326.9 721.5 1,421.5	49.5 115.4 268.5 659.2 1,458.8	48.8 111.9 269.2 613.9 1,349.1	46.5 110.3 262.9 587.8 1,252.2

See footnotes at end of table.

Table 37 (page 2 of 3). Death rates for cerebrovascular diseases, according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002

Sex, race, Hispanic origin, and age	1950¹	1960¹	1970	1980	1990	2000 ²	2001	2002
American Indian or Alaska Native male ⁴			Death	ns per 100,000	resident popu	ılation		
All ages, age adjusted ³ All ages, crude				66.4 23.1	44.3 16.0	46.1 16.8	37.5 14.2	37.1 15.4
45–54 years				* 72.0	* 39.8	13.3 48.6	12.6 24.1	15.4 34.5
65–74 years				170.5 523.9	120.3 325.9	144.7 373.3	131.5 247.8	96.6 276.4
85 years and over				1,384.7	949.8	834.9	833.0	768.3
Asian or Pacific Islander male ⁴								
All ages, age adjusted ³ All ages, crude				71.4 28.7	59.1 23.3	58.0 27.2	55.3 27.5	50.8 25.9
45–54 years				17.0 59.9	15.6 51.8	15.0 49.3	15.9 46.2	14.9 40.4
65–74 years				197.9 619.5	167.9 483.9	135.6 438.7	134.7 409.8	112.9 390.3
85 years and over				1,399.0	1,196.6	1,415.6	1,327.7	1,233.6
Hispanic or Latino male ^{4,6}					46 F	E0 E	40.0	44.0
All ages, age adjusted ³ All ages, crude					46.5 15.6	50.5 15.8	48.9 15.7	44.3 15.0
45–54 years					20.0 49.2	18.1 48.8	18.7 43.5	18.6 45.0
65–74 years		 			126.4 356.6 866.3	136.1 392.9 1,029.9	127.2 386.3 1,005.6	124.6 338.5 856.7
85 years and over					000.0	1,023.3	1,000.0	030.7
All ages, age adjusted ³ All ages, crude					66.3 50.6	59.9 53.9	56.5 52.0	54.4 51.3
45–54 years					14.9 45.1	13.0 38.7	11.9 35.1	12.1 34.5
65–74 years		 			154.5 547.3 1,578.7	133.1 482.3	128.0 460.5	123.2 441.1
White female ⁴					1,570.7	1,505.9	1,399.0	1,345.9
All ages, age adjusted ³ All ages, crude	169.7 103.3	165.0 110.1	135.5 109.8	89.0 88.6	60.3 71.6	57.3 76.9	54.5 74.0	53.4 73.0
45–54 years	55.0	33.8	30.5	18.6	13.5	11.2	10.2	10.4
55-64 years 65-74 years 75-84 years 85 years and over	156.9 498.1 1,471.3 3,017.9	103.0 383.3 1,444.7 3,795.7	78.1 303.2 1,176.8 3,167.6	48.6 172.5 728.8 2,362.7	35.8 116.1 456.5 1,685.9	30.2 107.3 434.2 1,646.7	27.6 99.9 421.6 1,563.5	27.4 99.5 414.1 1,516.9
Black or African American female ⁴								
All ages, crude	238.4 128.3	232.5 127.7	189.3 112.2	119.6 77.8	84.0 60.7	76.2 58.3	73.7 56.9	71.8 55.8
45–54 years	248.9 567.7 754.4 1,496.7	166.2 452.0 830.5 1,413.1 2,578.9	119.4 272.4 673.5 1,338.3 2,210.5	61.8 138.4 361.7 917.5 1,891.6	44.1 96.9 236.7 595.0 1,495.2	38.1 76.4 190.9 549.2 1,556.5	37.3 74.4 189.5 530.3 1,491.2	35.7 70.1 181.2 532.2 1,434.3

See footnotes at end of table.

Table 37 (page 3 of 3). Death rates for cerebrovascular diseases, according to sex, race, Hispanic origin, and age: United States, selected years 1950-2002

Sex, race, Hispanic origin, and age	1950 ¹	1960¹	1970	1980	1990	2000 ²	2001	2002
American Indian or Alaska Native female ⁴			De	eaths per 100,0	000 resident po	pulation		
All ages, age adjusted ³				51.2	38.4	43.7	44.0	38.0
Ill ages, crude				22.0	19.3	21.5	23.3	21.5
5–54 years				*	*	14.4	15.1	13.5
5–64 years				*	40.7	37.9	30.4	33.
5–74 years				128.3	100.5	79.5	133.3	112.4
5-84 years				404.2	282.0	391.1	359.9	304.8
5 years and over				1,095.5	776.2	931.5	830.5	689.9
Asian or Pacific Islander female ⁴								
ull ages, age adjusted ³				60.8	54.9	49.1	48.2	45.4
Il ages, crude				26.4	24.3	28.7	29.8	29.2
5-54 years				20.3	19.7	13.3	11.3	12.0
5–64 years				43.7	42.1	33.3	35.2	32.
5–74 years				136.1	124.0 396.6	102.8 386.0	113.2	112. 331.
5–84 years				446.6 1,545.2	1,395.0	386.0 1,246.6	359.6 1,236.8	1,149.8
Hispanic or Latino female ^{4,6}								
All ages, age adjusted ³					43.7	43.0	41.6	38.6
III ages, age adjusted					20.1	19.4	19.1	18.4
iii ages, crude								
5–54 years					15.2	12.4	13.1	12.0
5–64 years					38.5	31.9	28.2	27.6
5–74 years					102.6	95.2	89.6	85.6
5–84 years					308.5	311.3	310.7	307.2
5 years and over					1,055.3	1,108.9	1,061.2	918.5
White, not Hispanic or Latino female ⁶								
ull ages, age adjusted ³					61.0	57.6	54.8	53.9
Il ages, crude					77.2	85.5	82.6	82.
5–54 years					13.2	10.9	9.8	10.1
5–64 years					35.7	29.9	27.4	27.2
5–74 years					116.9	107.6	100.3	100.2
5-84 years					461.9	438.3	425.6	418.
5 years and over					1,714.7	1,661.6	1,577.4	1,536.

^{- - -} Data not available.

NOTES: Starting with Health, United States, 2003, rates for 1991-99 were revised using intercensal population estimates based on census 2000. Rates for 2000 were revised based on census 2000 counts. Rates for 2001 and 2002 were computed using 2000-based postcensal estimates. See Appendix I, Population Census and Population Estimates. Underlying cause of death code numbers are based on the applicable revision of the International Classification of Diseases (ICD) for data years shown. For the period 1980-98, causes were coded using ICD-9 codes that are most nearly comparable with the 113 cause list for ICD-10. See Appendix II, tables IV and V. Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. Data for additional years are available. See Appendix III

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System; Grove RD, Hetzel AM. Vital statistics rates in the United States, 1940–1960. Washington: U.S. Government Printing Office. 1968; numerator data from National Vital Statistics System, annual mortality files; denominator data from national population estimates for race groups from table 1 and unpublished Hispanic population estimates for 1985–96 prepared by the Housing and Household Economic Statistics Division, U.S. Bureau of the Census; additional mortality tables are available at

www.cdc.gov/nchs/datawh/statab/unpubd/mortabs.htm; Kochanek KD, Murphy SL, Anderson RN, Scott C. Deaths: Final data for 2002. National vital statistics reports. Vol 53 no 5. Hyattsville, Maryland: National Center for Health Statistics. 2004.

^{*} Rates based on fewer than 20 deaths are considered unreliable and are not shown.

¹Includes deaths of persons who were not residents of the 50 States and the District of Columbia.

²Starting with 1999 data, cause of death is coded according to ICD–10. See Appendix II, Comparability ratio and tables V and VI.

³Age-adjusted rates are calculated using the year 2000 standard population. See Appendix II, Age adjustment.

⁴The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native and Asian or Pacific Islander populations are known to be underestimated. See Appendix II, Race, for a discussion of sources of bias in death rates by race and Hispanic origin.

⁵In 1950 rate is for the age group 75 years and over.

⁶Prior to 1997, excludes data from States lacking an Hispanic-origin item on the death certificate. See Appendix II, Hispanic origin.

Table 38 (page 1 of 4). Death rates for malignant neoplasms, according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002

Sex, race, Hispanic origin, and age	1950¹	1960¹	1970	1980	1990	2000 ²	2001	2002
All persons			Death	ns per 100,000	resident popu	lation		
All ages, age adjusted ³	193.9	193.9	198.6	207.9	216.0	199.6	196.0	193.5
All ages, crude	139.8	149.2	162.8	183.9	203.2	196.5	194.4	193.2
Under 1 year. 1–4 years 5–14 years 15–24 years 25–34 years 35–44 years 45–54 years 55–64 years 65–74 years 75–84 years	8.7	7.2	4.7	3.2	2.3	2.4	1.6	1.8
	11.7	10.9	7.5	4.5	3.5	2.7	2.7	2.6
	6.7	6.8	6.0	4.3	3.1	2.5	2.5	2.6
	8.6	8.3	8.3	6.3	4.9	4.4	4.3	4.3
	20.0	19.5	16.5	13.7	12.6	9.8	10.1	9.7
	62.7	59.7	59.5	48.6	43.3	36.6	36.8	35.8
	175.1	177.0	182.5	180.0	158.9	127.5	126.5	123.8
	390.7	396.8	423.0	436.1	449.6	366.7	356.5	351.1
	698.8	713.9	754.2	817.9	872.3	816.3	802.8	792.1
	1,153.3	1,127.4	1,169.2	1,232.3	1,348.5	1,335.6	1,315.8	1,311.9
	1,451.0	1,450.0	1,320.7	1,594.6	1,752.9	1,819.4	1,765.6	1,723.9
Male								
All ages, age adjusted ³	208.1	225.1	247.6	271.2	280.4	248.9	243.7	238.9
All ages, crude	142.9	162.5	182.1	205.3	221.3	207.2	205.3	203.8
Under 1 year. 1–4 years 5–14 years 15–24 years 25–34 years 35–44 years 45–54 years 55–64 years 65–74 years 75–84 years	9.7	7.7	4.4	3.7	2.4	2.6	1.5	2.0
	12.5	12.4	8.3	5.2	3.7	3.0	2.9	2.7
	7.4	7.6	6.7	4.9	3.5	2.7	2.5	2.9
	9.7	10.2	10.4	7.8	5.7	5.1	5.0	4.9
	17.7	18.8	16.3	13.4	12.6	9.2	9.3	9.2
	45.6	48.9	53.0	44.0	38.5	32.7	32.6	31.5
	156.2	170.8	183.5	188.7	162.5	130.9	130.3	128.0
	413.1	459.9	511.8	520.8	532.9	415.8	405.2	399.8
	791.5	890.5	1,006.8	1,093.2	1,122.2	1,001.9	984.6	964.8
	1,332.6	1,389.4	1,588.3	1,790.5	1,914.4	1,760.6	1,727.1	1,711.3
	1,668.3	1,741.2	1,720.8	2,369.5	2,739.9	2,710.7	2,613.6	2,491.1
Female	100.0	160.7	160.0	166.7	175 7	167.6	164.7	160.1
All ages, age adjusted ³ All ages, crude	182.3	168.7	163.2	166.7	175.7	167.6	164.7	163.1
	136.8	136.4	144.4	163.6	186.0	186.2	183.9	183.0
Under 1 year. 1–4 years 5–14 years 15–24 years 25–34 years 35–44 years 45–54 years 65–64 years 65–74 years 75–84 years	7.6	6.8	5.0	2.7	2.2	2.3	1.8	1.6
	10.8	9.3	6.7	3.7	3.2	2.5	2.5	2.4
	6.0	6.0	5.2	3.6	2.8	2.2	2.4	2.4
	7.6	6.5	6.2	4.8	4.1	3.6	3.5	3.6
	22.2	20.1	16.7	14.0	12.6	10.4	10.9	10.2
	79.3	70.0	65.6	53.1	48.1	40.4	41.0	40.0
	194.0	183.0	181.5	171.8	155.5	124.2	122.7	119.8
	368.2	337.7	343.2	361.7	375.2	321.3	311.5	306.0
	612.3	560.2	557.9	607.1	677.4	663.6	652.2	648.5
	1,000.7	924.1	891.9	903.1	1,010.3	1,058.5	1,045.4	1,046.7
	1,299.7	1,263.9	1,096.7	1,255.7	1,372.1	1,456.4	1,410.7	1,391.1
White male ⁴								
All ages, age adjusted ³	210.0	224.7	244.8	265.1	272.2	243.9	239.2	235.2
	147.2	166.1	185.1	208.7	227.7	218.1	216.4	215.5
25–34 years	17.7	18.8	16.2	13.6	12.3	9.2	9.3	9.1
	44.5	46.3	50.1	41.1	35.8	30.9	31.3	30.5
	150.8	164.1	172.0	175.4	149.9	123.5	123.6	121.8
	409.4	450.9	498.1	497.4	508.2	401.9	392.1	386.0
	798.7	887.3	997.0	1,070.7	1,090.7	984.3	969.4	954.8
	1,367.6	1,413.7	1,592.7	1,779.7	1,883.2	1,736.0	1,704.6	1,695.3
	1,732.7	1,791.4	1,772.2	2,375.6	2,715.1	2,693.7	2,597.6	2,486.8
Black or African American male⁴								
All ages, age adjusted ³ All ages, crude	178.9	227.6	291.9	353.4	397.9	340.3	330.9	319.6
	106.6	136.7	171.6	205.5	221.9	188.5	184.5	181.5
25–34 years 35–44 years 45–54 years 55–64 years 65–74 years 75–84 years ⁵ 85 years and over	18.0 55.7 211.7 490.8 636.5 853.5	18.4 72.9 244.7 579.7 938.5 1,053.3 1,155.2	18.8 81.3 311.2 689.2 1,168.9 1,624.8 1,387.0	14.1 73.8 333.0 812.5 1,417.2 2,029.6 2,393.9	15.7 64.3 302.6 859.2 1,613.9 2,478.3 3,238.3	10.1 48.4 214.2 626.4 1,363.8 2,351.8 3,264.8	10.5 44.6 204.8 604.2 1,335.3 2,290.0 3,209.9	11.2 43.0 197.3 610.3 1,274.7 2,223.0 2,976.1

See footnotes at end of table.

Table 38 (page 2 of 4). Death rates for malignant neoplasms, according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002

Sex, race, Hispanic origin, and age	1950¹	1960¹	1970	1980	1990	2000 ²	2001	2002
American Indian or			Dooth	no nor 100 000) recident near	lation		
Alaska Native male ⁴			Deatr	is per 100,000	resident popu	liation		
ıll ages, age adjusted ³				140.5 58.1	145.8 61.4	155.8 67.0	155.3 72.4	141.9 70.4
5–34 years				*	*	*	*	*
5–44 years				*	22.8	21.4	22.9	18.9
5–54 years				86.9	86.9	70.3	77.1	76.1
5–64 years				213.4	246.2	255.6	256.0	261.4
5–74 years				613.0 936.4	530.6 1,038.4	648.0 1,152.5	673.9 1,093.0	604.9 1,069.3
5-84 years 5 years and over				1,471.2	1,654.4	1,584.2	1,487.5	1,036.3
Asian or				.,	1,00	.,	,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Pacific Islander male ⁴								
ll ages, age adjusted ³				165.2	172.5	150.8	147.0	137.9
I ages, crude				81.9	82.7	85.2	87.0	84.0
i–34 years				6.3	9.2	7.4	7.1	7.9
5–44 years				29.4	27.7	26.1	24.8	22.7
5–54 years				108.2	92.6	78.5	83.9	82.8
5–64 years				298.5	274.6	229.2	234.8	224.7
5–74 years				581.2	687.2	559.4	515.1	481.7
5–84 years				1,147.6 1,798.7	1,229.9 1,837.0	1,086.1 1,823.2	1,095.9 1,676.4	1,012.7 1,544.3
•				1,730.7	1,007.0	1,020.2	1,070.4	1,044.0
Hispanic or Latino male ^{4,6}								
ages, age adjusted ³					174.7 65.5	171.7 61.3	168.2 62.2	161.4 61.2
5–34 years					8.0	6.9	6.3	6.3
i–44 years					22.5	20.1	21.7	18.4
–54 years					96.6	79.4	81.5	78.4
-64 years					294.0	253.1	253.5	254.3
–74 years					655.5	651.2	642.8	622.3
5–84 years					1,233.4 2,019.4	1,306.4 2,049.7	1,258.3 1,967.4	1,190.8 1,869.0
White, not Hispanic					_,	_,	1,00111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
or Latino male ⁶								
ll ages, age adjusted ³					276.7	247.7	243.1	239.6
l ages, crude					246.2	244.4	243.4	243.8
5–34 years					12.8	9.7	10.0	9.8
5–44 years					36.8	32.3	32.6	32.5
-54 years					153.9	127.2	127.3	125.9
5–64 years					520.6	412.0	401.7	395.5
5–74 years					1,109.0 1,906.6	1,002.1 1,750.2	988.2 1,721.8	975.3 1,716.5
5–84 years					2,744.4	2,714.1	2,616.8	2,507.7
White female ⁴					•	•	,	,
Il ages, age adjusted ³	182.0	167.7	162.5	165.2	174.0	166.9	163.9	162.4
ll ages, crude	139.9	139.8	149.4	170.3	196.1	199.4	196.7	195.8
5–34 years	20.9	18.8	16.3	13.5	11.9	10.1	10.4	9.9
5–44 years	74.5	66.6	62.4	50.9	46.2	38.2	39.3	38.5
5–54 years	185.8	175.7	177.3	166.4	150.9	120.1	118.9	115.3
5–64 years	362.5	329.0	338.6	355.5	368.5	319.7	308.6	303.1
J-/4 VEXIS	616.5	562.1	554.7	605.2	675.1	665.6	652.9	650.4
5–84 years	1,026.6	939.3	903.5	905.4	1,011.8	1,063.4	1,049.8	1,053.1

See footnotes at end of table.

Table 38 (page 3 of 4). Death rates for malignant neoplasms, according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002

Sex, race, Hispanic origin, and age	1950¹	1960¹	1970	1980	1990	2000 ²	2001	2002
Black or African American female ⁴			De	eaths per 100,0	000 resident po	pulation		
All ages, age adjusted ³ All ages, crude	174.1 111.8	174.3 113.8	173.4 117.3	189.5 136.5	205.9 156.1	193.8 151.8	191.3 151.3	190.3 151.7
25–34 years 35–44 years 45–54 years 55–64 years 65–74 years 75–84 years ⁵ 85 years and over	34.3 119.8 277.0 484.6 477.3 605.3	31.0 102.4 254.8 442.7 541.6 696.3 728.9	20.9 94.6 228.6 404.8 615.8 763.3 791.5	18.3 73.5 230.2 450.4 662.4 923.9 1,159.9	18.7 67.4 209.9 482.4 773.2 1,059.9 1,431.3	13.5 58.9 173.9 391.0 753.1 1,124.0 1,527.7	15.0 57.3 166.8 390.9 748.4 1,125.0 1,457.5	13.3 56.2 168.2 385.4 741.1 1,123.1 1,468.0
American Indian or Alaska Native female ⁴								
All ages, age adjusted ³ All ages, crude				94.0 50.4	106.9 62.1	108.3 61.3	114.1 68.8	112.9 71.0
25–34 years 35–44 years 45–54 years 55–64 years 65–74 years				36.9 96.9 198.4 350.8	31.0 104.5 213.3 438.9	23.7 59.7 200.9 458.3	25.7 79.4 221.7 463.8	9.4 23.6 80.6 202.5 473.2
75–84 years				446.4 786.5	554.3 843.7	714.0 983.2	752.7 905.2	703.9 1,001.2
Pacific Islander female ⁴								
All ages, age adjusted ³				93.0 54.1	103.0 60.5	100.7 72.1	99.3 74.0	95.9 72.6
25–34 years				9.5 38.7	7.3 29.8	8.1 28.9	8.0 25.6	6.4 23.6
45–54 years				99.8 174.7 301.9	93.9 196.2 346.2	78.2 176.5 357.4	82.5 167.7 373.3	78.5 171.2 358.1
65–74 years				522.1 800.0	641.4 971.7	650.1 988.5	633.1 929.2	606.4 910.1
Hispanic or Latino female ^{4,6}								
All ages, age adjusted ³ All ages, crude					111.9 60.7	110.8 58.5	108.6 58.7	106.1 58.1
25–34 years					9.7 34.8	7.8 30.7	8.3 29.8	7.5 28.4
45–54 years					100.5	84.7	84.2	78.0
55–64 years					205.4 404.8	192.5 410.0	196.7 394.5	179.8 395.6
75–84 years					663.0 1,022.7	716.5 1,056.5	681.2 1,068.6	692.2 1,031.2

See footnotes at end of table.

Table 38 (page 4 of 4). Death rates for malignant neoplasms, according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002

[Data are based on death certificates]

1950¹	1960¹	1970	1980	1990	2000 ²	2001	2002
		De	aths per 100	,000 resident p	opulation		
				177.5 210.6	170.0 220.6	167.2 218.4	165.9 218.5
				11.9 47.0	10.5 38.9	10.7 40.4	10.3 39.9
				154.9 379.5	123.0 328.9	121.9 317.3	118.7 312.8
				1,027.2	1,075.3	1,064.4	667.7 1,068.3 1.405.4
			De	Deaths per 100	Deaths per 100,000 resident per 177.5 177.5 210.6 11.9 154.9 154.9 688.5 1,027.2	Deaths per 100,000 resident population 177.5 170.0 210.6 220.6 11.9 10.5 47.0 38.9 154.9 123.0 379.5 328.9 688.5 681.0 1,027.2 1,075.3	Deaths per 100,000 resident population 177.5 170.0 167.2 210.6 220.6 218.4 11.9 10.5 10.7 47.0 38.9 40.4 47.0 38.9 40.4 379.5 328.9 317.3 688.5 681.0 669.7 1,027.2 1,075.3 1,064.4

^{- - -} Data not available.

NOTES: Starting with *Health, United States, 2003*, rates for 1991–99 were revised using intercensal population estimates based on census 2000. Rates for 2000 were revised based on census 2000 counts. Rates for 2001 and 2002 were computed using 2000-based postcensal estimates. See Appendix I, Population Census and Population Estimates. Underlying cause of death code numbers are based on the applicable revision of the *International Classification of Diseases* (ICD) for data years shown. See Appendix II, tables IV and V. Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. Data for additional years are available. See Appendix III.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System; Grove RD, Hetzel AM. Vital statistics rates in the United States, 1940–1960. Washington: U.S. Government Printing Office. 1968; numerator data from National Vital Statistics System, annual mortality files; denominator data from national population estimates for race groups from table 1 and unpublished Hispanic population estimates for 1985–96 prepared by the Housing and Household Economic Statistics Division, U.S. Bureau of the Census; additional mortality tables are available at www.cdc.gov/nchs/datawh/statab/unpubd/mortabs.htm; Kochanek KD, Murphy SL, Anderson RN, Scott C. Deaths: Final data for 2002. National vital statistics reports. Vol 53 no 5. Hyattsville, Maryland: National Center for Health Statistics. 2004.

^{*} Rates based on fewer than 20 deaths are considered unreliable and are not shown.

¹Includes deaths of persons who were not residents of the 50 States and the District of Columbia.

²Starting with 1999 data, cause of death is coded according to ICD-10. See Appendix II, Comparability ratio and tables V and VI.

³Age-adjusted rates are calculated using the year 2000 standard population. See Appendix II, Age adjustment.

⁴The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native and Asian or Pacific Islander populations are known to be underestimated. See Appendix II, Race, for a discussion of sources of bias in death rates by race and Hispanic origin.

⁵In 1950 rate is for the age group 75 years and over.

⁶Prior to 1997, excludes data from States lacking an Hispanic-origin item on the death certificate. See Appendix II, Hispanic origin.

Table 39 (page 1 of 3). Death rates for malignant neoplasms of trachea, bronchus, and lung, according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002

Sex, race, Hispanic origin, and age	1950¹	1960¹	1970	1980	1990	2000 ²	2001	2002
All persons			Death	s per 100,000	resident popu	lation		
All ages, age adjusted ³ All ages, crude	15.0 12.2	24.1 20.3	37.1 32.1	49.9 45.8	59.3 56.8	56.1 55.3	55.3 54.8	54.9 54.7
Under 25 years	0.1 0.8 4.5 20.4 48.7 59.7 55.8 42.3	0.0 1.0 6.8 29.6 75.3 108.1 91.5 65.6	0.1 0.9 11.0 43.4 109.1 164.5 163.2 101.7	0.0 0.6 9.2 54.1 138.2 233.3 240.5 176.0	0.0 0.7 6.8 46.8 160.6 288.4 333.3 242.5	0.0 0.5 6.1 31.6 122.4 284.2 370.8 302.1	0.0 0.4 6.2 30.7 117.7 279.7 371.4 302.7	0.0 0.4 6.0 30.3 115.3 275.0 377.6 297.2
Male								
All ages, age adjusted ³ All ages, crude	24.6 19.9	43.6 35.4	67.5 53.4	85.2 68.6	91.1 75.1	76.7 65.5	75.2 64.7	73.2 63.7
Under 25 years	0.0 1.1 7.1 35.0 83.8 98.7 82.6 62.5	0.0 1.4 10.5 50.6 139.3 204.3 167.1 107.7	0.1 1.3 16.1 67.5 189.7 320.8 330.8 194.0	0.1 0.8 11.9 76.0 213.6 403.9 488.8 368.1	0.0 0.9 8.5 59.7 222.9 430.4 572.9 513.2	0.5 6.9 38.5 154.0 377.9 532.2 521.2	0.4 6.7 37.4 147.1 370.0 529.5 512.4	0.0 0.4 6.2 36.6 144.0 355.9 527.9 482.2
Female								
All ages, age adjusted ³ All ages, crude	5.8 4.5	7.5 6.4	13.1 11.9	24.4 24.3	37.1 39.4	41.3 45.4	41.0 45.3	41.6 46.0
Under 25 years	0.1 0.5 1.9 5.8 13.6 23.3 32.9 28.2	0.0 0.5 3.2 9.2 15.4 24.4 32.8 38.8	0.0 0.5 6.1 21.0 36.8 43.1 52.4 50.0	0.5 6.5 33.7 72.0 102.7 94.1 91.9	0.5 5.2 34.5 105.0 177.6 190.1 138.1	0.5 5.3 25.0 93.3 206.9 265.6 212.8	0.4 5.7 24.3 90.5 204.9 267.5 215.0	0.4 5.8 24.3 88.8 207.7 277.8 217.0
White male ⁴								
All ages, age adjusted ³ All ages, crude	25.1 20.8	43.6 36.4	67.1 54.6	83.8 70.2	89.0 77.8	75.7 69.4	74.2 68.6	72.5 67.7
45–54 years	35.1 85.4 101.5 85.5 67.4	49.2 139.2 207.5 170.4 109.4	63.3 186.8 325.0 336.7 199.6	70.9 205.6 401.0 493.5 374.1	55.2 213.7 422.1 572.2 516.3	35.7 150.8 374.9 529.9 522.4	34.9 143.8 368.1 526.4 513.9	34.2 139.3 356.4 527.8 486.6
Black or African American male ⁴								
All ages, age adjusted ³ All ages, crude	17.8 12.1	42.6 28.1	75.4 47.7	107.6 66.6	125.4 73.7	101.1 58.3	99.1 57.2	95.0 56.0
45–54 years 55–64 years 65–74 years 75–84 years ⁵ 85 years and over	34.4 68.3 53.8 36.2	68.4 146.8 168.3 107.3 82.8	115.4 234.3 300.5 271.6 137.0	133.8 321.1 472.3 472.9 311.3	114.9 358.6 585.4 645.4 499.5	70.7 223.5 488.8 642.5 562.8	66.2 215.2 476.4 659.8 549.2	64.6 223.6 444.6 626.2 484.6
American Indian or Alaska Native male ⁴								
All ages, age adjusted ³ All ages, crude				31.7 14.2	47.5 20.0	42.9 18.1	42.1 19.6	41.3 19.8
45–54 years				72.0 202.8 *	26.6 97.8 194.3 356.2	14.5 86.0 184.8 367.9	20.0 78.7 205.4 354.6	14.9 92.7 185.2 326.2

See footnotes at end of table.

Table 39 (page 2 of 3). Death rates for malignant neoplasms of trachea, bronchus, and lung, according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002

Say raca Hispania origin								
Sex, race, Hispanic origin, and age	1950¹	1960¹	1970	1980	1990	2000²	2001	2002
Asian or			Dooth	no nor 100 000	regident non	ulation		
Pacific Islander male ⁴			Deali	•) resident popu			
All ages, age adjusted ³ All ages, crude				43.3 22.1	44.2 20.7	40.9 22.7	39.2 22.5	36.3 21.5
15–54 years				33.3	18.8	17.2	16.7	15.6
55–64 years				94.4	74.4	61.4	62.4	64.9
5-74 years				174.3 301.3	215.8 307.5	183.2 323.2	161.7 311.5	137.7 301.2
5 years and over				*	421.3	378.0	402.3	346.5
Hispanic or Latino male ^{4,6}								
All ages, age adjusted ³					44.1	39.0	36.8	36.2
III ages, crude					16.2	13.3	13.1	13.1
15–54 years					21.5	14.8	14.2	12.6
55–64 years					80.7	58.6	59.5	60.7
55-74 years					195.5 313.4	167.3 327.5	163.7 293.8	161.7 299.1
75-84 years					420.7	368.8	335.2	307.9
White, not Hispanic or Latino male ⁶								
All ages, age adjusted ³					91.1	77.9	76.6	75.0
All ages, crude					84.7	78.9	78.4	77.8
15–54 years					57.8	37.7	37.0	36.5
55–64 years					221.0	157.7	150.3	145.7
65–74 years					431.4	387.3	381.1	369.5
75-84 years					580.4 520.9	537.7 527.3	536.5 520.0	538.3 493.3
White female ⁴								
All ages, age adjusted ³ All ages, crude	5.9 4.7	6.8 5.9	13.1 12.3	24.5 25.6	37.6 42.4	42.3 49.9	42.1 49.8	42.6 50.7
•	5.7	9.0	20.9	33.0	34.6	24.8	24.3	24.2
45–54 years	13.7	15.1	37.2	71.9	105.7	96.1	93.3	91.0
65–74 years	23.7	24.8	42.9	104.6	181.3	213.2	211.9	215.1
75–84 years	34.0	32.7	52.6	95.2	194.6	272.7	274.0	285.8
35 years and over	29.3	39.1	50.6	92.4	138.3	215.9	218.1	220.2
Black or African American female ⁴								
All ages, age adjusted ³ All ages, crude	4.5 2.8	6.8 4.3	13.7 9.4	24.8 18.3	36.8 28.1	39.8 30.8	38.7 30.2	40.1 31.6
45–54 years	7.5	11.3	23.9	43.4	41.3	32.9	29.5	31.7
55–64 years	12.9	17.9	33.5	79.9	117.9	95.3	92.0	95.3
65–74 years	14.0	18.1	46.1	88.0	164.3	194.1	186.7	189.3
75–84 years ⁵		31.3 34.2	49.1 44.8	79.4 85.8	148.1 134.9	224.3 185.9	231.3 181.0	242.6 191.0
American Indian or Alaska Native female ⁴		04.2	44.0	00.0	104.0	100.0	101.0	101.0
All ages, age adjusted ³				11.7	19.3	24.8	28.1	27.1
All ages, crude				6.0	11.2	14.0	16.2	16.4
15-54 years				*	22.9	12.1	15.1	11.4
55–64 years				*	53.7	52.6	56.9	52.5
65-74 years				*	78.5	151.5	140.2	162.8
75–84 years				*	111.8	136.3	201.4	163.4
85 years and over								168.3

See footnotes at end of table.

Table 39 (page 3 of 3). Death rates for malignant neoplasms of trachea, bronchus, and lung, according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950¹	1960¹	1970	1980	1990	2000 ²	2001	2002
Asian or Pacific Islander female ⁴			Death	ns per 100,000) resident popu	ulation		
All ages, age adjusted ³ All ages, crude				15.4 8.4	18.9 10.5	18.4 12.6	20.0 14.1	17.5 12.9
45–54 years				13.5 24.6 62.4 117.7	11.3 38.3 71.6 137.9 172.9	9.9 30.4 77.0 135.0 175.3	11.4 29.4 83.6 147.5 212.1	9.0 28.9 79.9 116.8 170.4
Hispanic or Latino female ^{4,6}					14.1	14.7	14.5	14.6
All ages, age adjusted ³					14.1 7.2	14.7 7.2	14.5 7.4	14.6 7.6
45–54 years					8.7 25.1 66.8 94.3 118.2	7.1 22.2 66.0 112.3 137.5	7.3 24.6 64.6 107.0 135.0	7.3 23.2 69.5 104.6 130.1
White, not Hispanic or Latino female ⁶								
All ages, age adjusted ³ All ages, crude					39.0 46.2	44.1 56.4	44.0 56.6	44.6 57.9
45–54 years					36.6 111.3	26.4 102.2	26.0 99.2	26.0 96.8
65–74 years					186.4 199.1	222.9 279.2	222.3 281.3	225.9 294.3
85 years and over					139.0	218.0	220.6	223.4

^{0.0} Quantity more than zero but less than 0.05.

NOTES: Starting with *Health, United States, 2003*, rates for 1991–99 were revised using intercensal population estimates based on census 2000. Rates for 2000 were revised based on census 2000 counts. Rates for 2001 and 2002 were computed using 2000-based postcensal estimates. See Appendix I, Population Census and Population Estimates. Underlying cause of death code numbers are based on the applicable revision of the *International Classification of Diseases* (ICD) for data years shown. For the period 1980–98, causes were coded using ICD–9 codes that are most nearly comparable with the 113 cause list for ICD–10. See Appendix II, tables IV and V. Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. Data for additional years are available. See Appendix III.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System; Grove RD, Hetzel AM. Vital statistics rates in the United States, 1940–1960. Washington: U.S. Government Printing Office. 1968; numerator data from National Vital Statistics System, annual mortality files; denominator data from national population estimates for race groups from table 1 and unpublished Hispanic population estimates for 1985–96 prepared by the Housing and Household Economic Statistics Division, U.S. Bureau of the Census; additional mortality tables are available at

www.cdc.gov/nchs/datawh/statab/unpubd/mortabs.htm; Kochanek KD, Murphy SL, Anderson RN, Scott C. Deaths: Final data for 2002. National vital statistics reports. Vol 53 no 5. Hyattsville, Maryland: National Center for Health Statistics. 2004.

^{*} Rates based on fewer than 20 deaths are considered unreliable and are not shown.

^{- -} Data not available.

¹Includes deaths of persons who were not residents of the 50 States and the District of Columbia.

²Starting with 1999 data, cause of death is coded according to ICD-10. See Appendix II, Comparability ratio and tables V and VI.

³Age-adjusted rates are calculated using the year 2000 standard population. See Appendix II, Age adjustment.

⁴The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native and Asian or Pacific Islander populations are known to be underestimated. See Appendix II, Race, for a discussion of sources of bias in death rates by race and Hispanic origin.

⁵In 1950 rate is for the age group 75 years and over.

⁶Prior to 1997, excludes data from States lacking an Hispanic-origin item on the death certificate. See Appendix II, Hispanic origin.

Table 40 (page 1 of 2). Death rates for malignant neoplasm of breast for females, according to race, Hispanic origin, and age: United States, selected years 1950–2002

Race, Hispanic origin, and age	1950¹	1960¹	1970	1980	1990	2000²	2001	2002
All females			Death	ns per 100,000	resident popu	ılation		
All ages, age adjusted ³ All ages, crude	31.9 24.7	31.7 26.1	32.1 28.4	31.9 30.6	33.3 34.0	26.8 29.2	26.0 28.6	25.6 28.3
Under 25 years	3.8 20.8 46.9 69.9 95.0 139.8 195.5	3.8 20.2 51.4 70.8 90.0 129.9 191.9	3.9 20.4 52.6 77.6 93.8 127.4 157.1	3.3 17.9 48.1 80.5 101.1 126.4 169.3	2.9 17.8 45.4 78.6 111.7 146.3 196.8	2.3 12.4 33.0 59.3 88.3 128.9 205.7	2.4 12.4 32.8 57.5 85.8 125.8 188.9	2.1 12.0 31.4 56.2 84.4 125.9 191.5
White ⁴								
All ages, age adjusted ³ All ages, crude 35–44 years 45–54 years 55–64 years 65–74 years 75–84 years 85 years and over	32.4 25.7 20.8 47.1 70.9 96.3 143.6 204.2	32.0 27.2 19.7 51.2 71.8 91.6 132.8 199.7	32.5 29.9 20.2 53.0 79.3 95.9 129.6 161.9	32.1 32.3 17.3 48.1 81.3 103.7 128.4 171.7	33.2 35.9 17.1 44.3 78.5 113.3 148.2 198.0	26.3 30.7 11.3 31.2 57.9 89.3 130.2 205.5	25.5 29.8 11.3 31.0 56.0 85.6 126.9 189.9	25.0 29.5 10.7 29.4 55.0 84.6 126.5 192.6
Black or African American ⁴								
All ages, age adjusted ³ All ages, crude	25.3 16.4	27.9 18.7	28.9 19.7	31.7 22.9	38.1 29.0	34.5 27.9	34.4 28.3	34.0 28.2
35–44 years 45–54 years 55–64 years 65–74 years 75–84 years ⁵ 85 years and over	21.0 46.5 64.3 67.0 81.0	24.8 54.4 63.2 72.3 87.5 92.1	24.4 52.0 64.7 77.3 101.8 112.1	24.1 52.7 79.9 84.3 114.1 149.9	25.8 60.5 93.1 112.2 140.5 201.5	20.9 51.5 80.9 98.6 139.8 238.7	20.8 50.3 79.8 106.6 141.8 205.9	22.0 49.8 76.6 101.1 145.0 209.1
American Indian or Alaska Native ⁴								
All ages, age adjusted ³ All ages, crude				10.8 6.1	13.7 8.6	13.6 8.7	11.8 8.2	13.8 9.6
35–44 years				* * * * * *	23.9 * * *	14.4 40.0 42.5 71.8	18.9 31.4 41.5	18.7 28.5 48.7 *
Asian or Pacific Islander ⁴								
All ages, age adjusted ³ All ages, crude				11.9 8.2	13.7 9.3	12.3 10.2	12.9 10.9	12.8 10.8
35–44 years				10.4 23.4 35.7 *	8.4 26.4 33.8 38.5 48.0	8.1 22.3 31.3 34.7 37.5 68.2	8.8 22.3 33.1 36.5 44.8 65.8	6.8 21.3 33.1 38.3 48.7 69.3
Hispanic or Latino ^{4,6}								
All ages, age adjusted ³ All ages, crude					19.5 11.5	16.9 9.7	16.3 9.7	15.5 9.2
35–44 years 45–54 years 55–64 years 65–74 years					11.7 32.8 45.8 64.8	8.7 23.9 39.1 54.9	9.2 23.8 41.5 49.3	7.8 21.6 33.5 48.7
75–84 years					67.2 102.8	74.9 105.8	64.7 102.4	73.1 105.3

See footnotes at end of table.

Table 40 (page 2 of 2). Death rates for malignant neoplasm of breast for females, according to race, Hispanic origin, and age: United States, selected years 1950–2002

[Data are based on death certificates]

Race, Hispanic origin, and age	1950¹	1960¹	1970	1980	1990	2000 ²	2001	2002
White, not Hispanic or Latino ⁶			Death	s per 100,000	resident popu	ulation		
All ages, age adjusted ³					33.9 38.5	26.8 33.8	26.0 32.9	25.6 32.9
35–44 years					17.5 45.2	11.6 31.7	11.5 31.6	11.1 30.0
55–64 years					80.6 115.7	59.2 91.4	57.0 88.0	56.7 87.0
75–84 years					151.4 201.5	132.2 208.3	129.4 192.6	128.9 195.8

^{*} Rates based on fewer than 20 deaths are considered unreliable and are not shown.

NOTES: Starting with *Health, United States, 2003*, rates for 1991–99 were revised using intercensal population estimates based on census 2000. Rates for 2000 were revised based on census 2000 counts. Rates for 2001 and 2002 were computed using 2000-based postcensal estimates. See Appendix I, Population Census and Population Estimates. Underlying cause of death code numbers are based on the applicable revision of the *International Classification of Diseases* (ICD) for data years shown. See Appendix II, tables IV and V. Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. Data for additional years are available. See Appendix III.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System; numerator data from annual mortality files; denominator data from national population estimates for race groups from table 1 and unpublished Hispanic population estimates for 1985–96 prepared by the Housing and Household Economic Statistics Division, U.S. Bureau of the Census; additional mortality tables are available at www.cdc.gov/nchs/datawh/statab/unpubd/mortabs.htm; Kochanek KD, Murphy SL, Anderson RN, Scott C. Deaths: Final data for 2002. National vital statistics reports. Vol 53 no 5. Hyattsville, Maryland: National Center for Health Statistics. 2004.

^{0.0} Quantity more than zero but less than 0.05.

^{- - -} Data not available.

¹Includes deaths of persons who were not residents of the 50 States and the District of Columbia.

²Starting with 1999 data, cause of death is coded according to ICD-10. See Appendix II, Comparability ratio and tables V and VI.

³Age-adjusted rates are calculated using the year 2000 standard population. See Appendix II, Age adjustment

⁴The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native and Asian or Pacific Islander populations are known to be underestimated. See Appendix II, Race, for a discussion of sources of bias in death rates by race and Hispanic origin.

⁵In 1950 rate is for the age group 75 years and over.

⁶Prior to 1997, excludes data from States lacking an Hispanic-origin item on the death certificate. See Appendix II, Hispanic origin.

Table 41 (page 1 of 3). Death rates for chronic lower respiratory diseases, according to sex, race, Hispanic origin, and age: United States, selected years 1980–2002

Sex, race, Hispanic origin, and age	1980	1990	1995	1999¹	2000	2001	2002
All persons			Deaths per	100,000 resident	population		
All ages, age adjusted ² All ages, crude	28.3 24.7	37.2 34.9	40.1 38.6	45.4 44.5	44.2 43.4	43.7 43.2	43.5 43.3
Under 1 year. 1–4 years 5–14 years 15–24 years 25–34 years 35–44 years 45–54 years 55–64 years 65–74 years 75–84 years 85 years and over	1.6 0.4 0.2 0.3 0.5 1.6 9.8 42.7 129.1 224.4 274.0	1.4 0.4 0.3 0.5 0.7 1.6 9.1 48.9 152.5 321.1 433.3	1.1 0.2 0.4 0.7 0.9 1.9 8.7 46.8 159.6 349.3 520.1	0.9 0.4 0.3 0.5 0.8 2.0 8.5 47.5 177.2 397.8 646.0	0.9 0.3 0.3 0.5 0.7 2.1 8.6 44.2 169.4 386.1 648.6	1.0 0.3 0.3 0.4 0.7 2.2 8.5 44.1 167.9 379.8 644.7	1.0 0.4 0.3 0.5 0.8 2.2 8.7 42.4 163.0 386.7 637.6
Male							
All ages, age adjusted ² All ages, crude	49.9 35.1	55.5 40.8	54.8 41.4	58.7 45.6	55.8 43.5	54.0 42.7	53.5 42.9
Under 1 year. 1–4 years 5–14 years 15–24 years 25–34 years 35–44 years 45–54 years 45–54 years 65–74 years 75–84 years 85 years and over	1.9 0.5 0.2 0.4 0.6 1.7 12.1 59.9 210.0 437.4 583.4	1.6 0.5 0.4 0.5 0.7 1.7 9.4 58.6 204.0 500.0 815.1	1.4 0.2 0.5 0.7 0.9 1.7 8.8 52.3 195.6 483.8 889.8	0.4 0.4 0.6 0.8 1.8 8.6 52.3 210.7 513.2 996.7	1.2 0.4 0.6 0.8 1.9 9.0 47.8 195.2 488.5 967.9	1.1 0.4 0.3 0.5 0.7 2.0 8.8 46.9 191.3 475.1 916.9	1.1 0.6 0.4 0.6 0.8 2.2 9.1 45.2 184.8 480.8 894.8
Female							
All ages, age adjusted ² All ages, crude	14.9 15.0	26.6 29.2	31.8 36.0	37.7 43.4	37.4 43.2	37.6 43.7	37.4 43.7
Under 1 year. 1–4 years 5–14 years 15–24 years 25–34 years 35–44 years 45–54 years 55–64 years 65–74 years 75–84 years 85 years and over	1.3 0.3 0.5 1.5 7.7 27.6 67.1 98.7 138.7	1.2 0.3 0.5 0.7 1.5 8.8 40.3 112.3 214.2 286.0	0.2 0.6 0.9 2.2 8.7 41.9 130.8 265.3 377.7	* 0.3 0.2 0.5 0.9 2.1 8.4 43.1 149.8 322.9 504.6	* 0.3 0.3 0.4 0.7 2.2 8.3 41.0 148.2 319.2 518.5	* 0.2 0.4 0.7 2.3 8.1 41.5 148.5 317.3 530.8	* 0.3 0.3 0.4 0.7 2.3 8.2 39.8 144.9 324.1 526.0
White male ³							
All ages, age adjusted ²	51.6 37.9	56.6 44.3	55.9 45.5	60.0 50.6	57.2 48.3	55.5 47.6	54.9 47.8
35–44 years 45–54 years 55–64 years 65–74 years 75–84 years 85 years and over	1.2 11.4 60.0 218.4 459.8 611.2	1.3 8.6 58.7 208.1 513.5 847.0	1.4 8.1 52.7 200.0 497.9 918.3	1.5 8.1 53.1 217.3 525.4 1,029.4	1.6 8.4 48.6 201.4 503.6 997.4	1.7 8.6 48.0 198.3 489.4 943.6	1.8 8.8 46.0 192.3 495.2 923.4
Black or African American male ³							
All ages, age adjusted ² All ages, crude	34.0 19.3	47.6 25.2	47.4 24.4	51.5 26.2	47.5 24.3	46.3 23.6	46.3 24.1
35–44 years 45–54 years 55–64 years 65–74 years 75–84 years 85 years and over	5.8 19.7 66.6 142.0 229.8 271.6	5.3 18.8 67.4 184.5 390.9 498.0	4.3 16.9 60.5 178.7 370.0 624.1	4.7 15.3 59.3 184.6 434.4 701.9	4.8 15.0 54.6 176.9 370.3 693.1	4.7 13.3 49.8 168.0 380.8 671.7	5.7 14.4 52.3 158.0 392.2 645.4

See footnotes at end of table.

Table 41 (page 2 of 3). Death rates for chronic lower respiratory diseases, according to sex, race, Hispanic origin, and age: United States, selected years 1980–2002

Sex, race, Hispanic origin, and age	1980	1990	1995	1999¹	2000	2001	2002
American Indian or Alaska Native male ³			Deaths pe	er 100,000 residen	t population		
All ages, age adjusted ² All ages, crude	23.0 8.4	38.3 13.8	35.6 12.3	41.8 14.0	43.7 15.3	35.0 13.1	35.9 14.3
35–44 years	* * * * * *	135.7 363.8	36.5 132.1 307.3	* 34.2 165.0 393.0 576.7	46.4 111.3 416.6 770.7	35.7 115.1 306.0 614.8	34.5 126.1 348.9 500.3
Asian or Pacific Islander male ³							
All ages, age adjusted ² All ages, crude	21.5 8.7	29.8 11.3	28.9 11.8	29.6 13.1	28.3 12.6	27.0 12.7	25.0 12.0
35–44 years 45–54 years 55–64 years 65–74 years 75–84 years 85 years and over	70.6 155.7 472.4	22.1 91.4 258.6 615.2	15.7 87.9 240.6 650.4	* 14.3 81.9 270.6 652.3	4.8 8.8 71.3 254.3 670.7	3.6 14.4 65.5 239.3 640.4	2.6 11.5 58.5 235.9 582.5
Hispanic or Latino male ^{3,4}		00.0	04.0	00.0	20.0	07.0	07.0
All ages, age adjusted ² All ages, crude		28.6 8.4	31.8 8.9	33.0 8.9	28.8 8.0	27.6 7.8	27.2 8.1
35–44 years		4.1 17.2 81.0 252.4 613.9	1.1 3.9 19.1 82.4 292.0 689.0	1.4 3.6 17.6 81.9 272.7 836.8	0.9 3.4 18.2 72.4 250.3 671.1	0.7 3.2 16.1 75.5 224.0 676.1	1.0 3.8 17.5 69.2 243.3 602.4
White, not Hispanic or Latino male ⁴							
All ages, age adjusted ² All ages, crude		57.9 48.5	56.6 50.2	61.3 57.3	58.5 55.1	56.9 54.6	56.5 55.1
35–44 years		1.4 9.0 61.3 213.4 523.7 860.6	1.4 8.4 54.6 204.3 501.7 922.6	1.5 8.5 55.6 224.9 534.9 1,033.5	1.7 8.9 50.8 208.8 513.6 1,008.6	1.9 9.1 50.5 206.1 500.9 951.5	2.0 9.3 48.3 200.4 506.7 935.4
White female ³							
All ages, age adjusted ² All ages, crude	15.5 16.4	27.8 32.8	33.3 40.8	39.7 49.8	39.5 49.7	39.8 50.3	39.7 50.5
35–44 years	1.3 7.6 28.7 71.0 104.0 144.2	1.2 8.3 41.9 118.8 226.3 298.4	1.7 8.4 44.0 139.0 279.5 395.5	1.8 8.1 45.6 160.3 341.5 529.7	1.8 7.9 43.2 159.6 339.1 544.8	1.9 8.0 44.1 160.4 338.3 557.9	2.0 8.1 42.4 157.0 345.4 554.5
Black or African American female ³							
All ages, age adjusted ² All ages, crude	9.1 6.8	16.6 12.6	20.2 15.5	23.4 18.0	22.7 17.6	22.4 17.5	22.6 17.7
35–44 years 45–54 years 55–64 years 65–74 years 75–84 years 85 years and over	3.4 9.3 20.8 32.7 41.1 63.2	3.8 14.0 33.4 64.7 96.0 133.0	5.4 12.8 34.7 78.7 132.7 185.8	4.6 12.6 34.9 88.9 166.4 254.5	4.7 13.4 35.3 82.9 158.4 255.0	4.9 11.7 33.3 84.3 151.7 266.1	4.6 11.6 31.5 82.0 167.4 262.0

See footnotes at end of table.

Table 41 (page 3 of 3). Death rates for chronic lower respiratory diseases, according to sex, race, Hispanic origin, and age: United States, selected years 1980–2002

Sex, race, Hispanic origin, and age	1980	1990	1995	1999¹	2000	2001	2002
American Indian or Alaska Native female ³			Deaths per	100,000 resider	nt population		
III ages, age adjusted ² III ages, crude	7.7 3.8	16.8 8.7	22.8 11.5	30.4 14.7	26.2 13.4	27.3 14.8	26.4 15.1
5–44 years 5–54 years 5–64 years 5–74 years 5–84 years 5 years and over	* * * * * *	56.4 116.7	38.8 79.5 191.3	39.6 109.1 301.1 322.8	31.6 136.8 175.8 362.2	37.3 114.2 217.9 345.3	34.1 119.1 194.8 353.4
Asian or Pacific Islander female ³							
III ages, age adjusted ² III ages, crude	5.8 2.6	11.0 5.2	12.1 6.3	12.1 7.0	11.7 6.8	11.1 6.8	9.3 6.0
85–44 years 15–54 years 15–64 years 15–74 years 15–84 years 15 years and over	* * * * * *	15.2 26.5 80.6 232.5	3.6 9.6 29.2 113.2 227.8	7.7 39.9 94.1 268.0	6.2 29.2 88.9 299.5	7.0 30.2 79.4 288.5	4.9 24.6 77.0 219.1
Hispanic or Latino female ^{3,4}							
Il ages, age adjusted ²		13.4 6.3	16.9 7.7	17.7 8.0	16.3 7.2	16.5 7.5	16.2 7.6
5-44 years 5-54 years 5-64 years 5-74 years 5-84 years 5 years and over		4.9 14.4 36.6 101.1 269.0	1.4 4.6 12.9 43.1 125.0 402.6	1.8 4.2 12.0 47.5 142.9 391.0	1.3 3.3 10.8 38.0 136.0 387.8	1.2 4.1 12.1 40.3 132.7 384.4	1.4 3.1 10.6 41.5 129.8 385.5
White, not Hispanic or Latino female ⁴							
ll ages, age adjusted ² ll ages, crude		28.5 35.7	34.0 44.7	40.8 55.9	40.7 56.2	41.1 57.2	41.2 57.7
5–44 years 5–54 years 5–64 years 5–74 years 5–84 years 5 years and over		1.2 8.5 43.7 122.8 231.9 302.1	1.7 8.5 46.2 143.0 284.5 393.7	1.8 8.5 48.3 167.4 348.8 532.8	1.9 8.3 45.8 167.6 347.2 548.7	2.0 8.3 46.8 168.8 347.3 562.7	2.1 8.6 45.1 165.5 355.7 559.8

^{*} Rates based on fewer than 20 deaths are considered unreliable and are not shown.

NOTES: Starting with *Health, United States, 2003*, rates for 1991–99 were revised using intercensal population estimates based on census 2000. Rates for 2000 were revised based on census 2000 counts. Rates for 2001 and 2002 were computed using 2000-based postcensal estimates. See Appendix I, Population Census and Population Estimates. Underlying cause of death code numbers are based on the applicable revision of the *International Classification of Diseases* (ICD) for data years shown. For the period 1980–98, causes were coded using ICD–9 codes that are most nearly comparable with the 113 cause list for ICD–10. See Appendix II, tables IV and V. Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. Data for additional years are available. See Appendix III.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System; numerator data from annual mortality files; denominator data from national population estimates for race groups from table 1 and unpublished Hispanic population estimates for 1985–96 prepared by the Housing and Household Economic Statistics Division, U.S. Bureau of the Census; additional mortality tables are available at www.cdc.gov/nchs/datawh/statab/unpubd/mortabs.htm; Kochanek KD, Murphy SL, Anderson RN, Scott C. Deaths: Final data for 2002. National vital statistics reports. Vol 53 no 5. Hyattsville, Maryland: National Center for Health Statistics. 2004.

^{- - -} Data not available.

¹Starting with 1999 data, cause of death is coded according to ICD-10. To estimate change between 1998 and 1999, compare the 1999 rate with the comparability-modified rate for 1998. See Appendix II, Comparability ratio and tables V and VI.

²Age-adjusted rates are calculated using the year 2000 standard population. See Appendix II, Age adjustment.

³The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native and Asian or Pacific Islander populations are known to be underestimated. See Appendix II, Race, for a discussion of sources of bias in death rates by race and Hispanic origin.

⁴Prior to 1997, excludes data from States lacking an Hispanic-origin item on the death certificate. See Appendix II, Hispanic origin.

Table 42 (page 1 of 2). Death rates for human immunodeficiency virus (HIV) disease, according to sex, race, Hispanic origin, and age: United States, selected years 1987–2002

Sex, race, Hispanic origin, and age	1987	1990	1995	1999¹	2000	2001	2002
All persons			Deaths per	100,000 resider	nt population		
All ages, age adjusted ²	5.6 5.6	10.2 10.1	16.2 16.2	5.3 5.3	5.2 5.1	5.0 5.0	4.9 4.9
Under 1 year 1–4 years 5–14 years 15–24 years 25–34 years 35–44 years 45–54 years 45–64 years 65–74 years 75–84 years 85 years and over	2.3 0.7 0.1 1.3 11.7 14.0 8.0 3.5 1.3 0.8	2.7 0.8 0.2 1.5 19.7 27.4 15.2 6.2 2.0 0.7	1.5 1.3 0.5 1.7 28.3 44.2 26.0 10.9 3.6 0.7	* 0.2 0.2 0.5 6.8 13.8 10.7 4.8 2.2 0.6 *	* 0.1 0.5 6.1 13.1 11.0 5.1 2.2 0.7	0.1 0.6 5.3 13.0 10.5 5.2 2.1 0.7	0.1 0.4 4.6 12.7 11.2 5.1 2.2 0.8
Male							
All ages, age adjusted ²	10.4 10.2	18.5 18.5	27.3 27.6	8.2 8.2	7.9 7.9	7.5 7.6	7.4 7.4
Under 1 year 1–4 years 5–14 years 15–24 years 25–34 years 35–44 years 45–54 years 45–54 years 65–74 years 75–84 years 85 years and over	2.2 0.7 0.2 2.2 20.7 26.3 15.5 6.8 2.4 1.2	2.4 0.8 0.3 2.2 34.5 50.2 29.1 12.0 3.7 1.1	1.7 1.2 0.5 2.0 45.5 75.5 46.2 19.7 6.4 1.3	* 0.2 0.5 9.5 21.0 17.5 8.3 3.8 1.0	* 0.1 0.5 8.0 19.8 17.8 8.7 3.8 1.3	* 0.1 0.5 7.1 19.5 16.8 8.6 3.5 1.5	0.4 5.9 18.8 17.7 8.5 3.9 1.4
Female							
All ages, age adjusted ²	1.1 1.1	2.2 2.2	5.3 5.3	2.5 2.5	2.5 2.5	2.5 2.5	2.5 2.5
Under 1 year 1–4 years 5–14 years 15–24 years 25–34 years 35–44 years 45–54 years 55–64 years 65–74 years 75–84 years 85 years and over	2.5 0.7 * 0.3 2.8 2.1 0.8 0.5 0.5	3.0 0.8 0.2 0.7 4.9 5.2 1.9 1.1 0.8 0.4	1.2 1.5 0.5 1.4 10.9 13.3 6.6 2.8 1.4 0.3	* 0.2 0.5 4.1 6.7 4.1 1.6 0.8 0.3	* * 0.1 0.4 4.2 6.5 4.4 1.8 0.8 0.3	* 0.6 3.5 6.7 4.4 2.0 0.9 *	* * 0.4 3.3 6.7 4.8 1.9 0.8 0.3 *
All ages, age adjusted ²							
White male Black or African American male American Indian or Alaska Native male Asian or Pacific Islander male Hispanic or Latino male ³ White, not Hispanic or Latino male ³	8.7 26.2 * 2.5 18.8 10.7	15.7 46.3 3.3 4.3 28.8 14.1	20.4 89.0 10.5 6.0 40.8 17.9	4.9 36.1 4.2 1.4 10.9 4.0	4.6 35.1 3.5 1.2 10.6 3.8	4.4 33.8 4.2 1.2 9.7 3.6	4.3 33.3 3.4 1.5 9.1 3.5
White female	0.6 4.6 * * 2.1 0.5	1.1 10.1 * * 3.8 0.7	2.5 24.4 2.5 0.6 8.8 1.7	1.0 13.1 1.0 0.2 3.0 0.7	1.0 13.2 1.0 0.2 2.9 0.7	0.9 13.4 * * 2.7 0.6	0.9 13.4 * * 2.6 0.6

See footnotes at end of table.

Table 42 (page 2 of 2). Death rates for human immunodeficiency virus (HIV) disease, according to sex, race, Hispanic origin, and age: United States, selected years 1987–2002

Sex, race, Hispanic origin, and age	1987	1990	1995	1999¹	2000	2001	2002
Age 25–44 years			Deaths per 1	00,000 resider	nt population		
All persons	12.7	23.2	36.3	10.5	9.8	9.4	8.9
White male. Black or African American male American Indian or Alaska Native male. Asian or Pacific Islander male Hispanic or Latino male ³ White, not Hispanic or Latino male ³	19.2 60.2 * 4.1 36.8 23.3	35.0 102.0 7.7 8.1 59.3 31.6	46.1 179.4 28.5 12.1 73.9 41.2	9.7 59.3 9.1 2.4 16.5 8.2	8.8 55.4 5.5 1.9 14.3 7.4	8.3 53.5 7.3 2.1 12.4 7.2	7.7 49.9 8.3 1.8 11.5 6.6
White female	1.2 11.6 * * 4.9 1.0	2.3 23.6 * * 8.9 1.5	5.9 53.6 * 1.2 17.2 4.2	2.2 26.6 * 5.3 1.6	2.1 26.7 * 4.6 1.6	1.9 26.0 * 4.3 1.3	1.8 25.9 * 3.8 1.3
Age 45–64 years	- 0		40.0	0.4	0.7	0.4	0.7
All persons	5.8	11.1	19.9	8.4	8.7	8.4	8.7
White maleBlack or African American male American Indian or Alaska Native male	9.9 27.3 *	18.6 53.0 *	26.0 133.2 *	7.8 70.7 *	8.1 71.6 *	7.7 68.8 7.8	7.8 70.7 *
Asian or Pacific Islander male	25.8 12.6	6.5 37.9 16.9	9.1 67.1 22.4	2.3 21.2 6.4	2.1 23.3 6.5	1.9 21.5 6.1	3.4 20.3 6.4
White female	0.5 2.6 *	0.9 7.5 *	2.4 27.0 *	1.2 18.6 *	1.3 19.6 *	1.2 20.8 *	1.4 21.4 *
Hispanic or Latino female ³	0.5	3.1 0.7	12.6 1.5	5.1 0.8	5.8 0.9	5.4 0.8	5.7 0.9

^{*} Rates based on fewer than 20 deaths are considered unreliable and are not shown.

NOTES: Starting with Health, United States, 2003, rates for 1991–99 were revised using intercensal population estimates based on census 2000. Rates for 2000 were revised based on census 2000 counts. Rates for 2001 and 2002 were computed using 2000-based postcensal estimates. See Appendix I, Population Census and Population Estimates. The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native and Asian or Pacific Islander populations are known to be underestimated. See Appendix II, Race, for a discussion of sources of bias in death rates by race and Hispanic origin. Categories for the coding and classification of human immunodeficiency virus (HIV) disease were introduced in the United States in 1987. Underlying cause of death code numbers are based on the applicable revision of the International Classification of Diseases (ICD) for data years shown. See Appendix II, tables IV and V. Data for additional years are available. See Appendix III.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System; numerator data from annual mortality files; denominator data from national population estimates for race groups from table 1 and unpublished Hispanic population estimates for 1987–96 prepared by the Housing and Household Economic Statistics Division, U.S. Bureau of the Census; additional mortality tables are available at www.cdc.gov/nchs/datawh/statab/unpubd/mortabs.htm; Kochanek KD, Murphy SL, Anderson RN, Scott C. Deaths: Final data for 2002. National vital statistics reports. Vol 53 no 5. Hyattsville, Maryland: National Center for Health Statistics. 2004.

¹Starting with 1999 data, cause of death is coded according to ICD-10. To estimate change between 1998 and 1999, compare the 1999 rate with the comparability-modified rate for 1998. See Appendix II, Comparability ratio and tables V and VI.

²Age-adjusted rates are calculated using the year 2000 standard population. See Appendix II, Age adjustment.

³Prior to 1997, excludes data from States lacking an Hispanic-origin item on the death certificate. See Appendix II, Hispanic origin.

Table 43. Maternal mortality for complications of pregnancy, childbirth, and the puerperium, according to race, Hispanic origin, and age: United States, selected years 1950-2002

Race, Hispanic origin, and age	1950¹	1960¹	1970	1980	1990	1995	1999 ²	2000	2001	2002
					Number of	of deaths				
All persons	2,960	1,579	803	334	343	277	391	396	399	357
White	1,873 1,041	936 624	445 342	193 127 3	177 153 4	129 133 1	214 154 5	240 137 6	228 150 5	190 148 –
Asian or Pacific Islander				11	9	14	18	13	16	19
Hispanic or Latino ³					47 125	43 84	67 149	81 160	81 151	62 128
All persons	Deaths per 100,000 live births									
All ages, age adjusted ⁴	73.7 83.3	32.1 37.1	21.5 21.5	9.4 9.2	7.6 8.2	6.3 7.1	8.3 9.9	8.2 9.8	8.8 9.9	7.6 8.9
Under 20 years	70.7 47.6 63.5 107.7 222.0	22.7 20.7 29.8 50.3 104.3	18.9 13.0 17.0 31.6 81.9	7.6 5.8 7.7 13.6 36.3	7.5 6.1 6.0 9.5 20.7	3.9 5.7 6.0 7.3 15.9	6.6 6.2 8.2 10.1 23.0	7.4 7.9 10.0 22.7	8.8 6.9 8.5 10.1 18.9	6.7 5.8 7.5 9.3 18.4
White										
All ages, age adjusted ⁴	53.1 61.1	22.4 26.0	14.4 14.3	6.7 6.6	5.1 5.4	3.6 4.2	5.5 6.8	6.2 7.5	6.5 7.2	4.8 6.0
Under 20 years	44.9 35.7 45.0 75.9 174.1	14.8 15.3 20.3 34.3 73.9	13.8 8.4 11.1 18.7 59.3	5.8 4.2 5.4 9.3 25.5	3.9 4.8 5.0 12.6	3.5 4.0 4.0 9.1	4.0 5.4 7.0 16.6	5.6 5.9 7.1 18.0	7.4 5.3 5.8 8.1 11.4	3.4 4.6 6.7 13.3
Black or African American										
All ages, age adjusted ⁴		92.0 103.6	65.5 60.9	24.9 22.4	21.7 22.4	20.9 22.1	23.3 25.4	20.1 22.0	22.4 24.7	22.9 24.9
Under 20 years		54.8 56.9 92.8 150.6 299.5	32.3 41.9 65.2 117.8 207.5	13.1 13.9 22.4 44.0 100.6	* 14.7 14.9 44.2 79.7	15.3 21.0 31.2 61.4	* 14.0 26.6 36.1 69.9	15.3 21.8 34.8 62.8	14.6 24.7 30.6 71.0	14.9 27.1 28.4 62.9
Hispanic or Latino ^{3,6}										
All ages, age adjusted ⁴			 		7.4 7.9	5.4 6.3	7.9 8.8	9.0 9.9	8.8 9.5	6.0 7.1
White, not Hispanic or Latino ³										
All ages, age adjusted ⁴					4.4 4.8	3.3 3.5	4.9 6.4	5.5 6.8	5.8 6.5	4.4 5.6

^{- - -} Data not available.

NOTES: Underlying cause of death code numbers are based on the applicable revision of the International Classification of Diseases (ICD) for data years shown. See Appendix II, tables IV and V. The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. For 1950 and 1960, rates were based on live births by race of child; for all other years, rates are based on live births by race of mother. See Appendix II, Race. Rates are not calculated for American Indian or Alaska Native and Asian or Pacific Islander mothers because rates based on fewer than 20 deaths are considered unreliable. Data for additional years are available. See Appendix III.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System; numerator data from annual mortality files; denominator data from annual natality files; Kochanek KD, Murphy SL, Anderson RN, Scott C. Deaths: Final data for 2002. National vital statistics reports. vol 53 no 5. Hyattsville, Maryland: National Center for Health Statistics. 2004.

⁻ Quantity zero.

^{*} Rates based on fewer than 20 deaths are considered unreliable and are not shown.

¹Includes deaths of persons who were not residents of the 50 States and the District of Columbia.

²Starting with 1999 data, changes were made in the classification and coding of maternal deaths under ICD-10. The large increase in the number of maternal deaths between 1998 and 1999 is due to changes associated with ICD-10. See Appendix II, *International Classification of Diseases* (ICD); Maternal death. ³Prior to 1997, excludes data from States lacking an Hispanic-origin item on the death certificate. See Appendix II, Hispanic origin.

⁴Rates are age adjusted to the 1970 distribution of live births by mother's age in the United States. See Appendix II, Age adjustment.
⁵Rates computed by relating deaths of women 35 years and over to live births to women 35–49 years. See Appendix II, Rate: Death and related rates.

⁶Age-specific maternal mortality rates are not calculated because rates based on fewer than 20 deaths are considered unreliable.

Table 44 (page 1 of 4). Death rates for motor vehicle-related injuries, according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002

Sex, race, Hispanic origin, and age	1950¹	1960¹	1970	1980	1990	2000 ²	2001	2002
All persons			Deaths	s per 100,000	resident popu	lation		
All ages, age adjusted ³ All ages, crude	24.6 23.1	23.1 21.3	27.6 26.9	22.3 23.5	18.5 18.8	15.4 15.4	15.3 15.4	15.7 15.7
Under 1 year. 1–14 years 1–4 years 5–14 years 15–24 years 15–19 years 20–24 years 25–34 years 35–44 years 45–64 years 45–54 years	8.4 9.8 11.5 8.8 34.4 29.6 38.8 24.6 20.3 25.2 22.2	8.1 8.6 10.0 7.9 38.0 33.9 42.9 24.3 19.3 23.0 21.4	9.8 10.5 11.5 10.2 47.2 43.6 51.3 30.9 24.9 26.5 25.5	7.0 8.2 9.2 7.9 44.8 43.0 46.6 29.1 20.9 18.0	4.9 6.0 6.3 5.9 34.1 33.1 35.0 23.6 16.9 15.7	4.4 4.3 4.2 4.3 26.9 26.0 28.0 17.3 15.3 14.3	3.6 4.1 4.1 4.1 26.8 25.7 28.0 17.5 15.7 14.0	3.0 3.9 3.9 28.2 27.6 28.8 17.8 14.5 14.8
55–64 years. 65 years and over 65–74 years. 75–84 years. 85 years and over	29.0 43.1 39.1 52.7 45.1	25.1 34.7 31.4 41.8 37.9	27.9 36.2 32.8 43.5 34.2	17.4 22.5 19.2 28.1 27.6	15.9 23.1 18.6 29.1 31.2	14.4 21.4 16.5 25.7 30.4	13.7 21.3 16.3 26.3 27.8	14.1 21.5 17.0 25.7 28.0
Male All ages, age adjusted ³	38.5	35.4	41.5	33.6	26.5	21.7	21.8	22.1
All ages, crude Under 1 year. 1–14 years 1–4 years 5–14 years 15–24 years 15–19 years 20–24 years 25–34 years 35–44 years 45–64 years 45–64 years 45–64 years 65 years and over 65–74 years 75–84 years 85 years and over	35.4 9.1 12.3 13.0 11.9 56.7 46.3 66.7 40.8 32.5 37.7 33.6 43.1 66.6 59.1 85.0 78.1	31.8 8.6 10.7 11.5 10.4 61.2 51.7 73.2 40.1 29.9 33.3 31.6 35.6 52.1 45.8 66.0 62.7	39.7 9.3 13.0 12.9 13.1 73.2 64.1 84.4 49.4 37.7 38.9 37.2 40.9 54.4 47.3 68.2 63.1	35.3 7.3 10.0 10.2 9.9 68.4 62.6 74.3 46.3 31.7 26.5 27.6 25.4 33.9 27.3 44.3 56.1	26.7 5.0 7.0 6.9 7.0 49.5 45.5 53.3 35.7 24.7 21.9 22.0 21.7 32.1 24.2 41.2 64.5	21.3 4.6 4.9 4.7 5.0 37.4 33.9 41.2 25.5 22.0 20.2 20.4 19.8 29.5 21.7 35.6 57.5	21.5 3.2 4.8 4.5 4.9 38.0 34.0 42.1 26.2 22.4 19.9 20.5 19.0 29.5 21.5 37.3 51.1	21.9 3.3 4.6 4.5 4.6 39.3 36.0 42.6 26.5 22.3 20.7 21.3 19.9 29.8 22.7 35.3 51.7
Female All ages, age adjusted ³	11.5	11.7	14.9	11.8	11.0	9.5	9.3	9.6
All ages, crude Under 1 year. 1–14 years 1–4 years 5–14 years 15–24 years 15–19 years 20–24 years 25–34 years 35–44 years 45–64 years 45–54 years 65 years and over 65–74 years 75–84 years 85 years and over	10.9 7.6 7.2 10.0 5.7 12.6 12.9 12.2 9.3 8.5 12.6 10.9 14.9 21.9 20.6 25.2 22.1	11.0 7.5 6.3 8.4 5.4 15.1 16.0 14.0 9.2 9.1 13.1 11.6 15.2 20.3 19.0 23.0 22.0	14.7 10.4 7.9 10.0 7.2 21.6 22.7 20.4 13.0 12.9 15.3 14.5 16.2 23.1 21.6 27.2 18.0	12.3 6.7 6.3 8.1 5.7 20.8 22.8 18.9 12.2 10.4 10.3 10.2 15.0 13.0 18.5 15.2	11.3 4.9 4.9 5.6 4.7 17.9 20.0 16.0 11.5 9.2 10.1 9.6 10.8 17.2 14.1 21.9 18.3	9.7 4.2 3.7 3.8 3.6 15.9 17.5 14.2 8.8 8.7 8.2 9.5 15.8 12.3 19.2	9.5 4.0 3.4 3.6 3.3 15.1 16.9 13.4 8.7 9.1 8.4 8.1 8.8 15.5 12.0 19.2 18.0	9.8 2.8 3.3 3.3 16.6 18.9 14.3 8.8 9.3 8.7 8.6 8.9 15.7 12.3 19.3
White male ⁴ All ages, age adjusted ³	37.9	34.8	40.4	33 B	26.3	21.8	22.0	22.4
All ages, age adjusted All ages, crude Under 1 years 1–14 years 15–24 years 25–34 years 35–44 years 45–64 years 65 years and over	37.9 35.1 9.1 12.4 58.3 39.1 30.9 36.2 67.1	34.8 31.5 8.8 10.6 62.7 38.6 28.4 31.7 52.1	40.4 39.1 9.1 12.5 75.2 47.0 35.2 36.5 54.2	33.8 35.9 7.0 9.8 73.8 46.6 30.7 25.2 32.7	26.3 26.7 4.8 6.6 52.5 35.4 23.7 20.6 31.4	21.8 21.6 4.2 4.8 39.6 25.1 21.8 19.7 29.4	22.0 21.9 3.1 4.6 40.0 26.4 22.4 19.5 29.9	22.4 22.4 2.9 4.5 41.9 26.6 22.3 20.6 29.8

See footnotes at end of table.

Table 44 (page 2 of 4). Death rates for motor vehicle-related injuries, according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002

Sex, race, Hispanic origin, and age	1950¹	1960¹	1970	1980	1990	2000²	2001	2002
Black or African American male ⁴			Death	s per 100,000	resident popu	lation		
All ages, age adjusted ³ All ages, crude	34.8 37.2	39.6 33.1	51.0 44.3	34.2 31.1	29.9 28.1	24.4 22.5	23.5 22.0	23.2 21.5
Under 1 year. 1–14 years ⁵ 15–24 years 25–34 years 35–44 years	10.4 42.5 54.4 46.7	* 11.2 46.4 51.0 43.6	10.6 16.3 58.1 70.4 59.5	7.8 11.4 34.9 44.9 41.2	* 8.9 36.1 39.5 33.5	6.7 5.5 30.2 32.6 27.2	6.1 31.4 29.9 26.1	5.3 29.6 31.7 25.3
45–64 years	54.6 52.6	47.8 48.2	61.7 53.4	39.5 42.4	33.3 36.3	27.1 32.1	26.7 28.1	24.8 30.4
American Indian or Alaska Native male ⁴								
All ages, age adjusted ³ All ages, crude				78.9 74.6	48.3 47.6	35.8 33.6	34.6 33.2	39.0 37.3
1–14 years				15.1 126.1	11.6 75.2	7.8 56.8	8.4 55.7	7.1 57.2
25–34 years				107.0 82.8	78.2 57.0	49.8 36.3	43.2 42.3	49.9 47.2
45–64 years				77.4 97.0	45.9 43.0	32.0 48.5	30.7 40.4	40.7 45.9
Asian or Pacific Islander male ⁴								
All ages, age adjusted ³ All ages, crude				19.0 17.1	17.9 15.8	10.6 9.8	10.4 9.7	10.8 10.0
1–14 years				8.2 27.2	6.3 25.7	2.5 17.0	2.2 19.3	2.5 20.0
25–34 years	 		 	18.8 13.1 13.7	17.0 12.2 15.1	10.4 6.9 10.1	10.0 7.3 7.9	8.9 7.8 8.7
65 years and over				37.3	33.6	21.1	21.8	23.3
Hispanic or Latino male ^{4,6} All ages, age adjusted ³					29.5	21.3	22.2	22.2
All ages, crude					29.2 7.2	20.1 4.4	21.0 4.4	21.3 5.1
15–24 years					48.2 41.0	34.7 24.9	36.9 26.8	38.9 26.4
35–44 years	 		 	 	28.0 28.9 35.3	21.6 21.7 28.9	23.1 20.5 31.0	22.6 19.9 30.7
White, not Hispanic					00.0	20.0	01.0	00.7
or Latino male ⁵ All ages, age adjusted ³					25.7 26.0	21.7 21.5	21.7 21.7	22.2 22.3
1–14 years					6.4 52.3	4.9 40.3	4.6 40.1	4.2 42.1
15–24 years					34.0 23.1	24.7 21.6	25.9 21.9	26.1 22.0
45–64 years					19.8 31.1	19.3 29.3	19.2 29.7	20.4 29.6
White female ⁴							<i>-</i> -	
All ages, age adjusted ³ All ages, crude	11.4 10.9	11.7 11.2	14.9 14.8	12.2 12.8	11.2 11.6	9.8 10.0	9.5 9.8	9.8 10.1
Under 1 year	7.8 7.2	7.5 6.2	10.2 7.5	7.1 6.2	4.7 4.8	3.5 3.7	3.8 3.3 16.0	2.2 3.2
15–24 years	12.6 9.0 8.1	15.6 9.0 8.9	22.7 12.7 12.3	23.0 12.2 10.6	19.5 11.6 9.2	17.1 8.9 8.9	16.0 8.8 9.3	17.9 9.0 9.4
45–64 years	12.7 22.2	13.1 20.8	15.1 23.7	10.4 15.3	9.9 17.4	8.7 16.2	8.4 16.0	8.7 16.3

See footnotes at end of table.

Table 44 (page 3 of 4). Death rates for motor vehicle-related injuries, according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002

Sex, race, Hispanic origin, and age	1950¹	1960¹	1970	1980	1990	2000 ²	2001	2002
Black or African American female ⁴			Death	s per 100,000	resident popu	lation		
All ages, age adjusted ³ All ages, crude	9.3 10.2	10.4 9.7	14.1 13.4	8.5 8.3	9.6 9.4	8.4 8.2	8.5 8.2	8.2 8.0
Under 1 year. 1–14 years ⁵ 15–24 years 25–34 years 35–44 years 45–64 years 65 years and over	7.2 11.6 10.8 11.1 11.8 14.3	8.1 6.9 9.9 9.8 11.0 12.7 13.2	11.9 10.2 13.4 13.3 16.1 16.7 15.7	6.3 8.0 10.6 8.3 9.2 9.5	7.0 5.3 9.9 11.1 9.4 10.7 13.5	3.9 11.7 9.4 8.2 9.0 10.4	3.7 11.7 8.9 9.2 8.3 11.8	3.5 11.6 8.8 9.4 8.4 9.5
American Indian or Alaska Native female ⁴								
All ages, age adjusted ³ All ages, crude				32.0 32.0	17.5 17.3	19.5 18.6	17.6 16.9	19.3 19.1
1–14 years				15.0 42.3 52.5 38.1 32.6	8.1 31.4 18.8 18.2 17.6	6.5 30.3 22.3 22.0 17.8 24.0	7.6 30.7 15.5 13.1 18.1 25.3	6.8 29.2 21.1 24.4 20.9
Asian or Pacific Islander female ⁴								
All ages, age adjusted ³ All ages, crude				9.3 8.2	10.4 9.0	6.7 5.9	6.1 5.9	6.2 5.7
1–14 years 15–24 years 25–34 years 35–44 years 45–64 years 65 years and over				7.4 7.4 7.3 8.6 8.5 18.6	3.6 11.4 7.3 7.5 11.8 24.3	2.3 6.0 4.5 4.9 6.4 18.5	2.2 7.6 4.8 5.4 7.0 11.8	1.9 7.3 4.4 3.7 7.3 15.6
Hispanic or Latino female ^{4,6}								
All ages, age adjusted ³ All ages, crude					9.6 8.9	7.9 7.2	7.8 7.2	8.1 7.4
1–14 years					4.8 11.6 9.4 8.0 11.4	3.9 10.6 6.5 7.3 8.3	3.3 11.2 6.5 6.9 8.4	3.2 12.4 7.2 7.3 8.4

See footnotes at end of table.

Table 44 (page 4 of 4). Death rates for motor vehicle-related injuries, according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950¹	1960¹	1970	1980	1990	2000²	2001	2002
White, not Hispanic or Latino female ⁶			Deaths	s per 100,000	resident popu	lation		
All ages, age adjusted ³ All ages, crude					11.3 11.7	10.0 10.3	9.7 10.1	10.1 10.5
1–14 years					4.7 20.4	3.5 18.4	3.2 17.0	3.2 19.0
25–34 years					11.7 9.3	9.3 9.0	9.3 9.6	9.4 9.7
45–64 years					9.7 17.5	8.7 16.3	8.3 16.1	8.6 16.5

^{- - -} Data not available.

NOTES: Starting with *Health, United States, 2003*, rates for 1991–99 were revised using intercensal population estimates based on census 2000. Rates for 2000 were revised based on census 2000 counts. Rates for 2001 and 2002 were computed using 2000-based postcensal estimates. See Appendix I, Population Census and Population Estimates. Underlying cause of death code numbers are based on the applicable revision of the *International Classification of Diseases* (ICD) for data years shown. See Appendix II, tables IV and V. Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. For additional injury-related statistics, see www.cdc.gov/ncipc/wisqars, a Web-based interactive database for injury data. Data for additional years are available. See Appendix III.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System; Grove RD, Hetzel AM. Vital statistics rates in the United States, 1940–1960. Washington: U.S. Government Printing Office. 1968; numerator data from National Vital Statistics System, annual mortality files; denominator data from national population estimates for race groups from table 1 and unpublished Hispanic population estimates for 1985–96 prepared by the Housing and Household Economic Statistics Division, U.S. Bureau of the Census; additional mortality tables are available at www.cdc.gov/nchs/datawh/statab/unpubd/mortabs.htm; Kochanek KD, Murphy SL, Anderson RN, Scott C. Deaths: Final data for 2002. National vital statistics reports. Vol 53 no 5. Hyattsville, Maryland: National Center for Health Statistics. 2004.

^{*} Rates based on fewer than 20 deaths are considered unreliable and are not shown.

¹Includes deaths of persons who were not residents of the 50 States and the District of Columbia.

²Starting with 1999 data, cause of death is coded according to ICD-10. See Appendix II, Comparability ratio and tables V and VI.

³Age-adjusted rates are calculated using the year 2000 standard population. See Appendix II, Age adjustment

⁴The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native and Asian or Pacific Islander populations are known to be underestimated. See Appendix II, Race, for a discussion of sources of bias in death rates by race and Hispanic origin.

⁵In 1950 rate is for the age group under 15 years.

⁶Prior to 1997, excludes data from States lacking an Hispanic-origin item on the death certificate. See Appendix II, Hispanic origin.

Table 45 (page 1 of 3). Death rates for homicide, according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002

Sex, race, Hispanic origin, and age	1950¹	1960¹	1970	1980	1990	2000 ²	2001	2002
All persons			Deaths p	per 100,000	resident po	pulation		
All ages, age adjusted ³	5.1 5.0	5.0 4.6	8.8 8.1	10.4 10.6	9.4 9.9	5.9 6.0	7.1 7.1	6.1 6.1
Under 1 year	4.4	4.8	4.3	5.9	8.4	9.2	8.2	7.5
1–14 years	0.6 0.6	0.6 0.7	1.1 1.9	1.5 2.5	1.8 2.5	1.3 2.3	1.3 2.7	1.4 2.7
5–14 years	0.5	0.5	0.9	1.2	1.5	0.9	0.8	0.9
15–24 years	5.8 3.9	5.6 3.9	11.3 7.7	15.4 10.5	19.7 16.9	12.6 9.5	13.3 9.4	12.9 9.3
20–24 years	8.5	7.7	15.6	20.2	22.2	16.0	17.3	16.5
25–44 years	8.9 9.3	8.5 9.2	14.9 16.2	17.5 19.3	14.7 17.4	8.7 10.4	11.2 13.1	9.1 11.2
35–44 years	8.4	7.8	13.5	14.9	11.6	7.1	9.5	7.2
45–64 years	5.0 5.9	5.3 6.1	8.7 10.0	9.0 11.0	6.3 7.5	4.0 4.7	5.4 6.3	4.1 4.8
55–64 years	3.9	4.1	7.1	7.0	5.0	3.0	4.0	3.2
65 years and over	3.0 3.2	2.7 2.8	4.6 4.9	5.5 5.7	4.0 3.8	2.4 2.4	2.7 2.9	2.3 2.3
75–84 years	2.5	2.3	4.0	5.2	4.3	2.4	2.5	2.3
85 years and over	2.3	2.4	4.2	5.3	4.6	2.4	2.4	2.1
Male All ages, age adjusted ³	7.9	7.5	14.3	16.6	14.8	9.0	10.8	9.4
All ages, crude	7.7	6.8	13.1	17.1	15.9	9.3	11.1	9.6
Under 1 year	4.5	4.7	4.5	6.3	8.8	10.4	9.5	7.9
1–14 years	0.6 0.5	0.6 0.7	1.2 1.9	1.6 2.7	2.0 2.7	1.5 2.5	1.5 3.0	1.5 2.9
5–14 years	0.6	0.5	1.0	1.2	1.7	1.1	0.9	0.9
15–24 years	8.6 5.5	8.4 5.7	18.2 12.1	24.0 15.9	32.5 27.8	20.9 15.5	22.2 15.7	21.5 15.3
20–24 years	13.5	11.8	25.6	32.2	36.9	26.7	28.9	27.7
25–44 years	13.8 14.4	12.8 13.9	24.4 26.8	28.9 31.9	23.5 27.7	13.3 16.7	17.2 20.8	14.2 18.2
35–44 years	13.2	11.7	21.7	24.5	18.6	10.3	13.9	10.7
45–64 years	8.1 9.5	8.1 9.4	14.8 16.8	15.2 18.4	10.2 11.9	6.0 6.9	8.1 9.5	6.2 7.1
55–64 years	6.3	6.4	12.1	11.8	8.0	4.6	5.9	4.8
65 years and over	4.8 5.2	4.3 4.6	7.7 8.5	8.8 9.2	5.8 5.8	3.3 3.4	3.6 4.0	3.2 3.3
75–84 years	3.9 2.5	3.7 3.6	5.9 7.4	8.1 7.5	5.7 6.7	3.2 3.3	3.1 3.2	3.1 3.0
Female								
All ages, age adjusted ³	2.4	2.6	3.7	4.4	4.0	2.8	3.3	2.8
All ages, crude	2.4	2.4	3.4	4.5	4.2	2.8	3.3	2.7
Under 1 year	4.2 0.6	4.9 0.5	4.1 1.0	5.6 1.4	8.0 1.6	7.9 1.1	6.9 1.1	7.1 1.3
1–4 years	0.7	0.7	1.9	2.2	2.3	2.1	2.4	2.5
5–14 years	0.5 3.0	0.4 2.8	0.7 4.6	1.1 6.6	1.2 6.2	0.7 3.9	0.7 3.9	0.8 3.8
15–19 years	2.4	1.9	3.2	4.9	5.4	3.1	2.7	2.9
20–24 years	3.7 4.2	3.8 4.3	6.2 5.8	8.2 6.4	7.0 6.0	4.7 4.0	5.1 5.2	4.6 4.0
25–34 years	4.5	4.6	6.0	6.9	7.1	4.1	5.3	4.2
35–44 years	3.8 1.9	4.0 2.5	5.7 3.1	5.7 3.4	4.8 2.8	4.0 2.1	5.1 2.8	3.8 2.2
45–64 years	2.3	2.9	3.7	4.1	3.2	2.5	3.2	2.6
55–64 years	1.4	2.0 1.3	2.5 2.3	2.8 3.3	2.3 2.8	1.6	2.2 2.0	1.6 1.6
65 years and over	1.4 1.3	1.3	2.3	3.0	2.0	1.8 1.6	2.0	1.6
75–84 years	1.4 2.1	1.3 1.6	2.7 2.5	3.5 4.3	3.4 3.8	2.0 2.0	2.1 2.0	1.8 1.7
White male ⁴	2.1	1.0	2.5	4.5	5.0	2.0	2.0	1.7
All ages, age adjusted ³	3.8	3.9	7.2	10.4	8.3	5.2	7.1	5.3
All ages, crude	3.6	3.6	6.6	10.7	8.8	5.2	7.2	5.4
Under 1 year	4.3 0.4	3.8 0.5	2.9 0.7	4.3 1.2	6.4 1.3	8.2 1.2	7.3 1.1	6.2 1.0
15–24 years	3.2	5.0	7.6	15.1	15.2	9.9	11.2	10.6
25–44 years	5.4 4.9	5.5 5.7	11.6 12.5	17.2 18.5	13.0 14.7	7.4 8.4	11.5 12.3	7.7 8.9
35–44 years	6.1	5.2	10.8	15.2	11.1	6.5	10.7	6.8
45–64 years	4.8 3.8	4.6 3.1	8.3 5.4	9.8 6.7	6.9 4.1	4.1 2.5	6.4 3.0	4.2 2.6
oo youro and over	0.0	0.1	J. 4	0.7	7.1	۷.5	5.0	۷.0

See footnotes at end of table.

Table 45 (page 2 of 3). Death rates for homicide, according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002

Sex, race, Hispanic origin, and age	1950¹	1960¹	1970	1980	1990	2000 ²	2001	2002
Black or African American male ⁴			Deaths r	per 100,000	resident por	oulation		
All ages, age adjusted ³	47.0	42.3	78.2	69.4	63.1	35.4	36.2	36.4
All ages, crude	44.7	35.0	66.0	65.7	68.5	37.2	38.3	38.4
Under 1 year		10.3	14.3	18.6	21.4	23.3	21.0	16.3
1–14 years ⁵	1.8 53.8	1.5 43.2	4.4 98.3	4.1 82.6	5.8 137.1	3.1 85.3	3.6 85.7	3.8 83.1
15–24 years	92.8	80.5	140.2	130.0	105.4	55.8	58.1	60.0
25–34 years	104.3	86.4	154.5	142.9	123.7	73.9	78.8	82.2
35–44 years	80.0 46.0	74.4 44.6	124.0 82.3	109.3 70.6	81.2 41.4	38.5 21.9	38.5 22.7	38.8 22.9
45–64 years	16.5	17.3	33.3	30.9	25.7	12.8	11.5	11.2
American Indian or Alaska Native male⁴								
All ages, age adjusted ³				23.3	16.7	10.7	9.3	11.6
All ages, crude				23.1	16.6	10.7	9.6	12.0
15–24 years				35.4 39.2	25.1 25.7	17.0 17.0	16.1 13.6	18.8 18.3
45–64 years				22.1	14.8	*	8.9	9.9
Asian or Pacific Islander male ⁴								
All ages, age adjusted ³				9.1	7.3	4.3	6.0	4.2
All ages, crude				8.3	7.9	4.4	6.3	4.5
15–24 years				9.3	14.9	7.8	9.1	9.7
25–44 years				11.3 10.4	9.6 7.0	4.6 6.1	8.5 7.7	4.9 4.1
Hispanic or Latino male ^{4,6}					27.4	11 0	12.0	11.6
All ages, age adjusted ³					31.0	11.8 13.4	12.9 14.5	11.6 13.2
Under 1 year					8.7	6.6	7.9	6.6
1–14 years					3.1	1.7	1.5	1.6
15–24 years					55.4	28.5	30.5	29.6
25–44 years					46.4 50.9	17.2 19.9	19.2 21.6	16.5 19.8
35–44 years					39.3	13.5	15.9	12.1
45–64 years					20.5 9.4	9.1 4.4	9.8 5.5	8.6 4.4
					0.4	77	0.0	
White, not Hispanic or Latino male ⁶								
All ages, age adjusted ³					5.6	3.6	5.6	3.7
All ages, crude					5.8	3.6	5.6	3.8
Under 1 year					5.4	8.3	6.8	5.8
1–14 years					0.9 7.5	1.0 4.7	1.0 5.7	0.8 5.2
25–44 years					8.7	5.2	9.4	5.5
25–34 years					9.3	5.2	9.3	5.3
35–44 years					8.0 5.7	5.2 3.6	9.5 5.9	5.6 3.7
65 years and over					3.7	2.3	2.8	2.4
White female ⁴								
All ages, age adjusted ³	1.4	1.5	2.3	3.2	2.7	2.1	2.6	2.0
All ages, crude	1.4	1.4	2.1	3.2	2.8	2.1	2.6	2.0
Under 1 year	3.9 0.4	3.5 0.4	2.9 0.7	4.3 1.1	5.1 1.0	5.0 0.8	5.1 0.9	4.6 0.9
1–14 years	1.3	1.5	2.7	4.7	4.0	2.7	3.0	2.5
25–44 years	2.0	2.1	3.3	4.2	3.8	2.9	4.0	2.8
45–64 years	1.5 1.2	1.7 1.2	2.1 1.9	2.6 2.9	2.3 2.2	1.8 1.6	2.4 1.8	1.9 1.4
Black or			-	-		-	-	•
African American female ⁴	11 1	11 /	117	12.0	10 5	7 1	7 4	6.0
All ages, age adjusted ³	11.1 11.5	11.4 10.4	14.7 13.2	13.2 13.5	12.5 13.4	7.1 7.2	7.4 7.4	6.9 7.0
Under 1 year		13.8	10.7	12.8	22.8	22.2	16.7	18.5
1–14 years 15–24 years	1.8	1.2	3.1	3.3	4.7 18.0	2.7	2.1 8.9	2.6 10.3
15–24 years	16.5 22.5	11.9 22.7	17.7 25.3	18.4 22.6	18.9 21.0	10.7 11.0	12.5	11.1
45–64 years	6.8	10.3	13.4	10.8	6.5	4.5	5.7	4.5
65 years and over	3.6	3.0	7.4	8.0	9.4	3.5	3.7	3.1

See footnotes at end of table.

Table 45 (page 3 of 3). Death rates for homicide, according to sex, race, Hispanic origin, and age: United States, selected years 1950-2002

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950¹	1960¹	1970	1980	1990	2000 ²	2001	2002
American Indian or Alaska Native female ⁴			Deaths _I	per 100,000	resident po	pulation		
All ages, age adjusted ³				8.1 7.7	4.6 4.8	3.0 2.9	4.2 4.2	5.2 5.3
15–24 years			 	13.7	6.9	5.9 *	5.9 *	6.3
Asian or Pacific Islander female⁴								
All ages, age adjusted ³				3.1 3.1	2.8 2.8	1.7 1.7	2.5 2.7	1.8 1.8
15–24 years				4.6	3.8	* 2.2 2.0	* 4.0 2.7	2.1 2.4 1.6
Hispanic or Latino female ^{4,6}								
All ages, age adjusted ³					4.3 4.7	2.8 2.8	3.1 3.2	2.5 2.6
Under 1 year. 1–14 years					1.9	7.4 1.0	5.5 1.0	5.9 1.2
15–24 years					8.1 6.1 3.3	3.7 3.7 2.9	4.0 4.8 3.0	3.8 3.4 2.3
45–64 years					3.3 *	2.4	2.0	2.3
White, not Hispanic or Latino female ⁶								
All ages, age adjusted ³					2.5 2.5	1.9 1.9	2.5 2.4	1.9 1.9
Under 1 year. 1–14 years					4.4 0.8	4.1 0.8	4.7 0.9	4.1 0.9
15–24 years					3.3 3.5	2.3 2.7	2.7 3.7	2.2 2.6
45–64 years					2.2 2.2	1.6 1.6	2.3 1.8	1.8 1.4

 ^{- -} Data not available.

NOTES: Starting with Health, United States, 2003, rates for 1991-99 were revised using intercensal population estimates based on census 2000. Rates for 2000 were revised based on census 2000 counts. Rates for 2001 and 2002 were computed using 2000-based postcensal estimates. See Appendix I, Population Census and Population Estimates. Figures for 2001 include September 11 related deaths for which death certificates were filed as of October 24, 2002. Underlying cause of death code numbers are based on the applicable revision of the International Classification of Diseases (ICD) for data years shown. For the period 1980-98, causes were coded using ICD-9 codes that are most nearly comparable with the 113 cause list for ICD-10. See Appendix II, tables IV and V for terrorism-related ICD-10 codes. Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. For additional injury-related statistics, see www.cdc.gov/ncipc/wisqars, a Web-based interactive database for injury data. Data for additional years are available. See Appendix III.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System; Grove RD, Hetzel AM. Vital statistics rates in the United States, 1940–1960. Washington: U.S. Government Printing Office. 1968; numerator data from National Vital Statistics System, annual mortality files; denominator data from national population estimates for race groups from table 1 and unpublished Hispanic population estimates for 1985-96 prepared by the Housing and Household Economic Statistics Division, U.S. Bureau of the Census; additional mortality tables are available at www.cdc.gov/nchs/datawh/statab/unpubd/mortabs.htm; Kochanek KD, Murphy SL, Anderson RN, Scott C. Deaths: Final data for 2002. National vital statistics reports. Vol 53 no 5. Hyattsville, Maryland: National Center for Health Statistics. 2004.

^{*} Rates based on fewer than 20 deaths are considered unreliable and are not shown.

¹Includes deaths of persons who were not residents of the 50 States and the District of Columbia.

²Starting with 1999 data, cause of death is coded according to ICD-10. See Appendix II, Comparability ratio and tables V and VI. ³Age-adjusted rates are calculated using the year 2000 standard population. See Appendix II, Age adjustment.

⁴The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native and Asian or Pacific Islander populations are known to be underestimated. See Appendix II, Race, for a discussion of sources of bias in death rates by race and Hispanic origin.

⁵In 1950 rate is for the age group under 15 years.

⁶Prior to 1997, excludes data from States lacking an Hispanic-origin item on the death certificate. See Appendix II, Hispanic origin.

Table 46 (page 1 of 3). Death rates for suicide, according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002

Sex, race, Hispanic origin, and age	1950¹	1960¹	1970	1980	1990	2000 ²	2001	2002
All persons				ths per 100.0	000 resident p	opulation		
All ages, age adjusted ³ All ages, crude	13.2	12.5	13.1	12.2	12.5	10.4	10.7	10.9
	11.4	10.6	11.6	11.9	12.4	10.4	10.8	11.0
Under 1 year								
1–4 years	0.2	0.3	0.3	0.4	0.8	0.7	0.7	0.6
15–24 years	4.5	5.2	8.8	12.3	13.2	10.2	9.9	9.9
	2.7	3.6	5.9	8.5	11.1	8.0	7.9	7.4
20–24 years	6.2	7.1	12.2	16.1	15.1	12.5	12.0	12.4
	11.6	12.2	15.4	15.6	15.2	13.4	13.8	14.0
25–34 years	9.1	10.0	14.1	16.0	15.2	12.0	12.8	12.6
	14.3	14.2	16.9	15.4	15.3	14.5	14.7	15.3
45–64 years	23.5	22.0	20.6	15.9	15.3	13.5	14.4	14.9
	20.9	20.7	20.0	15.9	14.8	14.4	15.2	15.7
_55–64 years	26.8	23.7 24.5	21.4	15.9	16.0	12.1	13.1	13.6
65 years and over	30.0 29.6	23.0	20.8 20.8	17.6 16.9	20.5 17.9	15.2 12.5	15.3 13.3	15.6 13.5
75–84 years	31.1	27.9	21.2	19.1	24.9	17.6	17.4	17.7
	28.8	26.0	19.0	19.2	22.2	19.6	17.5	18.0
Male								
All ages, age adjusted ³ All ages, crude	21.2	20.0	19.8	19.9	21.5	17.7	18.2	18.4
	17.8	16.5	16.8	18.6	20.4	17.1	17.6	17.9
Under 1 year								
5–14 years	0.3	0.4	0.5	0.6	1.1	1.2	1.0	0.9
	6.5	8.2	13.5	20.2	22.0	17.1	16.6	16.5
15–19 years	3.5	5.6	8.8	13.8	18.1	13.0	12.9	12.2
	9.3	11.5	19.3	26.8	25.7	21.4	20.5	20.8
25–44 years	17.2	17.9	20.9	24.0	24.4	21.3	22.1	22.2
	13.4	14.7	19.8	25.0	24.8	19.6	21.0	20.5
25–34 years	21.3	21.0	22.1	22.5	23.9	22.8	23.1	23.7
45–64 years	37.1	34.4	30.0	23.7	24.3	21.3	22.5	23.5
	32.0	31.6	27.9	22.9	23.2	22.4	23.4	24.4
55–64 years	43.6	38.1	32.7	24.5	25.7	19.4	21.1	22.2
	52.8	44.0	38.4	35.0	41.6	31.1	31.5	31.8
65–74 years	50.5	39.6	36.0	30.4	32.2	22.7	24.6	24.7
	58.3	52.5	42.8	42.3	56.1	38.6	37.8	38.1
85 years and over	58.3	57.4	42.4	50.6	65.9	57.5	51.1	50.7
Female All ages, age adjusted ³	5.6	5.6	7.4	5.7	4.8	4.0	4.0	4.2
All ages, crude	5.1	4.9	6.6	5.5	4.8	4.0	4.1	4.3
Under 1 year								
5–14 years	0.1	0.1	0.2	0.2	0.4	0.3	0.3	0.3
	2.6	2.2	4.2	4.3	3.9	3.0	2.9	2.9
15–19 years	1.8	1.6	2.9	3.0	3.7	2.7	2.7	2.4
	3.3	2.9	5.7	5.5	4.1	3.2	3.1	3.5
25–44 years	6.2	6.6	10.2	7.7	6.2	5.4	5.5	5.8
25–34 years	4.9	5.5	8.6	7.1	5.6	4.3	4.4	4.6
	7.5	7.7	11.9	8.5	6.8	6.4	6.4	6.9
45–64 years	9.9	10.2	12.0	8.9	7.1	6.2	6.6	6.7
	9.9	10.2	12.6	9.4	6.9	6.7	7.2	7.4
55–64 years	9.9	10.2	11.4	8.4	7.3	5.4	5.7	5.7
	9.4	8.4	8.1	6.1	6.4	4.0	3.9	4.1
65–74 years	10.1	8.4	9.0	6.5	6.7	4.0	3.9	4.1
	8.1	8.9	7.0	5.5	6.3	4.0	4.0	4.2
85 years and over	8.2	6.0	5.9	5.5	5.4	4.2	3.4	3.8
White male ⁴	22.2	0.1.1	00.0	22.2	00.0	10.1	40.0	22.2
All ages, age adjusted ³ All ages, crude	22.3	21.1	20.8	20.9	22.8	19.1	19.6	20.0
	19.0	17.6	18.0	19.9	22.0	18.8	19.5	19.9
15–24 years	6.6	8.6	13.9	21.4	23.2	17.9	17.6	17.7
	17.9	18.5	21.5	24.6	25.4	22.9	24.0	24.0
45–64 years	39.3	36.5	31.9	25.0	26.0	23.2	24.7	25.9
65 years and over	55.8	46.7	41.1	37.2	44.2	33.3	33.7	34.2
	53.2	42.0	38.7	32.5	34.2	24.3	26.3	26.8
75–84 years	61.9	55.7	45.5	45.5	60.2	41.1	40.2	40.6
	61.9	61.3	45.8	52.8	70.3	61.6	55.0	53.9

See footnotes at end of table.

Table 46 (page 2 of 3). Death rates for suicide, according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002

Sex, race, Hispanic origin, and age	1950¹	1960¹	1970	1980	1990	2000 ²	2001	2002
Black or								
African American male ⁴			Deaths	s per 100,000	resident popu	ılation		
All ages, age adjusted ³ All ages, crude	7.5 6.3	8.4 6.4	10.0 8.0	11.4 10.3	12.8 12.0	10.0 9.4	9.8 9.2	9.8 9.1
15–24 years	4.9 9.8 12.7 9.0 10.0	4.1 12.6 13.0 9.9 11.3	10.5 16.1 12.4 8.7 8.7	12.3 19.2 11.8 11.4 11.1 10.5	15.1 19.6 13.1 14.9 14.7 14.4	14.2 14.3 9.9 11.5 11.1 12.1	13.0 14.4 9.7 11.5 10.7 13.5	11.3 15.1 9.6 11.7 9.7 13.8
American Indian or Alaska Native male ⁴								
All ages, age adjusted ³				19.3	20.1	16.0	17.4	16.4
All ages, crude				20.9	20.9	15.9	17.0	16.8
15–24 years				45.3 31.2	49.1 27.8	26.2 24.5	24.7 27.6	27.9 26.8
25–44 years				31.2	27.0	15.4	17.0	14.1
65 years and over				*	*	*	*	*
Asian or Pacific Islander male ⁴								
All ages, age adjusted ³				10.7	9.6	8.6	8.4	8.0
All ages, crude				8.8	8.7	7.9	7.7	7.6
15–24 years				10.8 11.0	13.5 10.6	9.1 9.9	9.1 9.3	8.7 9.3
45–64 years				13.0	9.7	9.7	8.2	9.1
65 years and over				18.6	16.8	15.4	18.3	14.4
Hispanic or Latino male ^{4,6}								
All ages, age adjusted ³					13.7 11.4	10.3 8.4	10.1 8.3	9.9 8.3
15–24 years					14.7	10.9	9.5	10.6
25–44 years					16.2	11.2	11.8	10.9
45–64 years					16.1 23.4	12.0 19.5	11.4 18.5	11.9 17.5
White, not Hispanic or Latino male ⁶					20.4	19.5	10.5	17.5
All ages, age adjusted ³					23.5	20.2	21.0	21.4
All ages, crude					23.1	20.4	21.4	21.9
15–24 years					24.4 26.4	19.5 25.1	19.6 26.4	19.3 26.9
45–64 years					26.8	24.0	25.9	27.2
65 years and over					45.4	33.9	34.4	35.1
White female ⁴								
All ages, age adjusted ³ All ages, crude	6.0 5.5	5.9 5.3	7.9 7.1	6.1 5.9	5.2 5.3	4.3 4.4	4.5 4.6	4.7 4.8
15–24 years	2.7	2.3	4.2	4.6	4.2	3.1	3.1	3.1
25–44 years	6.6 10.6	7.0 10.9	11.0 13.0	8.1 9.6	6.6 7.7	6.0 6.9	6.2 7.3	6.6 7.5
65 years and over	9.9	8.8	8.5	6.4	6.8	4.3	4.1	4.3
Black or African American female ⁴								
All ages, age adjusted ³ All ages, crude	1.8 1.5	2.0 1.6	2.9 2.6	2.4 2.2	2.4 2.3	1.8 1.7	1.8 1.7	1.6 1.5
15–24 years	1.8	*	3.8	2.3	2.3	2.2	1.3	1.7
25–44 years	2.3 2.7 *	3.0 3.1 *	4.8 2.9 2.6	4.3 2.5 *	3.8 2.9 1.9	2.6 2.1 1.3	2.6 2.6 1.6	2.4 2.1 1.1

See footnotes at end of table.

Table 46 (page 3 of 3). Death rates for suicide, according to sex, race, Hispanic origin, and age: United States, selected years 1950-2002

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950¹	1960 ¹	1970	1980	1990	2000 ²	2001	2002
American Indian or Alaska Native female ⁴			Deaths	s per 100,000	resident popu	ılation		
All ages, age adjusted ³				4.7	3.6	3.8	4.0	4.1
III ages, crude				4.7	3.7	4.0	4.1	4.3
5–24 years				*	*	*	*	7.4
5–44 years				10.7	*	7.2	6.1	5.6
5–64 years				*	*	*	*	*
5 years and over								
Asian or Pacific Islander female ⁴								
II ages, age adjusted ³				5.5	4.1	2.8	2.9	3.0
Il ages, crude				4.7	3.4	2.7	2.8	2.9
•				*	3.9	2.7	3.6	*
5–24 years 5–44 years				5.4	3.8	3.3	2.9	3.3
5–64 years				7.9	5.0	3.2	3.8	3.8
5 years and over				*	8.5	5.2	4.9	6.8
Hispanic or Latino female ^{4,6}								
All ages, age adjusted ³					2.3	1.7	1.6	1.8
III ages, crude					2.2	1.5	1.5	1.6
•					3.1	2.0	2.3	2.1
5–24 years					3.1	2.0	2.0	2.0
5–64 years					2.5	2.5	2.3	2.5
5 years and over					*	*	*	1.9
White, not Hispanic or Latino female ⁶								
II ages, age adjusted ³					5.4	4.7	4.9	5.1
Il ages, crude					5.6	4.9	5.0	5.3
5–24 years					4.3	3.3	3.3	3.4
5–44 years					7.0	6.7	6.9	7.5
5–64 years					8.0	7.3	7.8	8.0
5 years and over					7.0	4.4	4.3	4.5

[.] Category not applicable.

NOTES: Starting with Health, United States, 2003, rates for 1991-99 were revised using intercensal population estimates based on census 2000. Rates for 2000 were revised based on census 2000 counts. Rates for 2001 and 2002 were computed using 2000-based postcensal estimates. See Appendix I, Population Census and Population Estimates. Figures for 2001 include September 11 related deaths for which death certificates were filed as of October 24, 2002. Underlying cause of death code numbers are based on the applicable revision of the International Classification of Diseases (ICD) for data years shown. See Appendix II, tables IV and V for terrorism-related ICD-10 codes. Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. For additional injury-related statistics, see www.cdc.gov/ncipc/wisqars, a Web-based interactive database for injury data. Data for additional years are available. See Appendix III.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System; Grove RD, Hetzel AM. Vital statistics rates in the United States, 1940–1960. Washington: U.S. Government Printing Office. 1968; numerator data from National Vital Statistics System, annual mortality files; denominator data from national population estimates for race groups from table 1 and unpublished Hispanic population estimates for 1985–96 prepared by the Housing and Household Economic Statistics Division, U.S. Bureau of the Census; additional mortality tables are available at www.cdc.gov/nchs/datawh/statab/unpubd/mortabs.htm; Kochanek KD, Murphy SL, Anderson RN, Scott C. Deaths: Final data for 2002. National vital statistics reports. Vol 53 no 5. Hyattsville, Maryland: National Center for Health Statistics. 2004.

^{*} Rates based on fewer than 20 deaths are considered unreliable and are not shown.

^{- -} Data not available

¹Includes deaths of persons who were not residents of the 50 States and the District of Columbia.

²Starting with 1999 data, cause of death is coded according to ICD-10. See Appendix II, Comparability ratio and tables V and VI. ³Age-adjusted rates are calculated using the year 2000 standard population. See Appendix II, Age adjustment.

⁴The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native and Asian or Pacific Islander populations are known to be underestimated. See Appendix II, Race, for a discussion of sources of bias in death rates by race and Hispanic origin.

⁵In 1950 rate is for the age group 75 years and over.

⁶Prior to 1997, excludes data from States lacking an Hispanic-origin item on the death certificate. See Appendix II, Hispanic origin.

Table 47 (page 1 of 3). Death rates for firearm-related injuries, according to sex, race, Hispanic origin, and age: United States, selected years 1970–2002

[Data are based on death certificates]							
Sex, race, Hispanic origin, and age	1970	1980	1990	1995	2000 ¹	2001	2002
All persons			Deaths per	100,000 resider	nt population		
All ages, age adjusted ² All ages, crude	14.3 13.1	14.8 14.9	14.6 14.9	13.4 13.5	10.2 10.2	10.3 10.4	10.4 10.5
Under 1 year. 1–14 years 1–4 years 5–14 years 15–24 years 15–19 years 20–24 years 25–44 years 25–34 years 35–44 years 45–64 years 45–54 years 45–64 years 45–64 years 65 years and over 65–74 years	* 1.6 1.0 1.7 15.5 11.4 20.3 20.9 22.2 19.6 17.6 18.1 17.0 13.8 14.5	* 1.4 0.7 1.6 20.6 14.7 26.4 22.5 24.3 20.0 15.2 16.4 13.9 13.5 13.8 13.8	* 1.5 0.6 1.9 25.8 23.3 28.1 19.3 21.8 16.3 13.6 13.9 13.3 16.0 14.4	* 1.6 0.6 1.9 26.7 24.1 29.2 16.9 19.6 14.3 11.7 12.0 11.3 14.1 12.8 16.3	* 0.7 0.3 0.9 16.8 12.9 20.9 13.1 14.5 11.9 10.0 10.5 9.4 12.2 10.6 13.9 14.2	* 0.7 0.5 0.8 16.7 12.4 21.2 13.5 15.5 11.7 10.3 10.5 10.1 12.4 10.9 14.3	0.7 0.4 0.8 16.7 12.1 21.3 13.7 15.4 12.1 10.6 10.8 10.2 12.4
85 years and over	10.2	11.0	14.7	14.4	14.2	12.8	12.5
Male All ages, age adjusted ² All ages, crude	24.8 22.2	25.9 25.7	26.1 26.2	23.8 23.6	18.1 17.8	18.5 18.2	18.6 18.4
Under 1 year: 1–14 years 1–4 years 5–14 years 15–24 years 15–19 years 20–24 years 25–34 years 25–34 years 35–44 years 45–64 years 45–64 years 55–64 years 65 years and over 65–74 years 75–84 years	* 2.3 1.2 2.7 26.4 19.2 35.1 34.1 36.5 31.6 31.0 30.7 31.3 29.7 29.5 31.0 26.2	2.0 0.9 2.5 34.8 24.5 45.2 38.1 41.4 33.2 25.9 27.3 24.5 29.7 27.8 33.0 34.9	2.2 0.7 2.9 44.7 40.1 49.1 32.6 37.0 27.4 23.4 23.2 23.7 35.3 28.2 46.9 49.3	2.3 0.8 2.9 46.5 41.6 51.5 28.4 33.2 23.6 20.0 20.1 19.8 30.7 25.1 37.8 47.1	1.1 0.4 1.4 29.4 22.4 37.0 22.0 24.9 19.4 17.1 17.6 16.3 26.4 20.3 32.2 44.7	1.0 0.5 1.2 29.6 21.8 37.7 22.8 26.7 19.2 17.6 17.8 17.4 26.8 21.1 32.8 40.2	1.0 0.5 1.2 29.3 21.1 37.6 23.1 26.5 20.1 18.1 18.2 18.0 26.9 21.3 32.9 38.9
Female All ages, age adjusted ²	4.8 4.4	4.7 4.7	4.2 4.3	3.8 3.8	2.8 2.8	2.8 2.8	2.8 2.8
Under 1 year. 1–14 years 1–4 years 5–14 years 15–24 years 15–19 years 20–24 years 25–34 years 35–44 years 45–64 years 45–64 years 55–64 years 65 years and over 65–74 years 75–84 years	* 0.8 0.9 0.8 4.8 3.5 6.4 8.3 8.4 8.2 5.4 6.4 4.2 2.4 2.8 1.7	7.7 0.5 0.7 6.1 4.6 7.7 7.4 7.5 7.2 5.4 6.2 4.6 2.5 3.1 1.7	* 0.8 0.5 1.0 6.0 5.7 6.3 6.1 6.7 5.4 4.5 4.9 4.0 3.1 3.6 2.9	* 0.8 0.5 0.9 5.9 5.6 6.1 5.5 5.2 3.9 4.2 3.5 2.8 3.0 2.8	* 0.3 * 0.4 3.5 2.9 4.2 4.2 4.0 4.4 3.4 3.6 3.0 2.2 2.5 2.0	* 0.4 0.4 0.4 3.2 2.6 3.8 4.2 4.0 4.3 3.4 3.5 3.3 2.2 2.4 2.2	0.5 0.3 0.5 3.5 2.7 4.2 4.1 4.0 4.2 3.4 3.6 3.1 2.0 2.3 2.1
White male ³							
All ages, age adjusted ² All ages, crude 1–14 years 15–24 years 25–34 years 35–34 years 45–64 years 65 years and over	19.7 17.6 1.8 16.9 24.2 24.3 24.1 27.4 29.9	22.1 21.8 1.9 28.4 29.5 31.1 27.1 23.3 30.1	22.0 21.8 1.9 29.5 25.7 27.8 23.3 22.8 36.8	20.1 19.9 1.9 30.8 23.2 25.2 21.2 19.5 32.2	15.9 15.6 1.0 19.6 18.0 18.1 17.9 17.4 28.2	16.3 16.2 0.9 19.5 18.9 19.9 18.0 18.3 28.6	16.2 16.1 0.8 19.4 18.5 18.5 18.5 18.7 28.9

See footnotes at end of table.

Table 47 (page 2 of 3). Death rates for firearm-related injuries, according to sex, race, Hispanic origin, and age: United States, selected years 1970–2002

Sex, race, Hispanic origin, and age	1970	1980	1990	1995	2000¹	2001	2002
Black or African American male ³			Deaths ner	100,000 resident	nonulation		
All ages, age adjusted ²	70.8	60.1	56.3	49.2	34.2	34.5	36.0
All ages, crude	60.8	57.7	61.9	52.9	36.1	36.4	37.8
1–14 years	5.3	3.0	4.4	4.4	1.8	1.6	1.8
15–24 years	97.3	77.9	138.0	138.7	89.3	90.3	87.1
25–44 years	126.2 145.6	114.1 128.4	90.3 108.6	70.2 92.3	54.1 74.8	54.8 77.7	60.6 85.6
35–44 years	104.2	92.3	66.1	46.3	34.3	33.2	36.9
45–64 years	71.1	55.6	34.5	28.3	18.4	17.2	18.6
65 years and over	30.6	29.7	23.9	21.8	13.8	14.9	14.2
American Indian or Alaska Native male ³							
All ages, age adjusted ²		24.0	19.4	19.4	13.1	13.0	14.8
All ages, crude		27.5	20.5	20.9	13.2	12.9	15.3
15–24 years		55.3 43.9	49.1 25.4	40.9 31.2	26.9 16.6	24.3 18.8	30.0 21.7
25—44 years		+0.5 *	2J.4 *	14.2	12.2	9.6	12.4
35 years and over		*	*	*	*	*	*
Asian or Pacific Islander male ³							
All ages, age adjusted ²		7.8	8.8	9.2	6.0	5.2	5.5
All ages, crude		8.2	9.4	10.0	6.2	5.4	5.7
15–24 years		10.8	21.0	24.3	9.3	9.6	11.7
25–44 years		12.8 10.4	10.9 8.1	10.6 8.2	8.1 7.4	6.6 5.7	6.3 5.8
45-64 years		*	*	*	7 . 4 *	5.3	*
Hispanic or Latino male ^{3,4}							
All ages, age adjusted ²			27.6	23.8	13.6	13.7	13.4
All ages, crude			29.9	26.2	14.2	14.6	14.2
1–14 years			2.6	2.8	1.0	0.7	0.9
15–24 years			55.5 42.7	61.7 31.4	30.8 17.3	31.4 19.1	32.1 17.6
25–34 years			47.3	36.4	20.3	22.7	21.2
35–44 years			35.4	24.2	13.2	14.4	12.9
45-64 years			21.4 19.1	17.2 16.5	12.0 12.2	10.0 12.0	9.9 12.3
White, not Hispanic or Latino male ⁴							
All ages, age adjusted ²			20.6	18.6 18.5	15.5 15.7	16.0 16.3	16.0
All ages, crude			20.4	18.5	15.7	16.3	16.3
1–14 years			1.6 24.1	1.6 23.5	1.0 16.2	1.0 16.0	0.7 15.6
25–44 years			23.3	21.4	17.9	18.6	18.4
25–34 years			24.7	22.5 20.4	17.2	18.9 18.4	17.4
35–44 years 45–64 years			21.6 22.7	20.4 19.5	18.4 17.8	18.4 19.0	19.3 19.4
55 years and over			37.4	32.5	29.0	29.4	29.8
White female ³							
All ages, age adjusted ² All ages, crude	4.0 3.7	4.2 4.1	3.8 3.8	3.5 3.5	2.7 2.7	2.7 2.7	2.7 2.7
15–24 years	3.4	5.1	4.8	4.5	2.8	2.7	2.6
25–44 years	6.9 5.0	6.2 5.1	5.3	4.9	3.9	3.9	3.8
45–64 years	5.0 2.2	5.1 2.5	4.5 3.1	4.0 2.8	3.5 2.4	3.7 2.3	3.6 2.2

See footnotes at end of table.

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Table 47 (page 3 of 3). Death rates for firearm-related injuries, according to sex, race, Hispanic origin, and age: United States, selected years 1970–2002

Sex, race, Hispanic origin, and age	1970	1980	1990	1995	2000¹	2001	2002
Black or African American female ³			Deaths per	100,000 resider	nt population		
All ages, age adjusted ² All ages, crude	11.1 10.0	8.7 8.8	7.3 7.8	6.2 6.5	3.9 4.0	3.8 3.8	4.1 4.2
15–24 years	15.2 19.4 10.2 4.3	12.3 16.1 8.2 3.1	13.3 12.4 4.8 3.1	13.2 9.8 4.1 2.6	7.6 6.5 3.1 1.3	6.1 6.9 2.6 1.4	8.1 6.7 3.0 1.2
American Indian or Alaska Native female ³							
All ages, age adjusted ² All ages, crude		5.8 5.8	3.3 3.4	3.8 4.1	2.9 2.9	2.8 2.9	3.1 3.4
15–24 years		10.2 *	* * *	7.0 *	5.5 *	5.0	* * *
Asian or Pacific Islander female ³							
All ages, age adjusted ² All ages, crude		2.0 2.1	1.9 2.1	2.0 2.1	1.1 1.2	1.0 1.1	1.1 1.2
15–24 years 25–44 years 45–64 years 65 years and over		3.2 *	2.7 *	3.9 2.7 *	1.5	1.5 *	1.7
Hispanic or Latino female ^{3,4}							
All ages, age adjusted ² All ages, crude			3.3 3.6	3.1 3.3	1.8 1.8	1.7 1.7	1.6 1.6
15–24 years			6.9 5.1 2.4 *	6.1 4.7 2.4 *	2.9 2.5 2.2 *	3.3 2.5 1.6	2.8 2.4 1.6 *
White, not Hispanic or Latino female ⁴							
All ages, age adjusted ² All ages, crude			3.7 3.7	3.4 3.5	2.8 2.9	2.8 2.9	2.8 2.8
15–24 years			4.3 5.1 4.6 3.2	4.1 4.8 4.1 2.8	2.7 4.2 3.6 2.4	2.5 4.1 3.8 2.4	2.5 4.1 3.8 2.3

^{*} Rates based on fewer than 20 deaths are considered unreliable and are not shown.

NOTES: Starting with Health, United States, 2003, rates for 1991–99 were revised using intercensal population estimates based on census 2000. Rates for 2000 were revised based on census 2000 counts. Rates for 2001 and 2002 were computed using 2000-based postcensal estimates. See Appendix I, Population Census and Population Estimates. Underlying cause of death code numbers are based on the applicable revision of the International Classification of Diseases (ICD) for data years shown. See Appendix II, tables IV and V. Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. For additional injury-related statistics, see www.cdc.gov/ncipc/wisqars, a Web-based interactive database for injury data. Data for additional years are available. See Appendix III.. Some data for white females and black females were revised and differ from the previous edition of Health, United States.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System; numerator data from annual mortality files; denominator data from national population estimates for race groups from table 1 and unpublished Hispanic population estimates for 1985–96 prepared by the Housing and Household Economic Statistics Division, U.S. Bureau of the Census; additional mortality tables are available at www.cdc.gov/nchs/datawh/statab/unpubd/mortabs.htm; Kochanek KD, Murphy SL, Anderson RN, Scott C. Deaths: Final data for 2002. National vital statistics reports. Vol 53 no 5. Hyattsville, Maryland: National Center for Health Statistics. 2004.

^{- -} Data not available.

Starting with 1999 data, cause of death is coded according to ICD-10. See Appendix II, Comparability ratio and tables V and VI.

²Age-adjusted rates are calculated using the year 2000 standard population. See Appendix II, Age adjustment.

³The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native and Asian or Pacific Islander populations are known to be underestimated. See Appendix II, Race, for a discussion of sources of bias in death rates by race and Hispanic origin.

⁴Prior to 1997, excludes data from States lacking an Hispanic-origin item on the death certificate. See Appendix II, Hispanic origin.

Table 48. Deaths from selected occupational diseases for persons 15 years of age and over: United States, selected years 1980-2002

Cause of death ¹	1980	1985	1990	1995	1999 ²	2000	2001	2002
Underlying and nonunderlying cause of death		Numbe	r of death ce	rtificates with	cause-of-dea	ath code(s) n	nentioned	
Angiosarcoma of liver ³ . Malignant mesothelioma ⁴ Pneumoconiosis ⁵ Coal workers' pneumoconiosis Asbestosis Silicosis Other (including unspecified)	699 4,151 2,576 339 448 814	715 3,783 2,615 534 334 321	874 3,644 1,990 948 308 413	897 3,151 1,413 1,169 242 343	4 2,485 2,739 1,002 1,259 185 310	16 2,531 2,859 949 1,486 151 290	25 2,508 2,743 886 1,449 163 260	23 2,573 2,715 858 1,467 146 263
Underlying cause of death				Number	of deaths			
Angiosarcoma of liver ³ . Malignant mesothelioma ⁴ . Pneumoconiosis . Coal workers' pneumoconiosis . Asbestosis . Silicosis . Other (including unspecified)	531 1,581 982 101 207 291	573 1,355 958 139 143 115	725 1,335 734 302 150 149	780 1,117 533 355 114 115	3 2,343 1,081 409 449 102 121	15 2,384 1,142 389 558 71 124	22 2,371 1,110 367 550 82 111	20 2,429 1,094 354 529 89 122

^{- - -} Data not available.

¹Cause-of-death titles for selected occupational diseases and corresponding code numbers according to the International Classification of Diseases, Ninth and Tenth Revisions. See Appendix II, table IV.

Cause of death	ICD-9 code	ICD-10 code
Angiosarcoma of liver Malignant mesothelioma Pneumoconiosis Coal workers' pneumoconiosis Asbestosis Silicosis Other (including unspecified)	158.8, 158.9, 163 500–505 500 501 502	C22.3 C45 J60-J66 J60 J61 J62 J63-J66

²Starting with 1999 data, ICD–10 was introduced for coding cause of death. Discontinuities exist between 1998 and 1999 due to ICD–10 coding and classification changes. Caution should be exercised in interpreting trends for the causes of death in this table, especially for those with major ICD–10 changes (e.g., malignant mesothelioma). See Appendix II, *International Classification of Diseases* (ICD).
³Prior to 1999 there was no discrete code for this condition.

NOTES: See Appendix I, National Vital Statistics System, Multiple Cause of Death File for information about tabulating cause-of-death data in this table. Selection of occupational diseases is based on definitions in Mullan RJ, Murthy LI. Occupational sentinel health events: An updated list for physician recognition and public health surveillance. Am J Ind Med 19:775-799, 1991. For more detailed information about pneumoconiosis deaths, see Work-Related Lung Disease Surveillance Report 2002, DHHS (NIOSH) Publication Number 2003–111 at www.cdc.gov/niosh/docs/2003–111/2003–111.html. Data for additional years are available. See Appendix III.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System; annual mortality files for underlying and multiple cause of death.

⁴Prior to 1999 the combined ICD-9 categories of malignant neoplasm of peritoneum and malignant neoplasm of pleura served as a crude surrogate for malignant mesothelioma under ICD-10.

⁵For underlying and nonunderlying cause of death, counts for pneumoconiosis subgroups may sum to slightly more than total pneumoconiosis due to the reporting of more than one type of pneumoconiosis on some death certificates.

Table 49 (page 1 of 2). Occupational injury deaths and rates by industry, sex, age, race, and Hispanic origin: United States, selected years 1992–2002

[Data are compiled from various Federal, State, and local administrative sources]

Characteristic	1992 ¹	1995	1996	1997	1998	1999	2000	2001 ²	2002 ³
			Dea	aths per 10	0,000 emp	loyed work	ers ⁴		
Total work force	5.2	4.9	4.8	4.7	4.5	4.5	4.3	4.3	4.0
Total, including fatalities from Sept 11, 2001								6.4	
Industry ⁵									
Private sector	5.5	5.1	5.1	5.0	4.8	4.8	4.6	4.5	4.2
Agriculture, forestry, and fishing	24.0	22.2	22.4	23.5	23.4	23.8	20.9	22.8	22.7
Mining	27.1 14.1	25.0 14.7	27.0 14.0	25.0 14.1	23.8 14.5	21.7 14.0	30.0 12.9	30.0 13.3	23.5 12.2
Manufacturing	3.8	3.5	3.5	3.6	3.4	3.6	3.3	3.2	3.1
Transportation and public utilities	13.4	12.6	13.4	13.2	11.8	12.7	11.8	11.2	11.3
Wholesale trade	5.3 3.8	5.1 3.3	5.4 3.2	4.9 3.1	4.5 2.6	4.6 2.3	4.3 2.7	4.3 2.4	4.0 2.1
Finance, insurance, and								2.7	
real estate	1.6	1.6 2.2	1.5 2.2	1.2 2.0	1.1	1.2	0.9 2.0	1.0	1.0 1.7
	2.5				2.0	1.9		1.9	
Government ⁶	3.7	3.9	3.1	3.2	3.0	2.8	2.8	3.1	2.7
Sex		0.0	0.0	0.4					
Male		8.3 0.9	8.2 0.9	8.1 0.8	7.7 0.8	7.7 0.7	7.4 0.7	7.4 0.7	6.8 0.7
		0.0	0.0	0.0	0.0	0.7	0.7	0.7	0.7
Age									
16–17 years		1.6 3.3	1.6 3.2	1.5 2.8	1.2 3.1	1.6 2.7	1.6 2.7	1.3 2.8	1.1 2.2
20–24 years		3.8	3.5	3.9	3.3	3.4	3.3	3.2	3.2
25–34 years		4.3	4.2	4.1	3.9	3.8	3.8	3.8	3.3
35–44 years		4.6 5.2	4.5 4.9	4.2 4.9	4.2 4.6	4.1 4.6	4.0 4.4	4.1 4.5	4.0 4.0
55–64 years		7.2	7.3	7.1	6.5	6.1	6.1	5.5	5.0
65 years and over		14.0	13.7	13.8	14.5	14.6	12.0	12.7	11.5
Race and Hispanic origin ⁷									
White		4.7	4.7	4.6	4.5	4.4			
Black or African American		5.1 5.5	4.6 5.4	4.8 5.1	4.0 5.2	4.1 5.2	5.6	6.0	5.0
Not Hispanic or Latino		4.9	4.8	4.7	4.5	4.4	4.2	4.1	3.9
White							4.2	4.2	3.9
Black or African American							3.9	3.8	3.5
				Nun	nber of dea	iths ⁸			
Total work force	6,217	6,275	6,202	6,238	6,055	6,054	5,920	5,915	5,524
Total, including fatalities from Sept 11, 2001								8,786	
Industry ⁵									
Private sector	5,497	5,495	5,597	5,616	5,457	5,488	5,347	5,281	4,970
Agriculture, forestry, and fishing	808	800	806	833	840	814	720	741	789
Mining	181 919	156 1,055	153 1,047	158 1,107	147 1,174	122 1,191	156 1,155	170 1,226	121 1,121
Manufacturing	765	709	725	744	698	722	668	598	563
Transportation and public utilities	895	901 256	970 270	1,008 241	911	1,008 238	957 230	915 220	910 205
Wholesale trade	253 734	687	270 681	670	229 570	513	594	538	205 487
Finance, insurance, and									
	122	125	116	97	92	107	79	86	87
real estate									
	757 63	749 57	776 53	727 31	763 33	736 37	769 19	772 15	680 7

See footnotes at end of table.

Table 49 (page 2 of 2). Occupational injury deaths and rates by industry, sex, age, race, and Hispanic origin: United States, selected years 1992–2002

[Data are compiled from various Federal, State, and local administrative sources]

Characteristic	1992 ¹	1995	1996	1997	1998	1999	2000	2001 ²	2002 ³
Sex				Nui	mber of dea	ths ⁸			
Male Female	5,774 443	5,736 539	5,688 514	5,761 477	5,569 486	5,612 442	5,471 449	5,442 473	5,083 441
Age									
Under 16 years 16–17 years 18–19 years 20–24 years 25–34 years 35–44 years 45–54 years 55–64 years 65 years and over Unspecified	27 41 107 544 1,556 1,538 1,167 767 467 3	26 42 130 486 1,409 1,571 1,256 827 515	27 43 125 444 1,362 1,586 1,242 855 504 14	21 41 113 503 1,325 1,524 1,302 875 520 14	33 32 137 421 1,238 1,525 1,279 836 541	26 46 122 451 1,175 1,510 1,333 816 565	29 44 127 446 1,163 1,473 1,313 831 488 6	20 33 122 441 1,142 1,478 1,368 775 530 6	16 25 92 435 1,020 1,402 1,250 783 494 7
Race and Hispanic origin									
White Black or African American Hispanic or Latino Not Hispanic or Latino White Black or African American American Indian or Alaska Native Asian ⁹ Native Hawaiian or Pacific Islander. Multiple races Other races or not reported	5,173 624 533 5,684 4,712 618 36 192	5,120 697 619 5,656 4,599 684 27 188 158	5,111 631 638 5,564 4,586 615 35 188 	5,108 677 658 5,580 4,576 661 34 218 91	5,041 594 707 5,348 4,478 583 28 164 95	4,990 626 730 5,324 4,410 616 54 180 64	815 5,105 4,244 575 33 171 14	895 5,020 4,175 565 48 173 9 6	840 4,684 3,917 491 40 131 9 4

^{...} Data not applicable.

NOTES: Fatalities and rates are based on revised data and may differ from originally published data from the Census of Fatal Occupational Injuries (CFOI). See Appendix I, CFOI. CFOI began collecting fatality data in 1992. For data for prior years, see CDC. Fatal Occupational Injuries—United States, 1980–1997. MMWR 2001; 50(16):317–320, which reports trend data from the National Traumatic Occupational Fatalities (NTOF) surveillance system. NTOF was established at the National Institute of Occupational Safety and Health to monitor occupational injury deaths through death certificates. In 1999 and earlier years the race groups white and black included persons of Hispanic and non-Hispanic origin. Some numbers for 2001 in this table were revised and differ from the previous edition of Health, United States. Data for additional years are available. See Appendix III.

SOURCE: Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries. Revised annual data.

^{- -} Data not available.

¹⁹⁹² and 1993 employment data by demographic characteristics are not available from the Current Population Survey (CPS) for calculation of rates.

²Fatalities due to the September 11 terrorist attacks are included only in the total line, as labeled, and not in the subcategories by industry and demographic characteristics.

³Preliminary data

⁴Numerator excludes deaths to workers under the age of 16 years. Employment data in denominators are average annual estimates of employed civilians 16 years of age and over from the CPS plus resident armed forces figures from the Bureau of the Census (1992–98) and Department of Defense (1999–2002).

⁵Classified according to the Standard Industrial Classification Manual, 1987 (see Appendix II, table VIII).

⁶Includes fatalities to workers employed by governmental organizations regardless of industry.

⁷Employment data for American Indian or Alaska Native workers and Asian or Pacific Islander workers are not available for the calculation of rates; employment data for non-Hispanic white and non-Hispanic black workers were not available before the year 2000.

⁸Includes fatalities to all workers, regardless of age.

⁹In 1999 and earlier years, category also includes Native Hawaiian or Pacific Islander.

Table 50. Occupational injuries and illnesses with days away from work, job transfer, or restriction in the private sector, according to industry: United States, selected years 1980–2002

[Data are based on employer records from a sample of business establishments]

Industry	1980	1985	1990	1995	1998	1999	2000	2001	2002 ¹
		lı		illnesses wit				r,	
Total private sector ⁴	4.0	3.6	4.1	3.6	3.1	3.0	3.0	2.8	2.8
Agriculture, fishing, and forestry ⁴ Mining Construction Manufacturing Transportation, communication, and	5.8	5.7	5.9	4.3	3.9	3.4	3.6	3.6	3.3
	6.5	4.8	5.0	3.9	2.9	2.7	3.0	2.4	2.6
	6.5	6.8	6.7	4.9	4.0	4.2	4.1	4.0	3.8
	5.4	4.6	5.8	5.3	4.7	4.6	4.5	4.1	4.1
public utilities. Wholesale trade Retail trade Finance, insurance, and	5.5	5.0	5.5	5.2	4.3	4.4	4.3	4.3	4.0
	3.9	3.5	3.7	3.6	3.3	3.3	3.1	2.8	3.1
	2.9	3.1	3.4	3.0	2.7	2.5	2.5	2.4	2.5
real estateServices	0.8	0.9	1.1	1.0	0.7	0.8	0.8	0.7	0.8
	2.3	2.6	2.8	2.8	2.4	2.2	2.2	2.2	2.2
		Numbe	er of injuries	and illness or restr	es with days iction in tho	s away from usands²	work, job ti	ansfer,	
Total private sector ⁴	2,539.9	2,537.0	3,123.8	2,972.1	2,780.7	2,742.8	2,752.1	2,559.1	2,494.3
Agriculture, fishing, and forestry ⁴ Mining Construction Manufacturing Transportation, communication, and	40.4	46.1	58.8	53.5	55.4	48.8	54.2	54.4	49.3
	66.9	44.3	36.1	23.4	17.6	14.9	17.5	14.4	15.1
	245.2	275.0	299.4	221.9	220.0	243.8	249.1	240.9	226.8
	1,038.7	857.1	1,072.8	970.7	891.2	848.0	829.5	702.4	656.4
public utilities. Wholesale trade Retail trade Finance, insurance, and	266.5	246.2	298.1	299.3	268.8	284.1	283.1	285.1	251.8
	193.7	189.7	215.5	221.6	216.9	217.1	207.6	183.0	190.5
	332.3	403.2	490.2	472.2	445.8	431.7	432.7	421.6	435.1
real estate	38.8	47.0	67.1	59.3	45.3	51.6	53.3	51.1	52.3
	317.4	428.3	585.7	650.2	619.8	602.8	625.2	606.2	617.1

¹Data for 2002 except for mining and transportation are not comparable with those from previous years because of changes to the Occupational Safety and Health Administration (OSHA) recordkeeping requirements. The mining and transportation industries did not adopt OSHA recordkeeping requirements for 2002. See Appendix I, Survey of Occupational Injuries and Illnesses.

NOTES: The data prior to 2002 are revised to include number of injuries and illnesses combined and differ from previous editions of *Health, United States* in which only the number of injuries was shown. See Appendix I, Survey of Occupational Injuries and Illnesses. Data for additional years are available. See Appendix III.

SOURCE: U.S. Department of Labor, Bureau of Labor Statistics, Survey of Occupational Injuries and Illnesses: Workplace injuries and illnesses, 1980–2002 editions. Summary News Release. 1982–2003. Internet address: www.bls.gov/iif/home.htm.

²Data for 1980–2001 include injuries and illnesses with lost workdays. Starting in 2002, the data include injuries and illnesses with days away from work, job transfer, or restriction

³Incidence rate calculated as (N/EH) x 200,000, where N = total number of injuries and illnesses, EH = total hours worked by all employees during the calendar year, and 200,000 = base for 100 full-time equivalent employees working 40 hours per week, 50 weeks per year.

⁴Excludes farms with fewer than 11 employees.

Table 51. Selected notifiable disease rates, according to disease: United States, selected years 1950–2002

[Data are based on reporting by State health departments]

Disease	1950	1960	1970	1980	1990	1995	1999	2000	2001	2002
				Case	s per 100,0	000 popula	tion			
Diphtheria	3.83 79.82	0.51 8.23	0.21 27.87 4.08 1.23 55.55 2.08	0.00 12.84 8.39 1.25 3.86 0.76	0.00 12.64 8.48 0.99 2.17 1.84	0.45 12.13 4.19 4.49 1.25 0.35 1.97	0.00 0.48 6.25 2.82 5.99 0.92 0.14 2.67	0.00 0.51 4.91 2.95 6.53 0.83 0.13 2.88	0.00 0.57 3.77 2.79 6.05 0.83 0.10 2.69	0.00 0.62 3.13 2.84 8.44 0.64 0.10 3.47
Pertussis (whooping cough)Poliomyelitis, totalParalytic ¹	22.02	1.77 1.40	0.02 0.02	0.00 0.00	0.00	0.00 0.00	0.00 0.00	- -	- -	- -
Rocky Mountain spotted fever Rubella (German measles) Rubeola (measles)	211.01	245.42	0.19 27.75 23.23	0.52 1.72 5.96	0.26 0.45 11.17	0.23 0.05 0.12	0.21 0.10 0.04	0.18 0.06 0.03	0.25 0.01 0.04	0.39 0.01 0.02
fever	15.45	3.85 6.94 30.83	10.84 6.79 18.28	14.88 8.41 12.25	19.54 10.89 10.33	17.66 12.32 8.70	14.89 6.43 6.43	14.51 8.41 6.01	14.39 7.19 5.68	15.73 8.37 5.36
Syphilis ⁴ Primary and secondaryEarly latentLate and late latent ⁵ Congenital ⁶ Chlamydia ⁷ .	146.02 16.73 39.71 70.22 8.97	68.78 9.06 10.11 45.91 2.48	45.26 10.89 8.08 24.94 0.97	30.51 12.06 9.00 9.30 0.12	54.52 20.34 22.27 10.35 1.55 160.83	26.40 6.30 10.15 9.25 0.71 190.42	12.97 2.43 4.23 6.11 0.21 252.99	11.23 2.12 3.36 5.54 0.20 252.10	11.47 2.17 3.09 6.03 0.17 278.32	11.68 2.44 3.00 6.10 0.15 296.55
Gonorrhea ⁸	192.50 3.34	145.40 0.94	297.22 0.70	445.10 0.30	277.45 1.69	149.44 0.23	132.32 0.05	129.04 0.03	128.53 0.01	125.03 0.02
					Number of	of cases				
Diphtheria	5,796 	918 	435 56,797	3 29,087	4 31,441	1,180 31,582	1 1,309 17,047	1 1,398 13,397	2 1,597 10,609	1 1,743 8,795
Hepatitis B. Lyme disease. Meningococcal disease. Mumps Pertussis (whooping cough).	120,718	14,809	8,310 2,505 104,953 4,249	19,015 2,840 8,576 1,730	21,102 2,451 5,292 4,570	10,805 11,700 3,243 906 5,137	7,694 16,273 2,501 387 7,288	8,036 17,730 2,256 338 7,867	7,843 17,029 2,333 266 7,580	7,996 23,763 1,814 270 9,771
Poliomyelitis, total	33,300	3,190 2,525	33 31	9	6 6	7 7	2	_	_	_
Rocky Mountain spotted fever Rubella (German measles)	319,124	441,703	380 56,552 47,351	1,163 3,904 13,506	651 1,125 27,786	590 128 309	579 267 100	495 176 86	695 23 116	1,104 18 44
fever	23,367	6,929 12,487 55,494	22,096 13,845 37,137	33,715 19,041 27,749	48,603 27,077 25,701	45,970 32,080 22,860	40,596 17,521 17,531	39,574 22,922 16,377	40,495 20,221 15,989	44,264 23,541 15,075
Syphilis ⁴ . Primary and secondary. Early latent Late and late latent ⁵ Congenital ⁶ Chlamydia ⁷	23,939 59,256	122,538 16,145 18,017 81,798 4,416 258,933	91,382 21,982 16,311 50,348 1,953	68,832 27,204 20,297 20,979 277 1,004,029	135,590 50,578 55,397 25,750 3,865 323,663 690,042	69,356 16,543 26,657 24,296 1,860 478,577 392,651	35,379 6,617 11,534 16,653 575 662,647 360,813	31,612 5,979 9,465 15,594 574 709,452 363,136	32,272 6,103 8,701 16,976 492 783,242 361,705	32,871 6,862 8,429 17,168 412 834,555
Gonorrhea ⁸	4,977	1,680	1,416	1,004,029 788	4,212	607	142	363,136 78	361,705	351,852 67

^{0.00} Rate greater than zero but less than 0.005.

NOTES: The total resident population was used to calculate all rates except sexually transmitted diseases, which used the civilian resident population. For sexually transmitted diseases, 2000 population estimates were used to calculate 2001 and 2002 rates. Population data from those States where diseases were not notifiable or not available were excluded from rate calculation. See Appendix I for information on underreporting of notifiable diseases. Some numbers for sexually transmitted diseases (2000–01) have been revised and differ from the previous edition of *Health*, *United States*. Data for additional years are available. See Appendix III.

SOURCES: Centers for Disease Control and Prevention. Summary of notifiable diseases, United States, 2002. Morbidity and mortality weekly report; 51(53). Atlanta, Georgia: Public Health Service. 2004; National Center for HIV, STD, and TB Prevention, Division of STD Prevention. Sexually transmitted disease surveillance, 2002. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2003.

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⁻ Quantity zero.

⁻⁻⁻ Data not available.

¹Data beginning in 1986 may be updated due to retrospective case evaluations or late reports.

²Case reporting for tuberculosis began in 1953. Data prior to 1975 are not comparable with subsequent years' data because of changes in reporting criteria effective in 1975. 2002 data were updated through the Division of Tuberculosis Elimination, NCHSTP, as of March 28, 2003.

³Newly reported civilian cases prior to 1991; includes military cases beginning in 1991. Adjustments to the number of cases from State health departments were made for hardcopy forms and for electronic data submissions through May 2, 2003. For 1950, data for Alaska and Hawaii were not included.

⁴Includes stage of syphilis not stated. ⁵Includes cases of unknown duration.

⁶Data reported for 1989 and later years reflect change in case definition introduced in 1988. Through 1994, all cases of congenitally acquired syphilis; as of 1995, congenital syphilis less than 1 year of age. See STD Surveillance Report for congenital syphilis rates per 100,000 live births. In 2002 the rate was 10.2 congenital syphilis cases per 100,000 live births.

⁷Chlamydia was nonnotifiable in 1994 and earlier years. In 1994–99 cases for New York based exclusively on those reported by New York City. Starting in 2000, includes cases for New York State.

⁸Data for 1994 do not include cases from Georgia.

Table 52. Acquired immunodeficiency syndrome (AIDS) cases, according to age at diagnosis, sex, detailed race, and Hispanic origin: United States, selected years 1985–2003

[Data are based on reporting by State health departments]

Age at diagnosis, sex, race, and Hispanic origin	All years ¹	All years ¹	1985	1990	1995	2000	2001	2002	2003	2003
	Percent distribution ²			Cases per 100,000 population ³						
All races		874,230	8,131	41,449	70,373	40,165	41,312	42,478	44,232	14.7
Male										
All males, 13 years and over	100.0	708,452	7,484	36,180	56,650	30,047	30,570	31,425	32,781	27.4
Not Hispanic or Latino: White	47.1 35.7 0.3 0.8 15.8	333,873 253,078 2,353 5,875 112,101	4,743 1,695 9 47 989	20,818 10,244 81 254 4,746	25,972 20,812 196 463 9,128	11,224 13,041 135 275 5,295	10,971 13,720 145 325 5,329	11,069 14,214 146 351 5,550	11,831 13,820 169 458 6,344	13.6 109.2 16.0 7.2 37.2
13–19 years 20–29 years 30–39 years 40–49 years 50–59 years 60 years and over	0.4 15.2 44.4 28.1 8.9 3.0	2,861 107,651 314,224 199,248 62,905 21,563	27 1,497 3,575 1,632 596 157	106 6,917 16,670 8,832 2,645 1,010	223 8,387 25,680 16,120 4,691 1,549	142 3,327 12,510 9,614 3,372 1,082	179 3,280 12,041 10,234 3,629 1,207	197 3,418 12,011 10,593 3,926 1,280	249 3,570 12,214 11,257 4,239 1,252	1.3 17.1 55.8 48.4 23.9 6.3
Female										
All females, 13 years and over	100.0	156,837	519	4,544	12,978	9,932	10,572	10,914	11,297	9.0
Not Hispanic or Latino: White Black or African American American Indian or Alaska Native Asian or Pacific Islander Hispanic or Latino ⁴ 13–19 years 20–29 years 30–39 years 40–49 years 50–59 years 60 years and over	21.5 61.4 0.4 0.6 15.9 1.4 20.2 43.1 24.7 7.3 3.3	33,766 96,338 562 905 24,997 2,177 31,748 67,523 38,685 11,483 5,221	143 275 2 1 98 5 175 230 45 26 38	1,230 2,557 9 20 724 67 1,117 2,088 780 273 219	3,031 7,581 38 69 2,244 157 2,676 5,937 3,055 818 335	1,841 6,455 68 71 1,476 168 1,749 3,965 2,851 859 340	1,977 6,927 41 64 1,547 167 1,720 4,125 3,123 998 439	1,893 7,304 41 67 1,579 195 1,815 3,977 3,375 1,147 405	1,923 7,373 61 105 1,776 209 1,774 4,075 3,547 1,253 439	2.2 49.0 4.3 1.3 11.3 1.4 9.5 18.6 15.1 6.6 1.5
Children										
All children, under 13 years	100.0	8,939	128	725	745	186	170	139	153	0.7
Not Hispanic or Latino: White Black or African American American Indian or Alaska Native Asian or Pacific Islander Hispanic or Latino ⁴ Under 5 years.	18.0 61.6 0.3 0.6 19.2 76.2	1,613 5,504 31 57 1,714 6,812	26 84 - 18 108	156 390 5 4 169 586	117 483 2 5 135	30 121 1 3 30	29 111 - 3 27 105	21 92 - 4 22	23 93 - 1 34 85	0.2 3.0 0.0 0.5 0.6
5–12 years	23.8	2,127	20	139	192	70	65	52	68	0.4

^{...} Category not applicable.

NOTES: The AIDS case reporting definitions were expanded in 1985, 1987, and 1993. See Appendix II, AIDS. Excludes data for U.S. dependencies and possessions and independent nations in free association with the United States. Data for all years have been updated through December 31, 2003, to include temporally delayed case reports and may differ from previous editions of *Health, United States*.

SOURCE: Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Division of HIV/AIDS Prevention—Surveillance and Epidemiology, AIDS Surveillance, 2004 special data run.

Quantity zero.

¹Includes cases reported to the Centers for Disease Control and Prevention prior to 1985 and through December 31, 2003.

²Percents may not sum to 100 percent due to rounding and because 0.2 percent unknown race and Hispanic origin are included in totals for male, female, and children.

³Computed using estimates of July 1, 2002, U.S. resident population by age, sex, race, and Hispanic origin, prepared by CDC.

⁴Persons of Hispanic origin may be of any race.

Table 53 (page 1 of 3). Age-adjusted cancer incidence rates for selected cancer sites, according to sex, race, and Hispanic origin: Selected geographic areas, 1990–2001

[Data are based on the Surveillance, Epidemiology, and End Results (SEER) Program's 12 population-based cancer registries]

Site, sex, race, and Hispanic origin	1990	1995	1996	1997	1998	1999	2000	2001	1990–2001 APC ¹
All sites			Number of	new cases	per 100,000	population ²	2		
All persons White	476.0 483.3 514.9 263.8 335.8 343.0 490.9	469.9 475.9 532.6 269.6 337.8 361.1 485.0	471.0 477.7 528.4 254.3 333.6 357.3 488.5	476.5 483.7 533.3 269.7 345.1 352.6 495.1	477.0 485.8 523.7 249.7 337.1 363.2 494.2	476.1 485.1 526.1 252.2 339.6 362.8 496.9	465.9 476.2 511.6 213.0 331.7 346.7 488.9	457.1 468.0 486.2 212.7 331.6 334.5 480.1	^-0.5
Male	584.4 590.8 690.1 313.9 387.6 407.2 598.9	562.3 561.1 729.5 320.0 396.0 442.1 566.8	560.5 561.9 707.4 276.5 385.3 433.2 568.6	562.9 562.4 717.1 312.8 397.1 423.2 569.5	558.8 560.5 701.8 258.6 381.6 430.4 563.6	561.4 562.9 701.3 292.9 391.6 432.9 569.7	552.5 555.7 686.6 217.1 387.0 416.7 564.6	537.3 542.2 642.9 244.9 374.7 399.5 549.4	^_1.3 ^_1.3 ^_1.2 ^_3.0 ^_0.8 0.6 ^_1.3
Female	411.7 421.6 404.4 229.8 295.2 307.7 428.2	409.6 422.2 400.9 237.2 295.1 311.5 433.0	412.8 424.4 410.5 241.6 296.6 311.7 437.3	420.1 433.9 411.7 241.0 308.3 309.6 447.9	424.1 439.0 408.1 245.3 307.0 322.3 450.9	419.8 434.9 410.6 226.4 304.1 320.5 449.6	407.3 423.6 393.7 215.9 293.4 305.4 437.7	402.0 418.2 378.4 191.3 302.9 294.3 433.0	0.0 0.2 -0.3 -1.0 0.2 0.0 ^0.4
Lung and bronchus	OF 4	97.0	04.4	00.7	00.0	00.0	76 F	70.6	A 0.0
Male	95.4 94.6 134.8 64.5 59.3 95.2	87.0 85.2 136.8 60.4 52.6 85.6	84.4 82.9 128.9 61.1 48.3 84.4	82.7 81.1 126.4 62.5 48.4 81.8	83.2 82.1 123.5 61.3 50.5 83.1	80.0 78.6 119.4 62.1 44.2 80.1	76.5 75.3 109.2 62.2 44.7 76.6	73.6 72.8 108.2 54.7 39.6 74.0	^-2.2 ^-2.2 ^-2.2 ^-1.1 ^-2.6 ^-2.1
Female	47.4 48.7 53.4 28.4 24.7 49.9	49.4 51.8 50.4 27.8 24.4 54.1	50.2 52.5 53.9 27.8 25.6 54.7	50.3 53.0 50.8 29.9 25.7 55.3	50.8 53.1 56.9 28.5 26.0 54.8	50.2 52.2 58.0 29.0 24.4 54.8	48.0 50.2 54.3 27.2 22.9 52.1	46.4 48.3 52.5 28.3 21.3 50.1	0.0 0.2 0.2 0.1 -1.0 0.3
Colon and rectum									
Male	72.4 73.1 73.1 61.4 46.0 74.4 50.2	63.1 62.5 73.4 58.3 46.4 63.0 45.8	64.5 64.9 67.4 56.1 51.0 65.2 46.0	66.3 66.1 74.1 59.6 50.5 65.8 47.1	65.7 65.6 76.8 57.5 52.0 66.1 48.5	63.8 63.8 73.8 54.1 50.1 65.2 46.8	61.9 61.6 72.0 56.4 48.9 62.7 45.5	59.5 58.9 68.3 54.7 47.3 59.6 44.1	^-1.4 ^-1.5 -0.6 ^-0.8 0.4 ^-1.4 ^-0.8
White. Black or African American Asian or Pacific Islander Hispanic or Latino White, not Hispanic or Latino	49.8 61.1 38.1 32.6 50.8	45.6 45.5 54.7 38.5 33.1 46.0	45.6 54.1 39.1 32.1 46.8	47.1 47.0 57.5 35.6 32.1 48.5	48.2 56.3 40.5 34.1 49.5	46.6 46.1 57.5 40.2 34.4 47.3	45.5 45.1 57.2 36.7 32.9 46.6	44.1 43.3 54.0 39.7 29.7 44.2	~_0.8 0.4 0.4 0.1 ^_0.7
Prostate	166.7	165 5	165.4	170.4	167.6	177 7	1746	171 /	1.0
Male	166.7 168.1 219.2 84.8 88.9 115.7 169.6	165.5 160.1 272.4 65.4 103.3 139.2 160.3	165.4 160.8 268.8 76.6 94.0 135.4 161.1	170.4 165.6 271.0 71.0 96.9 138.2 166.1	167.6 161.9 275.3 50.6 92.8 140.7 159.1	177.7 172.2 278.1 59.8 105.1 144.7 171.3	174.6 169.5 281.2 29.8 104.3 140.6 169.4	171.4 167.8 251.3 48.4 103.9 136.2 167.5	-1.8 ^-2.1 -0.7 ^-6.7 -0.9 0.0 ^-2.1
Breast									
Female	129.3 134.3 116.6 46.0 87.0 84.7 138.6	130.6 136.1 122.4 65.4 86.7 89.1 142.1	131.8 136.9 122.4 76.3 89.9 91.2 144.1	135.4 141.1 123.5 57.1 98.6 87.0 148.6	138.3 144.6 122.8 57.9 99.0 91.9 152.2	137.4 144.1 122.7 55.2 97.5 92.0 152.9	132.9 139.8 119.5 53.0 91.7 92.1 147.5	132.1 139.0 111.9 49.5 97.8 85.4 148.3	^0.5 ^0.6 0.0 -1.1 ^1.5 0.5 ^0.9

See footnotes at end of table.

Table 53 (page 2 of 3). Age-adjusted cancer incidence rates for selected cancer sites, according to sex, race, and Hispanic origin: Selected geographic areas, 1990–2001

[Data are based on the Surveillance, Epidemiology, and End Results (SEER) Program's 12 population-based cancer registries]

									1000 0001
Site, sex, race, and Hispanic origin	1990	1995	1996	1997	1998	1999	2000	2001	1990–2001 APC ¹
Cervix uteri	Number of new cases per 100,000 population ²								
Female	11.9 11.2 16.2 12.1 21.2 9.5	9.9 9.2 14.4 10.9 18.1 7.7	10.6 9.9 13.6 13.0 18.5 8.3	9.8 9.2 13.1 11.1 16.2 7.8	9.8 9.3 12.4 10.9 15.7 8.0	9.3 9.0 12.9 8.3 17.3 7.5	8.8 8.8 10.6 8.0 16.8 6.7	8.6 8.3 10.5 9.8 14.9 6.7	^-2.5 ^-2.2 ^-3.3 ^-3.2 ^-2.9 ^-2.5
Corpus uteri									
Female	24.7 26.4 17.0 13.2 16.3 27.0	24.9 26.4 17.9 17.7 17.2 27.4	24.5 25.9 19.2 16.6 16.2 27.0	25.2 26.9 18.0 17.5 17.3 27.9	24.9 26.5 18.3 17.2 18.0 27.6	24.5 26.2 18.0 17.5 16.6 27.1	23.7 25.4 16.9 16.4 15.3 26.5	24.2 25.6 19.7 17.7 16.9 26.6	-0.1 -0.1 ^-1.0 ^1.8 0.2 0.0
Ovary									
Female . White . Black or African American . Asian or Pacific Islander Hispanic or Latino White, not Hispanic or Latino	15.6 16.4 11.1 11.1 12.1 17.0	14.5 15.4 10.8 10.4 11.6 15.7	14.0 15.1 9.1 9.4 12.4 15.4	14.2 14.9 10.3 11.3 11.2 15.3	14.0 14.9 10.7 10.2 12.2 15.2	14.1 15.0 10.3 10.8 11.0 15.6	13.8 14.7 10.4 9.9 10.6 15.3	13.6 14.7 8.7 9.5 11.9 15.0	^-1.2 ^-1.0 -1.2 -0.8 -0.6 ^-1.0
Oral cavity and pharynx									
Male	19.2 18.7 26.3 15.1 11.0 19.2	16.9 16.8 22.4 11.8 13.1 16.7	17.4 17.0 23.3 14.2 11.5 17.4 6.9	16.9 16.7 19.8 14.7 10.5 17.4 6.9	16.4 16.2 21.7 12.9 10.1 16.7 6.6	15.2 15.1 19.3 11.1 10.2 15.9 6.3	15.7 15.5 19.2 13.0 8.7 16.2 6.1	14.6 14.8 17.7 9.7 9.0 15.3 6.4	^-2.2 ^-2.1 ^-2.9 ^-2.1 ^-2.4 ^-2.0 ^-1.4
White	7.4 6.3 6.0 3.7 7.7	7.1 6.7 5.2 3.8 7.3	6.9 7.3 5.7 3.7 7.3	6.9 7.1 6.5 3.9 7.3	6.7 6.4 4.5 3.5 7.2	6.1 5.9 6.5 4.5 6.3	6.1 5.4 6.1 3.6 6.4	6.4 6.3 5.5 3.9 6.4	^-1.5 -1.3 -0.7 -0.3 ^-1.7
Stomach Male	14.7	13.6	13.8	13.5	12.9	12.9	12.5	11.5	^_2.0
White Black or African American Asian or Pacific Islander Hispanic or Latino White, not Hispanic or Latino	12.9 21.9 26.9 20.1 11.9	12.0 18.5 23.9 19.8 10.8	12.0 22.5 23.7 17.8 11.1	11.4 22.0 24.7 19.0 10.1	11.1 20.4 21.1 19.5 9.8	11.2 17.1 22.6 20.1 9.7	10.6 18.7 22.2 16.1 9.9	10.0 16.3 19.1 15.1 8.9	^2.1 ^-2.5 ^-2.9 ^-2.1 ^-2.4
Female	6.7 5.7 9.9 15.5 10.9 5.0	6.2 5.2 9.9 13.1 11.2 4.4	6.1 5.1 9.3 13.7 10.1 4.3	6.1 4.9 10.9 12.2 10.1 4.0	6.4 5.2 10.9 12.8 11.0 4.3	6.5 5.4 10.5 12.2 9.4 4.7	6.0 5.0 8.5 12.8 10.4 4.1	5.6 4.5 9.0 11.9 9.3 3.5	^-1.2 ^-1.6 -0.6 ^-2.6 -1.1 ^-2.4
Pancreas	10.1	40.7	40.0	40.0	40.0	40.5	40.0	40.0	
Male . White . Black or African American Asian or Pacific Islander Hispanic or Latino White, not Hispanic or Latino	13.1 12.7 19.7 11.2 11.1 12.4	12.7 12.4 18.9 10.5 12.5 12.1	12.6 12.3 19.1 10.6 11.4 12.1	12.9 12.5 18.2 12.1 12.0 12.5	12.9 12.9 17.2 10.5 9.8 13.0	12.5 12.3 18.4 9.2 9.7 12.7	12.6 12.4 18.0 10.4 11.5 12.4	12.0 12.2 14.1 9.3 9.4 12.1	^-0.4 -0.1 ^-1.4 -1.7 -0.5 0.1
Female	10.1 9.8 13.0 9.9 9.7 9.6	10.0 9.7 15.7 8.1 8.7 9.6	10.0 9.7 15.1 7.9 9.1 9.7	10.2 9.7 17.0 8.4 10.0 9.3	10.1 9.9 13.8 8.4 9.8 9.8	9.6 9.3 13.4 8.5 10.0 9.0	9.7 9.5 12.7 9.1 9.1 9.4	9.2 8.9 13.0 8.8 8.4 8.5	^_0.6 ^_0.6 -1.4 0.5 -0.7 ^_0.7

See footnotes at end of table.

Table 53 (page 3 of 3). Age-adjusted cancer incidence rates for selected cancer sites, according to sex, race, and Hispanic origin: Selected geographic areas, 1990–2001

[Data are based on the Surveillance, Epidemiology, and End Results (SEER) Program's 12 population-based cancer registries]

Site, sex, race, and Hispanic origin	1990	1995	1996	1997	1998	1999	2000	2001	1990–2001 APC ¹
Urinary bladder			Number of	new cases p	per 100,000	population ²	2		
Male	37.2	35.3	35.6	35.8	36.7	36.2	36.4	35.5	^-0.3
	40.7	38.7	39.2	39.5	40.5	39.8	40.3	39.4	-0.2
	19.8	19.5	19.3	21.0	20.5	22.3	19.6	18.5	-0.3
	15.6	16.7	15.6	15.3	16.0	16.8	16.5	16.6	0.8
	21.5	18.6	18.4	18.4	18.5	18.2	19.2	18.7	-0.8
	41.8	39.8	40.7	40.9	41.7	41.3	41.4	40.9	-0.1
Female White Black or African American Asian or Pacific Islander Hispanic or Latino White, not Hispanic or Latino	9.5	9.3	9.0	9.3	9.0	9.3	9.0	8.8	^-0.5
	9.9	10.1	9.8	9.9	9.8	10.0	9.7	9.7	-0.2
	8.6	7.4	7.2	8.1	6.7	8.6	7.8	7.0	-0.7
	5.3	4.5	3.9	5.1	4.7	4.1	4.1	4.5	-0.4
	5.4	5.3	5.5	5.1	4.8	4.4	5.4	5.0	-0.7
	10.1	10.4	10.1	10.6	10.2	10.5	10.0	10.0	0.0
Non-Hodgkin's lymphoma									
Male	22.7	25.0	24.6	23.9	22.8	23.9	23.0	22.8	-0.1
	23.8	26.2	25.7	24.7	24.0	25.0	24.3	23.8	-0.1
	17.6	21.5	18.9	22.9	17.0	17.9	16.9	17.1	-0.5
	16.5	16.3	16.8	16.2	15.3	18.9	16.0	17.0	0.3
	17.2	21.8	21.9	17.7	19.8	18.1	19.8	17.2	-0.1
	24.6	27.0	26.4	25.2	24.8	26.0	24.6	24.6	-0.1
Female	14.6	15.1	15.2	15.9	16.1	15.8	15.5	15.4	^0.9
	15.4	15.8	15.9	16.7	16.9	16.9	16.3	16.1	^0.8
	10.4	10.0	11.4	11.9	12.5	10.6	11.8	11.7	^1.9
	9.1	11.7	9.5	11.0	11.0	11.1	11.0	12.5	1.7
	13.1	12.7	13.5	14.4	13.4	13.8	12.5	13.7	0.8
	15.4	16.0	16.0	16.9	17.3	17.1	16.6	16.5	^0.9
Leukemia									
Male	17.0	17.4	16.3	16.6	16.5	15.9	15.3	15.2	^-1.0
	17.9	18.7	17.1	17.7	17.5	16.8	16.2	16.1	^-0.9
	15.6	13.0	13.5	13.8	13.3	12.8	12.9	11.4	^-1.4
	8.5	10.0	11.0	8.8	9.9	10.5	9.5	9.4	-0.1
	11.6	15.6	12.4	12.3	11.7	11.2	12.2	9.8	-0.5
	17.7	19.0	17.1	17.9	17.7	17.0	16.2	16.4	^-0.8
Female White Black or African American Asian or Pacific Islander Hispanic or Latino White, not Hispanic or Latino	9.8	10.0	9.8	9.6	9.7	8.9	9.6	9.0	^-0.8
	10.2	10.6	10.3	10.3	10.3	9.4	10.1	9.5	-0.5
	8.3	8.1	8.1	7.9	7.4	7.5	8.7	8.2	-0.9
	6.1	6.3	6.5	5.7	6.7	6.2	6.0	4.9	-1.4
	8.3	8.2	7.2	8.4	8.3	7.7	7.5	6.2	-1.0
	10.1	10.4	10.3	10.2	10.0	9.3	9.7	9.4	^-0.7

[^] Annual percent change (APC) is significantly different from 0 (p < 0.05).

NOTES: Estimates are based on 12 SEER areas November 2003 submission and differ from published estimates based on 9 SEER areas or other submission dates. Estimates for Hispanic population exclude data from Alaska, Detroit, and Hawaii. See Appendix I, SEER. Numbers have been revised and differ from previous editions of Health, United States. The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Conversely, persons of Hispanic origin may be of any race. Estimates for American Indian or Alaska Native are not shown for some sites because of the small number of annual cases.

SOURCE: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results (SEER) Program at www.seer.cancer.gov.

^{0.0} APC is greater than -0.05 but less than 0.05.

APC has been calculated by fitting a linear regression model to the natural logarithm of the yearly rates from 1990–2001.

²Age adjusted by 5-year age groups to the year 2000 U.S. standard population. Age-adjusted rates are based on at least 25 cases. See Appendix II, Age adjustment.

Table 54. Five-year relative cancer survival rates for selected cancer sites, according to race and sex: Selected geographic areas, 1974–79, 1980–82, 1983–85, 1986–88, 1989–91, and 1992–2000

[Data are based on the Surveillance, Epidemiology, and End Results (SEER) Program's nine population-based cancer registries]

			И	/hite				BI	ack or Afr	rican Ame	rican	
Sex and site	1974–79	1980–82	1983–85	1986–88	1989–91	1992–2000	1974–79	1980–82	1983–85	1986–88	1989–91	1992–2000
Both sexes						Percent of	of patients					
All sites	50.9	52.1	53.9	56.8	60.3	64.8	39.3	39.8	39.8	42.7	46.2	54.0
Oral cavity and pharynx Esophagus	5.5 15.2 51.9 49.8 2.4 13.1 75.0 48.3	55.7 7.3 16.5 55.6 53.1 2.8 13.5 78.9 51.9 39.5	55.4 9.3 16.3 58.5 55.9 2.9 13.8 78.3 54.5 42.1	55.4 10.7 19.2 61.6 59.2 3.2 13.5 80.7 52.8 44.3	55.6 11.7 18.4 63.2 60.5 4.1 14.4 82.2 52.1 46.4	60.1 15.7 21.4 63.5 63.6 4.5 15.3 82.6 58.2 48.3	36.6 3.2 15.6 47.3 40.3 3.3 11.3 51.6 50.3 30.8	31.1 5.4 19.1 49.4 38.3 4.5 12.1 58.5 50.5 32.9	35.2 5.9 18.9 49.5 44.1 5.0 11.4 59.8 45.1 33.6	34.8 7.2 19.3 53.1 51.3 6.0 11.9 62.8 50.4 38.0	33.3 8.9 24.8 53.9 54.5 3.9 10.8 62.0 43.7 34.9	37.0 9.4 21.8 53.2 54.3 3.8 12.6 63.4 47.9 38.9
Male												
All sites	43.5	46.7	48.6	51.9	57.8	64.8	32.1	34.4	34.5	37.8	43.5	55.8
Oral cavity and pharynx	5.2 13.8 51.0 48.9 2.6 11.6 70.3 76.0 47.3	54.6 6.4 15.6 55.9 51.7 2.5 12.2 74.5 79.9 51.0 39.6	54.5 7.7 14.6 59.0 55.2 2.6 12.1 76.2 79.6 53.5 41.7	52.3 11.3 16.2 62.5 58.9 3.0 12.0 82.7 82.3 50.1 45.7	52.2 11.8 15.1 63.8 60.3 3.9 12.8 92.0 84.4 47.8 46.9	59.2 15.4 20.0 64.2 62.6 4.3 13.5 99.0 84.6 55.3 49.2	31.2 2.1 15.2 45.5 36.7 2.6 9.9 60.7 59.1 44.7 30.7	26.5 4.6 18.2 46.9 36.4 3.2 10.9 64.8 63.0 47.8 30.1	29.9 4.7 18.4 48.3 43.1 4.4 10.2 63.9 64.8 43.6 32.3	29.6 7.0 15.3 52.8 46.7 6.1 12.0 69.3 67.6 47.0 36.3	28.9 8.0 22.3 53.8 56.4 3.1 9.6 80.8 65.7 38.3 30.1	31.5 9.5 20.0 53.8 52.7 3.4 11.3 94.3 68.4 43.2 38.7
Female		4	50.0	0.4 5	00.0	24.0	40.0	40.4	45.0	47.0	40.0	54.0
All sites Colon Rectum Pancreas Lung and bronchus Melanoma of skin Breast Cervix uteri Corpus uteri Ovary Non-Hodgkin's lymphoma	52.6 50.8 2.3 16.7 86.0 75.4 69.8 87.7	57.1 55.4 54.7 3.0 16.2 88.3 77.1 68.2 82.8 38.7 52.9	58.9 58.0 56.8 3.2 17.0 89.6 79.3 70.6 84.5 40.3 55.5	61.5 60.7 59.5 3.4 15.8 91.5 83.9 71.9 84.4 39.4 56.2	62.8 62.6 60.8 4.4 16.6 91.8 86.2 72.5 85.7 41.2 57.4	64.9 63.0 64.9 4.6 17.5 92.2 88.3 73.3 86.3 43.4 61.7	46.9 48.8 43.8 4.1 15.7 69.9 63.1 63.1 59.5 40.5 57.5	46.1 51.4 40.6 5.8 15.6 65.8 61.5 55.2 39.3 53.7	45.6 50.3 44.9 5.5 14.2 70.1 63.6 60.8 54.3 41.5 46.9	47.9 53.4 56.0 6.0 11.7 * 69.2 55.7 57.5 36.6 54.8	49.2 54.1 52.6 4.6 13.0 94.0 71.2 62.6 57.8 30.7 51.2	51.8 52.8 56.0 4.2 14.8 71.9 74.1 62.6 60.8 42.0 55.4

 $^{^{\}star}$ Data for population groups with fewer than 25 cases are not shown because estimates are considered unreliable.

NOTES: Rates are based on followup of patients through 2002. The rate is the ratio of the observed survival rate for the patient group to the expected survival rate for persons in the general population similar to the patient group with respect to age, sex, race, and calendar year of observation. It estimates the chance of surviving the effects of cancer. The race groups white and black include persons of Hispanic and non-Hispanic origin. Numbers have been revised and differ from previous editions of *Health, United States*.

SOURCE: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results (SEER) Program at www.seer.cancer.gov.

Table 55. Diabetes among persons 20 years of age and over, according to sex, age, race, and Hispanic origin: United States, 1988–94 and 1999–2000

[Data are based on physical examinations of a sample of the civilian noninstitutionalized population]

	Physician-di undiagnose	iagnosed and od diabetes ^{1,2}	Physician-diag	nosed diabetes ¹	Undiagnosed diabetes ²		
Sex, age, race, and Hispanic origin ³	1988–94	1999–2000	1988–94	1999–2000	1988–94	1999–2000	
20 years and over, age adjusted ⁴			Percent of population	on (standard error) ⁵			
Both sexes ⁶	8.2 (0.3)	8.6 (0.7)	5.4 (0.2)	6.1 (0.5)	2.8 (0.3)	2.5 (0.5)	
Male	8.7 (0.4) 7.9 (0.5)	9.3 (1.0) 8.1 (0.8)	5.4 (0.2) 5.4 (0.3)	6.6 (0.7) 5.7 (0.5)	3.3 (0.4) 2.5 (0.3)	2.7 (0.6) 2.3 (0.6)	
Not Hispanic or Latino: White	7.4 (0.4) 12.3 (0.5) 14.1 (0.9)	7.4 (0.9) 14.7 (1.1) 12.0 (0.9)	4.9 (0.2) 8.4 (0.4) 9.6 (0.5)	4.8 (0.6) 11.7 (1.1) 9.6 (0.7)	2.5 (0.3) 3.9 (0.4) 4.5 (0.6)	2.6 (0.6) 3.0 (0.9) 2.4 (0.7)	
20 years and over, crude							
Both sexes ⁶	7.8 (0.3)	8.3 (0.7)	5.1 (0.2)	5.9 (0.5)	2.7 (0.2)	2.4 (0.5)	
Male	7.9 (0.4) 7.8 (0.5)	8.6 (1.0) 8.0 (0.8)	4.9 (0.2) 5.4 (0.3)	6.1 (0.7) 5.7 (0.5)	3.0 (0.4) 2.4 (0.3)	2.5 (0.6) 2.4 (0.6)	
Not Hispanic or Latino: WhiteBlack or African American Mexican	7.5 (0.3) 10.4 (0.4) 9.0 (0.6)	7.7 (0.9) 12.4 (1.2) 7.7 (0.8)	5.0 (0.2) 6.9 (0.4) 5.6 (0.3)	5.0 (0.6) 9.6 (1.2) 6.1 (0.8)	2.5 (0.3) 3.4 (0.3) 3.4 (0.4)	2.7 (0.6) 2.8 (0.9) 1.6 (0.5)	
Age							
20-39 years	1.6 (0.2) 8.9 (0.6) 18.9 (0.8)	2.2 (0.6) 9.1 (1.0) 19.2 (1.7)	1.1 (0.2) 5.5 (0.4) 12.8 (0.5)	1.4 (0.3) 5.8 (0.7) 15.0 (1.2)	0.6 (0.1) 3.4 (0.5) 6.1 (0.6)	0.8 (0.5) 3.3 (0.8) 4.2 (1.1)	

¹Diagnosed diabetes excludes women who reported diabetes only during pregnancy.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey. Prevalence of Diabetes and Impaired Fasting Glucose in Adults - United States, 1999–2000. MMWR 52(No. 35):833–837. 2003. Available at www.cdc.gov/mmwr/mmwrhtml/mm5235al.htm.

²Undiagnosed diabetes is defined as a fasting blood glucose of at least 126 mg/dL.

³Persons of Mexican origin may be of any race. Starting with data year 1999 race-specific estimates are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The two non-Hispanic race categories shown in the table conform to 1997 Standards. The 1999–2000 race-specific estimates are for persons who reported only one racial group. Prior to data year 1999, data were tabulated according to 1977 Standards. Estimates for single race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. The effect of the 1997 Standard on the 1999–2000 estimates can be seen by comparing 1999–2000 data tabulated according to the two Standards: Estimates based on the 1977 Standards of the percent of the population 20 years and over with physician-diagnosed and undiagnosed diabetes (age adjusted) are: unchanged for non-Hispanic white and Mexican adults and 0.2 percentage points higher for non-Hispanic black adults than estimates based on the 1997 Standards. See Appendix II, Race.

⁴Estimates for total and race/ethnic populations were age and sex adjusted and estimates for sex groups were age adjusted to the 2000 U.S. Census population. ⁵Standard errors of the estimates are shown. 1999–2000 estimates are based on a smaller sample size than estimates for 1988–94 and therefore are subject to greater sampling error.

⁶Includes persons of all races and Hispanic origins, not just those shown separately.

Table 56 (page 1 of 3). Limitation of activity caused by chronic conditions, according to selected characteristics: United States, selected years 1997–2002

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

Characteristic	1997	1999	2001	2002
All ages		Percent of persons with	n any activity limitation ¹	
Fotal ^{2,3}	13.3	12.2	12.1	12.4
Age				
Under 18 years Under 5 years 5–17 years 8–44 years 18–24 years 25–44 years 15–54 years 55–64 years 55–64 years 65–74 years 75 years and over	6.6	6.0	6.7	7.1
	3.5	3.1	3.3	3.2
	7.8	7.0	8.0	8.5
	7.0	6.3	6.1	6.3
	5.1	4.4	4.6	4.4
	7.6	6.9	6.6	6.9
	14.2	13.1	13.1	13.7
	22.2	21.1	20.7	21.1
	38.7	35.6	34.5	34.4
	30.0	27.5	26.0	25.2
	50.2	45.6	44.7	45.1
Sex ³				
Male	13.1	12.1	12.2	12.3
emale	13.4	12.2	11.9	12.3
Race ^{3,4}				
White only. Black or African American onlyAmerican Indian and Alaska Native onlyAsian onlyNative Hawaiian and Other Pacific Islander only	13.1	12.0	11.8	12.1
	17.1	15.3	15.6	14.9
	23.1	18.8	18.9	19.4
	7.5	6.8	6.7	6.4
2 or more races. Black or African American; White American Indian and Alaska Native; White		20.3 14.9 26.0	19.8 14.9 22.0	22.0 * 30.1
Hispanic origin and race ^{3,4} Hispanic or Latino	12.8	10.4	10.6	10.7
	12.5	9.6	10.3	10.8
	13.5	12.4	12.4	12.6
	13.2	12.2	12.1	12.4
	17.0	15.2	15.5	15.0
Poverty status ^{3,5}				
Poor	25.4	23.1	22.4	22.9
Near poor	17.9	17.3	17.1	17.5
Nonpoor	10.1	9.5	9.5	9.5
Hispanic origin and race and poverty status ^{3,4,5}				
Hispanic or Latino: Poor Near poor Nonpoor Nonpoor	19.2	16.0	16.2	16.4
	12.7	11.1	10.9	12.2
	9.2	7.5	7.9	7.7
Not Hispanic or Latino: White only: Poor	27.8	25.7	24.7	25.3
	19.2	19.4	18.8	19.5
	10.4	9.7	9.7	9.7
Black or African American only: Poor Near poor Nonpoor	28.2	26.3	24.8	25.0
	19.5	17.7	20.1	17.9
	10.7	9.4	10.0	10.0
Geographic region ³				
Northeast Midwest South Vest	13.0	11.3	11.1	11.8
	13.1	12.9	13.4	13.1
	13.9	12.6	12.3	12.7
	13.0	11.7	11.5	11.5
Location of residence ³ Vithin MSA ⁶	12.7	11.4	11.3	11.4
	15.5	15.1	15.3	15.9

See footnotes at end of table.

Table 56 (page 2 of 3). Limitation of activity caused by chronic conditions, according to selected characteristics: United States, selected years 1997–2002

Characteristic	1997	1999	2001	2002	1997	1999	2001	2002
65 years of age and over	Р	ercent with A	ADL limitation	n ⁷	Pe	ercent with L	ADL limitatio	n ⁷
All adults 65 years of age and over ^{2,8}	6.7	6.3	6.4	6.1	13.7	12.4	12.6	12.2
Age								
65–74 years	3.4 10.4	3.1 9.9	3.4 9.6	2.7 9.8	6.9 21.2	6.2 19.1	6.7 18.9	6.0 18.9
Sex ⁸								
Male Female	5.2 7.7	4.9 7.2	6.1 6.6	4.7 7.0	9.1 16.9	8.4 15.1	9.6 14.6	7.8 15.2
Race ^{4,8}								
White onlyBlack or African American onlyAmerican Indian and Alaska Native only	6.3 11.7 *	5.8 12.0 *	5.7 11.7	5.6 9.8 *	13.1 21.3	11.6 20.9 *25.2	11.8 18.7	11.5 18.2 *
Asian only	^		*9.1		*9.1	*9.1	15.8	11.2
Islander only		*	*	*		*	*16.1	*20.7
Hispanic origin and race ^{4,8}								
Hispanic or Latino	10.8 11.4 6.5 6.1 11.7	8.6 8.9 6.2 5.7 12.0	11.2 10.6 6.1 5.5 11.8	9.2 10.1 5.9 5.5 9.9	16.3 18.8 13.6 13.0 21.2	14.1 15.6 12.3 11.5 21.0	17.0 17.0 12.3 11.6 18.7	13.1 13.9 12.1 11.5 18.4
Poverty status ^{5,8}								
Poor Near poor Nonpoor	12.5 7.4 5.3	10.1 6.9 5.5	11.2 7.5 5.0	9.6 6.9 5.1	25.3 15.8 10.4	22.2 15.0 9.6	22.9 14.9 9.7	20.9 14.7 9.5
Hispanic origin and race and poverty status ^{4,5,8}								
Hispanic or Latino: Poor	16.0 11.1 *6.6	*9.1 9.8 *7.0	13.5 11.3 8.8	12.4 10.0 *6.7	25.5 15.5 10.2	19.1 14.3 10.5	24.0 16.3 12.2	17.3 15.6 8.7
Not Hispanic or Latino: White only:								
Poor	11.8 6.6 5.0	8.9 6.0 5.3	9.9 6.5 4.6	8.1 6.3 4.8	24.9 15.2 10.3	21.6 14.4 9.2	22.9 14.1 9.2	20.3 14.1 9.2
Poor	13.5 12.4 9.8	14.7 13.2 8.7	15.9 12.3 9.2	13.6 *9.7 7.9	27.8 22.4 15.1	26.8 21.9 16.1	25.9 18.4 14.7	26.5 19.3 13.1

See footnotes at end of table.

Table 56 (page 3 of 3). Limitation of activity caused by chronic conditions, according to selected characteristics: United States, selected years 1997-2002

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

Characteristic	1997	1999	2001	2002	1997	1999	2001	2002
Geographic region ⁸	Pe	ercent with A	ADL limitation	n ⁷	Pe	ercent with L	ADL limitatio	n ⁷
Northeast Midwest South West	6.1 5.8 8.2 5.9	5.8 5.4 7.1 6.7	6.6 4.9 7.5 6.0	6.3 5.2 6.3 6.5	12.2 13.1 15.8 12.4	11.2 12.3 13.2 12.3	11.3 12.5 13.3 12.6	10.9 11.6 12.9 12.6
Location of residence ⁸ Within MSA ⁶	6.6	6.3	6.1	6.2	13.5	12.1	12.2	12.1
Outside MSA ⁶	7.2	6.4	7.3	5.5	14.4	13.4	13.7	12.6

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

persons have incomes of 200 percent or greater than the poverty threshold. Starting with Health, United States, 2004 a new methodology for imputing family income was used for data years 1997 and beyond. Missing family income data were imputed for 25 percent of persons in 1997 and 32-33 percent in 1999-2002. Therefore, estimates by poverty for 1997-2001 differ from those in previous editions of Health, United States. See Appendix II, Family income; Poverty level. 6MSA is metropolitan statistical area.

⁷These estimates are for noninstitutionalized older persons. ADL is activities of daily living and IADL is instrumental activities of daily living. Respondents were asked about needing the help of another person with personal care (ADL) and routine needs such as chores and shopping (IADL) because of a physical, mental, or emotional problem. See Appendix II, Activities of daily living; Condition; Instrumental activities of daily living.

BESTIMATES are age adjusted to the year 2000 standard population using two age groups: 65–74 years and 75 years and over. See Appendix II, Age adjustment.

NOTES: Standard errors for selected years are available in the spreadsheet version of this table. See www.cdc.gov/nchs/hus.htm. Data for additional years are available. See Appendix III.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, family core questionnaire.

Data not available.

¹ Limitation of activity is assessed by asking respondents a series of questions about limitations in their ability to perform activities usual for their age group because of a physical, mental, or emotional problem. The category limitation of activity includes limitations in personal care (ADL), routine needs (IADL), and other limitations due to a chronic condition. See Appendix II, Limitation of activity; Activities of daily living; Condition; Instrumental activities of daily living. ²Includes all other races not shown separately and unknown poverty status.

³Estimates for all persons are age adjusted to the year 2000 standard population using six age groups: Under 18 years, 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. Age-adjusted estimates in this table may differ from other age-adjusted estimates based on the same data and presented elsewhere if different age groups are used in the adjustment procedure. See Appendix II, Age adjustment.

The race groups, white, black, American Indian and Alaska Native (Al/AN), Asian, Native Hawaiian and Other Pacific Islander, and 2 or more races, include persons of

Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999 race-specific estimates are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The five single race categories plus multiple race categories shown in the table conform to 1997 Standards. The 1999 race-specific estimates are for persons who reported only one racial group; the category "2 or more races" includes persons who reported more than one racial group. Prior to data year 1999, data were tabulated according to 1977 Standards with four racial groups and the category "Asian only" included Native Hawaiian and Other Pacific Islander. Estimates for single race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. The effect of the 1997 Standard on the 1999 estimates can be seen by comparing 1999 data tabulated according to the two Standards. Age-adjusted estimates based on the 1977 Standard of the percent of persons with activity limitation are: identical for white and black persons; 1.1 percentage points higher for Al/AN persons; and 0.5 percentage points higher for Asian and Pacific Islander persons; for persons 65 years of age and older with ADL limitation: identical for white persons; and 0.1 percentage points lower for black persons; for persons 65 years of age and older with IADL limitation: identical for white persons; 0.2 percentage points lower for black persons; 3.0 percentage points lower for Al/AN persons; and 0.2 percentage points lower for Asian and Pacific Islander persons than estimates based on the 1997 Standards. See Appendix II, Race.

5 Poor persons are defined as below the poverty threshold. Near poor persons have incomes of 100 percent to less than 200 percent of the poverty threshold. Nonpoor

Table 57 (page 1 of 2). Respondent-assessed health status according to selected characteristics: United States, selected years 1991–2002

Characteristic	1991 ¹	1995 ¹	1997	1999	2000	2001	2002
		P	ercent of pers	ons with fair c	r poor health²	2	
Fotal ^{3,4}	10.4	10.6	9.2	8.9	9.0	9.2	9.3
Age							
Under 18 years Under 6 years 6–17 years 8–44 years 18–24 years 25–44 years 15–54 years 55–64 years 55 years and over 65–74 years 75 years and over	2.6 2.7 2.6 6.1 4.8 6.4 13.4 20.7 29.0 26.0 33.6	2.6 2.7 2.5 6.6 4.5 7.2 13.4 21.4 28.3 25.6 32.2	2.1 1.9 2.1 5.3 3.4 5.9 11.7 18.2 26.7 23.1 31.5	1.6 1.4 1.8 5.1 3.4 5.6 11.5 18.5 26.1 22.7 30.2	1.7 1.5 1.8 5.1 3.2 5.7 11.9 17.9 27.0 22.6 32.2	1.8 1.6 1.9 5.4 3.3 6.0 11.7 19.2 26.6 23.0 30.8	1.9 1.6 2.1 5.5 3.6 6.2 12.6 17.9 26.4 22.1 31.4
Sex ³							
Male Female	10.0 10.8	10.1 11.1	8.8 9.7	8.6 9.2	8.8 9.3	9.0 9.5	8.9 9.6
Race ^{3,5}							
White only Black or African American onlyAmerican Indian and Alaska Native onlyAsian only	9.6 16.8 18.3 7.8	9.7 17.2 18.7 9.3	8.3 15.8 17.3 7.8	8.0 14.6 14.7 8.6	8.2 14.6 17.2 7.4	8.2 15.4 14.5 8.1	8.6 14.1 13.1 6.7
Native Hawaiian and Other Pacific Islander only				*	*	*	*
or more races. Black or African American; White American Indian and Alaska Native; White				12.9 *20.5 14.5	16.4 14.6 18.8	13.8 *10.1 15.0	12.6 13.9 13.6
Hispanic origin and race ^{3,5}							
Hispanic or Latino Mexican. Not Hispanic or Latino White only Black or African American only.	15.6 17.0 # 9.1 16.8	15.1 16.7 # 9.1 17.3	13.0 13.1 8.9 8.0 15.8	11.9 12.3 8.6 7.7 14.6	12.9 12.9 8.7 7.9 14.6	12.7 12.5 8.9 7.9 15.5	13.1 13.4 8.9 8.2 14.0
Poverty status ^{3,6}							
Poor	22.8 14.7 6.8	23.7 15.5 6.7	20.8 13.9 6.1	20.6 14.0 6.0	19.7 14.1 6.3	20.3 14.5 6.4	20.4 14.6 6.4
Hispanic origin and race and poverty status ^{3,5,6}							
dispanic or Latino: Poor Near poor Nonpoor	23.6 18.0 9.3	22.7 16.9 8.7	19.9 13.5 8.5	18.3 13.8 8.0	18.7 15.4 8.5	18.7 14.8 8.7	20.9 15.4 8.7
Not Hispanic or Latino: White only: Poor Near poor. Nonpoor.	21.9 14.0 6.4	22.8 14.8 6.2	19.7 13.3 5.6	19.4 13.5 5.7	18.7 13.4 5.8	19.0 13.6 5.9	19.1 14.3 6.0
Black or African American only: Poor Near poor Nonpoor	25.8 17.0 10.9	27.7 19.3 9.9	25.3 19.2 9.7	25.9 17.5 8.3	23.8 18.2 9.7	24.9 19.6 9.9	24.5 17.4 8.8

See footnotes at end of table.

Table 57 (page 2 of 2). Respondent-assessed health status according to selected characteristics: United States, selected years 1991–2002

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

Characteristic	1991 ¹	1995 ¹	1997	1999	2000	2001	2002
Geographic region ³		P	ercent of pers	ons with fair o	or poor health ²	2	
Northeast Midwest South West	8.3 9.1 13.1 9.7	9.1 9.7 12.3 10.1	8.0 8.1 10.8 8.8	7.5 8.0 10.5 8.7	7.6 8.0 10.7 8.8	7.4 8.8 10.8 8.6	8.1 8.3 10.9 8.7
Location of residence ³							
Within MSA ⁷ Outside MSA ⁷	9.9 11.9	10.1 12.6	8.7 11.1	8.3 11.1	8.5 11.1	8.7 11.0	8.7 11.7

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

NOTES: Standard errors for selected years are available in the spreadsheet version of this table. See www.cdc.gov/nchs/hus.htm. Data for additional years are available. See Appendix III.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, family core questionnaire.

^{- - -} Data not available.

[#] Estimates calculated upon request.

¹Data prior to 1997 are not strictly comparable with data for later years due to the 1997 questionnaire redesign. See Appendix I, National Health Interview Survey. ²See Appendix II, Health status, respondent-assessed.

³Estimates are age adjusted to the year 2000 standard population using six age groups: Under 18 years, 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See Appendix II, Age adjustment.

⁴Includes all other races not shown separately and unknown poverty status.

The race groups, white, black, American Indian and Alaska Native (Al/AN), Asian, Native Hawaiian and Other Pacific Islander, and 2 or more races, include persons of Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999 race-specific estimates are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The five single race categories plus multiple race categories shown in the table conform to 1997 Standards. The 1999 race-specific estimates are for persons who reported only one racial group; the category "2 or more races" includes persons who reported more than one racial group. Prior to data year 1999, data were tabulated according to 1977 Standards with four racial groups and the category "Asian only" included Native Hawaiian and Other Pacific Islander. Estimates for single race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. The effect of the 1997 Standard on the 1999 estimates can be seen by comparing 1999 data tabulated according to the two Standards. Age-adjusted estimates based on the 1977 Standards of the percent of persons in fair or poor health are: identical for the white and black groups; 0.1 percentage points lower for the Asian and Pacific Islander group; and 0.8 percentage points higher for the Al/AN group than estimates based on the 1997 Standards. See Appendix II, Race.

⁶Poor persons are defined as below the poverty threshold. Near poor persons have incomes of 100 percent to less than 200 percent of the poverty threshold. Nonpoor persons have incomes of 200 percent or greater than the poverty threshold. Missing family income data were imputed for 16–18 percent of persons in 1991 and 1995. Starting with *Health, United States, 2004* a new methodology for imputing family income was used for data years 1997 and beyond. Missing family income data were imputed for 25–29 percent of persons in 1997–98 and 32–33 percent in 1999–2002. Therefore, estimates by poverty for 1997–2001 differ from those in previous editions of *Health, United States*. See Appendix II, Family income; Poverty level.

TMSA is metropolitan statistical area.

Table 58 (page 1 of 2). Serious psychological distress among persons 18 years of age and over according to selected characteristics: United States, average annual 1997–98 through 2001–02

Characteristic	1997–98	1999–2000	2001–02
	Percent of	persons with serious psychologic	al distress ¹
Total, age adjusted ^{2,3}	3.2 3.2	2.6 2.6	3.1 3.2
Age			
18–44 years 18–24 years. 25–44 years. 45–64 years. 45–54 years. 55–64 years. 65 years and over 65–74 years. 75 years and over	2.9 2.7 3.0 3.7 3.9 3.4 3.1 2.5 3.8	2.3 2.2 2.4 3.2 3.5 2.6 2.4 2.3 2.5	3.0 2.8 3.0 3.9 4.2 3.4 2.4 2.4
Sex ²			
MaleFemale	2.5 3.8	2.0 3.1	2.4 3.8
Race ^{2,4}			
White only. Black or African American only	3.1 4.0 7.8 2.0	2.5 2.9 *7.2 *1.4	3.0 3.5 8.0 *1.7
2 or more races.		5.2	5.5
Hispanic origin and race ^{2,4}			
Hispanic or Latino	5.0 5.2 3.0 2.9 3.9	3.5 2.9 2.5 2.4 2.9	4.1 3.8 3.1 3.0 3.5
Poverty status ^{2,5}			
Poor. Near poor. Nonpoor	9.1 5.1 1.9	6.9 4.4 1.6	8.3 5.3 2.0
Hispanic origin and race and poverty status ^{2,4,5}			
Hispanic or Latino: Poor Near poor Nonpoor	8.6 5.4 2.9	6.1 3.8 2.2	7.6 4.1 2.9
Not Hispanic or Latino: White only:	0.0		
Poor Near poor Nonpoor Nonpoor	9.6 5.2 1.8	7.8 4.9 1.6	9.2 5.9 2.0
Black or African American only: Poor Near poor Nonpoor	8.7 4.3 1.6	6.0 3.6 1.3	7.2 4.9 1.7

See footnotes at end of table.

Table 58 (page 2 of 2). Serious psychological distress among persons 18 years of age and over according to selected characteristics: United States, average annual 1997-98 through 2001-02

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

Characteristic	1997–98	1999–2000	2001–02
Geographic region ²	Percent o	f persons with serious psychologica	al distress ¹
Northeast Midwest South West	2.7 2.6 3.8 3.3	1.9 2.5 2.9 2.9	2.8 2.9 3.5 3.1
Location of residence ²			
Within MSA ⁶	3.0 3.9	2.3 3.5	3.0 3.8

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

persons have incomes of 200 percent or greater than the poverty threshold. Starting with Health, United States, 2004 a new methodology for imputing family income was used for data years 1997 and beyond. Missing family income data were imputed for 27 percent of persons 18 years of age and over in 1997, 31 percent in 1998, 33 percent in 1999, and 34 percent in 2000-01. See Appendix II, Family Income; Poverty level. ⁶MSA is metropolitan statistical area.

NOTE: Standard errors for selected years are available in the spreadsheet version of this table. See www.cdc.gov/nchs/hus.htm.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, family core questionnaire.

⁻ Data not available

¹Serious psychological distress is measured by a six-question scale that asks respondents how often they experience each of six symptoms of psychological distress. See Appendix II, Serious psychological distres

²Estimates are age adjusted to the year 2000 standard population using six age groups: Under 18 years, 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See Appendix II, Age adjustment.

Includes all other races not shown separately and unknown poverty status.

⁴The race groups, white, black, American Indian and Alaska Native (Al/AN), Asian, Native Hawaiian and Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999 race-specific estimates are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for 1997-98. The five single race categories plus multiple race categories shown in the table conform to 1997 Standards. Starting with 1999-2000, race-specific estimates are for persons who reported only one racial group; the category "2 or more races" includes persons who reported more than one racial group. Prior to data year 1999, data were tabulated according to 1977 Standards with four racial groups and the category "Asian only" included Native Hawaiian and Other Pacific Islander. Estimates for single race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. See Appendix II, Race.

5 Poor persons are defined as below the poverty threshold. Near poor persons have incomes of 100 percent to less than 200 percent of the poverty threshold. Nonpoor

Table 59 (page 1 of 2). Suicidal ideation, suicide attempts, and injurious suicide attempts among students in grades 9–12, by sex, grade level, race, and Hispanic origin: United States, selected years 1991–2003

[Data are based on a national sample of high school students, grades 9-12]

Sex, grade level, race, and Hispanic origin	1991	1993	1995	1997	1999	2001	2003
		Per	cent of students	who seriously	considered suic	cide ¹	
Total	29.0	24.1	24.1	20.5	19.3	19.0	16.9
Male							
Total	20.8	18.8	18.3	15.1	13.7	14.2	12.8
Oth grade	17.6 19.5 25.3 20.7	17.7 18.0 20.6 18.3	18.2 16.7 21.7 16.3	16.1 14.5 16.6 13.5	11.9 13.7 13.7 15.6	14.7 13.8 14.1 13.7	11.9 13.2 12.9 13.2
Not Hispanic or Latino: White Black or African American dispanic or Latino	21.7 13.3 18.0	19.1 15.4 17.9	19.1 16.7 15.7	14.4 10.6 17.1	12.5 11.7 13.6	14.9 9.2 12.2	12.0 10.3 12.9
Female							
Total	37.2	29.6	30.4	27.1	24.9	23.6	21.3
Oth grade	40.3 39.7 38.4 30.7	30.9 31.6 28.9 27.3	34.4 32.8 31.1 23.9	28.9 30.0 26.2 23.6	24.4 30.1 23.0 21.2	26.2 24.1 23.6 18.9	22.2 23.8 20.0 18.0
Not Hispanic or Latino: White Black or African American Hispanic or Latino	38.6 29.4 34.6	29.7 24.5 34.1	31.6 22.2 34.1	26.1 22.0 30.3	23.2 18.8 26.1	24.2 17.2 26.5	21.2 14.7 23.4
Total	7.3	8.6	Percent of stu 8.7	dents who atter	mpted suicide '	8.8	8.5
otal	7.3	0.0	0.7	7.7	0.3	0.0	0.5
Male							
otal	3.9	5.0	5.6	4.5	5.7	6.2	5.4
oth grade	4.5 3.3 4.1 3.8	5.8 5.9 3.4 4.5	6.8 5.4 5.8 4.7	6.3 3.8 4.4 3.7	6.1 6.2 4.8 5.4	8.2 6.7 4.9 4.4	5.8 5.5 4.6 5.2
Not Hispanic or Latino:							
White	3.3 3.3 3.7	4.4 5.4 7.4	5.2 7.0 5.8	3.2 5.6 7.2	4.5 7.1 6.6	5.3 7.5 8.0	3.7 7.7 6.1
Female							
otal	10.7	12.5	11.9	11.6	10.9	11.2	11.5
th grade	13.8 12.2 8.7 7.8	14.4 13.1 13.6 9.1	14.9 15.1 11.4 6.6	15.1 14.3 11.3 6.2	14.0 14.8 7.5 5.8	13.2 12.2 11.5 6.5	14.7 12.7 10.0 6.9
Not Hispanic or Latino: White	10.4 9.4 11.6	11.3 11.2 19.7	10.4 10.8 21.0	10.3 9.0 14.9	9.0 7.5 18.9	10.3 9.8 15.9	10.3 9.0 15.0

See footnotes at end of table.

Table 59 (page 2 of 2). Suicidal ideation, suicide attempts, and injurious suicide attempts among students in grades 9–12, by sex, grade level, race, and Hispanic origin: United States, selected years 1991–2003

[Data are based on a national sample of high school students, grades 9-12]

Sex, grade level, race, and Hispanic origin	1991	1993	1995	1997	1999	2001	2003
		Per	cent of students	with an injuriou	us suicide atten	npt ^{1,2}	
Total	1.7	2.7	2.8	2.6	2.6	2.6	2.9
Male							
Total	1.0	1.6	2.2	2.0	2.1	2.1	2.4
9th grade	1.0 0.5 1.5 0.9	2.1 1.3 1.1 1.5	2.3 2.4 2.0 2.2	3.2 1.4 2.6 1.0	2.6 1.8 2.1 1.7	2.6 2.5 1.6 1.5	3.1 2.1 2.0 1.8
Not Hispanic or Latino: WhiteBlack or African American Hispanic or Latino	1.0 0.4 0.5	1.4 2.0 2.0	2.1 2.8 2.9	1.5 1.8 2.1	1.6 3.4 1.4	1.7 3.6 2.5	1.1 5.2 4.2
Female							
Total	2.5	3.8	3.4	3.3	3.1	3.1	3.2
9th grade	2.8 2.6 2.1 2.4	3.5 5.1 3.9 2.9	6.3 3.8 2.9 1.3	5.0 3.7 2.8 2.0	3.8 4.0 2.8 1.3	3.8 3.6 2.8 1.7	3.9 3.2 2.9 2.2
Not Hispanic or Latino: WhiteBlack or African American Hispanic or Latino	2.3 2.9 2.7	3.6 4.0 5.5	2.9 3.6 6.6	2.6 3.0 3.8	2.3 2.4 4.6	2.9 3.1 4.2	2.4 2.2 5.7

¹Response is for the 12 months preceding the survey.

NOTES: Only youth attending school participated in the survey. Persons of Hispanic origin may be of any race. Standard errors for selected years are available in the spreadsheet version of this table. See www.cdc.gov/nchs/hus.htm.

SOURCE: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, National Youth Risk Behavior Survey (YRBS).

²A suicide attempt that required medical attention.

Table 60 (page 1 of 2). Current cigarette smoking by persons 18 years of age and over according to sex, race, and age: United States, selected years 1965–2002

Sex, race, and age	1965 ¹	1974 ¹	1979¹	1985 ¹	1990¹	1995¹	1997	1998	1999	2000	2001	2002
18 years and over, age adjusted ²			Pe	rcent of p	ersons w	/ho are ci	urrent ciç	garette s	mokers ³	i		
All persons	41.9	37.0	33.3	29.9	25.3	24.6	24.6	24.0	23.3	23.1	22.7	22.4
Male	51.2 33.7	42.8 32.2	37.0 30.1	32.2 27.9	28.0 22.9	26.5 22.7	27.1 22.2	25.9 22.1	25.2 21.6	25.2 21.1	24.7 20.8	24.8 20.1
White male ⁴ Black or African American male ⁴ White female ⁴ Black or African American female ⁴	50.4 58.8 33.9 31.8	41.7 53.6 32.0 35.6	36.4 43.9 30.3 30.5	31.3 40.2 27.9 30.9	27.6 32.8 23.5 20.8	26.2 29.4 23.4 23.5	26.8 32.4 22.8 22.5	26.0 29.0 23.0 21.1	25.0 28.4 22.5 20.5	25.5 25.7 22.0 20.7	24.9 27.6 22.1 17.9	25.0 26.7 21.1 18.3
18 years and over, crude												
All persons	42.4	37.1	33.5	30.1	25.5	24.7	24.7	24.1	23.5	23.3	22.8	22.5
Male Female	51.9 33.9	43.1 32.1	37.5 29.9	32.6 27.9	28.4 22.8	27.0 22.6	27.6 22.1	26.4 22.0	25.7 21.5	25.7 21.0	25.2 20.7	25.2 20.0
White male ⁴ Black or African American male ⁴ White female ⁴ Black or African American female ⁴ .	51.1 60.4 34.0 33.7	41.9 54.3 31.7 36.4	36.8 44.1 30.1 31.1	31.7 39.9 27.7 31.0	28.0 32.5 23.4 21.2	26.6 28.5 23.1 23.5	27.2 32.2 22.5 22.5	26.3 29.0 22.6 21.1	25.3 28.6 22.1 20.6	25.8 26.1 21.6 20.8	25.1 27.6 21.7 18.0	25.2 27.0 20.7 18.5
All males												
18–24 years 25–34 years 35–44 years 45–64 years 65 years and over	54.1 60.7 58.2 51.9 28.5	42.1 50.5 51.0 42.6 24.8	35.0 43.9 41.8 39.3 20.9	28.0 38.2 37.6 33.4 19.6	26.6 31.6 34.5 29.3 14.6	27.8 29.5 31.5 27.1 14.9	31.7 30.3 32.1 27.6 12.8	31.3 28.5 30.2 27.7 10.4	29.5 29.1 30.0 25.8 10.5	28.5 29.0 30.2 26.4 10.2	30.4 27.2 27.4 26.4 11.5	32.4 27.5 29.7 24.5 10.1
White male ⁴												
18–24 years 25–34 years 35–44 years 45–64 years 65 years and over	53.0 60.1 57.3 51.3 27.7	40.8 49.5 50.1 41.2 24.3	34.3 43.6 41.3 38.3 20.5	28.4 37.3 36.6 32.1 18.9	27.4 31.6 33.5 28.7 13.7	28.4 29.9 31.2 26.3 14.1	34.0 30.4 32.1 26.5 11.5	34.1 29.2 29.6 27.0 10.0	30.5 30.8 29.5 24.5 10.0	30.9 29.9 30.6 25.8 9.8	32.5 29.0 27.8 25.1 10.7	34.5 28.1 29.7 24.4 9.3
Black or African American male ⁴												
18–24 years 25–34 years 35–44 years 45–64 years 65 years and over	62.8 68.4 67.3 57.9 36.4	54.9 58.5 61.5 57.8 29.7	40.2 47.5 48.6 50.0 26.2	27.2 45.6 45.0 46.1 27.7	21.3 33.8 42.0 36.7 21.5	*14.6 25.1 36.3 33.9 28.5	23.5 31.6 33.9 39.4 26.0	19.7 25.2 36.1 37.3 16.3	23.6 22.7 34.8 35.7 17.3	20.8 23.3 30.8 32.2 14.2	21.6 23.8 29.9 34.3 21.1	22.8 28.8 28.3 29.9 19.4

See footnotes at end of table.

Table 60 (page 2 of 2). Current cigarette smoking by persons 18 years of age and over according to sex, race, and age: United States, selected years 1965–2002

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

Sex, race, and age	1965¹	1974¹	1979¹	1985¹	1990¹	1995¹	1997	1998	1999	2000	2001	2002
All females		Percent of persons who are current cigarette smokers ³										
18–24 years 25–34 years 35–44 years 45–64 years 65 years and over	38.1 43.7 43.7 32.0 9.6	34.1 38.8 39.8 33.4 12.0	33.8 33.7 37.0 30.7 13.2	30.4 32.0 31.5 29.9 13.5	22.5 28.2 24.8 24.8 11.5	21.8 26.4 27.1 24.0 11.5	25.7 24.8 27.2 21.5 11.5	24.5 24.6 26.4 22.5 11.2	26.3 23.5 26.5 21.0 10.7	25.1 22.5 26.2 21.6 9.3	23.4 23.0 25.7 21.4 9.2	24.6 21.6 23.7 21.1 8.6
White female ⁴												
18–24 years 25–34 years 35–44 years 45–64 years 65 years and over	38.4 43.4 43.9 32.7 9.8	34.0 38.6 39.3 33.0 12.3	34.5 34.1 37.2 30.6 13.8	31.8 32.0 31.0 29.7 13.3	25.4 28.5 25.0 25.4 11.5	24.9 27.3 27.0 24.3 11.7	29.4 26.1 27.5 20.9 11.7	28.1 26.9 26.6 22.5 11.2	29.6 25.5 26.9 21.2 10.5	28.7 25.1 26.6 21.4 9.1	27.2 25.5 27.0 21.6 9.4	26.9 24.1 24.5 21.5 8.5
Black or African American female ⁴												
18–24 years 25–34 years 35–44 years 45–64 years 65 years and over	37.1 47.8 42.8 25.7 7.1	35.6 42.2 46.4 38.9 *8.9	31.8 35.2 37.7 34.2 *8.5	23.7 36.2 40.2 33.4 14.5	10.0 29.1 25.5 22.6 11.1	*8.8 26.7 31.9 27.5 13.3	11.5 22.5 30.1 28.4 10.7	*8.1 21.5 30.0 25.4 11.5	14.8 18.2 28.8 22.3 13.5	14.2 15.5 30.2 25.6 10.2	10.0 16.8 24.0 22.6 9.3	17.1 13.9 24.0 22.2 9.4

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

NOTES: Data for additional years are available. See Appendix III. Standard errors for selected years are available in the spreadsheet version of this table. See www.cdc.gov/nchs/hus.htm. For more data on cigarette smoking see the Early Release reports on the National Health Interview Survey home page: www.cdc.gov/nchs/nhis.htm.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey. Data are from the core questionnaire (1965) and the following questionnaire supplements: hypertension (1974), smoking (1979), alcohol and health practices (1983), health promotion and disease prevention (1985, 1990–91), cancer control and cancer epidemiology (1992), and year 2000 objectives (1993–95). Starting in 1997 data are from the family core and sample adult questionnaires.

¹Data prior to 1997 are not strictly comparable with data for later years due to the 1997 questionnaire redesign. See Appendix I, National Health Interview Survey. Cigarette smoking data were not collected in 1996.

²Estimates are age adjusted to the year 2000 standard population using five age groups: 18–24 years, 25–34 years, 35–44 years, 45–64 years, 65 years and over. Age-adjusted estimates in this table may differ from other age-adjusted estimates based on the same data and presented elsewhere if different age groups are used in the adjustment procedure. See Appendix II, Age adjustment.

³Beginning in 1993 current cigarette smokers reported ever smoking 100 cigarettes in their lifetime and smoking now on every day or some days. See Appendix II, Cigarette smoking.

The race groups, white and black, include persons of Hispanic and non-Hispanic origin. Starting with data year 1999 race-specific estimates 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 shown in the table conform to 1997 Standards. The 1999 race-specific estimates are for persons who reported only one racial group. Prior to data year 1999, data were tabulated according to 1977 Standards. Estimates for single race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. The effect of the 1997 Standard on the 1999 estimates can be seen by comparing 1999 data tabulated according to the two Standards. Age-adjusted estimates based on the 1977 Standards of the percent of current smokers are: identical for white males and females; 0.1 percentage points higher for black males; and 0.2 percentage points higher for black females than estimates based on the 1997 Standards. See Appendix II, Race. For additional data on cigarette smoking by racial groups, see table 62 of *Health*, *United States*, 2004.

Table 61. Age-adjusted prevalence of current cigarette smoking by persons 25 years of age and over, according to sex, race, and education: United States, selected years 1974–2002

Sex, race, and education	1974 ¹	1979¹	1985¹	1990¹	1995¹	1997	1998	1999	2000	2001	2002
25 years and over, age adjusted ²			Perce	ent of pers	sons who	are currei	nt cigaret	te smoke	rs ³		
All persons ⁴	36.9	33.1	30.0	25.4	24.5	24.0	23.4	22.7	22.6	22.1	21.5
No high school diploma or GED	43.7 36.2 35.9 27.2	40.7 33.6 33.2 22.6	40.8 32.0 29.5 18.5	36.7 29.1 23.4 13.9	35.6 29.1 22.6 13.6	33.5 29.9 23.7 11.4	34.4 28.9 23.5 10.9	32.2 28.0 23.3 11.1	31.9 29.2 21.7 10.9	30.9 28.2 22.3 10.8	30.9 28.1 21.6 10.0
All males ⁴	42.9	37.3	32.8	28.2	26.4	26.4	25.1	24.5	24.8	23.9	23.6
No high school diploma or GED	52.3 42.4 41.8 28.3	47.6 38.9 36.5 22.7	45.7 35.5 32.9 19.6	42.0 33.1 25.9 14.5	39.7 32.7 23.7 13.8	39.1 32.2 25.5 12.5	37.5 32.0 25.4 11.0	36.2 30.4 24.8 11.8	36.4 32.1 23.3 11.6	34.7 30.3 24.4 11.2	34.7 31.1 23.4 11.0
White males ^{4,5}	41.9	36.7	31.7	27.6	25.9	25.8	24.8	24.2	24.7	23.8	23.5
No high school diploma or GED	51.5 42.0 41.6 27.8	47.6 38.5 36.4 22.5	45.0 34.8 32.2 19.1	41.8 32.9 25.4 14.4	38.7 32.9 23.3 13.4	38.5 31.8 25.6 12.0	37.4 32.2 25.2 10.9	36.3 30.5 24.7 11.8	38.6 32.5 23.6 11.3	35.4 30.5 24.6 11.2	36.2 31.2 23.4 11.1
Black or African American males ^{4,5}	53.4	44.4	42.1	34.5	31.6	33.8	30.4	29.1	26.5	28.4	27.2
No high school diploma or GED	58.1 *50.7 *45.3 *41.4	49.7 48.6 39.2 *36.8	50.5 41.8 41.8 *32.0	41.6 37.4 28.1 *20.8	41.9 36.6 26.4 *17.3	44.6 39.0 27.0 14.5	42.9 32.8 28.4 *15.3	43.8 32.5 23.4 11.3	38.3 29.1 20.0 14.7	37.9 33.4 24.2 11.3	37.2 31.3 25.6 *10.8
All females ⁴	32.0	29.5	27.5	22.9	22.9	21.7	21.7	20.9	20.6	20.4	19.4
No high school diploma or GED	36.6 32.2 30.1 25.9	34.8 29.8 30.0 22.5	36.5 29.5 26.3 17.1	31.8 26.1 21.0 13.3	31.7 26.4 21.6 13.3	28.2 27.9 22.0 10.3	31.3 26.2 21.8 10.7	28.2 25.9 21.9 10.4	27.3 26.7 20.4 10.1	27.2 26.5 20.5 10.5	27.3 25.4 20.1 9.0
White females ^{4,5}	31.7	29.7	27.3	23.3	23.1	21.9	22.3	21.4	21.1	21.4	20.3
No high school diploma or GED	36.8 31.9 30.4 25.5	35.8 29.9 30.7 21.9	36.7 29.4 26.7 16.5	33.4 26.5 21.2 13.4	32.4 26.8 22.2 13.5	29.7 28.3 22.1 10.5	33.0 27.1 22.2 11.5	29.5 27.2 22.3 10.5	28.6 27.9 21.1 10.2	29.6 28.4 21.3 10.9	29.5 26.9 20.6 9.7
Black or African American females ^{4,5}	35.6	30.3	32.0	22.4	25.7	24.1	23.0	21.4	21.6	19.1	18.4
No high school diploma or GED	36.1 40.9 32.3 *36.3	31.6 32.6 *28.9 *43.3	39.4 32.1 23.9 26.6	26.3 24.1 22.7 17.0	32.3 27.8 20.8 17.3	27.1 29.1 24.3 12.5	32.8 24.3 21.7 9.0	30.1 22.4 22.3 13.4	31.2 25.4 20.4 10.8	26.3 21.3 17.4 11.6	27.1 19.5 20.7 *7.7

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

NOTES: Data for additional years are available. See Appendix III. Standard errors for selected years are available in the spreadsheet version of this table. See www.cdc.gov/nchs/hus.htm. For more data on cigarette smoking see the Early Release reports on the National Health Interview Survey home page: www.cdc.gov/nchs/nhis.htm.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey. Data are from the following questionnaire supplements: hypertension (1974), smoking (1979), alcohol and health practices (1983), health promotion and disease prevention (1985, 1990–91), cancer control and cancer epidemiology (1992), and year 2000 objectives (1993–95). Starting in 1997 data are from the family core and sample adult questionnaires.

¹Data prior to 1997 are not strictly comparable with data for later years due to the 1997 questionnaire redesign. See Appendix I, National Health Interview Survey. Cigarette smoking data were not collected in 1996.

²Estimates are age adjusted to the year 2000 standard population using four age groups: 25–34 years, 35–44 years, 45–64 years, 65 years and over. See Appendix II, Age adjustment. For age groups where percent smoking was 0 or 100, the age-adjustment procedure was modified to substitute the percent smoking from the next lower education group.

³Beginning in 1993 current cigarette smokers reported ever smoking 100 cigarettes in their lifetime and smoking now on every day or some days. See Appendix II, Cigarette smoking.

⁴Includes unknown education. Education categories shown are for 1997 and subsequent years. GED stands for General Educational Development high school equivalency diploma. In 1974–95 the following categories based on number of years of school completed were used: less than 12 years, 12 years, 13–15 years, 16 years or more. See Appendix II, Education.

The race groups, white and black, include persons of Hispanic and non-Hispanic origin. Starting with data year 1999 race-specific estimates 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 shown in the table conform to 1997 Standards. The 1999 race-specific estimates are for persons who reported only one racial group. Prior to data year 1999, data were tabulated according to 1977 Standards. Estimates for single race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. The effect of the 1997 Standard on the 1999 estimates can be seen by comparing 1999 data tabulated according to the two Standards. Age-adjusted estimates based on the 1977 Standards of the percent of current smokers are: identical for white males; 0.2 percentage points higher for black males and females; and 0.1 percentage points higher for white females than estimates based on the 1997 Standards. See Appendix II, Race. For additional data on cigarette smoking by racial groups, see table 62 of Health, United States, 2004.

Table 62 (page 1 of 2). Current cigarette smoking by adults according to sex, race, Hispanic origin, age, and education: United States, average annual 1990–92, 1995–98, and 2000–2002

		Male		Female				
Characteristic	1990–92 ¹	1995–98¹	2000–2002	1990–92 ¹	1995–98 ¹	2000–2002		
18 years of age and over, age adjusted ²		Percent	of persons who are	current cigarette	e smokers ³			
All persons ⁴	27.9	26.5	24.9	23.7	22.1	20.7		
Race ⁵								
Vhite only	27.4	26.4	25.1	24.3	22.9	21.8		
Black or African American only	33.9	30.7	26.6	23.1	21.8	18.9		
merican Indian and Alaska Native only sian only	34.2 24.8	40.5 18.1	29.6 18.1	36.7 6.3	28.9 11.0	33.8 6.8		
lative Hawaiian and Other Pacific			*			0.0		
Islander only			36.4			30.0		
American Indian and Alaska Native;								
White			42.8			39.1		
Hispanic origin and race ⁵								
lispanic or Latino	25.7	24.4	21.8	15.8	13.7	11.7		
Mexicanlot Hispanic or Latino	26.2 28.1	24.5 26.9	21.8 25.4	14.8 24.4	12.0 23.1	10.3 21.9		
White only	27.7	26.9	25.6	25.2	24.1	23.0		
Black or Áfrican American only	33.9	30.7	26.7	23.2	21.9	19.0		
18 years of age and over, crude								
ıll persons ⁴	28.4	27.0	25.4	23.6	22.0	20.6		
Race ⁵								
/hite only	27.8	26.8	25.4	24.1	22.6	21.3		
lack or African American only	33.2	30.6	26.9	23.3	21.8	19.1		
merican Indian and Alaska Native only	35.5 24.9	39.2 20.0	31.6 19.5	37.3 6.3	31.2 11.2	36.7 6.9		
sian only	24.9	20.0	19.5	0.5	11.2	0.9		
slander only			*			*		
or more races			37.1			30.6		
White			43.3			38.7		
Hispanic origin and race ⁵								
lispanic or Latino	26.5	25.5	22.8	16.6	13.8	12.0		
Mexican	27.1	25.2	22.5	15.0	11.6	10.4		
lot Hispanic or Latino	28.5 28.0	27.2	25.7 25.6	24.2 24.8	22.9 23.5	21.6 22.3		
White only	28.0 33.3	27.0 30.6	25.6 27.0	23.3	23.5 21.9	22.3 19.2		
8–24 years:								
Hispanic or Latino	19.3	26.5	23.0	12.8	12.0	11.7		
Not Hispanic or Latino:	28.9	35.5	34.2	28.7	31.6	29.9		
White only	17.7	21.3	21.8	10.8	9.8	14.0		
5-34 years:								
Hispanic or Latino	29.9	25.9	22.0	19.2	12.6	11.4		
Not Hispanic or Latino: White only	32.7	30.5	30.1	30.9	28.5	27.0		
Black or African American only	34.6	28.5	25.2	29.2	22.0	15.4		
5–44 years:	20.1	26.2	25.0	10.0	17.6	100		
Hispanic or Latino	32.1	26.2	25.8	19.9	17.6	13.8		
White only	32.3	31.5	29.7	27.3	28.1	27.6		
Black or Áfrican American only	44.1	34.7	29.8	31.3	30.3	26.1		
5–64 years: Hispanic or Latino	26.6	26.8	24.1	17.1	14.7	13.9		
Not Hispanic or Latino:								
White only	28.4 38.0	26.8 38.8	25.1 32.3	26.1 26.1	22.3 26.9	22.1 23.6		
Black or African American only	30.0	30.8	32.3	∠0.1	20.9	23.0		
5 years and over:								
	16.1	14.7	11.7	6.6	9.4	5.5		
Hispanic or Latino		14.7	11.7	6.6	9.4	5.5		
Hispanic or Latino	16.1 14.2 25.2	14.7 10.6 20.9	11.7 9.8 18.3	6.6 12.3 10.7	9.4 11.6 11.2	5.5 9.2 9.7		

See footnotes at end of table.

Table 62 (page 2 of 2). Current cigarette smoking by adults according to sex, race, Hispanic origin, age, and education: United States, average annual 1990-92, 1995-98, and 2000-2002

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

		Male		Female			
Characteristic	1990–92 ¹	1995–98 ¹	2000–2002	1990–92 ¹	1995–98¹	2000–2002	
Education, Hispanic origin, and race ^{5,6}		Percent of	of persons who are	current cigarette	e smokers ³		
25 years of age and over, age adjusted ⁷							
No high school diploma or GED: Hispanic or Latino Not Hispanic or Latino:	30.2	27.6	23.7	15.8	13.3	11.4	
White only	46.1 45.4	43.9 44.6	44.2 38.2	40.4 31.3	40.7 30.0	39.9 28.5	
High school diploma or GED: Hispanic or Latino	29.6	26.7	23.0	18.4	16.4	13.5	
White only	32.9 38.2	32.8 35.7	32.2 31.1	28.4 25.4	28.8 26.6	29.1 22.1	
Some college or more: Hispanic or Latino	20.4	16.6	17.3	14.3	13.5	10.0	
White only	19.3 25.6	18.3 23.3	17.2 19.4	18.1 22.8	17.2 18.9	16.2 16.0	

^{*} 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 of greater than 30 percent.

NOTES: Data for additional years are available. See Appendix III. Standard errors for selected years are available in the spreadsheet version of this table. See www.cdc.gov/nchs/hus.htm. For more data on cigarette smoking see the Early Release reports on the National Health Interview Survey home page: www.cdc.gov/nchs/nhis.htm.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey. Data are from the following questionnaire supplements: health promotion and disease prevention (1990-91), cancer control and cancer epidemiology (1992), and year 2000 objectives (1993-95). Starting in 1997 data are from the family core and sample adult questionnaires.

Data not available.

Data prior to 1997 are not strictly comparable with data for later years due to the 1997 questionnaire redesign. See Appendix I, National Health Interview Survey.

Cigarette smoking data were not collected in 1996.

Estimates are age adjusted to the year 2000 standard population using five age groups: 18–24 years, 25–34 years, 35–44 years, 45–64 years, and 65 years and over. See Appendix II, Age adjustment. For age groups where percent smoking is 0 or 100, the age-adjustment procedure was modified to substitute the percent smoking from the previous 3-year period.

³Beginning in 1993 current cigarette smokers reported ever smoking 100 cigarettes in their lifetime and smoking now on every day or some days. See Appendix II, Cigarette smoking

⁴Includes all other races not shown separately.

⁵The race groups, white, black, American Indian and Alaska Native (Al/AN), Asian, Native Hawaiian and Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999 race-specific estimates are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The five single race categories plus multiple race categories shown in the table conform to 1997 Standards. The 1999-2001 race-specific estimates (available in the spreadsheet version of this table at www.cdc.gov/nchs/hus.htm) are for persons who reported only one racial group; the category "2 or more races" includes persons who reported more than one racial group. Prior to data years 1999-2001, data were tabulated according to 1977 Standards with four racial groups and the category "Asian only" included Native Hawaiian and Other Pacific Islander. Estimates for single race categories prior to 1999-2001 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. The effect of the 1997 Standard on the 1999-2001 estimates can be seen by comparing 1999-2001 data tabulated according to the two Standards. Age-adjusted estimates based on the 1977 Standards of the percent of current smokers for adults 18 years of age and over are: identical for white males; 0.2 percentage points higher for black males; 1.1 percentage points higher for Al/AN males; 0.9 percentage points higher for Asian and Pacific Islander males; identical for white females; 0.1 percentage points higher for black females; 1.0 percentage points higher for Al/AN females; and 1.6 percentage points higher for Asian and Pacific Islander females than estimates based on the 1997 Standards. See Appendix II, Race.

⁶Education categories shown are for 1997 and subsequent years. GED stands for General Educational Development high school equivalency diploma. In years prior to 1997 the following categories based on number of years of school completed were used: less than 12 years, 12 years, 13 years or more. See Appendix II, Education. Estimates are age adjusted to the year 2000 standard using four age groups: 25–34 years, 35–44 years, 45–64 years, and 65 years and over. See Appendix II, Age

Table 63 (page 1 of 2). Use of selected substances in the past month by persons 12 years of age and over, according to age, sex, race, and Hispanic origin: United States, 2002–2003

[Data are based on household interviews of a sample of the civilian noninstitutionalized population 12 years of age and over]

	Any illio	cit drug¹	Marij	iuana	Nonmedical use of any psychotherapeutic drug ²	
Age, sex, race, and Hispanic origin	2002	2003	2002	2003	2002	2003
			Perce	nt of population		
12 years and over	8.3	8.2	6.2	6.2	2.6	2.7
Age						
12–13 years	4.2 11.2 19.8 20.2 10.5 4.6	3.8 10.9 19.2 20.3 10.7 4.4	1.4 7.6 15.7 17.3 7.7 3.1	1.0 7.2 15.6 17.0 8.4 3.0	1.7 4.0 6.2 5.4 3.6 1.6	1.8 4.1 6.1 6.0 3.4 1.5
Sex						
Male	10.3 6.4	10.0 6.5	8.1 4.4	8.1 4.4	2.7 2.6	2.7 2.6
Age and sex						
12–17 yearsMale Male Female	11.6 12.3 10.9	11.2 11.4 11.1	8.2 9.1 7.2	7.9 8.6 7.2	4.0 3.6 4.3	4.0 3.7 4.2
Hispanic origin and race ³						
Not Hispanic or Latino: White only	8.5 9.7 10.1	8.3 8.7 12.1	6.5 7.4 6.7	6.4 6.7 10.3	2.8 2.0 3.2	2.8 1.8 4.8
Islander only	7.9 3.5 11.4 7.2	11.1 3.8 12.0 8.0	4.4 1.8 9.0 4.3	7.3 1.9 9.3 4.9	3.8 0.7 3.5 2.9	3.2 1.7 2.4 3.0
	Alco	phol use	Binge	alcohol use ⁴	Hea	vy alcohol use

	Alcohol use		Binge ald	cohol use ⁴	Heavy alcohol use ⁵		
	2002	2003	2002	2003	2002	2003	
			Percer	nt of population			
12 years and over	51.0	50.1	22.9	22.6	6.7	6.8	
Age							
12–13 years	4.3 16.6 32.6 60.5 61.4 52.1	4.5 17.0 31.8 61.4 60.2 50.7	1.8 9.2 21.4 40.9 33.1 18.6	1.6 9.4 21.2 41.6 32.9 18.1	0.3 1.9 5.6 14.9 9.0 5.2	0.1 2.2 5.5 15.1 9.4 5.1	
Sex							
Male	57.4 44.9	57.3 43.2	31.2 15.1	30.9 14.8	10.8 3.0	10.4 3.4	
Age and sex							
12–17 yearsMaleFemale	17.6 17.4 17.9	17.7 17.1 18.3	10.7 11.4 9.9	10.6 11.1 10.1	2.5 3.1 1.9	2.6 2.9 2.3	
Hispanic origin and race ³							
Not Hispanic or Latino: White only. Black or African American only American Indian and Alaska Native only Native Hawaiian and Other Pacific Islander only Asian only. 2 or more races. Hispanic or Latino.	55.0 39.9 44.7 * 37.1 49.9 42.8	54.4 37.9 42.0 43.3 39.8 44.4 41.5	23.4 21.0 27.9 25.2 12.4 19.8 24.8	23.6 19.0 29.6 29.8 11.0 21.8 24.2	7.5 4.4 8.7 8.3 2.6 7.5 5.9	7.7 4.5 10.0 10.4 2.3 6.1 5.2	

See footnotes at end of table.

Table 63 (page 2 of 2). Use of selected substances in the past month by persons 12 years of age and over, according to age, sex, race, and Hispanic origin: United States, 2002–2003

[Data are based on household interviews of a sample of the civilian noninstitutionalized population 12 years of age and over]

	Any to	bacco ⁶	Ciga	rettes	Cigars		
Age, sex, race, and Hispanic origin	2002	2003	2002	2003	2002	2003	
			Percent of p	oopulation			
12 years and over	30.4	29.8	26.0	25.4	5.4	5.4	
Age							
12–13 years	3.8 13.4 29.0 45.3 38.2 27.9	3.2 13.3 27.0 44.8 38.8 27.0	3.2 11.2 24.9 40.8 32.7 23.4	2.5 11.0 23.2 40.2 33.4 22.6	0.7 3.8 9.3 11.0 6.6 4.1	0.8 3.9 8.8 11.4 6.9 3.9	
Sex							
Male	37.0 24.3	35.9 24.0	28.7 23.4	28.1 23.0	9.4 1.7	9.0 2.0	
Age and sex							
12-17 years	15.2 16.0 14.4	14.4 15.6 13.3	13.0 12.3 13.6	12.2 11.9 12.5	4.5 6.2 2.7	4.5 6.2 2.7	
Hispanic origin and race ³							
Not Hispanic or Latino: White only	32.0 28.8 44.3	31.6 30.0 41.8	26.9 25.3 37.1	26.6 25.9 36.1	5.5 6.8 5.2	5.4 7.2 8.3	
Islander only	28.8 18.6 38.1 25.2	37.0 13.8 34.4 23.7	17.7 35.0 23.0	33.1 12.6 30.7 21.4	4.1 1.1 5.5 5.0	8.0 1.8 6.2 4.9	

^{*} Estimates are considered unreliable; relative standard error greater than 17.5 percent of the log transformation of the proportion or minimum effective sample size less than 68 or minimum nominal sample size less than 100 or prevalence close to 0 or 100 percent. See Appendix I, National Survey on Drug Use & Health (NSDUH).

1 Any illicit drug includes marijuana/hashish, occaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type

NOTES: The National Survey on Drug Use & Health (NSDUH), formerly called the National Household Survey on Drug Abuse (NHSDA), began a new baseline in 2002 and cannot be compared with previous years. Because of methodological differences among the National Survey on Drug Use & Health, Monitoring the Future Study (MTF), and Youth Risk Behavior Survey (YRBS), rates of substance use measured by these surveys are not directly comparable. See Appendix I, NSDUH, MTF, and YRBS. Some data for 2002 have been revised and differ from the previous edition of *Health, United States*.

SOURCE: Substance Abuse and Mental Health Services Administration, Office of Applied Studies, National Survey on Drug Use & Health, www.oas.samhsa.gov/nhsda.htm.

psychotherapeutic drug used nonmedically.

2 Psychotherapeutic drugs include prescription-type pain relievers, tranquilizers, stimulants, or sedatives; does not include over-the-counter drugs.

³Persons of Hispanic origin may be of any race. Race and Hispanic origin were collected using the 1997 Standards for Federal data on Race and Ethnicity. Single race categories shown include persons who reported only one racial group. The category, 2 or more races, includes persons who reported more than one racial group. See Appendix II. Race

⁴Binge alcohol use is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days. Occasion is defined as at the same time or within a couple of hours of each other.

⁵Heavy alcohol use is defined as drinking five or more drinks on the same occasion on each of 5 or more days in the past 30 days; all heavy alcohol users are also "binge" alcohol users.

⁶Any tobacco product includes cigarettes, smokeless tobacco (i.e., chewing tobacco or snuff), cigars, or pipe tobacco.

Table 64 (page 1 of 3). Use of selected substances by high school seniors, tenth-, and eighth-graders, according to sex and race: United States, selected years 1980–2003

[Data are based on a survey of high school seniors, tenth-, and eighth-graders in the coterminous United States]

Substance, sex, race, and grade in school	1980	1990	1991	1995	1999	2000	2001	2002	2003
Cigarettes			Pe	rcent using s	substance in	the past mo	nth		
All seniors	30.5	29.4	28.3	33.5	34.6	31.4	29.5	26.7	24.4
Male	26.8 33.4	29.1 29.2	29.0 27.5	34.5 32.0	35.4 33.5	32.8 29.7	29.7 28.7	27.4 25.5	26.2 22.1
White	31.0 25.2	32.5 12.0	31.8 9.4	37.3 15.0	39.1 14.9	36.6 13.6	34.1 12.9	30.9 11.3	28.2 9.0
All tenth-graders			20.8	27.9	25.7	23.9	21.3	17.7	16.7
Male			20.8 20.7	27.7 27.9	25.2 25.8	23.8 23.6	20.9 21.5	16.7 18.6	16.2 17.0
White			23.9 6.4	31.2 12.2	29.1 11.0	27.3 11.3	24.0 10.9	20.8 9.1	19.3 8.8
All eighth-graders			14.3	19.1	17.5	14.6	12.2	10.7	10.2
Male			15.5 13.1	18.8 19.0	16.7 17.7	14.3 14.7	12.2 12.0	11.0 10.4	9.6 10.6
White			15.0 5.3	21.7 8.2	19.0 10.7	16.4 8.4	12.8 8.0	11.1 7.3	10.6 6.4
Marijuana									
All seniors	33.7	14.0	13.8	21.2	23.1	21.6	22.4	21.5	21.2
Male	37.8 29.1	16.1 11.5	16.1 11.2	24.6 17.2	26.3 19.7	24.7 18.3	25.6 19.1	25.3 17.4	24.7 17.3
White	34.2 26.5	15.6 5.2	15.0 6.5	21.5 17.8	23.4 20.4	22.0 17.5	23.9 16.5	22.8 16.4	22.8 16.1
All tenth-graders			8.7	17.2	19.4	19.7	19.8	17.8	17.0
Male			10.1 7.3	19.2 15.0	21.8 17.0	23.3 16.2	22.7 16.8	19.3 16.4	19.0 15.0
White			9.4 3.8	17.7 15.1	20.2 14.7	20.1 17.0	20.4 16.5	19.1 14.4	17.4 15.6
All eighth-graders			3.2	9.1	9.7	9.1	9.2	8.3	7.5
Male			3.8 2.6	9.8 8.2	10.5 8.8	10.2 7.8	11.0 7.3	9.5 7.1	8.5 6.4
White			3.0 2.1	9.0 7.0	8.5 10.0	8.3 8.5	8.6 7.7	7.9 7.1	7.0 7.4
Cocaine									
All seniors	5.2	1.9	1.4	1.8	2.6	2.1	2.1	2.3	2.1
Male	6.0 4.3	2.3 1.3	1.7 0.9	2.2 1.3	3.3 1.8	2.7 1.6	2.5 1.6	2.7 1.8	2.6 1.4
White	5.4 2.0	1.8 0.5	1.3 0.8	1.7 0.4	2.8 0.5	2.2 1.0	2.3 0.6	2.8 0.2	2.1 1.0
All tenth-graders			0.7	1.7	1.9	1.8	1.3	1.6	1.3
Male			0.7 0.6	1.8 1.5	2.2 1.6	2.1 1.4	1.5 1.2	1.8 1.4	1.3 1.3
White			0.6 0.2	1.7 0.4	1.9 0.3	1.7 0.4	1.2 0.3	1.7 0.4	1.4 0.5
All eighth-graders			0.5	1.2	1.3	1.2	1.2	1.1	0.9
Male			0.7 0.4	1.1 1.2	1.4 1.2	1.3 1.1	1.1 1.2	1.1 1.1	1.0 0.8
White			0.4 0.4	1.0 0.4	1.1 0.3	1.1 0.5	1.1 0.4	1.0 0.5	0.8 0.5

See footnotes at end of table.

Table 64 (page 2 of 3). Use of selected substances by high school seniors, tenth-, and eighth-graders, according to sex and race: United States, selected years 1980–2003

[Data are based on a survey of high school seniors, tenth-, and eighth-graders in the coterminous United States]

Substance, sex, race, and grade in school	1980	1990	1991	1995	1999	2000	2001	2002	2003
Inhalants			Pe	rcent using s	substance in	the past mo	nth		
All seniors	1.4	2.7	2.4	3.2	2.0	2.2	1.7	1.5	1.5
Male	1.8 1.0	3.5 2.0	3.3 1.6	3.9 2.5	2.5 1.5	2.9 1.7	2.3 1.1	2.2 0.8	2.0 1.1
White	1.4 1.0	3.0 1.5	2.4 1.5	3.7 1.1	2.1 0.4	2.1 2.1	1.8 1.3	1.3 1.2	1.7 0.7
All tenth-graders			2.7	3.5	2.6	2.6	2.5	2.4	2.2
Male			2.9 2.6	3.8 3.2	2.9 2.2	3.0 2.2	2.5 2.4	2.3 2.4	2.3 2.2
White			2.9 2.0	3.9 1.2	2.9 0.8	2.8 1.5	2.5 0.9	2.6 1.5	2.6 0.5
All eighth-graders			4.4	6.1	5.0	4.5	4.0	3.8	4.1
Male			4.1 4.7	5.6 6.6	4.6 5.3	4.1 4.8	3.6 4.3	3.5 3.9	3.4 4.7
White			4.5 2.3	7.0 2.3	5.6 2.3	4.5 2.3	4.1 2.6	3.9 2.7	4.3 2.3
MDMA (Ecstasy)									
All seniors					2.5	3.6	2.8	2.4	1.3
Male					2.6 2.5	4.1 3.1	3.7 2.0	2.6 2.1	1.3 1.2
WhiteBlack or African American					2.7 0.0	3.9 1.9	2.8 0.9	2.5 0.5	1.3 0.6
All tenth-graders					1.8	2.6	2.6	1.8	1.1
Male					1.7 1.9	2.5 2.5	3.5 1.6	1.6 1.8	1.2 1.1
White					2.1 0.3	2.5 1.8	2.6 1.0	2.3 0.5	1.2 0.7
All eighth-graders					8.0	1.4	1.8	1.4	0.7
Male					0.9 0.7	1.6 1.2	1.9 1.8	1.5 1.3	0.7 0.7
White					0.9 0.4	1.4 0.8	2.0 1.1	1.0 0.6	0.7 0.4
Alcohol ¹									
All seniors	72.0	57.1	54.0	51.3	51.0	50.0	49.8	48.6	47.5
Male	77.4 66.8	61.3 52.3	58.4 49.0	55.7 47.0	55.3 46.8	54.0 46.1	54.7 45.1	52.3 45.1	51.7 43.8
White	75.8 47.7	62.2 32.9	57.7 34.4	54.8 37.4	54.9 30.8	55.3 29.3	55.3 29.6	52.7 30.7	52.0 29.2
All tenth-graders			42.8	38.8	40.0	41.0	39.0	35.4	35.4
Male			45.5 40.3	39.7 37.8	42.3 38.1	43.3 38.6	41.1 36.8	35.3 35.7	35.3 35.3
White			45.7 30.2	41.3 24.9	43.4 24.6	44.3 24.7	41.0 26.0	39.0 23.2	38.4 24.0
All eighth-graders			25.1	24.6	24.0	22.4	21.5	19.6	19.7
Male			26.3 23.8	25.0 24.0	24.8 23.3	22.5 22.0	22.3 20.6	19.1 20.0	19.4 19.8
White			26.0 17.8	25.4 17.3	25.6 16.8	23.9 15.1	22.5 14.9	20.4 14.7	19.9 16.5

See footnotes at end of table.

Table 64 (page 3 of 3). Use of selected substances by high school seniors, tenth-, and eighth-graders, according to sex and race: United States, selected years 1980-2003

[Data are based on a survey of high school seniors, tenth-, and eighth-graders in the coterminous United States]

Substance, sex, race, and grade in school	1980	1990	1991	1995	1999	2000	2001	2002	2003
Binge drinking ²				Perce	ent in last 2 v	veeks			
All seniors	41.2	32.2	29.8	29.8	30.8	30.0	29.7	28.6	27.9
Male	52.1 30.5	39.1 24.4	37.8 21.2	36.9 23.0	38.1 23.6	36.7 23.5	36.0 23.7	34.2 23.0	34.2 22.1
White Black or African American	44.6 17.0	36.2 11.6	32.9 11.8	32.9 15.5	34.8 11.9	34.4 11.0	34.5 12.6	32.9 10.4	31.9 11.1
All tenth-graders			22.9	24.0	25.6	26.2	24.9	22.4	22.2
Male			26.4 19.5	26.4 21.5	29.7 21.8	29.8 22.5	28.6 21.4	23.8 21.0	23.2 21.2
White			24.4 14.4	25.7 12.3	27.7 12.9	28.5 12.9	26.4 12.3	24.6 12.4	24.3 11.7
All eighth-graders			12.9	14.5	15.2	14.1	13.2	12.4	11.9
Male			14.3 11.4	15.1 13.9	16.4 13.9	14.4 13.6	13.7 12.4	12.5 12.1	12.2 11.6
White			12.6 9.9	14.5 10.0	15.2 10.8	14.6 9.3	13.1 8.8	12.3 9.9	11.4 10.9

⁻⁻⁻ Data not available.

NOTES: Because of methodological differences among the National Survey on Drug Use & Health (NSDUH), Monitoring the Future Study (MTF), and Youth Risk Behavior Survey (YRBS), rates of substance use measured by these surveys are not directly comparable. See Appendix I, NSDUH, MTF, and YRBS. Data for additional years are available. See Appendix III.

SOURCE: National Institutes of Health, National Institute on Drug Abuse (NIDA), Monitoring the Future Study, Annual surveys.

^{0.0} Quantity more than zero but less than 0.05.

¹In 1993 the alcohol question was changed to indicate that a "drink" meant "more than a few sips." 1993 data, available in the spreadsheet version of this table, are based on a half sample.

²Five or more alcoholic drinks in a row at least once in the prior 2-week period.

Table 65 (page 1 of 2). Cocaine-related emergency department episodes, according to age, sex, race, and Hispanic origin: United States, selected years 1990–2002

[Data are weighted national estimates based on a sample of emergency departments]

Age, sex, race, and Hispanic origin	1990	1991	1995	1997	1998	1999	2000	2001	2002
All races, both sexes ¹				Nur	mber of epis	odes			
All ages ²	80,355	101,189	135,711	161,083	172,011	168,751	174,881	193,034	199,198
6–17 years	1,877 19,614 35,639 23,054	2,210 21,766 46,137 30,582	2,051 21,110 54,881 57,341	3,642 25,218 57,143 74,600	4,362 24,507 59,008 83,730	3,299 25,264 54,058 85,869	4,402 25,753 51,007 93,357	3,514 28,666 53,693 106,810	3,502 30,808 52,743 111,937
Male									
Not Hispanic or Latino: White:									
All ages ²	15,512	19,385	25,634	32,778	32,767	35,378	36,508	43,387	49,305
6–17 years	527 3,810 6,724 4,432	486 5,284 8,777 4,747	493 5,459 10,426 9,226	898 6,644 11,697 13,464	1,302 6,069 11,302 14,075	666 7,367 11,421 15,893	897 7,294 11,143 17,148	935 9,726 12,282 20,424	903 10,138 15,881 22,360
Black or African American: All ages ²	27,745	36,597	48,872	54,257	55,562	49,944	49,612	53,282	52,463
6–17 years	241 5,104 12,160 10,202	244 5,743 16,232 14,110	304 4,735 18,756 25,016	388 4,725 18,052 30,850	236 4,153 17,578 33,511	404 4,066 13,433 31,978	305 3,836 11,608 33,758	91 3,756 11,924 37,437	104 3,628 10,432 38,230
Hispanic or Latino ³ : All ages ²	4,821	6,571	7,886	11,540	14,844	15,111	16,774	18,293	15,881
6–17 years. 18–25 years. 26–34 years. 35 years and over.	144 1,774 1,758 1,125	201 1,831 2,723 1,801	181 1,892 2,901 2,907	402 3,467 3,575 4,077	725 3,871 4,694 5,536	899 4,027 4,582 5,540	612 4,268 5,510 6,375	485 4,108 6,080 7,615	542 3,369 4,900 7,051
Female									
Not Hispanic or Latino: White:									
All ages ²	8,331	9,541	13,566	17,593	19,687	20,884	22,419	27,365	29,736
6–17 years	486 2,663 3,636 1,539	529 2,765 4,427 1,808	495 2,962 5,976 4,126	1,021 3,742 6,771 6,043	1,125 4,368 6,621 7,504	837 4,348 8,022 7,667	1,208 4,259 7,471 9,414	838 5,675 8,936 11,801	1,012 7,306 8,509 12,902
Black or African American: All ages ²	14,833	19,149	24,138	27,298	28,361	27,625	25,480	26,257	27,089
6–17 years	177 3,820 7,418 3,369	210 3,892 9,481 5,512	153 3,307 10,831 9,822	100 3,407 11,004 12,752	80 2,245 11,312 14,687	125 2,012 9,994 15,473	99 1,947 7,962 15,453	175 1,824 6,927 17,305	82 2,114 6,018 18,843
Hispanic or Latino ³ : All ages ²	1,719	2,356	3,515	5,063	6,238	5,224	6,598	6,491	7,841
6–17 years. 18–25 years. 26–34 years. 35 years and over.	64 634 663 357	183 616 1,044 513	128 901 1,280 1,203	1,698 1,402	2,278 1,821	146 1,167 2,091 1,811	1,967 2,029	1,112 2,409 2,419	2,511 3,028

See footnotes at end of table.

Table 65 (page 2 of 2). Cocaine-related emergency department episodes, according to age, sex, race, and Hispanic origin: United States, selected years 1990–2002

[Data are weighted national estimates based on a sample of emergency departments]

Age, sex, race, and Hispanic origin	1990	1991	1995	1997	1998	1999	2000	2001	2002
Both sexes				Episodes p	per 100,000	population ⁴			
6 years and over, age adjusted ^{5,6} 6 years and over, crude ⁶		41.0 45.2	56.2 58.3	66.4 67.7	70.7 71.5	69.2 69.4	70.8 70.7	77.6 76.1	79.0 77.6
6–11 years 12–17 years 18–25 years 26–34 years 35 years and over		10.6 76.9 120.5 26.5	9.3 76.2 153.7 46.0	16.0 91.8 164.5 57.4	18.8 88.2 173.1 63.2	14.0 89.5 161.9 63.7	18.8 88.9 154.6 67.7	14.5 85.5 176.4 76.2	14.2 90.7 171.1 79.0
Male									
6 years and over, age adjusted ^{2,5} 6 years and over, crude ⁶		56.2 61.6	77.5 79.9	91.2 92.2	96.4 96.7	93.4 93.0	95.7 94.8	104.5 101.8	105.5 102.6
6–11 years 12–17 years 18–25 years 26–34 years 35 years and over		9.5 102.7 152.8 40.7	10.5 98.1 196.2 69.2	15.3 116.1 211.3 85.6	20.7 115.2 219.7 92.2	17.4 120.5 195.5 92.0	16.7 118.5 193.8 97.1	14.3 112.8 220.8 108.0	13.8 109.9 221.8 110.2
Female									
6 years and over, age adjusted ^{2,5} 6 years and over, crude ⁶		26.5 29.1	35.5 37.0	42.6 43.5	46.1 46.7	46.0 46.4	46.3 46.4	51.4 50.4	53.6 52.9
6–11 years 12–17 years 18–25 years 26–34 years 35 years and over		11.0 53.0 86.1 13.6	7.8 54.1 108.6 24.8	16.6 66.4 117.0 31.3	16.7 61.7 125.0 36.6	10.2 57.7 127.3 37.9	20.9 58.2 112.9 40.1	14.5 55.6 130.0 46.6	14.6 70.9 118.4 50.1

^{- - -} Data not available.

SOURCE: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, Drug Abuse Warning Network, www.drugabusestatistics.samhsa.gov/.

^{*} Estimates with a relative standard error of 50 percent or higher are considered unreliable and are not shown.

¹Includes other races and unknown race, Hispanic origin, and/or sex.

²Includes unknown age.

³Persons of Hispanic origin may be of any race.

^{**}Rates are based on the average civilian, noninstitutionalized population for each year estimated by SAMHSA based on a procedure using three Census Bureau data files: The Civilian Noninstitutional Population of the U.S. by Age, Race, and Sex (CNP tables); 1990 Census Counts by Age, Sex, and Race (ASR file); and County-Level Population Estimates (CPOP file).

⁵Age adjusted to the year 2000 standard population using five age groups. See Appendix II, Age adjustment.

⁶Includes unknown sex and age.

Table 66 (page 1 of 3). Alcohol consumption by persons 18 years of age and over, according to selected characteristics: United States, selected years 1997–2002

		Both sexes	5		Male		Female		
Characteristic	1997	1999	2002	1997	1999	2002	1997	1999	2002
Drinking status ¹				Perc	ent distribu	tion			
18 years and over, age adjusted ²									
All Lifetime abstainer Former drinker Infrequent Regular Current drinker³ Infrequent Regular	100.0 21.2 15.7 9.0 6.7 63.1 15.0 48.1	100.0 22.5 15.0 8.2 6.8 62.5 14.3 48.2	100.0 22.2 15.1 8.4 6.8 62.7 13.2 48.5	100.0 14.0 16.2 7.7 8.5 69.8 11.7 58.1	100.0 14.8 15.9 7.1 8.8 69.3 11.0 58.3	100.0 14.7 15.7 7.4 8.3 69.6 9.7 58.7	100.0 27.6 15.3 10.1 5.2 57.0 18.1 38.9	100.0 29.3 14.4 9.2 5.2 56.3 17.4 38.9	100.0 28.7 14.8 9.3 5.5 56.5 16.5 39.1
18 years and over, crude									
All Lifetime abstainer Former drinker Infrequent Regular Current drinker³ Infrequent Regular Regular	100.0 21.1 15.5 8.9 6.6 63.4 15.0 48.4	100.0 22.4 14.9 8.1 6.7 62.7 14.3 48.4	100.0 22.1 15.1 8.3 6.7 62.8 13.3 48.6	100.0 14.0 15.6 7.5 8.1 70.5 11.7 58.8	100.0 14.7 15.3 6.9 8.4 70.0 11.0 59.0	100.0 14.8 15.2 7.2 8.0 70.0 9.7 59.1	100.0 27.7 15.4 10.1 5.2 57.0 18.1 38.8	100.0 29.4 14.5 9.3 5.2 56.1 17.3 38.8	100.0 28.8 14.9 9.4 5.6 56.2 16.5 38.9
Age			Perce	nt current	drinkers am	ong all pe	rsons		
All persons: 18–44 years. 18–24 years. 25–44 years. 45–64 years. 45–54 years. 55–65 years and over. 65–74 years. 75 years and over.	69.4 62.2 71.6 63.3 67.1 57.3 43.4 48.6 36.6	69.3 62.3 71.5 62.1 66.6 55.0 42.0 46.4 36.6	69.2 64.1 71.0 63.0 66.0 58.4 41.4 45.6 36.5	74.8 66.7 77.2 70.8 73.8 65.8 52.7 56.7 46.7	75.2 67.6 77.6 68.5 71.8 63.2 52.6 55.7 48.3	75.9 70.6 77.7 68.2 71.0 63.8 52.0 56.4 46.1	64.2 57.7 66.1 56.2 60.7 49.4 36.6 42.0 30.2	63.6 57.1 65.6 56.1 61.7 47.6 34.2 38.9 29.0	62.8 57.6 64.5 58.2 61.3 53.6 33.5 36.6 30.4
Race ^{2,4}									
White only. Black or African American only. American Indian and Alaska Native only. Asian only. Native Hawaiian and Other Pacific Islander only. 2 or more races.	66.0 47.8 53.9 45.8	65.5 46.7 49.6 44.9 *	65.7 47.4 52.9 48.7 * 62.9	71.8 56.9 66.1 60.1	71.6 54.7 56.5 60.0 * 71.0	71.8 56.5 61.5 60.0 *	60.7 40.9 45.2 31.6	60.1 40.6 43.5 31.3 *	60.2 40.3 46.8 35.3
Hispanic origin and race ^{2,4}									
Hispanic or Latino Mexican. Not Hispanic or Latino White only Black or African American only.	53.4 53.0 64.1 67.5 47.8	52.5 49.7 52.5 67.0 46.6	50.9 51.2 50.9 67.6 47.2	64.6 66.9 70.2 72.7 57.1	66.1 65.9 66.1 72.2 54.6	64.6 65.2 64.6 72.9 56.0	42.1 38.9 58.7 62.9 40.7	39.8 34.3 39.8 62.4 40.4	38.1 37.0 38.1 62.9 40.3
Geographic region ²									
Northeast Midwest South West	68.7 66.8 56.2 64.9	69.6 66.5 54.8 64.2	69.8 67.0 56.0 62.8	74.4 73.0 63.9 71.5	77.0 71.1 62.7 71.7	75.2 73.9 63.8 69.5	63.8 61.1 49.2 58.9	63.4 62.3 47.7 57.2	65.3 60.8 49.0 56.4
Location of residence ²									
Within MSA ⁵	64.7 57.4	64.2 56.4	64.2 57.0	71.0 65.7	70.9 63.8	70.9 64.4	59.1 49.5	58.1 49.7	58.1 50.5

See footnotes at end of table.

Table 66 (page 2 of 3). Alcohol consumption by persons 18 years of age and over, according to selected characteristics: United States, selected years 1997–2002

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

		Both sexes	S		Male		Female		
Characteristic	1997	1999	2002	1997	1999	2002	1997	1999	2002
Level of alcohol consumption in past year for current drinkers ⁶			Per	cent distrib	ution of cur	rent drinke	ers ⁷		
18 years and over, age adjusted ²									
All drinking levels	100.0 69.6	100.0 68.9	100.0 68.5	100.0 59.5	100.0 58.7	100.0 58.8	100.0 81.0	100.0 80.4	100.0 79.6
Light. Moderate Heavier.	22.5 7.9	23.2 7.9	23.4 8.1	31.8 8.7	32.5 8.7	32.7 8.5	12.0 7.0	12.7 6.9	12.8 7.6
18 years and over, crude									
All drinking levels	100.0 69.8	100.0 69.2	100.0 68.7	100.0 59.6	100.0 58.9	100.0 58.9	100.0 81.4	100.0 80.7	100.0 79.9
Light	22.3	23.1	23.2	31.7	32.3	32.6	11.7	12.5	12.5
Heavier	7.9	7.8	8.1	8.8	8.7	8.5	6.9	6.7	7.5
Number of days in the past year with 5 or more drinks	Percent distribution of current drinkers								
18 years and over, crude									
All current drinkers	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No days	65.9 34.1	67.2 32.8	67.8 32.2	54.7 45.3	56.7 43.3	57.7 42.3	78.6 21.4	78.9 21.1	79.2 20.8
1–11 days	18.5	17.4	16.7	22.0	20.8	19.6	14.6	13.6	13.4
12 or more days	15.6	15.4	15.5	23.4	22.5	22.7	6.8	7.5	7.3
Hispanic origin, race, and age ⁴					rith 5 or mo nong currer		n at least		
All persons:									
18 years and over, age adjusted ²	32.4 34.1	30.9 32.8	30.8 32.2	43.3 45.3	41.2 43.3	40.6 42.3	20.2 21.4	19.7 21.1	19.9 20.8
18–44 years	42.4	41.3	41.8	54.6	52.9	53.0	28.7	28.5	29.0
18–24 years	51.6 40.0	53.3 38.1	53.2 38.4	61.5 52.8	63.4 50.1	62.9 49.9	40.2 25.7	42.0 24.8	41.3 25.4
45-64 years	25.3	24.2	22.2	36.1	34.7	31.8	12.9	12.5	12.0
45–54 years	28.5 19.6	26.5 19.8	25.3 16.9	40.1 28.9	37.1 30.3	35.7 25.0	15.3 8.3	15.1 7.3	14.2 8.2
65 years and over	11.2	9.0	9.1	17.8	13.9	13.8	4.4	3.5	3.6
65–74 years	13.9 6.7	10.9 6.1	12.2 4.5	21.6 11.0	16.5 9.8	17.6 7.6	5.5 *2.5	4.5	5.4
Race ^{2,4}	0.7	0.1	1.0	11.0	0.0	7.0	2.0		
White only	33.3	31.8	31.7	44.4	42.1	41.7	20.9	20.5	20.7
Black or African American only	23.6 54.5	23.5 48.2	22.5 40.8	31.7 70.5	32.8 53.9	29.0 49.0	14.9 38.4	13.8 39.7	15.1 38.6
Asian only	25.5	20.2	20.2	30.7	25.7	25.8	16.6	12.2	*9.5
Native Hawaiian and Other Pacific Islander only		*	*		*	*		*	*
Hispanic origin and race ^{2,4}									
Hispanic or Latino	36.8	32.1	34.0	46.3	42.0	44.6	22.3	16.5	17.4
Mexican	39.0	36.8	39.0	50.1	47.2	50.1	20.3	17.3	19.5
Not Hispanic or Latino	31.9 33.2	32.1 31.9	34.0 31.7	42.7 44.5	42.0 42.3	44.6 41.7	20.0 21.0	16.5 20.9	17.4 21.0
Black or Áfrican American only	23.4	23.4	22.5	31.7	32.5	29.1	14.4	13.9	15.2

See footnotes at end of table.

Table 66 (page 3 of 3). Alcohol consumption by persons 18 years of age and over, according to selected characteristics: United States, selected years 1997–2002

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

	Both sexes			Male			Female		
Characteristic	1997	1999	2002	1997	1999	2002	1997	1999	2002
Geographic region				persons w			n at least		
Northeast Midwest South West	31.3 33.8 30.9 33.4	29.9 34.7 27.4 33.0	29.0 33.6 28.4 31.6	43.1 44.7 40.5 44.6	39.3 46.3 36.7 43.3	39.2 43.3 37.2 41.6	18.9 21.6 19.2 20.8	20.1 22.2 16.4 21.4	18.7 22.7 17.8 19.9
Location of residence ² Within MSA ⁵ Outside MSA ⁵	31.6 34.8	30.6 32.5	30.3 31.5	42.4 45.7	40.7 42.3	39.6 41.9	19.8 21.2	19.4 21.1	19.7 19.8

^{*} 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 of greater than 30 percent.

NOTES: Data for additional years are available. See Appendix III. Standard errors for selected years are available in the spreadsheet version of this table. See www.cdc.gov/nchs/hus.htm. For more data on alcohol consumption see the Early Release reports on the National Health Interview Survey home page: www.cdc.gov/nchs/nhis.htm.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, family core and sample adult questionnaires.

^{- - -} Data not available

¹Drinking status categories are based on self-reported responses to questions about alcohol consumption. Lifetime abstainers had fewer than 12 drinks in their lifetime. Former drinkers had at least 12 drinks in their lifetime and none in the past year. Former infrequent drinkers are former drinkers who had fewer than 12 drinks in any one year. Former regular drinkers are former drinkers who had at least 12 drinks in any one year. Current drinkers had 12 drinks in their lifetime and at least one drink in the past year. Current infrequent drinkers are current drinkers who had fewer than 12 drinks in the past year. Current regular drinkers are current drinkers who had at least 12 drinks in the past year. See Appendix II, Alcohol consumption.

²Estimates are age adjusted to the year 2000 standard population using four age groups: 18–24 years, 25–44 years, 45–64 years, and 65 years and over. Age-adjusted estimates in this table may differ from other age-adjusted estimates based on the same data and presented elsewhere if different age groups are used in the adjustment procedure. See Appendix II, Age adjustment.

³Current drinkers include about 1 percent of persons who did not provide information on frequency or amount of current drinking.

⁴The race groups, white, black, American Indian and Alaska Native (Al/AN), Asian, Native Hawaiian and Other Pacific Islander, and 2 or more races, include persons of Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999 race-specific estimates are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The five single race categories plus multiple race categories shown in the table conform to 1997 Standards. The 1999 race-specific estimates are for persons who reported only one racial group; the category "2 or more races" includes persons who reported more than one racial group. Prior to data year 1999, data were tabulated according to 1977 Standards with four racial groups and the category "Asian only" included Native Hawaiian and Other Pacific Islander. Estimates for single race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. The effect of the 1997 Standard on the 1999 estimates can be seen by comparing 1999 data tabulated according to the two Standards. Age-adjusted estimates based on the 1977 Standards of the percent of persons who are current drinkers are: identical for white men; 0.3 percentage points higher for black men; 1.6 percentage points higher for Al/AN men; 0.2 percentage points lower for Al/AN men; 0.2 percentage points higher for black women; 1.8 percentage points lower for Al/AN women; and 2.4 percentage points higher for Asian and Pacific Islander women than estimates based on the 1997 Standards. See Appendix II, Race.

MSA is metropolitan statistical area.

⁶Level of alcohol consumption categories are based on self-reported responses to questions about average alcohol consumption and defined as follows: light drinkers: 3 drinks or fewer per week; moderate drinkers: more than 3 drinks and up to 14 drinks per week for men and more than 3 drinks and up to 7 drinks per week for women; heavier drinkers: more than 14 drinks per week for men and more than 7 drinks per week for women. (Most drinking guidelines consider more than 7 drinks per week to be a heavier level of consumption for women. U.S. Department of Agriculture: Dietary Guidelines for Americans, 2000, 5th edition.)

⁷Percent based on current drinkers with known frequency and amount of drinking.

Table 67. Hypertension among persons 20 years of age and over, according to sex, age, race, and Hispanic origin: United States, 1988–94 and 1999–2002

Sex, age, race, and Hispanic origin ¹	1988–94	1999–2002
20-74 years, age adjusted ²	Percent of p	population (standard error)
Both sexes ^{3,4}	21.7 (0.6)	25.5 (0.9)
Male	23.4 (0.9) 20.0 (0.6)	25.1 (1.3) 25.7 (0.7)
Not Hispanic or Latino: White only, male	22.6 (1.1) 18.4 (0.7)	23.9 (1.4) 23.3 (1.0)
Black or African American only, male Black or African American only, female ³	34.3 (1.1) 34.9 (0.9)	36.8 (1.3) 39.4 (1.8)
Mexican male	23.4 (1.1) 20.9 (1.0)	22.5 (1.6) 23.4 (1.1)
20 years and over, age adjusted ²		
Both sexes ^{3,4}	25.5 (0.6)	29.9 (0.8)
Male	26.4 (0.9) 24.4 (0.6)	28.7 (1.2) 30.5 (0.7)
Not Hispanic or Latino: White only, male	25.6 (1.1) 22.9 (0.7)	27.5 (1.4) 28.4 (0.9)
Black or African American only, male Black or African American only, female ³	37.5 (1.2) 38.2 (0.9)	40.4 (1.2) 43.4 (1.8)
Mexican male	26.9 (1.1) 25.0 (0.9)	26.7 (1.5) 27.8 (1.1)
20 years and over, crude		
Both sexes ^{3,4}	24.1 (0.8)	30.1 (1.0)
Male	23.8 (1.0) 24.4 (0.8)	27.5 (1.2) 32.7 (1.1)
Not Hispanic or Latino: White only, male	24.3 (1.2) 24.6 (1.1)	28.1 (1.3) 32.8 (1.3)
Black or African American only, maleBlack or African American only, female ³	31.1 (1.3) 32.3 (1.2)	35.8 (1.6) 42.0 (2.4)
Mexican male	16.4 (1.1) 15.9 (0.7)	16.5 (1.7) 18.8 (1.6)
Male		
20–34 years. 35–44 years. 45–54 years. 55–64 years. 65–74 years. 75 years and over	7.1 (0.8) 17.1 (1.9) 29.2 (2.1) 40.6 (2.3) 54.4 (2.8) 60.4 (2.2)	*8.1 (1.6) 17.1 (1.7) 30.9 (2.6) 44.9 (1.8) 58.9 (2.9) 68.4 (1.9)
Female ³		
20–34 years. 35–44 years. 45–54 years. 55–64 years. 65–74 years. 75 years and over	2.9 (0.6) 11.2 (1.1) 23.9 (2.0) 42.5 (2.3) 56.1 (1.7) 73.5 (1.8)	*2.7 (0.6) 15.1 (1.3) 31.7 (2.1) 53.9 (2.2) 72.5 (2.2) 82.8 (1.4)

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

NOTES: A person with hypertension is defined by either having elevated blood pressure (systolic pressure of at least 140 mmHg or diastolic pressure of at least 90 mmHg) or taking antihypertensive medication. Percents are based on the average of blood pressure measurements taken. In 1999–2002, 78 percent of participants had 3 blood pressure readings. Data have been revised and differ from the previous edition of *Health, United States*. Estimates for persons 20 years and over are used for setting and tracking *Healthy People 2010* objectives.

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

¹Persons of Mexican origin may be of any race. Starting with data year 1999 race-specific estimates are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The two non-Hispanic race categories shown in the table conform to 1997 Standards. The 1999–2002 race-specific estimates are for persons who reported only one racial group. Prior to data year 1999, data were tabulated according to 1977 Standards. Estimates for single race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. The effect of the 1997 Standard on the 1999–2002 estimates can be seen by comparing 1999–2002 data tabulated according to the two Standards: Estimates based on the 1977 Standards of the percent of the population 20–74 years, age adjusted, with hypertension are: unchanged for white males, white females, and for black males; and 0.2 percentage points higher for black females than estimates based on the 1997 Standards. See Appendix II, Race.

²Age adjusted to the 2000 standard population using five age groups. Age-adjusted estimates may differ from other age-adjusted estimates based on the same data and presented elsewhere if different age groups are used in the adjustment procedure. See Appendix II, Age adjustment.

³Excludes pregnant women.

⁴Includes persons of all races and Hispanic origins, not just those shown separately.

Table 68 (page 1 of 2). Serum cholesterol levels among persons 20 years of age and over, according to sex, age, race, and Hispanic origin: United States, 1960–62, 1971–74, 1976–80, 1988–94, and 1999–2002

Sex, age, race,					
and Hispanic origin ¹	1960–62	1971–74	1976–80 ²	1988–94	1999–2002
20–74 years, age adjusted ³	Pe	rcent of population	n with high serum c	holesterol (standard	error)
Both sexes ⁴	33.3	28.6	27.8	19.7 (0.6)	17.0 (0.7)
Male	30.6 35.6	27.9 29.1	26.4 28.8	18.8 (0.8) 20.5 (0.8)	16.9 (0.9) 17.0 (0.8)
Not Hispanic or Latino: White only, male			26.4 29.6	18.7 (0.9) 20.7 (1.0)	17.0 (1.0) 17.4 (1.0)
Black or African American only, male Black or African American only, female			25.5 26.3	16.4 (1.0) 19.9 (0.8)	12.5 (1.9) 16.6 (1.2)
Mexican male			20.3 20.5	18.7 (1.5) 17.7 (1.2)	17.6 (1.2) 12.7 (1.0)
20 years and over, age adjusted ³				(/	()
Both sexes ⁴				20.8 (0.6)	17.3 (0.7)
Male				19.0 (0.7)	16.4 (0.9)
Female				22.0 (0.8)	17.8 (0.7)
Not Hispanic or Latino: White only, male				18.8 (0.8) 22.2 (1.0)	16.5 (0.9) 18.1 (1.0)
Black or African American only, male				16.9 (0.9)	12.4 (1.9)
Black or African American only, female				21.4 (0.9)	17.7 (1.2)
Mexican male				18.5 (1.6) 18.7 (1.3)	17.4 (1.2) 13.8 (1.1)
20 years and over, crude					
Both sexes ⁴				19.6 (0.6)	17.3 (0.7)
Male				17.7 (0.7) 21.3 (0.9)	16.6 (0.9) 18.0 (0.8)
Not Hispanic or Latino: White only, male				18.0 (0.8) 22.5 (1.1)	16.9 (1.0) 19.1 (1.1)
Black or African American only, male Black or African American only, female				14.7 (1.0) 18.2 (0.9)	12.2 (1.9) 16.1 (1.3)
Mexican male				15.4 (1.3) 14.3 (1.1)	15.0 (1.2) 10.7 (1.0)
Male					
20–34 years	15.1 33.9 39.2 41.6 38.0	12.4 31.8 37.5 36.2 34.7	11.9 27.9 36.9 36.8 31.7	8.2 (0.9) 19.4 (1.6) 26.6 (2.3) 28.0 (2.1) 21.9 (2.2) 20.4 (1.8)	9.8 (1.1) 19.8 (1.9) 23.6 (2.2) 19.9 (1.9) 13.7 (1.8) 10.2 (1.3)
Female					
20–34 years	12.4 23.1 46.9 70.1 68.5	10.9 19.3 38.7 53.1 57.7	9.8 20.7 40.5 52.9 51.6	7.3 (1.0) 12.3 (1.3) 26.7 (2.1) 40.9 (1.9) 41.3 (2.4) 38.2 (2.2)	8.9 (0.9) 12.4 (1.5) 21.4 (2.1) 25.6 (1.5) 32.3 (2.3) 26.5 (1.8)

See footnotes at end of table.

Table 68 (page 2 of 2). Serum cholesterol levels among persons 20 years of age and over, according to sex, age, race, and Hispanic origin: United States, 1960–62, 1971–74, 1976–80, 1988–94, and 1999–2002

Sex, age, race, and Hispanic origin ¹	1960–62	1971–74	1976–80²	1988–94	1999–2002
20-74 years, age adjusted ³		Mean serum cl	nolesterol level, mg	/dL (standard error)	
Both sexes ⁴	222	216	215	205 (0.8)	203 (0.9)
/lale Female	220 224	216 217	213 216	204 (0.9) 205 (0.8)	203 (1.3) 202 (0.8)
Not Hispanic or Latino: White only, male			213 216	204 (1.0) 206 (1.1)	202 (1.5) 204 (0.9)
Black or African American only, male Black or African American only, female			211 216	201 (1.3) 204 (0.6)	195 (2.2) 200 (1.6)
Mexican male			209 209	206 (1.6) 204 (1.3)	205 (1.7) 198 (1.4)
20 years and over, age adjusted ³				20: ()	.00 ()
Both sexes ⁴				206 (0.7)	203 (0.8)
Male				204 (0.9)	202 (1.3)
emale				207 (0.8)	204 (0.7)
Not Hispanic or Latino: White only, male				205 (1.0) 208 (1.1)	202 (1.5) 205 (0.8)
Black or African American only, male Black or African American only, female				202 (1.3) 207 (0.7)	195 (2.0) 202 (1.7)
Mexican male				206 (1.5) 206 (1.3)	204 (1.7) 199 (1.4)
20 years and over, crude				200 (1.0)	.00 ()
Both sexes ⁴				204 (0.8)	203 (0.9)
Male				202 (0.9)	202 (1.2)
emale				206 (0.9)	204 (0.9)
lot Hispanic or Latino: White only, male				203 (1.0) 208 (1.3)	203 (1.5) 206 (1.1)
Black or African American only, male				198 (1.3)	194 (2.1)
Black or African American only, female				201 (0.7)	199 (1.8)
Mexican male		 		199 (1.6) 198 (1.5)	200 (2.0) 194 (1.5)
Male				(/	- (- /
20–34 years	198 227 231 233 230	194 221 229 229 226	192 217 227 229 221	186 (1.2) 206 (1.6) 216 (1.8) 216 (2.2) 212 (1.9) 205 (1.9)	188 (1.6) 207 (2.4) 215 (3.0) 212 (2.4) 202 (1.7) 195 (2.8)
Female					
20–34 years 35–44 years 45–54 years 55–64 years 35–74 years 75 years and over	194 214 237 262 266	191 207 232 245 250	189 207 232 249 246	184 (1.3) 195 (1.4) 217 (2.3) 235 (1.6) 233 (1.9) 229 (2.0)	185 (1.1) 198 (1.6) 211 (1.5) 221 (1.6) 224 (2.0) 217 (1.7)

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

NOTES: High serum cholesterol is defined as greater than or equal to 240 mg/dL (6.20 mmol/L). Risk levels have been defined by the Second Report of the National Cholesterol Education Program Expert Panel on Detection, Evaluation and Treatment of High Blood Cholesterol in Adults. National Heart, Lung, and Blood Institute, National Institutes of Health. September 1993. (Summarized in *JAMA* 269(23):3015–23. June 16, 1993.)

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey, Hispanic Health and Nutrition Examination Survey (1982–84), and National Health Examination Survey (1960–62).

¹Persons of Mexican origin may be of any race. Starting with data year 1999 race-specific estimates are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The two non-Hispanic race categories shown in the table conform to 1997 Standards. The 1999–2002 race-specific estimates are for persons who reported only one racial group. Prior to data year 1999, data were tabulated according to 1977 Standards. Estimates for single race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. The effect of the 1997 Standard on the 1999–2002 estimates can be seen by comparing 1999–2002 data tabulated according to the two Standards: Estimates based on the 1977 Standards of the percent of the population 20–74 years, age adjusted, with high serum cholesterol are: unchanged for white males; 0.1 percentage points higher for white females; unchanged for black males; and 0.1 percentage points lower for black females than estimates based on the 1997 Standards. See Appendix II, Race.

²Data for Mexicans are for 1982–84. See Appendix I, National Health and Nutrition Examination Survey (NHANES).

³Age adjusted to the 2000 standard population using five age groups. Age-adjusted estimates may differ from other age-adjusted estimates based on the same data and presented elsewhere if different age groups are used in the adjustment procedure. See Appendix II, Age adjustment.

⁴Includes persons of all races and Hispanic origins, not just those shown separately.

Table 69 (page 1 of 4). Overweight, obesity, and healthy weight among persons 20 years of age and over, according to sex, age, race, and Hispanic origin: United States, 1960–62, 1971–74, 1976–80, 1988–94, and 1999–2002

[Data are based on measured height and weight of a sample of the civilian noninstitutionalized population]

	Overweight ^e										
Sex, age, race, and Hispanic origin ¹	1960–62	1971–74	1976–80 ³	1988–94	1999–2002						
20–74 years, age adjusted ⁴		Percer	t of population (sta	ndard error)							
Both sexes ^{5,6}	44.8	47.7	47.4	56.0 (0.9)	65.2 (0.8)						
Male Female ⁵	49.5 40.2	54.7 41.1	52.9 42.0	61.0 (1.0) 51.2 (1.1)	68.8 (1.0) 61.7 (1.2)						
Not Hispanic or Latino: White only, male White only, female ⁵			53.8 38.7	61.6 (1.2) 47.2 (1.4)	69.5 (1.3) 57.0 (1.7)						
Black or African American only, male Black or African American only, female ⁵			51.3 62.6	58.2 (1.2) 68.5 (1.4)	62.0 (1.8) 77.5 (1.4)						
Mexican male			61.6 61.7	69.4 (1.1) 69.6 (1.7)	74.1 (1.7) 71.4 (2.0)						
20 years and over, age adjusted ⁴											
Both sexes ^{5,6}				56.0 (0.8)	65.1 (0.8)						
Male Female ⁵				60.9 (1.0) 51.4 (1.0)	68.8 (0.9) 61.6 (1.2)						
Not Hispanic or Latino: White only, male White only, female ⁵				61.6 (1.2) 47.5 (1.3)	69.4 (1.2) 57.2 (1.7)						
Black or African American only, male Black or African American only, female ⁵				57.8 (1.2) 68.2 (1.3)	62.6 (1.7) 77.1 (1.5)						
Mexican male				68.9 (1.1) 68.9 (1.6)	73.2 (1.8) 71.2 (2.0)						
20 years and over, crude											
Both sexes ^{5,6}				54.9 (0.8)	65.2 (0.8)						
Male Female ⁵				59.4 (1.0) 50.7 (1.0)	68.6 (0.9) 62.0 (1.2)						
Not Hispanic or Latino: White only, male White only, female ⁵				60.6 (1.2) 47.4 (1.2)	69.9 (1.2) 58.2 (1.8)						
Black or African American only, male Black or African American only, female 5				56.7 (1.2) 66.0 (1.4)	61.7 (1.7) 76.8 (1.5)						
Mexican male				63.9 (1.5) 65.9 (1.4)	70.1 (2.2) 69.3 (2.3)						
Male											
20–34 years	42.7 53.5 53.9 52.2 47.8	42.8 63.2 59.7 58.5 54.6	41.2 57.2 60.2 60.2 54.2	47.5 (1.4) 65.5 (1.7) 66.1 (2.1) 70.5 (2.1) 68.5 (2.1) 56.5 (2.0)	57.4 (1.5) 70.5 (1.8) 75.7 (2.1) 75.4 (2.2) 76.2 (1.8) 67.4 (2.3)						
Female ⁵											
20–34 years	21.2 37.2 49.3 59.9 60.9	25.8 40.5 49.0 54.5 55.9	27.9 40.7 48.7 53.7 59.5	37.0 (1.4) 49.6 (2.4) 60.3 (2.5) 66.3 (1.6) 60.3 (1.8) 52.3 (1.5)	52.8 (2.1) 60.6 (2.4) 65.1 (2.2) 72.2 (2.4) 70.9 (3.1) 59.9 (3.3)						

See footnotes at end of table.

Table 69 (page 2 of 4). Overweight, obesity, and healthy weight among persons 20 years of age and over, according to sex, age, race, and Hispanic origin: United States, 1960–62, 1971–74, 1976–80, 1988–94, and 1999–2002

[Data are based on measured height and weight of a sample of the civilian noninstitutionalized population]

	Obesity ⁷										
Sex, age, race, and Hispanic origin ¹	1960–62	1971–74	1976–80 ³	1988–94	1999–2002						
20–74 years, age adjusted ⁴		Percer	t of population (sta	ndard error)							
Both sexes ^{5,6}	13.3	14.6	15.1	23.3 (0.7)	31.1 (1.0)						
Male Female ⁵	10.7 15.7	12.2 16.8	12.8 17.1	20.6 (0.7) 26.0 (1.0)	28.1 (0.9) 34.0 (1.2)						
Not Hispanic or Latino: White only, male White only, female ⁵			12.4 15.4	20.7 (0.9) 23.3 (1.2)	28.7 (1.1) 31.3 (1.4)						
Black or African American only, male Black or African American only, female ⁵			16.5 31.0	21.3 (1.0) 39.1 (1.4)	27.9 (1.3) 49.6 (1.8)						
Mexican male			15.7 26.6	24.4 (1.1) 36.1 (1.4)	29.0 (1.5) 38.9 (2.6)						
20 years and over, age adjusted ⁴				, ,	` '						
Both sexes ^{5,6}				22.9 (0.7)	30.4 (0.9)						
Male Female ⁵				20.2 (0.7) 25.5 (0.9)	27.5 (0.9) 33.2 (1.2)						
Not Hispanic or Latino: White only, male White only, female ⁵				20.3 (0.8) 22.9 (1.1)	28.0 (1.0) 30.7 (1.3)						
Black or African American only, male Black or African American only, female ⁵				20.9 (1.0) 38.3 (1.4)	27.8 (1.4) 48.8 (2.0)						
Mexican male				23.8 (1.0) 35.2 (1.4)	27.8 (1.5) 38.0 (2.6)						
20 years and over, crude				, ,	, ,						
Both sexes ^{5,6}				22.3 (0.6)	30.5 (0.9)						
Male Female ⁵				19.5 (0.7) 25.0 (0.9)	27.5 (0.9) 33.4 (1.2)						
Not Hispanic or Latino: White only, male				19.9 (0.8) 22.7 (1.1)	28.4 (1.0) 31.3 (1.3)						
Black or African American only, male Black or African American only, female ⁵				20.7 (1.0) 36.7 (1.4)	27.5 (1.3) 48.8 (2.0)						
Mexican male				20.6 (1.2) 33.3 (1.3)	26.0 (1.8) 37.0 (2.9)						
Male											
20–34 years	9.2 12.1 12.5 9.2 10.4	9.7 13.5 13.7 14.1 10.9	8.9 13.5 16.7 14.1 13.2	14.1 (1.0) 21.5 (1.2) 23.2 (1.7) 27.2 (2.2) 24.1 (1.8) 13.2 (2.1)	21.7 (1.2) 28.5 (1.8) 30.6 (1.8) 35.5 (2.4) 31.9 (2.3) 18.0 (2.2)						
Female ⁵											
20–34 years	7.2 14.7 20.3 24.4 23.2	9.7 17.7 18.9 24.1 22.0	11.0 17.8 19.6 22.9 21.5	18.5 (1.1) 25.5 (2.1) 32.4 (1.9) 33.7 (1.8) 26.9 (1.5) 19.2 (1.3)	28.4 (1.8) 32.1 (1.9) 36.9 (2.4) 42.1 (3.0) 39.3 (3.2) 23.6 (2.2)						

See footnotes at end of table.

Table 69 (page 3 of 4). Overweight, obesity, and healthy weight among persons 20 years of age and over, according to sex, age, race, and Hispanic origin: United States, 1960–62, 1971–74, 1976–80, 1988–94, and 1999–2002

[Data are based on measured height and weight of a sample of the civilian noninstitutionalized population]

			Healthy weight	6	
Sex, age, race, and Hispanic origin ¹	1960–62	1971–74	1976–80 ³	1988–94	1999–2002
20–74 years, age adjusted ⁴		Per	cent of population	(standard error)	
Both sexes ^{5,6}	51.2	48.8	49.6	41.7 (0.9)	32.9 (0.8)
Male Female ⁵	48.3 54.1	43.0 54.3	45.4 53.7	37.9 (1.0) 45.3 (1.1)	30.2 (1.0) 35.6 (1.2)
Not Hispanic or Latino: White only, male White only, female ⁵			45.3 56.7	37.4 (1.2) 49.2 (1.4)	29.5 (1.3) 39.7 (1.7)
Black or African American only, male Black or African American only, female ⁵			46.6 35.0	40.0 (1.2) 28.9 (1.2)	35.5 (1.7) 21.3 (1.3)
Mexican male			37.1 36.4	29.8 (1.1) 29.0 (1.7)	25.6 (1.7) 27.5 (1.9)
20 years and over, age adjusted ⁴					
Both sexes ^{5,6}				41.6 (0.8)	33.0 (0.8)
Male Female ⁵				37.9 (1.0) 45.0 (1.0)	30.2 (0.9) 35.7 (1.2)
Not Hispanic or Latino: White only, male White only, female ⁵				37.3 (1.1) 48.7 (1.3)	29.6 (1.2) 39.5 (1.6)
Black or African American only, male Black or African American only, female ⁵				40.1 (1.2) 29.2 (1.2)	34.7 (1.8) 21.7 (1.4)
Mexican male				30.2 (1.0) 29.7 (1.6)	26.5 (1.8) 27.5 (1.9)
20 years and over, crude					
Both sexes ^{5,6}				42.6 (0.8)	32.9 (0.8)
Male Female ⁵				39.4 (1.0) 45.7 (1.0)	30.4 (0.9) 35.4 (1.2)
Not Hispanic or Latino: White only, male White only, female ⁵				38.2 (1.2) 48.8 (1.2)	29.2 (1.2) 38.7 (1.7)
Black or African American only, male Black or African American only, female ⁵				41.5 (1.2) 31.2 (1.3)	35.9 (1.8) 21.9 (1.4)
Mexican male				35.2 (1.5) 32.4 (1.5)	29.4 (2.3) 29.4 (2.2)
Male					
20–34 years 35–44 years 45–54 years 55–64 years 65–74 years 75 years and over	55.3 45.2 44.8 44.9 46.2	54.7 35.2 38.5 38.3 42.1	57.1 41.3 38.7 38.7 42.3	51.1 (1.5) 33.4 (1.7) 33.6 (2.0) 28.6 (2.1) 30.1 (2.2) 40.9 (1.9)	40.3 (1.6) 29.0 (1.8) 24.0 (2.1) 23.8 (2.0) 22.8 (1.8) 32.0 (2.2)
Female ⁵					
20–34 years	67.6 58.4 47.6 38.1 36.4	65.8 56.7 49.3 41.1 40.6	65.0 55.6 48.7 43.5 37.8	57.9 (1.3) 47.1 (2.5) 37.2 (2.3) 31.5 (1.5) 37.0 (2.0) 43.0 (1.6)	42.6 (1.9) 37.1 (2.3) 33.1 (2.1) 27.6 (2.4) 26.4 (3.2) 36.9 (3.3)

See footnotes at end of table.

Table 69 (page 4 of 4). Overweight, obesity, and healthy weight among persons 20 years of age and over, according to sex, age, race, and Hispanic origin: United States, 1960–62, 1971–74, 1976–80, 1988–94, and 1999–2002

[Data are based on measured height and weight of a sample of the civilian noninstitutionalized population]

¹Persons of Mexican origin may be of any race. Starting with data year 1999 race-specific estimates are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The two non-Hispanic race categories shown in the table conform to 1997 Standards. The 1999–2002 race-specific estimates are for persons who reported only one racial group. Prior to data year 1999, data were tabulated according to 1977 Standards. Estimates for single race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. The effect of the 1997 Standard on the 1999–2002 estimates can be seen by comparing 1999–2002 data tabulated according to the two Standards: Estimates based on the 1977 Standards of the percent of the population 20–74 years, age adjusted, who were overweight are: 0.2 percentage points higher for white males; 0.1 percentage points higher for white females; unchanged for black males; and 0.2 percentage points higher for black females than estimates based on the 1997 Standards. See Appendix II, Race.

NOTES: Percents do not sum to 100 because the percent of persons with BMI less than 18.5 is not shown and the percent of persons with obesity is a subset of the percent with overweight. Height was measured without shoes; two pounds were deducted from data for 1960–62 to allow for weight of clothing.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey, Hispanic Health and Nutrition Examination Survey (1982–84), and National Health Examination Survey (1960–62).

 ^{- -} Data not available.

²Body mass index (BMI) greater than or equal to 25.

³Data for Mexicans are for 1982–84. See Appendix I, National Health and Nutrition Examination Survey (NHANES).

⁴Age adjusted to the 2000 standard population using five age groups. Age-adjusted estimates in this table may differ from other age-adjusted estimates based on the same data and presented elsewhere if different age groups are used in the adjustment procedure.

⁵Excludes pregnant women.

⁶Includes persons of all races and Hispanic origins, not just those shown separately.

⁷Body mass index (BMI) greater than or equal to 30.

⁸BMI of 18.5 to less than 25 kilograms/meter². See Appendix II, Body mass index.

Table 70. Overweight children and adolescents 6-19 years of age, according to sex, age, race, and Hispanic origin: United States, selected years 1963-65 through 1999-2002

Age, sex, race, and Hispanic origin ¹	1963–65 1966–70²	1971–74	1976–80³	1988–94	1999–2002
6–11 years of age		Perce	nt of population (stand	dard error)	
Both sexes ⁴	4.2	4.0	6.5	11.3 (1.0)	15.8 (1.1)
Boys	4.0	4.3	6.6	11.6 (1.3)	16.9 (1.3)
White only			6.1	10.7 (2.0)	14.0 (1.5)
Mexican			6.8 13.3	12.3 (1.4) 17.5 (2.4)	17.0 (1.5) 26.5 (2.2)
Girls ⁵	4.5	3.6	6.4	11.0 (1.4)	14.7 (1.6)
White only			5.2	*9.8 (2.0)	13.1 (2.3)
Mexican			11.2 9.8	17.0 (1.6) 15.3 (2.5)	22.8 (2.5) 17.1 (2.0)
12-19 years of age					
Both sexes ⁴	4.6	6.1	5.0	10.5 (0.9)	16.1 (0.8)
Boys	4.5	6.1	4.8	11.3 (1.3)	16.7 (0.9)
White only			3.8	11.6 (1.9)	14.6 (1.3)
Mexican			6.1 7.7	10.7 (1.4) 14.1 (1.8)	18.7 (1.7) 24.7 (1.9)
Girls ⁵	4.7	6.2	5.3	9.7 (1.1)	15.4 (1.2)
White only			4.6	8.9 (1.7)	12.7 (1.8)
Black or African American only Mexican			10.7 8.8	16.3 (2.1) *13.4 (3.1)	23.6 (1.8) 19.6 (1.9)

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

NOTES: Overweight is defined as body mass index (BMI) at or above the sex- and age-specific 95th percentile BMI cutoff points from the 2000 CDC Growth Charts: United States. Advance data from vital and health statistics; no 314. Hyattsville, Maryland: National Center for Health Statistics. 2000. Age is at time of examination at mobile examination center. Crude rates, not age-adjusted rates, are shown.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey, Hispanic Health and Nutrition Examination Survey (1982-84), and National Health Examination Survey (1963-65 and 1966-70).

^{- -} Data not available.

¹Persons of Mexican origin may be of any race. Starting with data year 1999 race-specific estimates are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The two non-Hispanic race categories shown in the table conform to 1997 Standards. The 1999-2002 race-specific estimates are for persons who reported only one racial group. Prior to data year 1999, data were tabulated according to 1977 Standards. Estimates for single race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. The effect of the 1997 Standard on the 1999-2002 estimates can be seen by comparing 1999-2002 data tabulated according to the two Standards: Estimates based on the 1977 Standards of the percent of the children 6-11 years who were overweight are: 0.1 percentage points lower for white males; 0.1 percentage points lower for black males; 0.3 percentage points lower for white females; and 0.1 percentage points higher for black females than estimates based on the 1997 Standards. Estimates based on the 1977 Standards of the percent of adolescents 12-19 years of age who were overweight are: 0.2 percentage points lower for white males; unchanged for black males and white females; and 0.3 percentage points higher for black females than estimates based on the 1997 Standards. See Appendix II. Race

²Data for 1963–65 are for children 6–11 years of age; data for 1966–70 are for adolescents 12–17 years of age, not 12–19 years.

³Data for Mexicans are for 1982–84. See Appendix I, National Health and Nutrition Examination Survey (NHANES).

⁴Includes persons of all races and Hispanic origins, not just those shown separately.

5Excludes pregnant women starting with 1971–74. Pregnancy status not available for 1963–65 and 1966–70.

Table 71 (page 1 of 3). Health care visits to doctor's offices, emergency departments, and home visits within the past 12 months, according to selected characteristics: United States, selected years 1997–2002

	Number of health care visits ¹											
•		None			1–3 visits	3		4–9 visits	S	10 0	or more v	visits
Characteristic	1997	1999	2002	1997	1999	2002	1997	1999	2002	1997	1999	2002
					F	Percent d	istributio	n				
All persons ^{2,3}	16.5	17.5	15.9	46.2	45.8	45.5	23.6	23.3	25.2	13.7	13.4	13.4
Age												
Under 18 years Under 6 years 6–17 years 18–44 years 18–24 years 25–44 years 45–64 years 45–54 years 55–64 years 65 years and over 65–74 years 75 years and over	11.8 5.0 15.3 21.7 22.0 21.6 16.9 17.9 15.3 8.9 9.8 7.7	12.4 5.9 15.5 24.2 24.8 24.0 16.9 18.4 14.7 7.9 8.6 7.2	10.6 5.6 13.0 22.6 24.8 21.8 17.0 11.5 8.2 9.1 7.3	54.1 44.9 58.7 46.7 46.8 46.7 42.9 41.3 34.7 36.9 31.8	54.4 45.9 58.5 45.8 46.1 45.7 42.4 43.2 41.1 34.3 36.9 31.1	55.1 47.0 59.0 45.7 45.6 45.7 41.9 43.3 39.7 31.3 33.7 28.6	25.2 37.0 19.3 19.0 20.0 18.7 24.7 23.4 26.7 32.5 31.6 33.8	25.0 36.8 19.4 17.8 17.8 25.0 22.8 28.4 34.1 33.2 35.1	27.1 37.1 22.3 19.4 18.7 19.6 26.9 25.4 29.0 36.4 36.8 35.8	8.9 13.0 6.8 12.6 11.2 13.0 15.5 14.8 16.7 23.8 21.6 26.6	8.2 11.3 6.7 12.3 11.4 12.6 15.7 15.7 15.8 23.7 21.3 26.6	7.2 10.4 5.7 12.4 10.8 12.9 16.4 14.3 19.7 24.1 20.5 28.3
Sex ³												
Male Female	21.3 11.8	23.1 12.0	20.6 11.4	47.1 45.4	45.5 46.1	46.5 44.5	20.6 26.5	20.6 25.9	22.2 28.0	11.0 16.3	10.8 15.9	10.7 16.1
Race ^{3,4}												
White only Black or African American only American Indian and Alaska Native only Asian only Native Hawaiian and Other Pacific Islander only 2 or more races	16.0 16.8 17.1 22.8	16.9 18.4 20.6 23.1 * 15.2	15.6 15.3 18.1 21.2 *	46.1 46.1 38.0 49.1	45.7 46.2 34.3 47.3 *	45.1 45.8 43.7 49.7 *	23.9 23.2 24.2 19.7	23.8 21.9 27.8 19.4 *	25.4 26.0 21.7 20.3 * 27.3	14.0 13.9 20.7 8.3	13.6 13.5 17.2 10.2 * 21.8	13.8 13.0 16.6 8.8 * 15.4
Hispanic origin and race ^{3,4}												
Hispanic or Latino Mexican Not Hispanic or Latino White only Black or African American only	24.9 28.9 15.4 14.7 16.9	26.2 30.2 16.2 15.5 18.4	25.7 28.8 14.5 14.0 15.3	42.3 40.8 46.7 46.6 46.1	44.3 43.0 46.0 46.0 46.2	41.5 40.5 46.0 45.8 45.7	20.3 18.5 24.0 24.4 23.1	19.2 18.2 23.9 24.5 21.9	21.1 19.3 25.8 26.1 26.0	12.5 11.8 13.9 14.3 13.8	10.3 8.7 13.9 14.1 13.5	11.7 11.5 13.7 14.2 13.1
Respondent-assessed health status ³												
Fair or poor	7.8 17.2	9.8 18.1	10.1 16.6	23.3 48.4	25.9 47.7	22.2 47.7	29.0 23.3	24.3 23.2	29.4 24.9	39.9 11.1	40.1 11.0	38.3 10.8
Poverty status ^{3,5}												
Poor	20.6 20.1 14.5	21.8 22.2 15.5	19.9 20.0 14.2	37.8 43.3 48.7	39.4 42.5 47.5	38.3 41.2 47.6	22.7 21.7 24.2	21.5 21.4 24.1	23.9 23.8 25.7	18.9 14.9 12.6	17.3 14.0 12.8	17.9 15.0 12.4

See footnotes at end of table.

Table 71 (page 2 of 3). Health care visits to doctor's offices, emergency departments, and home visits within the past 12 months, according to selected characteristics: United States, selected years 1997–2002

					Numb	er of hea	alth care	visits ¹				
		None			1–3 visits	;		4–9 visits	6	10 0	or more v	visits
Characteristic	1997	1999	2002	1997	1999	2002	1997	1999	2002	1997	1999	2002
Hispanic origin and race and poverty status ^{3,4,5}					F	Percent d	listributio	n				
Hispanic or Latino: Poor Near poor Nonpoor.	30.2	31.4	30.0	34.8	38.1	35.4	19.9	18.7	18.9	15.0	11.9	15.7
	28.7	29.8	30.2	39.7	42.8	37.8	20.4	17.6	19.9	11.2	9.8	12.2
	18.9	21.1	21.1	48.8	48.0	46.8	20.4	20.8	22.3	11.9	10.1	9.8
Not Hispanic or Latino: White only: Poor. Near poor Nonpoor Black or African American only: Poor Near poor	17.0	17.8	16.1	38.3	39.0	38.4	23.9	23.5	25.6	20.9	19.7	19.9
	17.3	19.5	16.7	44.1	42.0	41.3	22.2	23.2	25.0	16.3	15.3	17.0
	13.8	14.5	13.3	48.2	47.3	47.3	24.9	24.7	26.4	13.1	13.4	13.1
	17.4	18.1	17.3	38.5	41.3	39.7	23.4	22.6	25.9	20.7	18.0	17.1
	18.8	20.9	15.6	43.7	44.6	43.4	22.9	20.1	26.9	14.5	14.5	14.1
Nonpoor	15.6	17.3	14.4	51.7	49.3	49.1	22.7	22.4	25.3	10.0	11.0	11.1
Under 65 years of age: Insured Private Medicaid Uninsured	14.3	15.4	13.3	49.0	48.6	48.7	23.6	23.2	25.1	13.1	12.7	12.9
	14.7	15.9	13.6	50.6	49.9	50.5	23.1	22.9	24.8	11.6	11.3	11.1
	9.8	10.7	9.9	35.5	35.6	34.9	26.5	26.0	27.4	28.2	27.6	27.7
	33.7	37.3	36.3	42.8	41.6	42.1	15.3	13.2	14.7	8.2	7.9	6.9
65 years of age and over: Medicare HMO Private Medicaid Medicare fee-for-service only	8.9	5.7	7.7	35.8	34.2	30.9	33.1	34.6	40.9	22.3	25.5	20.5
	7.3	6.7	6.1	35.9	34.9	32.0	34.0	34.9	38.1	22.7	23.5	23.8
	9.3	*7.3	9.3	19.2	21.4	15.8	27.9	34.8	34.2	43.7	36.5	40.8
	15.5	14.0	14.4	34.0	35.8	33.4	28.1	31.0	30.7	22.4	19.2	21.4
Poverty status and health insurance status ^{5,6,7}												
Under 65 years of age: Poor: Insured Uninsured	14.0	14.3	12.5	39.2	42.0	41.4	25.1	23.3	26.5	21.7	20.4	19.5
	37.0	40.2	39.8	39.6	39.1	37.5	14.4	12.9	13.6	8.9	7.7	9.1
Near poor:	15.8	17.1	14.9	46.2	46.0	44.1	22.3	22.3	24.5	15.8	14.6	16.6
InsuredUninsured	34.8	38.4	38.1	42.0	40.6	39.8	15.1	13.1	16.3	8.1	7.9	5.8
Nonpoor:	13.8	15.1	13.1	51.0	49.7	50.3	23.6	23.4	25.1	11.7	11.7	11.5
InsuredUninsured	29.7	33.6	32.8	46.0	44.2	46.3	16.3	14.1	14.2	8.0	8.2	6.7
Geographic region ³												
Northeast Midwest South West	13.2	12.8	11.0	45.9	46.4	45.5	26.0	25.6	27.7	14.9	15.2	15.7
	15.9	16.2	14.4	47.7	46.7	47.7	22.8	23.8	25.0	13.6	13.3	13.0
	17.2	18.9	17.4	46.1	45.5	44.7	23.3	22.5	25.2	13.5	13.2	12.8
	19.1	20.9	19.9	44.8	44.8	44.2	22.8	21.9	23.0	13.3	12.4	12.9

See footnotes at end of table.

Table 71 (page 3 of 3). Health care visits to doctor's offices, emergency departments, and home visits within the past 12 months, according to selected characteristics: United States, selected years 1997–2002

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

	Number of health care visits ¹											
		None			1–3 visits	3	4	4–9 visits	3	10 c	or more v	visits
Characteristic	1997	1999	2002	1997	1999	2002	1997	1999	2002	1997	1999	2002
Location of residence ³					F	Percent d	listributio	n				
Within MSA ⁸	16.2 17.3	17.4 17.7	15.8 16.3	46.4 45.4	45.9 45.1	45.8 44.1	23.7 23.3	23.4 22.9	25.1 25.6	13.7 13.9	13.2 14.4	13.3 14.0

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

⁵Poor persons are defined as below the poverty threshold. Near poor persons have incomes of 100 percent to less than 200 percent of poverty threshold. Nonpoor persons have incomes of 200 percent or greater than the poverty threshold. Starting with *Health, United States, 2004* a new methodology for imputing family income was used for data years 1997 and beyond. Missing family income data were imputed for 25–29 percent of persons in 1997–98 and 32–33 percent in 1999–2002. Therefore, estimates by poverty for 1997–2001 differ from those in previous editions of *Health, United States*. See Appendix II, Family income; Poverty level. ⁶Estimates for persons under 65 years of age are age adjusted to the year 2000 standard using four age groups: Under 18 years, 18–44 years, 45–54 years, and 55–64 years of age. Estimates for persons 65 years of age and over are age adjusted to the year 2000 standard using two age groups: 65–74 years and 75 years and over. See Appendix II, Age adjustment.

⁷Health insurance categories are mutually exclusive. Persons who reported both Medicaid and private coverage are classified as having private coverage. Persons 65 years of age and over who reported Medicare HMO (health maintenance organization) and some other type of health insurance coverage are classified as having Medicare HMO. Starting in 1997 Medicaid includes state-sponsored health plans and State Children's Health Insurance Program (SCHIP). The category "insured" also includes military, other State, and Medicare coverage. See Appendix II, Health insurance coverage.

⁸MSA is metropolitan statistical area.

NOTES: In 1997 the National Health Interview Survey questionnaire was redesigned. See Appendix I, National Health Interview Survey. Data for additional years are available. See Appendix III. Standard errors for selected years are available in the spreadsheet version of this table. See www.cdc.gov/nchs/hus.htm.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, family core and sample adult questionnaires.

^{- - -} Data not available.

¹This table presents a summary measure of health care visits to doctor's offices, emergency departments, and home visits during a 12-month period. See Appendix II, Health care contact; Emergency department visit; Home visit.

²Includes all other races not shown separately and unknown health insurance status.

³Estimates are age adjusted to the year 2000 standard population using six age groups: Under 18 years, 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See Appendix II, Age adjustment.

⁴The race groups, white, black, American Indian and Alaska Native (Al/AN), Asian, Native Hawaiian and Other Pacific Islander, and 2 or more races, include persons of Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999 race-specific estimates are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The five single race categories plus multiple race categories shown in the table conform to 1997 Standards. The 1999 race-specific estimates are for persons who reported only one racial group; the category "2 or more races" includes persons who reported more than one racial group. Prior to data year 1999, data were tabulated according to 1977 Standards with four racial groups and the category "Asian only" included Native Hawaiian and Other Pacific Islander. Estimates for single race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. The effect of the 1997 Standard on the 1999 estimates can be seen by comparing 1999 data tabulated according to the two Standards. Age-adjusted estimates based on the 1977 Standard of the percent of persons with a specified number of health care contacts are: (no visits) identical for white and black persons; 0.1 percentage points higher for Al/AN persons; 0.4 percentage points lower for Asian and Pacific Islander persons; (1–3 visits) identical for white persons; (4–9 visits) identical for white persons; 0.2 percentage points higher for black persons; 0.2 percentage points lower for Al/AN persons; 0.4 percentage points higher for Al/AN persons; 0.4 percentage points higher for Al/AN persons; 0.5 percentage points lower for Al/AN persons; 0.6 percentage points higher for Al/AN persons; 0.7 percentage points higher for Al/AN persons; 0.9 percentage points higher for Al/AN persons; 0.9 percentage points higher for Al/AN persons; 0.9 percentage points highe

Table 72 (page 1 of 2). Vaccinations of children 19–35 months of age for selected diseases, according to race, Hispanic origin, poverty status, and residence in metropolitan statistical area (MSA): United States, 1995–2003

[Data are based on telephone interviews of a sample of the civilian noninstitutionalized population supplemented by a survey of immunization providers for interview participants]

			Race an	nd Hispa	anic origin¹			Poverty	y status	Loca	ation of resid	lence
		ı	Not Hispan	ic or La	tino					// //	nside //SA ²	
Vaccination and year All	White	Black or African American	American Indian or Alaska Native	Asian ³	Native Hawaiian or Other Pacific Islander ³	more	Hispanic or Latino				Remaining areas	Outside MSA ²
			Perce	ent of ch	nildren 19–35 r	month	s of age					
Combined series (4:3:1:3): ⁴ 1995	76 82 81 79 79 80 84	70 73 74 71 71 71 75	69 78 75 69 76 *	76 79 77 75 77 83 81	 *	74 81	68 75 75 73 77 76 79	67 74 73 71 72 72 76	77 82 81 78 79 79 83	72 77 77 73 75 75 80	75 81 79 78 78 80 82	75 81 80 79 79 77 81
DTP/DT/DTaP (4 doses or more). ⁵ 1995. 78 1998. 84 1999. 83 2000. 82 2001. 82 2002. 82 2003. 85	80 87 86 84 84 84	74 77 79 76 76 76 80	71 83 80 75 77 *	84 89 87 85 84 88	*	78 84	75 81 80 79 83 79 82	71 80 79 76 77 75 80	81 86 85 84 84 84	77 82 82 80 81 79 84	79 85 84 83 83 84 86	78 85 83 83 82 80 83
Polio (3 doses or more): 1995	89 92 90 91 90 91 93	84 88 87 87 85 87	86 85 88 90 88 *	90 93 90 93 90 92 91	 95 90	 87 91	87 89 89 88 91 90	85 90 87 87 87 88 88	89 92 91 90 90 91 93	87 89 89 88 88 89 91	88 91 90 90 90 91	89 93 90 91 91 90
Measles, Mumps, Rubella: 1995	91 93 92 92 92 93 93	87 89 90 88 89 90	88 91 92 87 94 84 92	95 92 93 90 90 95 96	 94	89 94	88 91 90 90 92 91	86 90 90 89 89 90	91 93 92 91 92 92 93	90 92 91 90 91 90 93	90 92 92 91 92 93 93	89 93 90 91 91 90
Hib (3 doses or more): ⁶ 1995	93 95 95 95 94 94 95	88 90 92 93 90 92	93 90 91 90 91 *	90 92 90 92 92 95 91	 93	90	89 92 91 93 92 93	88 91 91 90 90 90	93 95 95 95 94 94 95	91 92 92 92 91 92 94	92 94 95 94 94 94	92 94 93 95 93 93
Hepatitis B (3 doses or more): 1995. 68 1998. 87 1999. 88 2000. 90 2001. 89 2002. 90 2003. 92	68 88 89 91 90 91 93	66 84 87 89 85 88	52 82 * 91 86 *	80 89 88 91 90 94 94	94	84 93	70 86 87 88 90 90	65 85 87 87 87 88 91	69 88 89 91 90 90	69 85 87 89 88 89 92	71 88 89 90 90 91	59 87 88 92 89 90
Varicella: ⁷ 1998. 43 1999. 58 2000. 68 2001. 76 2002. 81 2003. 85	42 56 66 75 79 84	42 58 67 75 83 85	28 * 62 69 71 81	53 64 77 82 87 91	 *	79 86	47 61 70 80 82 86	41 55 64 74 79 84	44 58 69 77 81 85	45 59 69 78 81 86	45 61 70 78 83 86	34 47 60 68 75 80
PCV (3 doses or more): ⁸ 2002	44 71	34 62	33 60	55 71	*	38 66	37 66	33 62	43 71	41 68	45 71	32 61

See footnotes at end of table.

Table 72 (page 2 of 2). Vaccinations of children 19-35 months of age for selected diseases, according to race, Hispanic origin, poverty status, and residence in metropolitan statistical area (MSA): United States, 1995–2003

[Data are based on telephone interviews of a sample of the civilian noninstitutionalized population supplemented by a survey of immunization providers for interview participants]

		Not Hispar	nic or Latino			
_	W	hite	Afr	ck or ican rican		nnic or tino
Vaccination and year	Below poverty	At or above poverty	Below poverty	At or above poverty	Below poverty	At or above poverty
		Pe	rcent of children 1	9-35 months of a	age	
Combined series (4:3:1:3): ⁴ 1995 1998 1999 2000 2001 2002 2003	69 77 76 73 71 72 79	78 83 82 80 80 81	70 72 72 69 69 68 70	73 74 77 72 74 72 79	63 73 73 70 73 75 78	72 79 78 74 79 76 81

^{- - -} Data not available.

NOTES: Final estimates from the National Immunization Survey include an adjustment for children with missing immunization provider data. Poverty status is based on family income and family size using Bureau of the Census poverty thresholds. Children missing information about poverty status were omitted from analysis by poverty level. In 2003, 13.0 percent of all children, 20.0 percent of Hispanic, 10.2 percent of non-Hispanic white, and 11.3 percent of non-Hispanic black children were missing information about poverty status and were omitted. See Appendix I, National Immunization Survey.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics and National Immunization Program, National Immunization Survey. Data are available on the CDC Web site at www.cdc.gov/nip/coverage/ and www.cdc.gov/nis/.

^{*} Estimates are considered unreliable. Percents not shown if the unweighted sample size for the numerator was less than 30 or relative standard error greater than 50 percent or confidence interval half width greater than 10 percentage points.

1Persons of Hispanic origin may be of any race. Starting with data for 2002, estimates were tabulated using the 1997 Standards for Federal data on Race and Ethnicity.

Estimates for earlier years were tabulated using the 1977 Standards on Race and Ethnicity. See Appendix II, Race.

²Metropolitan statistical area.

³Prior to data year 2002 the category "Asian" included "Native Hawaiian and Other Pacific Islander."

⁴The 4:3:1:3 combined series consists of 4 or more doses of diphtheria and tetanus toxoids and pertussis vaccine (DTP), diphtheria and tetanus toxoids (DT), or diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP), 3 or more doses of any poliovirus vaccine, 1 or more doses of a measles-containing vaccine (MCV), and 3 or more doses of Haemophilus influenzae type b vaccine (Hib).

⁵Diphtheria and tetanus toxoids and pertussis vaccine, diphtheria and tetanus toxoids, and diphtheria and tetanus toxoids and acellular pertussis vaccine.

⁶Haemophilus influenzae type b vaccine (Hib).

⁷Recommended in 1996. Data collection for varicella began in July 1996.

⁸Pneumococcal conjugate vaccine. Recommended in 2000. Data collection for PCV began in July 2001.

Table 73 (page 1 of 2). Vaccination coverage among children 19–35 months of age according to geographic division, State, and selected urban areas: United States, 1995–2003

[Data are based on telephone interviews of a sample of the civilian noninstitutionalized population supplemented by a survey of immunization providers for interview participants]

Geographic division and State	1995	1996	1997	1998	1999	2000	2001	2002	2003
		Per	cent of chi	dren 19–3	5 months o	of age with	4:3:1:3 ser	ies ¹	
United States	74	76	76	79	78	76	77	78	81
New England: Connecticut Maine Massachusetts New Hampshire Rhode Island Vermont	86 88 81 89 83 87	88 86 87 83 84 87	86 87 88 85 82 87	90 86 87 82 86 86	86 83 85 85 87 91	85 83 85 83 82 83	84 82 81 84 84	86 83 89 87 86 87	95 82 92 88 87 90
Middle Atlantic: New Jersey New York Pennsylvania	70 74 77	75 80 79	76 75 79	82 85 83	81 81 86	76 75 78	76 81 82	80 81 77	76 82 87
East North Central: Illinois	78 74 68 71 74	75 70 75 78 77	74 72 75 72 81	78 78 78 78 78	77 74 74 78 85	75 76 75 72 80	76 74 74 75 83	80 78 84 77 82	85 82 83 84 83
West North Central: lowa Kansas Minnesota Missouri Nebraska North Dakota South Dakota	83 70 75 75 71 79 79	81 72 84 75 78 80 81	77 84 78 79 74 80 77	82 82 82 85 76 79 74	83 79 85 75 82 80 82	83 76 86 78 79 81 78	79 76 79 78 80 83 79	80 73 79 77 79 79	83 78 84 84 82 83 83
South Atlantic: Delaware. District of Columbia Florida. Georgia. Maryland. North Carolina. South Carolina. Virginia West Virginia	68 69 74 77 77 80 78 69 71	81 76 79 81 79 78 85 76	80 71 74 78 81 80 81 72 81	79 71 79 80 77 83 88 80 82	78 78 80 82 79 82 81 80 81	75 71 74 81 78 87 80 74 76	79 74 77 80 78 85 81 78	81 72 77 82 81 87 80 77 79	80 77 83 77 84 89 85 85
East South Central: Alabama Kentucky Mississippi Tennessee	73 81 79 74	74 76 81 79	87 78 80 79	82 82 84 82	78 88 82 78	81 81 81 81	83 79 84 84	80 74 78 80	82 81 84 81
West South Central: Arkansas Louisiana Oklahoma Texas	73 77 74 71	70 79 72 71	80 77 70 74	73 78 75 74	77 77 73 72	72 75 71 69	74 69 76 74	74 69 67 71	80 72 72 77
Mountain: Arizona Colorado Idaho Montana Nevada New Mexico Utah Wyoming	69 75 66 71 67 74 65 71	70 80 65 75 67 78 65 77	71 74 71 75 70 73 69 75	76 76 76 82 76 71 76	72 76 69 83 73 73 80 83	72 74 74 77 74 68 77 79	73 75 74 82 72 71 74 81	70 64 73 71 78 67 79	79 69 82 85 78 77 80 77
Pacific: Alaska. California. Hawaii. Oregon. Washington.	74 70 75 71 76	72 74 80 70 78	75 74 77 72 79	81 76 79 76 81	80 75 82 72 75	77 75 75 79 77	74 75 73 73 76	78 76 81 75 73	81 80 83 79 80

See footnotes at end of table.

Table 73 (page 2 of 2). Vaccination coverage among children 19–35 months of age according to geographic division, State, and selected urban areas: United States, 1995–2003

[Data are based on telephone interviews of a sample of the civilian noninstitutionalized population supplemented by a survey of immunization providers for interview participants]

Geographic division and urban areas	1995	1996	1997	1998	1999	2000	2001	2002	2003
		Per	cent of chi	dren 19–3	5 months c	of age with	4:3:1:3 ser	ies¹	
New England: Boston, Massachusetts	85	85	86	89	84	79	85	80	90
Middle Atlantic: New York City, New York Newark, New Jersey Philadelphia, Pennsylvania	72 67 67	78 64 74	72 68 81	81 64 80	78 67 81	68 63 74	76 64 74	81 60 74	77 74 80
East North Central: Chicago, Illinois Cuyahoga County (Cleveland), Ohio. Detroit, Michigan Franklin County (Columbus), Ohio Marion County (Indianapolis), Indiana. Milwaukee County (Milwaukee), Wisconsin	70 72 54 75 77 69	72 79 60 80 72 70	66 70 60 73 80 72	64 75 70 78 78 73	71 74 66 78 79 74	65 73 59 77 69	69 73 63 78 72 70	72 74 66 84 75 70	77 75 71 83 79 81
South Atlantic: Baltimore, Maryland Dade County (Miami), Florida District of Columbia Duval County (Jacksonville), Florida Fulton/DeKalb Counties (Atlanta), Georgia	* 78 67 69 *	80 79 76 76 76	84 75 71 69 74	81 75 71 79 71	72 84 78 78 83	70 78 71 79 80	72 78 74 76 75	75 73 72 77 79	81 83 77 81 75
East South Central: Davidson County (Nashville), Tennessee Shelby County (Memphis), Tennessee Jefferson County (Birmingham), Alabama	72 69 86	80 70 76	76 70 83	80 71 85	73 75 85	73 77 79	82 74 87	80 73 82	83 77 83
West South Central: Bexar County (San Antonio), Texas Dallas County (Dallas), Texas El Paso County (El Paso), Texas Houston, Texas Orleans Parish (New Orleans), Louisiana	76 70 72 64 78	74 68 61 62 72	79 75 63 62 69	79 71 78 61 79	70 72 73 63 72	68 67 70 65 70	73 67 69 69 68	76 76 77 64 63	79 75 81 75 74
Mountain: Maricopa County (Phoenix), Arizona	67	72	70	77	71	71	72	73	80
Pacific: King County (Seattle), Washington Los Angeles County (Los Angeles), California San Diego County (San Diego), California Santa Clara County (Santa Clara), California	84 68 72 76	82 75 74 80	81 72 76 69	86 76 77 84	77 76 75 82	75 77 76 76	72 73 80 77	77 77 78 84	83 84 81 85

^{*} Estimates are considered unreliable. Percents not shown if the unweighted sample size for the numerator was less than 30 or relative standard error greater than 50 percent or confidence interval half width greater than 10 percentage points.

¹The 4:3:1:3 combined series consists of 4 or more doses of diphtheria and tetanus toxoids and pertussis vaccine (DTP), diphtheria and tetanus toxoids (DT), or

NOTES: Urban areas were originally selected because they were at risk for undervaccination. Final estimates from the National Immunization Survey include an adjustment for children with missing immunization provider data.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics and National Immunization Program, National Immunization Survey. Data are available on the CDC Web site at www.cdc.gov/nip/coverage/ and www.cdc.gov

The 4:3:1:3 combined series consists of 4 or more doses of diphtheria and tetanus toxoids and perfussis vaccine (DTP), diphtheria and tetanus toxoids (DT), or diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP), 3 or more doses of any poliovirus vaccine, 1 or more doses of a measles-containing vaccine (MCV), and 3 or more doses of *Haemophilus influenzae* type b vaccine (Hib).

Table 74 (page 1 of 2). No health care visits to an office or clinic within the past 12 months among children under 18 years of age, according to selected characteristics: United States, average annual 1997–98, 1999–2000, and 2001–02

		Under 18 years of age			Under 6 years of age			6–17 years of age	
Characteristic	1997–98	1999–2000	2001–02	1997–98	1999–2000	2001–02	1997–98	1999–2000	2001–02
			Perc	ent of child	en without a h	nealth care	visit ¹		
All children ²	12.8	13.1	12.0	5.7	6.7	6.2	16.3	16.1	14.8
Race ³									
White only	12.2 14.3 13.8 16.3	12.3 15.0 20.4 16.5	11.4 13.4 *18.6 15.5	5.5 6.5 * *5.6	6.5 7.0 * *8.5	6.4 5.9 * *6.8	15.5 18.1 *17.6 22.1	15.1 18.6 22.2 20.9	13.8 16.9 *23.0 20.4
Islander only		* 10.6	* 8.3		*	*3.3		* 16.6	* 12.4
Hispanic origin and race ³									
Hispanic or Latino . Not Hispanic or Latino . White only . Black or African American only .	19.3 11.6 10.7 14.5	20.1 11.7 10.7 14.7	18.7 10.6 9.7 13.5	9.7 4.8 4.3 6.5	10.2 5.9 5.5 7.1	9.6 5.4 5.3 6.0	25.3 14.9 13.7 18.3	26.1 14.4 13.0 18.0	24.0 13.0 11.7 16.9
Poverty status ⁴									
Poor	17.6 16.2 9.9	18.0 17.5 10.1	17.2 14.7 9.5	8.1 7.2 4.1	10.6 9.4 4.4	9.1 7.4 4.8	23.6 20.8 12.6	22.2 21.7 12.6	21.7 18.6 11.6
Hispanic origin and race and poverty status ^{3,4}									
Hispanic or Latino: Poor	23.2 20.9 13.4	24.3 22.9 13.9	22.0 21.2 13.6	11.7 9.7 7.2	14.5 11.5 4.3	10.4 12.2 6.4	31.1 28.1 16.8	30.8 29.7 19.0	29.4 26.2 17.6
Not Hispanic or Latino: White only: Poor	14.0 14.1 9.2	14.8 14.8 9.1	13.1 11.8 8.7	*5.6 6.0 3.6	*8.7 8.3 4.3	*8.6 *6.1 4.5	19.7 18.0 11.7	18.2 18.0 11.3	15.6 14.8 10.5
Black or African American only:									
Poor Near poor Nonpoor	15.8 16.4 11.8	15.2 17.9 12.1	16.2 13.4 11.3	7.6 *7.7 *4.1	8.6 *9.6 *3.6	*7.8 *4.4 *5.4	20.5 20.4 14.8	18.4 21.6 15.4	20.4 17.6 13.7
Health insurance status ⁵									
Insured	10.4 10.4 10.1 28.8	10.7 10.5 11.2 30.4	9.7 9.5 10.2 31.6	4.5 4.3 5.0 14.6	5.2 4.7 6.6 19.1	4.7 4.3 5.5 21.1	13.4 13.1 14.4 34.9	13.4 13.1 14.4 35.4	12.2 11.8 13.3 36.1
Poverty status and health insurance status ⁴									
Poor: Insured	13.0 34.3	13.1 34.8	12.1 40.7	6.0 18.2	7.2 24.9	6.7 22.6	17.8 41.3	16.8 39.2	15.3 49.1
Near poor: Insured	12.6 28.2	13.6 32.0	11.3 31.3	4.9 16.0	7.0 19.5	4.5 23.7	16.7 33.7	17.2 37.6	15.0 34.8
Nonpoor: Insured Uninsured	9.0 22.7	9.3 23.3	8.7 23.8	3.8 *7.8	4.0 11.8	4.2 16.2	11.4 28.7	11.7 28.1	10.7 26.5

See footnotes at end of table.

Table 74 (page 2 of 2). No health care visits to an office or clinic within the past 12 months among children under 18 years of age, according to selected characteristics: United States, average annual 1997–98, 1999–2000, and 2001–02

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

	Under 18 Under 6 years of age years of age years								
Characteristic	1997–98	1999–2000	2001–02	1997–98	1999–2000	2001–02	1997–98	1999–2000	2001–02
Geographic region			Perc	ent of childr	en without a h	ealth care	visit ¹		
Northeast. Midwest. South West	7.0 12.2 14.3 16.3	6.6 11.0 15.4 17.1	5.9 10.3 13.9 15.8	3.1 5.9 5.6 7.9	4.8 5.4 7.8 8.2	3.9 5.1 6.9 8.0	8.9 15.3 18.5 20.7	7.6 13.5 19.1 21.7	6.8 12.8 17.3 19.8
Location of residence									
Within MSA ⁶	12.3 14.6	12.6 14.7	11.6 13.4	5.4 6.9	6.3 8.5	6.1 6.9	15.9 17.9	15.8 17.3	14.4 16.2

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

NOTES: In 1997 the National Health Interview Survey questionnaire was redesigned. See Appendix I, National Health Interview Survey. Standard errors for selected years are available in the spreadsheet version of this table. See www.cdc.gov/nchs/hus.htm.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, family core and sample child questionnaires.

^{- - -} Data not available

¹Respondents were asked how many times a doctor or other health care professional was seen in the past 12 months at a doctor's office, clinic, or some other place. Excluded are visits to emergency rooms, hospitalizations, home visits, and telephone calls. Beginning in 2000 dental visits were also excluded. See Appendix II, Health care contact.

²Includes all other races not shown separately and unknown health insurance status.

The race groups, white, black, American Indian and Alaska Native (Al/AN), Asian, Native Hawaiian and Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data years 1999–2000 race-specific estimates are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The five single race categories plus multiple race categories shown in the table conform to 1997 Standards. The 1999–2000 race-specific estimates are for persons who reported only one racial group; the category "2 or more races" includes persons who reported more than one racial group. Prior to data years 1999–2000, data were tabulated according to 1977 Standards with four racial groups and the category "Asian only" included Native Hawaiian and Other Pacific Islander. Estimates for single race categories prior to 1999–2000 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. The effect of the 1997 Standard on the 1999–2000 estimates can be seen by comparing 1999–2000 data tabulated according to the two Standards. Estimates based on the 1977 Standard of the percent of children under 18 years of age without a recent health care visit are: 0.1 percentage points higher for white children; 0.3 percentage points lower for black children; 1.0 percentage points lower for Al/AN children; and 1.2 percentage points lower for Asian and Pacific Islander children than estimates based on the 1997 Standards. See Appendix II. Race.

⁴Poor persons are defined as below the poverty threshold. Near poor persons have incomes of 100 percent to less than 200 percent of the poverty threshold. Nonpoor persons have incomes of 200 percent or greater than the poverty threshold. Starting with *Health, United States, 2004* a new methodology for imputing family income was used for data years 1997 and beyond. Missing family income data were imputed for 21–25 percent of children under 18 years of age in 1997–98 and 28–30 percent in 1999–2002. Therefore, estimates by poverty for 1997–2001 differ from those in previous editions of *Health, United States*. See Appendix II, Family income; Poverty level.

⁵Health insurance categories are mutually exclusive. Persons who reported both Medicaid and private coverage are classified as having private coverage. Starting in 1997 Medicaid includes state-sponsored health plans and State Children's Health Insurance Program (SCHIP). The category "insured" also includes military, other State, and Medicare coverage. See Appendix II, Health insurance coverage.

⁶MSA is metropolitan statistical area.

Table 75 (page 1 of 2). No usual source of health care among children under 18 years of age, according to selected characteristics: United States, average annual selected years 1993–94 through 2001–02

		Under 18 years of age			Under 6 years of age			6–17 years of age	
Characteristic	1993–94 ¹	1999–2000	2001–02	1993–94 ¹	1999–2000	2001–02	1993–94 ¹	1999–2000	2001–02
		F	Percent of	children wit	hout a usual s	source of h	ealth care ²	!	
All children ³	7.7	6.8	5.9	5.2	4.6	4.4	9.0	7.9	6.7
Race ⁴									
White onlyBlack or African American only American Indian and Alaska Native only	7.0 10.3 *9.3	6.2 7.7 *9.3	5.1 6.6 *	4.7 7.6 *	4.4 4.4 *	3.9 3.6 *	8.3 11.9 *8.7	7.1 9.2 *9.3	5.7 8.0 *
Asian only Native Hawaiian and Other Pacific Islander only	9.7	9.9	11.1	*3.4	*5.9 *	*	13.5	12.1	13.1
2 or more races		*5.0	7.2		*	*7.0		*7.2	*7.4
Hispanic origin and race ⁴									
Hispanic or Latino	14.3 6.7 5.7	14.1 5.4 4.7	13.5 4.4 3.4	9.3 4.4 3.7	9.0 3.6 3.3	9.1 3.2 2.7	17.7 7.8 6.7	17.2 6.3 5.4	16.0 4.9 3.7
Black or Áfrican American only	10.2	7.6	6.7	7.7	4.5	3.6	11.6	9.0	8.0
Poverty status ⁵	10.0	10.0	44.0	0.4	7.0	0.0	10.0	10.1	10.5
Poor	13.9 9.8 3.7	13.0 10.5 3.8	11.6 8.8 3.3	9.4 6.7 1.8	7.6 7.5 2.4	8.2 7.0 2.0	16.8 11.6 4.6	16.1 12.1 4.4	13.5 9.8 3.8
Hispanic origin and race and poverty status ^{4,5}									
Hispanic or Latino:	10.6	10.0	10.4	10.7	11.6	10.1	04.0	04.5	00.4
Poor Near poor Nonpoor	19.6 15.3 5.0	19.3 17.0 6.9	18.4 16.0 7.1	12.7 9.9 *2.7	11.6 11.3 *3.9	12.1 11.2 *4.5	24.8 18.9 6.5	24.5 20.4 8.5	22.4 18.7 8.6
Not Hispanic or Latino: White only: Poor	10.2	10.7	7.5	6.5	*6.3	*	12.7	13.1	8.2
Near poor	8.7 3.4	7.8 3.2	5.4 2.4	6.3 1.6	5.7 2.2	*4.8 1.5	10.1	8.8 3.6	5.7 2.7
Black or African American only: Poor	13.7	9.5	9.1	10.9	*4.7	*4.0	15.5	11.8	11.5
Near poor	9.1 4.6	9.7 4.5	7.4 4.2	*6.0	*6.4 *2.7	*5.1 *	10.8 5.8	11.2 5.2	8.4 5.1
Health insurance status ⁶									
Insured	5.0 3.8 8.9 23.5	3.8 3.3 5.3 29.1	3.3 2.5 5.5 28.8	3.3 1.9 6.4 18.0	2.6 2.2 3.4 20.8	2.2 1.4 4.0 25.1	5.9 4.6 11.3 26.0	4.5 3.9 6.7 32.8	3.8 3.0 6.4 30.3
Poverty status and health insurance status ⁵									
Poor: Insured	9.1 29.4	6.3 36.6	5.5 39.7	6.0 25.0	3.2 26.6	3.2 35.1	11.5 31.5	8.3 41.1	6.8 41.9
Near poor: Insured	6.0 22.9	5.4 29.3	4.8 27.9	4.0 18.0	4.3 20.9	3.7 24.7	7.2 25.3	6.0 33.1	5.4 29.4
Nonpoor: Insured	2.9 14.5	2.8 20.3	2.3 19.7	1.5 6.4	1.8 13.5	1.4 14.3	3.6 18.1	3.2 23.2	2.6 21.5

See footnotes at end of table.

Table 75 (page 2 of 2). No usual source of health care among children under 18 years of age, according to selected characteristics: United States, average annual selected years 1993–94 through 2001–02

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

		Under 18 years of age			Under 6 years of age		6–17 years of age		
Characteristic	1993–94 ¹	1999–2000	2001–02	1993–94 ¹	1999–2000	2001–02	1993–94 ¹	1999–2000	2001–02
Geographic region		F	Percent of	children wit	hout a usual s	source of h	ealth care2	!	
Northeast Midwest South West.	4.1 5.2 10.9 8.6	2.8 5.2 8.5 9.6	2.4 4.2 7.2 8.7	2.9 4.1 7.3 5.3	2.3 3.7 5.8 5.6	*2.4 3.8 4.6 6.2	4.8 5.9 12.7 10.6	3.0 5.9 9.8 11.6	2.4 4.4 8.5 9.9
Location of residence Within MSA ⁷	7.7 7.8	6.7 7.3	6.0 5.6	5.0 6.0	4.7 4.2	4.5 3.9	9.2 8.7	7.8 8.7	6.7 6.4

^{*} 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 of greater than 30 percent.

⁶Health insurance categories are mutually exclusive. Persons who reported both Medicaid and private coverage are classified as having private coverage. Medicaid includes other public assistance through 1996. Starting in 1997 Medicaid includes state-sponsored health plans and State Children's Health Insurance Program (SCHIP). The category "insured" also includes military, other State, and Medicare coverage. Health insurance status was unknown for 8–9 percent of children in the sample in 1993–96 and 1 percent in 1997–2002. See Appendix II, Health insurance coverage.

⁷MSA is metropolitan statistical area.

NOTES: Data for additional years are available. See Appendix III. For more data on usual source of care, see National Health Interview Survey home page: www.cdc.gov/nchs/nhis/htm. Standard errors for selected years are available in the spreadsheet version of this table. See www.cdc.gov/nchs/hus.htm.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, access to care and health insurance supplements (1993–96). Starting in 1997 data are from the family core and sample child questionnaires.

^{- - -} Data not available

¹Data prior to 1997 are not strictly comparable with data for later years due to the 1997 questionnaire redesign. See Appendix I, National Health Interview Survey. ²Persons who report the emergency department as the place of their usual source of care are defined as having no usual source of care. See Appendix II, Usual source of care.

³Includes all other races not shown separately and unknown health insurance status.

⁴The race groups, white, black, American Indian and Alaska Native (Al/AN), Asian, Native Hawaiian and Other Pacific Islander, and 2 or more races, include persons of Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data years 1999–2000 race-specific estimates are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The five single race categories plus multiple race categories shown in the table conform to 1997 Standards. The 1999–2000 race-specific estimates are for persons who reported only one racial group; the category "2 or more races" includes persons who reported more than one racial group. Prior to data years 1999–2000, data were tabulated according to 1977 Standards with four racial groups and the category "Asian only" included Native Hawaiian and Other Pacific Islander. Estimates for single race categories prior to 1999–2000 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. The effect of the 1997 Standard on the 1999–2000 estimates can be seen by comparing 1999–2000 data tabulated according to the two Standards. Estimates based on the 1977 Standard of the percent of children under 18 years of age with no usual source of care are: identical for white children; 0.1 percentage points lower for black children; 0.6 percentage points lower for Al/AN children; and 1.0 percentage points lower for Alance.

⁵Poor persons are defined as below the poverty threshold. Near poor persons have incomes of 100 percent to less than 200 percent of the poverty threshold. Nonpoor persons have incomes of 200 percent or greater than the poverty threshold. Missing family income data were imputed for 14 percent of children in 1993–96. Starting with *Health, United States, 2004* a new methodology for imputing family income was used for data years 1997 and beyond. Missing family income data were imputed for 21–25 percent of children under 18 years of age in 1997–98 and 28–30 percent in 1999–2002. Therefore, estimates by poverty for 1997–2001 differ from those in previous editions of *Health, United States*. See Appendix II, Family income; Poverty level.

Table 76 (page 1 of 3). Emergency department visits within the past 12 months among children under 18 years of age, according to selected characteristics: United States, selected years 1997–2002

	U	nder 18 yea of age	ars		Inder 6 year of age	's		6–17 years of age	;
Characteristic	1997	1999	2002	1997	1999	2002	1997	1999	2002
		Pe	rcent of chil	dren with 1	or more em	ergency de	partment vis	sits ¹	
All children ²	19.9	17.9	22.4	24.3	23.3	28.0	17.7	15.3	19.7
Race ³									
White only	19.4	17.1	21.3	22.6	21.9	26.2	17.8	14.8	19.1
Black or African American only American Indian and Alaska Native only	24.0 *24.1	22.5 33.3	27.9	33.1 *24.3	32.3 *29.5	36.7	19.4 *24.0	18.2 *36.2	23.8
Asian only	12.6	9.4	14.4	20.8	*13.4	*19.5	8.6	*7.4	*11.6
Native Hawaiian and Other Pacific Islander only		*	*		*	*		*	*
2 or more races		23.3	28.5		28.7	37.8		*19.7	20.2
Hispanic origin and race ³									
Hispanic or Latino	21.1	15.9	20.7	25.7	21.4	26.8	18.1	12.6	17.2
Not Hispanic or Latino	19.7 19.2	18.3 17.4	22.8 21.8	24.0 22.2	23.8 22.1	28.3 26.4	17.6 17.7	15.7 15.3	20.2 19.7
Black or African American only	23.6	22.5	27.9	32.7	32.5	36.3	19.2	18.2	23.9
Poverty status ⁴									
Poor	25.1	23.5	26.7	29.5	30.2	34.3	22.2	19.7	22.4
Near poor	22.0 17.3	21.3 15.1	26.6 19.7	28.0 20.5	28.9 18.9	32.8 23.9	19.0 15.8	17.3 13.4	23.4 17.8
Nonpoor	17.5	13.1	19.7	20.5	10.9	20.9	15.6	13.4	17.0
Hispanic origin and race and poverty status ^{3,4}									
Hispanic or Latino:									
Poor	21.9	16.4	22.4	25.0	21.2	30.4	19.6	13.1	17.2
Near poor	20.8 20.4	15.0 16.2	21.6 18.4	28.8 23.4	21.4 21.7	25.4 24.8	15.6 18.7	11.4 13.3	19.6 15.0
Not Hispanic or Latino:									
White only:	25.5	25.4	27.1	27.2	33.2	36.1	24.4	21.4	22.1
Poor Near poor	22.3	23.4	27.1	25.8	30.7	33.9	20.7	19.6	25.0
Nonpoor	17.2	14.9	19.4	20.1	18.1	22.6	15.9	13.5	18.1
Black or African American only: Poor	29.3	27.7	30.3	39.5	38.6	38.7	23.0	22.2	26.2
Near poor	22.5	22.7	32.3	31.7	32.7	40.9	18.5	18.4	28.0
Nonpoor	17.7	17.3	23.0	22.6	25.0	30.9	15.9	14.3	19.7
Health insurance status ⁵									
Insured	19.8	18.1	22.9	24.4	23.1	28.6	17.5	15.7	20.1
Private	17.5 28.2	15.4 28.8	20.0 30.8	20.9 33.0	18.9 35.2	24.5 37.6	15.9 24.1	13.9 24.2	18.1 26.3
Uninsured	20.2	16.4	18.3	23.0	25.5	22.0	18.9	12.7	16.7
Poverty status and									
health insurance status ⁴									
Poor: Insured	26.6	25.9	28.4	31.3	31.7	36.4	23.1	22.3	23.6
Uninsured	19.9	15.5	17.8	19.8	23.9	*21.7	20.0	11.8	*16.0
Near poor:	00.0	00.0	00.4	00.5	00.7	047	40.0	40.0	04.0
Insured	22.2 21.3	22.3 17.6	28.1 19.4	28.5 26.2	29.7 25.8	34.7 23.3	18.9 19.2	18.2 14.4	24.6 17.5
Nonpoor:									
Insured	17.1	15.1	19.8	20.2	18.5	24.0	15.7	13.5	17.9
Uninsured	18.9	16.0	17.6	22.6	27.1	*20.9	17.3	11.2	16.4
Geographic region									_
Northeast	18.5 19.5	17.1 18.4	23.3 22.7	20.7 26.0	20.3 24.1	27.4 28.4	17.4 16.4	15.5 15.8	21.4 20.0
South	21.8	19.2	24.4	25.6	25.7	31.3	19.9	16.1	21.1
West	18.5	15.9	17.9	23.5	21.4	22.5	15.9	13.1	15.6
Location of residence									
Within MSA ⁶	19.7	16.7	21.7	23.9	22.0	27.0	17.4	14.0	19.1
Outside MSA ⁶	20.8	22.4	25.4	26.2	29.1	32.3	18.6	19.7	22.4

See footnotes at end of table.

Table 76 (page 2 of 3). Emergency department visits within the past 12 months among children under 18 years of age, according to selected characteristics: United States, selected years 1997–2002

	U	nder 18 yea of age	nrs	L	Inder 6 year of age	rs		6–17 years of age	
Characteristic	1997	1999	2002	1997	1999	2002	1997	1999	2002
		Pe	rcent of chil	dren with 2	or more eme	ergency dep	artment vis	its ¹	
All children ²	7.1	5.5	7.4	9.6	8.7	10.1	5.8	4.0	6.2
Race ³									
White onlyBlack or African American onlyAmerican Indian and Alaska Native only	6.6 9.6 *	4.7 9.1 *	6.6 11.1 *	8.4 14.9 *	7.3 15.8 *	8.7 17.4 *	5.7 6.9 *	3.4 6.1 *	5.6 8.1 *
Asian only	*5.7	*	*	*12.9	*	*	*	*	*
Islander only		10.5	12.6		*15.7	17.3		*	*8.3
Hispanic origin and race ³									
Hispanic or Latino	8.9 6.8 6.2	5.2 5.5 4.7	8.0 7.3 6.4	11.8 9.2 7.8	7.9 8.8 7.4	11.7 9.7 7.8	7.0 5.7 5.5	3.6 4.0 3.4	5.9 6.2 5.7
Black or Áfrican American only	9.3	9.1	11.1	14.6	15.9	17.5	6.8	6.1	8.2
Poverty status ⁴									
Poor	11.1 8.3 5.3	9.6 7.2 3.7	12.3 8.8 5.5	14.5 12.2 6.5	14.4 11.4 5.6	17.2 11.2 7.2	8.9 6.3 4.7	7.0 5.0 2.8	9.6 7.6 4.8
Hispanic origin and race and poverty status ^{3,4}									
Hispanic or Latino:	40.4	- 4	0.0	40.0	7.0	440	0.0	*0 =	+= 4
Poor	10.4 8.2 7.6	5.4 5.6 4.7	8.9 9.3 6.2	13.9 12.0 8.4	7.9 8.8 *7.2	14.2 12.9 8.5	8.0 5.7 7.1	*3.7 *3.4	*5.4 *7.4 *5.1
Not Hispanic or Latino: White only:	10.7	40.0	40.0	10.0	10.0	45.0	0.0	*0.0	*0.0
Poor Near poor Nonpoor	10.7 8.0 5.0	10.2 7.3 3.3	12.0 8.1 5.1	12.2 11.2 5.8	16.9 11.5 4.9	15.8 8.8 6.2	9.8 6.4 4.6	*6.8 5.1 2.7	*9.9 7.7 4.6
Black or African American only:	40.7	40.7	45.5	40.4	40.0	00.4	0.0	0.4	44.7
PoorNear poorNonpoor	12.7 9.2 5.5	12.7 9.0 5.5	15.5 10.4 8.1	19.1 *13.5 *8.2	19.8 *15.5 *11.3	23.1 *14.6 14.5	8.8 *7.2 *4.5	9.1 *6.2 *3.3	11.7 *8.3 *5.3
Health insurance status ⁵									
Insured	7.0 5.2 13.1 7.7	5.6 3.8 12.6 4.9	7.5 5.6 12.8 7.1	9.6 6.8 16.2 9.8	8.6 5.7 17.1 9.0	10.2 7.1 16.5 9.1	5.7 4.5 10.4 6.8	4.1 3.0 9.4 *3.2	6.1 4.9 10.3 6.2
Poverty status and health insurance status ⁴				0.0	0.0	0.1	0.0	0.2	0.2
Poor: Insured	12.1 7.6	11.0 *5.0	13.2 *8.1	15.7 *8.3	15.7 *9.1	18.3	9.5 *7.3	8.2	10.1
Near poor: Insured	8.4 7.9	7.8 *5.0	9.1 *7.1	12.3 *11.1	12.2 *7.9	11.3 *10.9	6.3 6.5	5.3	7.9
Nonpoor: Insured	5.1 7.7	3.7 *4.5	5.4 *6.4	6.2 *10.1	5.4	7.2	4.6 *6.7	2.9	4.7 *6.5

See footnotes at end of table.

Table 76 (page 3 of 3). Emergency department visits within the past 12 months among children under 18 years of age, according to selected characteristics: United States, selected years 1997–2002

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

	Under 18 years			Under 6 years			6–17 years		
	of age			of age			of age		
Characteristic	1997	1999	2002	1997	1999	2002	1997	1999	2002
Geographic region	Percent of children with 2 or more emergency department visits ¹								
Northeast Midwest South West.	6.2	4.9	7.2	7.6	6.5	9.2	5.4	4.0	6.3
	6.6	5.8	6.9	10.4	9.8	8.3	4.8	4.0	6.2
	8.0	6.1	8.7	10.1	9.8	12.1	6.9	4.3	7.0
	7.1	4.7	6.1	10.0	7.6	9.4	5.6	3.3	4.4
Location of residence									
Within MSA ⁶	7.2	5.0	7.1	9.6	8.0	9.8	5.9	3.4	5.8
	6.8	7.4	8.8	9.7	11.3	11.4	5.6	5.8	7.6

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

NOTES: Data for additional years are available. See Appendix III. Standard errors for selected years are available in the spreadsheet version of this table. See www.cdc.gov/nchs/hus.htm.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, family core and sample child

^{- -} Data not available.

¹See Appendix II, Emergency department visit.

²Includes all other races not shown separately and unknown health insurance status.

The race groups, white, black, American Indian and Alaska Native (Al/AN), Asian, Native Hawaiian and Other Pacific Islander, and 2 or more races, include persons of Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999 race-specific estimates are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The five single race categories plus multiple race categories shown in the table conform to 1997 Standards. The 1999 race-specific estimates are for persons who reported only one racial group; the category "2 or more races" includes persons who reported more than one racial group. Prior to data year 1999, data were tabulated according to 1977 Standards with four racial groups and the category "Asian only" included Native Hawaiian and Other Pacific Islander. Estimates for single race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. The effect of the 1997 Standard on the 1999 estimates can be seen by comparing 1999 data tabulated according to the two Standards. Estimates based on the 1977 Standard of the percent of children under 18 years of age with 1 or more emergency department visits are: 0.1 percentage points higher for white children; 0.2 percentage points higher for black children; 2.1 percentage points lower for Al/AN children; and 2.0 percentage points higher for Asian and Pacific Islander children than estimates based on the 1997 Standards. See Appendix II, Race.

⁴Poor persons are defined as below the poverty threshold. Near poor persons have incomes of 100 percent to less than 200 percent of the poverty threshold. Nonpoor persons have incomes of 200 percent or greater than the poverty threshold. Starting with *Health, United States, 2004* a new methodology for imputing family income was used for data years 1997 and beyond. Missing family income data were imputed for 21–25 percent of children in 1997–98 and 28–30 percent in 1999–2002. Therefore, estimates by poverty for 1997–2001 differ from those in previous editions of *Health, United States*. See Appendix II, Family income; Poverty level. ⁵Health insurance categories are mutually exclusive. Persons who reported both Medicaid and private coverage are classified as having private coverage. Starting in 1997 Medicaid includes state-sponsored health plans and State Children's Health Insurance Program (SCHIP). The category "insured" also includes military, other State, and Medicare coverage. See Appendix II, Health insurance coverage.

⁶MSA is metropolitan statistical area.

Table 77 (page 1 of 2). No usual source of health care among adults 18–64 years of age, according to selected characteristics: United States, average annual 1993–94 through 2001–02

Characteristic	1993–94 ¹	1995–96¹	1997–98	1999–2000	2001–02
		Percent of adults	without a usual so	urce of health care ²	
All adults 18–64 years of age ^{3,4}	18.5	16.6	17.5	17.7	16.3
Age	04.7	40.0	04.4	04.5	00.0
18–44 years	21.7 26.6	19.6 22.6	21.1 27.0	21.5 26.9	20.2 26.7
25–44 years	20.3	18.8	19.3	19.7	18.1
45–64 years	12.8	11.3	11.2	10.9	9.3
45–54 years	14.1	12.2	12.6	12.0	10.3
55–64 years	11.1	9.8	9.0	9.2	7.7
Sex ⁴					
Male Female	23.3 13.9	21.0 12.5	23.2 11.9	23.8 11.7	21.3 11.4
Race ^{4,5}	. 0.0	.=.0			
White only	18.2	16.3	16.9	16.8	15.5
Black or African American only	19.2	17.6	18.7	18.7	16.6
American Indian and Alaska Native only	19.1	15.9	20.7	18.7	15.9
Asian only	24.0	20.7	21.1	21.4	19.7
Native Hawaiian and Other Pacific Islander only				*	*
or more races				20.4	19.9
American Indian and Alaska Native; White				26.5	20.0
Hispanic origin and race ^{4,5}					
Hispanic or Latino	28.8	26.2	28.6	30.4	30.1
Mexican	30.5	28.1	33.4	33.7	33.4
Not Hispanic or Latino	17.5	15.5	16.1	16.0	14.3
White only	17.0	15.0	15.4	15.2	13.6
Black or Áfrican American only	18.9	17.4	18.6	18.7	16.5
Poverty status ^{4,6}					
Poor	28.2	24.9	28.2	28.0	27.5
Near poor	24.6 14.8	22.3 13.5	24.7 13.9	26.1 14.2	24.5 12.6
Hispanic origin and race and poverty status ^{4,5,6}					
Hispanic or Latino:					
Poor	38.0	32.6	40.8	40.9	42.6
Near poor	35.7	31.6	33.3	38.0	37.2
Nonpoor	18.3	18.2	19.0	21.6	21.0
Not Hispanic or Latino: White only:					
Poor	27.1	22.8	24.5	23.4	22.9
Near poor	22.7	20.3	21.8	22.6	20.7
NonpoorBlack or African American only:	14.4	13.0	13.3	13.1	11.4
Poor	23.8	21.1	23.1	23.0	22.2
Near poor	21.6	21.2	24.7	23.7	19.7
Nonpoor	14.6	13.6	14.4	15.2	13.2
Health insurance status ^{4,7}					
nsured	13.3	11.4	11.4	11.0	9.3
Private	13.1	11.3 12.5	11.5	11.2	9.2 10.7
Jninsured	15.2 41.5	40.9	10.0 45.3	9.5 47.3	46.9
	41.5	40.3	45.5	47.0	40.9
Poverty status and health insurance status ^{4,6} Poor:					
Insured	16.8	13.6	13.8	12.4	12.3
Uninsured	45.7	42.1	50.4	50.5	52.7
Near poor:	15.0	40.4	10.0	10.0	10 1
Insured	15.3 42.9	13.1 41.5	13.9 46.2	12.9 49.6	12.1 48.5
Vonpoor:	46.3	41.0	40.2	40.0	40.5
Insured	12.3	10.8	10.7	10.6	8.5
Uninsured	37.0	39.4	41.2	43.7	42.8

See footnotes at end of table.

Table 77 (page 2 of 2). No usual source of health care among adults 18–64 years of age, according to selected characteristics: United States, average annual 1993–94 through 2001–02

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

Characteristic	1993–94 ¹	1995–96 ¹	1997–98	1999–2000	2001–02
Geographic region ⁴		Percent of adults	without a usual sou	urce of health care ²	
Northeast	14.5 15.8 21.6 20.5	13.3 14.5 18.4 19.5	13.2 14.9 20.5 19.8	12.9 16.8 19.6 19.8	12.0 14.2 18.2 19.4
Location of residence ⁴					
Within MSA ⁸ Outside MSA ⁸	18.8 17.4	16.9 15.4	17.6 17.1	17.8 16.9	16.4 15.8

^{*} Estimates are considered unreliable. Data not shown have a relative standard error of greater than 30 percent.

⁵The race groups, white, black, American Indian and Alaska Native (Al/AN), Asian, Native Hawaiian and Other Pacific Islander, and 2 or more races, include persons of Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data years 1999–2000 race-specific estimates are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The five single race categories plus multiple race categories shown in the table conform to 1997 Standards. The 1999–2000 race-specific estimates are for persons who reported only one racial group; the category "2 or more races" includes persons who reported more than one racial group. Prior to data years 1999–2000, data were tabulated according to 1977 Standards with four racial groups and the category "Asian only" included Native Hawaiian and Other Pacific Islander. Estimates for single race categories prior to 1999–2000 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. The effect of the 1997 Standard on the 1999–2000 estimates can be seen by comparing 1999–2000 data tabulated according to the two Standards. Estimates based on the 1977 Standard of the percent of adults under 65 years of age with no usual source of care are: identical for white and black adults; 2.0 percentage points higher for Al/AN adults; and 0.5 percentage points lower for Asian and Pacific Islander adults than estimates based on the 1997 Standards. See Appendix II, Race.

⁶Poor persons are defined as below the poverty threshold. Near poor persons have incomes of 100 percent to less than 200 percent of the poverty threshold. Nonpoor

⁶Poor persons are defined as below the poverty threshold. Near poor persons have incomes of 100 percent to less than 200 percent of the poverty threshold. Nonpoor persons have incomes of 200 percent or greater than the poverty threshold. Missing family income data were imputed for 15–17 percent of persons 18–64 years of age in 1993–96. Starting with *Health, United States, 2004* a new methodology for imputing family income was used for data years 1997 and beyond. Missing family income data were imputed for 25–29 percent of persons 18–64 years of age in 1997–98 and 31–32 percent in 1999–2002. Therefore, estimates by poverty for 1997–2001 differ from those in previous editions of *Health, United States*. See Appendix II, Family income; Poverty level.

Thealth insurance categories are mutually exclusive. Persons who reported both Medicaid and private coverage are classified as having private coverage. Medicaid

⁷Health insurance categories are mutually exclusive. Persons who reported both Medicaid and private coverage are classified as having private coverage. Medicaid includes other public assistance through 1996. Starting in 1997 Medicaid includes state-sponsored health plans and State Children's Health Insurance Program (SCHIP). The category "insured" also includes military, other State, and Medicare coverage. In 1993–96 health insurance coverage was unknown for 8–9 percent of adults in the sample. Beginning in 1997 health insurance coverage was unknown for 1 percent of adults in the sample. See Appendix II, Health insurance coverage.
⁸MSA is metropolitan statistical area.

NOTES: For more data on usual source of care see the National Health Interview Survey home page: www.cdc.gov/nchs/nhis.htm. Standard errors are available in the spreadsheet version of this table. See www.cdc.gov/nchs/hus.htm.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, access to care and health insurance supplements (1993–96). Starting in 1997 data are from the family core and sample adult questionnaires.

^{- - -} Data not available.

¹Data prior to 1997 are not strictly comparable with data for later years due to the 1997 questionnaire redesign. See Appendix I, National Health Interview Survey. ²Persons who report the emergency department as the place of their usual source of care are defined as having no usual source of care. See Appendix II, Usual source of care.

³Includes all other races not shown separately and unknown health insurance status.

⁴Estimates are for persons 18–64 years of age and are age adjusted to the year 2000 standard population using three age groups: 18–44 years, 45–54 years, and 55–64 years of age. See Appendix II, Age adjustment.

Table 78 (page 1 of 2). Emergency department visits within the past 12 months among adults 18 years of age and over, according to selected characteristics: United States, selected years 1997–2002

		emer	more gency ent visits				more gency ent visits	
Characteristic	1997	1999	2001	2002	1997	1999	2001	2002
		Perd	ent of adu	ılts with em	ergency d	epartment v	∕isit¹	
All adults 18 years of age and over ^{2,3}	19.6	17.2	19.7	20.6	6.7	5.2	6.4	7.1
Age 18–44 years	20.7 26.3 19.0 16.2 15.7 16.9 22.0 20.3 24.3	17.7 21.7 16.5 14.6 14.3 15.1 19.9 17.3 23.1	19.8 24.0 18.4 18.0 17.7 18.5 22.3 19.7 25.4	20.8 24.7 19.5 18.2 18.1 18.4 23.9 21.2 27.1	6.8 9.1 6.2 5.6 5.5 5.7 8.1 7.1 9.3	5.6 7.3 5.0 4.3 4.3 4.3 5.6 4.7 6.7	6.5 8.7 5.8 5.6 5.5 5.9 7.5 7.1	7.1 8.5 6.7 6.3 6.7 5.7 8.3 7.7 9.0
Sex ³								
Male	19.1 20.2	16.1 18.2	18.9 20.5	19.6 21.5	5.9 7.5	4.3 6.0	5.7 7.2	6.2 7.9
Race ^{3,4}								
White only	19.0 25.9 24.8 11.6	16.6 22.2 29.2 9.7	19.1 25.2 33.9 12.7	19.6 27.8 25.5 13.6	6.2 11.1 13.1 *2.9	4.7 8.8 *11.7 *	6.1 9.4 15.5 *2.6	6.5 11.6 *10.0 *2.6
Islander only		24.4 26.0	25.5 25.4	30.9 38.0		11.4 *13.9	8.8 *6.1	13.4 16.1
Hispanic origin and race ^{3,4}								
Hispanic or Latino. Mexican American Not Hispanic or Latino. White only. Black or African American only.	19.2 17.8 19.7 19.1 25.9	15.3 14.4 17.5 16.9 22.2	18.4 15.6 20.0 19.4 25.3	18.5 18.2 20.9 20.0 27.9	7.4 6.4 6.7 6.2 11.0	4.5 4.1 5.3 4.8 8.8	7.0 5.6 6.4 6.1 9.4	6.9 6.4 7.2 6.6 11.6
Poverty status ^{3,5}	00.4	00.0	00.0	00.0	40.0	10.0	10.1	40.0
Poor Near poor Nonpoor.	28.1 23.8 17.0	26.0 20.7 15.1	26.8 24.6 17.6	28.8 24.9 18.2	12.8 9.3 4.9	10.8 7.4 3.9	12.1 9.5 4.9	12.8 9.8 5.6
Hispanic origin and race and poverty status ^{3,4,5}								
Hispanic or Latino: Poor. Near poor. Nonpoor.	22.1 19.2 17.6	16.1 15.7 14.5	19.4 19.4 17.1	22.3 19.7 16.7	9.8 8.1 5.4	6.0 4.9 3.7	9.7 7.7 5.3	9.1 8.7 5.0
Not Hispanic or Latino: White only: Poor Near poor Nonpoor	29.5 24.3 16.8	27.9 21.3 15.1	28.6 26.1 17.3	30.2 25.9 17.7	13.0 9.1 4.8	11.0 7.0 3.9	12.7 10.0 4.8	13.4 9.6 5.3
Black or African American only: Poor Near poor Nonpoor	34.6 29.2 19.7	31.7 25.4 16.9	31.0 27.4 22.3	35.4 29.7 24.3	17.5 12.8 7.2	15.7 11.6 5.0	14.3 11.7 6.5	16.7 13.8 9.0
Health insurance status ^{6,7}								
18–64 years of age: Insured. Private Medicaid Uninsured.	18.8 16.9 37.6 20.0	16.1 14.5 35.4 18.3	19.2 17.2 39.7 18.9	19.7 17.4 40.6 20.6	6.1 4.7 19.7 7.5	4.7 3.7 17.4 7.0	6.2 4.7 21.7 6.6	6.7 5.0 22.0 7.6
65 years of age and over: Medicare HMO Private Medicaid. Medicare fee-for-service only	20.2 21.3 35.2 22.0	20.1 19.3 30.0 19.2	23.6 21.0 36.0 21.5	20.4 23.9 32.8 22.5	6.7 6.9 20.2 9.4	5.7 5.3 12.8 4.4	8.8 6.4 18.7 6.9	7.4 7.8 12.7 8.7

See footnotes at end of table.

Table 78 (page 2 of 2). Emergency department visits within the past 12 months among adults 18 years of age and over, according to selected characteristics: United States, selected years 1997–2002

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

		emer	more gency ent visits		2 or more emergency department visits					
Characteristic	1997	1999	2001	2002	1997	1999	2001	2002		
Poverty status and health insurance status ^{5,6}	Percent of adults with emergency department visit ¹									
18–64 years of age: Poor: Insured	31.0 22.8 25.3 20.2	28.4 21.7 21.5 18.2	29.8 19.9 26.2 21.7	32.8 23.7 26.2 21.5	15.2 9.1 9.6 8.6 4.4	12.6 9.5 7.9 6.9 3.4	14.2 8.1 10.6 8.1 4.6	15.0 10.5 10.5 8.3 5.1		
Uninsured	18.0	16.5	16.5	18.6	5.5	5.7	4.7	5.8		
Geographic region ³ Northeast	19.5 19.3 20.9 17.7	16.9 17.2 17.7 16.4	19.8 19.6 20.9 17.6	20.6 20.9 21.4 18.5	6.9 6.2 7.3 6.0	5.1 5.1 5.7 4.5	6.1 6.0 7.3 5.6	6.2 6.7 8.3 6.3		
Location of residence ³ Within MSA ⁸ Outside MSA ⁸	19.1 21.5	16.6 19.5	19.4 21.3	19.9 23.4	6.4 7.8	4.9 6.4	6.3 7.0	6.6 8.9		

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

⁵Poor persons are defined as below the poverty threshold. Near poor persons have incomes of 100 percent to less than 200 percent of the poverty threshold. Nonpoor persons have incomes of 200 percent or greater than the poverty threshold. Starting with *Health, United States, 2004* a new methodology for imputing family income was used for data years 1997 and beyond. Missing family income data were imputed for 27–31 percent of persons 18 years of age and over in 1997–98 and 33–34 percent in 1999–2002. Therefore, estimates by poverty for 1997–2001 differ from those in previous editions of *Health, United States*. See Appendix II, Family income; Poverty level.

⁶Estimates for persons 18–64 years of age are age adjusted to the year 2000 Standard using three age groups: 18–44 years, 45–54 years, and 55–64 years of age. Estimates for persons 65 years of age and over are age adjusted to the year 2000 Standard using two age groups: 65–74 years and 75 years and over. See Appendix II. Age adjustment

⁷Health insurance categories are mutually exclusive. Persons who reported both Medicaid and private coverage are classified as having private coverage. Persons 65 years of age and over who reported Medicare HMO (health maintenance organization) and some other type of health insurance coverage are classified as having Medicare HMO. Starting in 1997 Medicaid includes state-sponsored health plans and State Children's Health Insurance Program (SCHIP). The category "insured" also includes military, other State, and Medicare coverage. See Appendix II, Health insurance coverage.

⁸MSA is metropolitan statistical area.

NOTES: Data for additional years are available. See Appendix III. Standard errors for selected years are available in the spreadsheet version of this table. See www.cdc.gov/nchs/hus.htm.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, family core and sample adult questionnaires.

^{- -} Data not available.

¹See Appendix II, Emergency department visit.

²Includes all other races not shown separately and unknown health insurance status.

³Estimates are for persons 18 years of age and over and are age adjusted to the year 2000 standard using five age groups: 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See Appendix II, Age adjustment.

⁴The race groups, white, black, American Indian and Alaska Native (Al/AN), Asian, Native Hawaiian and Other Pacific Islander, and 2 or more races, include persons of Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999 race-specific estimates are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The five single race categories plus multiple race categories shown in the table conform to 1997 Standards. The 1999 race-specific estimates are for persons who reported only one racial group; the category "2 or more races" includes persons who reported more than one racial group. Prior to data years 1999, data were tabulated according to 1977 Standards with four racial groups and the category "Asian only" included Native Hawaiian and Other Pacific Islander. Estimates for single race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. The effect of the 1997 Standard on the 1999 estimates can be seen by comparing 1999 data tabulated according to the two Standards. Age-adjusted estimates based on the 1977 Standard of the percent of adults with 1 or more emergency department visits are: 0.1 percentage points higher for white and black adults; 2.0 percentage points lower for Al/AN adults; and 0.3 percentage points higher for Asian and Pacific Islander adults than estimates based on the 1997 Standards. See Appendix II, Race.

Table 79 (page 1 of 2). Dental visits in the past year according to selected characteristics: United States, selected years 1997–2002

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

		ears of a		2	–17 yeai of age	rs	18	8–64 yea of age	ars		years of and over	
Characteristic	1997	1999	2002	1997	1999	2002	1997	1999	2002	1997	1999	2002
			F	ercent o	f persons	s with a	dental vis	sit in the	past yea	r ³		
Total ⁴	64.9	65.2	64.5	72.7	72.6	74.3	64.1	64.6	62.8	54.8	55.0	55.4
Sex												
MaleFemale	62.6 67.2	62.5 67.8	61.7 67.2	72.3 73.0	72.3 72.8	73.8 74.9	60.4 67.7	60.4 68.5	58.7 66.8	55.4 54.4	54.7 55.2	55.2 55.5
Race ⁵												
White only	66.5 56.5 51.5 61.8	67.2 56.2 56.2 63.6	66.5 54.5 51.5 61.4	74.0 68.8 66.8 69.9	74.5 67.6 58.2 69.6	76.3 68.8 66.5 66.8	65.7 57.0 49.9 60.3	66.6 55.8 55.2 63.1	64.7 53.6 50.6 62.6	56.8 35.4 * 53.9	56.8 39.7 *50.6 53.2	57.9 33.8 * 45.5
Native Hawaiian and Other Pacific Islander only		*	*		*	*		*	*		*	*
2 or more races		58.6 63.7	59.5 69.8		73.0 68.7	71.4 67.1		57.8 58.8	58.0 64.9		*35.1 *76.8	44.4
White		55.8	51.9		70.3	64.3		53.5	50.1		*	*42.2
Hispanic origin and race ⁵												
Hispanic or Latino	52.9 66.4 68.2 56.5	52.3 66.9 68.9 56.1	52.9 66.3 68.5 54.3	61.0 74.7 76.4 68.8	59.3 74.9 77.0 67.7	62.4 76.7 79.3 68.6	50.8 65.7 67.5 56.9	50.6 66.3 68.3 55.7	49.7 64.6 66.7 53.4	47.8 55.2 57.2 35.3	44.0 55.6 57.3 39.6	47.9 55.9 58.5 33.6
Poverty status ⁶												
Poor	47.7 50.6 72.5	46.4 50.4 72.1	47.7 51.6 70.8	62.0 62.5 80.1	58.4 62.9 79.8	64.4 66.9 79.6	46.9 48.3 71.2	45.4 48.0 70.9	44.6 47.8 69.0	31.5 40.8 65.9	33.3 40.8 64.6	35.0 42.9 64.6
Hispanic origin and race and poverty status ^{5,6}												
Hispanic or Latino: Poor	42.1 46.4 64.9	40.9 44.4 62.9	43.9 45.2 61.3	55.9 53.8 73.7	50.6 55.6 71.0	59.9 57.7 68.3	39.2 43.5 62.3	38.4 41.2 61.2	39.0 40.6 58.5	33.6 47.9 58.8	32.9 36.4 56.7	38.1 40.6 61.3
Not Hispanic or Latino: White only: Poor Near poor Nonpoor	50.6 52.9 73.9	49.8 52.7 73.9	51.9 55.3 73.0	64.4 66.1 81.3	62.3 64.6 81.8	69.4 71.2 82.7	50.6 50.4 72.7	49.8 50.6 72.7	48.8 51.5 71.1	32.0 42.2 67.0	35.0 41.7 65.8	38.2 45.2 66.4
Black or African American only: Poor Near poor Nonpoor	47.7 46.9 66.0	45.5 49.0 64.3	42.9 47.7 61.8	66.1 61.2 77.1	62.2 67.2 73.2	63.3 68.8 72.6	46.2 46.3 66.1	42.9 46.3 64.4	39.8 45.0 61.4	27.7 26.9 49.8	30.2 33.4 50.8	23.7 25.9 45.4

See footnotes at end of table.

Table 79 (page 2 of 2). Dental visits in the past year according to selected characteristics: United States, selected years 1997–2002

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

		rears of a		2	–17 yea of age	rs	18	3–64 yea of age	irs	65	years of and over	age
Characteristic	1997	1999	2002	1997	1999	2002	1997	1999	2002	1997	1999	2002
Geographic region	Percent of persons with a dental visit in the past year ³											
Northeast Midwest South West.	69.6 68.3 60.0 64.9	70.9 68.1 60.6 64.7	70.1 68.0 58.9 65.3	77.5 76.4 68.0 71.5	78.5 76.8 68.0 69.9	80.6 77.9 69.1 73.7	69.6 67.4 59.4 62.9	71.5 67.6 59.4 63.3	69.3 66.7 56.9 62.7	55.5 57.6 49.0 61.9	54.3 54.3 52.4 61.9	55.7 56.8 50.5 63.0
Location of residence												
Within MSA ⁷	66.5 59.1	67.1 58.3	66.2 58.1	73.6 69.3	73.1 70.7	74.9 72.0	65.7 58.0	66.8 56.2	64.6 55.5	57.6 46.1	58.1 45.0	58.3 45.9

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

⁶Poor persons are defined as below the poverty threshold. Near poor persons have incomes of 100 percent to less than 200 percent of the poverty threshold. Nonpoor persons have incomes of 200 percent or greater than the poverty threshold. Starting with *Health, United States, 2004* a new methodology for imputing family income was used for data years 1997 and beyond. Missing family income data were imputed for 25–29 percent of persons in 1997–98 and 32–33 percent in 1999–2002. Therefore, estimates by poverty for 1997–2001 differ from those in previous editions of *Health, United States*. See Appendix II, Family income; Poverty level. MSA is metropolitan statistical area.

NOTES: In 1997 the National Health Interview Survey questionnaire was redesigned. See Appendix I, National Health Interview Survey. Data for additional years are available. See Appendix III. Standard errors for selected years are available in the spreadsheet version of this table. See www.cdc.gov/nchs/hus.htm.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, sample child and sample adult questionnaires.

^{- - -} Data not available

¹Estimates are age adjusted to the year 2000 standard using six age groups: 2–17 years, 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See Appendix II, Age adjustment.

²Data from the 1997–2002 National Health Interview Survey estimate that 28–30 percent of persons 65 years of age and over were edentulous (having lost all their natural teeth). In 1997–2002 about 70 percent of older dentate persons compared with 16–20 percent of older edentate persons had a dental visit in the past year.
³Respondents were asked "About how long has it been since you last saw or talked to a dentist?" See Appendix II, Dental visit.

⁴Includes all other races not shown separately.

⁵The race groups, white, black, American Indian and Alaska Native (Al/AN), Asian, Native Hawaiian and Other Pacific Islander, and 2 or more races, include persons of Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999 race-specific estimates are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The five single race categories plus multiple race categories shown in the table conform to 1997 Standards. The 1999 race-specific estimates are for persons who reported only one racial group; the category "2 or more races" includes persons who reported more than one racial group. Prior to data year 1999, data were tabulated according to 1977 Standards with four racial groups and the category "Asian only" included Native Hawaiian and Other Pacific Islander. Estimates for single race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. The effect of the 1997 Standard on the 1999 estimates can be seen by comparing 1999 data tabulated according to the two Standards. Age-adjusted estimates based on the 1977 Standard of the percent of persons with a recent dental visit are: 0.1 percentage points lower for white and black persons; identical for Al/AN persons; and 0.2 percentage points lower for Asian and Pacific Islander persons than estimates based on the 1997 Standards. See Appendix II, Race.

Table 80 (page 1 of 2). Untreated dental caries according to age, sex, race and Hispanic origin, and poverty status: United States, 1971–74, 1988–94, and 1999–2000

[Data are based on dental examinations of a sample of the civilian noninstitutionalized population]

1999–2000 22.6 (1.8) 22.8 (2.1) 22.5 (2.6) 18.8 (2.8) 27.9 (1.5) 38.0 (2.8) 33.8 (2.7)
22.8 (2.1) 22.5 (2.6) 18.8 (2.8) 27.9 (1.5) 38.0 (2.8)
22.8 (2.1) 22.5 (2.6) 18.8 (2.8) 27.9 (1.5) 38.0 (2.8)
22.5 (2.6) 18.8 (2.8) 27.9 (1.5) 38.0 (2.8)
27.9 (1.5) 38.0 (2.8)
27.9 (1.5) 38.0 (2.8)
38.0 (2.8)
33.8 (2.7)
33.8 (2.7)
29.5 (3.9) 12.7 (1.7)
31.5 (4.4)
15.7 (3.0)
07.7 (0.7)
37.7 (2.7) 23.5 (2.1)
, ,
40.7 (4.0) 29.8 (2.1)
1999–200
19.2 (3.0
24.4 (4.1 *14.1 (3.3
**= * **
*17.6 (3.5 26.9 (4.3 34.0 (3.5
*
*26.6 (7.9 *15.3 (3.7
*17.2 (4.1
*
*32.8 (7.0
,

See footnotes at end of table.

Table 80 (page 2 of 2). Untreated dental caries according to age, sex, race and Hispanic origin, and poverty status: United States, 1971–74, 1988–94, and 1999–2000

[Data are based on dental examinations of a sample of the civilian noninstitutionalized population]

	75 years and over									
Sex, race and Hispanic origin, and poverty status	197	1–74	1988–94	1999–2000						
	Percent of persons with untreated dental caries (standard error)									
Total ¹			30.3 (1.8)	20.5 (3.2)						
Sex			, ,	, ,						
Male			34.4 (2.5)	25.9 (4.6)						
emale			28.1 (2.4)	*16.1 (3.6)						
Race and Hispanic origin ²										
lot Hispanic or Latino:										
White			27.8 (1.9)	17.3 (3.4)						
Black or African American			62.6 (6.6)	46.4 (8.4)						
Mexican			55.6 (7.1)	47.7 (7.3)						
Poverty status ³										
oor			47.1 (5.2)	*39.5 (8.5)						
lear poor			34.5 (2.8)	*21.7 (4.6)						
lonpoor			23.2 (2.2)	*15.7 (4.3)						
Race, Hispanic origin, and poverty status ^{2,3}										
Not Hispanic or Latino:										
White:										
Poor			38.0 (5.8)	* *						
Near poor and nonpoor			26.1 (2.0)	*16.5 (3.5)						
Black or African American:										
Poor			68.6 (11.1)	* *						
Near poor and nonpoor			60.2 (6.7)	* *						
Mexican:										
Poor			79.4 (6.3)	*50.1 (13.7)						
Near poor and nonpoor			^ *	*50.0 (13.0)						

^{*} 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 of greater than 30 percent or fewer than 30 cases. Standard errors for rates with an RSE of greater than 30 percent are also not shown.

³Poverty status is based on family income and family size. Poor persons are defined as below the poverty threshold. Near poor persons have incomes of 100 percent to less than 200 percent of the poverty threshold. Nonpoor persons have incomes of 200 percent or greater than the poverty threshold. Persons with unknown poverty status are excluded (4 percent in 1971–74, 6 percent in 1988–94, and 10 percent in 1999–2000). See Appendix II, Family income; Poverty level.

NOTES: Excludes edentulous persons (persons without teeth) of all ages. The majority of edentulous persons are 65 years of age and over. Estimates of edentulism among persons 65 years of age and over are 46 percent in 1971–74, 33 percent in 1988–94, and 30 percent in 1999–2000. See Appendix II, Dental caries.

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

^{- - -} Data not available.

¹Includes all other races not shown separately and unknown poverty status.

²Persons of Mexican origin may be of any race. Starting with data year 1999 race-specific estimates are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The two non-Hispanic race categories shown in the table conform to 1997 Standards. The 1999–2000 race-specific estimates are for persons who reported only one racial group. Prior to data year 1999, data were tabulated according to 1977 Standards. Estimates for single race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. The effect of the 1997 Standard on the 1999–2000 estimates can be seen by comparing 1999–2000 data tabulated according to the two Standards: Estimates based on the 1977 Standards of the percent of the population 18–64 years with dental caries are: 0.1 percentage points higher for black persons than estimates based on the 1997 Standards. See Appendix II, Race.

³Poverty status is based on family income and family size. Poor persons are defined as below the poverty threshold. Near poor persons have incomes of 100 percent

Table 81 (page 1 of 2). Use of mammography for women 40 years of age and over according to selected characteristics: United States, selected years 1987–2000

Characteristic	1987	1990	1991	1993	1994	1998	1999	2000
		Percen	t of women h	naving a mam	ımogram with	nin the past 2	2 years ¹	
40 years and over, age adjusted ^{2,3}	29.0	51.7	54.7	59.7	61.0	67.0	70.3	70.3
40 years and over, crude ²	28.7	51.4	54.6	59.7	60.9	66.9	70.3	70.3
Age 40–49 years. 50–64 years. 65 years and over 65–74 years 75 years and over.	31.9 31.7 22.8 26.6 17.3	55.1 56.0 43.4 48.7 35.8	55.6 60.3 48.1 55.7 37.8	59.9 65.1 54.2 64.2 41.0	61.3 66.5 55.0 63.0 44.6	63.4 73.7 63.8 69.4 57.2	67.2 76.5 66.8 73.9 58.9	64.2 78.6 68.0 74.0 61.3
Race ⁴								
40 years and over, crude: White only	29.6 24.0 * *	52.2 46.4 43.2 46.0	55.6 48.0 54.5 45.9	60.0 59.1 49.8 55.1	60.6 64.3 65.8 55.8	67.4 66.0 45.2 60.2	70.6 71.0 63.0 58.3 *	71.4 67.8 47.3 53.3 *
								00.2
Hispanic origin and race ⁴ 40 years and over, crude: Hispanic or Latino	18.3 29.4 30.3 23.8	45.2 51.8 52.7 46.0	49.2 54.9 56.0 47.7	50.9 60.3 60.6 59.2	51.9 61.5 61.3 64.4	60.2 67.5 68.0 66.0	65.7 70.7 71.1 71.0	61.4 71.0 72.1 67.9
Age, Hispanic origin, and race ⁴								
40–49 years: Hispanic or Latino	*15.3	45.1	44.0	52.6	47.5	55.2	61.6	54.2
White only	34.3 27.8	57.0 48.4	58.1 48.0	61.6 55.6	62.0 67.2	64.4 65.0	68.3 69.2	67.1 60.9
50–64 years: Hispanic or Latino	23.0	47.5	61.7	59.2	60.1	67.2	69.7	66.4
White onlyBlack or African American only	33.6 26.4	58.1 48.4	61.5 52.4	66.2 65.5	67.5 63.6	75.3 71.2	77.9 75.0	80.5 77.7
65 years and over: Hispanic or Latino	*	41.1	40.9	*35.7	48.0	59.0	67.2	68.2
White onlyBlack or African American only	24.0 14.1	43.8 39.7	49.1 41.6	54.7 56.3	54.9 61.0	64.3 60.6	66.8 68.1	68.3 65.5
Age and poverty status ⁵								
40 years and over, crude:								
Poor	14.6 31.3	30.8 54.1	35.2 57.5	41.1 61.8	44.2 63.4	50.1 69.1	57.4 71.7	54.8 72.1
40–49 years: Poor	18.4 33.4	32.2 57.0	33.0 58.1	36.1 62.1	43.0 63.4	44.8 65.3	51.3 68.8	47.4 65.8
50–64 years: Poor	14.6 34.1	29.9 58.5	37.3 63.0	47.3 66.8	46.2 68.8	52.7 76.1	63.3 77.9	61.7 80.3
65 years and over: Poor Near poor or nonpoor	13.1 25.5	30.8 46.2	35.2 51.1	40.4 56.4	43.9 57.7	51.9 65.8	57.6 68.1	54.8 69.9

See footnotes at end of table.

Table 81 (page 2 of 2). Use of mammography for women 40 years of age and over according to selected characteristics: United States, selected years 1987–2000

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

Characteristic	1987	1990	1991	1993	1994	1998	1999	2000
Age and education ⁶		Percen	it of women h	naving a mam	nmogram with	hin the past 2	years1	
40 years and over, crude: No high school diploma or GED High school diploma or GED Some college or more	17.8	36.4	40.0	46.4	48.2	54.5	56.7	57.7
	31.3	52.7	55.8	59.0	61.0	66.7	69.2	69.6
	37.7	62.8	65.2	69.5	69.7	72.8	77.3	76.1
40–49 years of age: No high school diploma or GED High school diploma or GED Some college or more	15.1	38.5	40.8	43.6	50.4	47.3	48.8	46.9
	32.6	53.1	52.0	56.6	55.8	59.1	60.8	59.0
	39.2	62.3	63.7	66.1	68.7	68.3	74.4	70.5
50–64 years of age: No high school diploma or GED High school diploma or GED Some college or more	21.2	41.0	43.6	51.4	51.6	58.8	62.3	66.3
	33.8	56.5	60.8	62.4	67.8	73.3	77.2	76.6
	40.5	68.0	72.7	78.5	74.7	79.8	81.2	84.1
65 years of age and over: No high school diploma or GED High school diploma or GED Some college or more	16.5	33.0	37.7	44.2	45.6	54.7	56.6	57.5
	25.9	47.5	54.0	57.4	59.1	66.8	68.4	72.0
	32.3	56.7	57.9	64.8	64.3	71.3	77.1	74.1

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

⁴The race groups, white, black, American Indian and Alaska Native (Al/AN), Asian, Native Hawaiian and Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999 race-specific estimates are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The five single race categories plus multiple race categories shown in the table conform to 1997 Standards. The 1999 race-specific estimates are for persons who reported only one racial group; the category "2 or more races" includes persons who reported more than one racial group. Prior to data year 1999, data were tabulated according to 1977 Standards with four racial groups and the category "Asian only" included Native Hawaiian and Other Pacific Islander. Estimates for single race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. The effect of the 1997 Standard on the 1999 estimates can be seen by comparing 1999 data tabulated according to the two Standards. Estimates based on the 1977 Standard of the percent of women 40 years of age and over with a recent mammogram are: 0.1 percentage points higher for white women; 0.2 percentage points higher for black women; 3.6 percentage points lower for Al/AN women; and 1.1 percentage points higher for Asian and Pacific Islander women than estimates based on the 1997 Standards. See Appendix II, Race.

⁵Poor persons are defined as below the poverty threshold. Near poor persons have incomes of 100 percent to less than 200 percent of the poverty threshold. Nonpoor persons have incomes of 200 percent or greater than the poverty threshold. Poverty status was unknown for 11 percent of women 40 years of age and over in 1998–2000. Therefore, estimates by poverty for 1998–2000 differ from those in previous editions of *Health, Uni*

⁶Education categories shown are for 1998 and subsequent years. GED stands for General Educational Development high school equivalency diploma. In years prior to 1998 the following categories based on number of years of school completed were used: less than 12 years, 12 years, 13 years or more. See Appendix II. Education.

NOTES: Standard errors for selected years are available in the spreadsheet version of this table. See www.cdc.gov/nchs/hus.htm. Data starting in 1997 are not strictly comparable with data for earlier years due to the 1997 questionnaire redesign. See Appendix I, National Health Interview Survey.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey. Data are from the following supplements: cancer control (1987), health promotion and disease prevention (1990–91), and year 2000 objectives (1993–94). Starting in 1998 data are from the family core and sample adult questionnaires.

^{- - -} Data not available

¹Questions concerning use of mammography differed slightly on the National Health Interview Survey across the years for which data are shown. See Appendix II, Mammography.

²Includes all other races not shown separately, unknown poverty status in 1987, and unknown education.

³Estimates are age adjusted to the year 2000 standard population using four age groups: 40–49 years, 50–64 years, 65–74 years, and 75 years and over. See Appendix II, Age adjustment.

Table 82 (page 1 of 2). Use of Pap smears for women 18 years of age and over according to selected characteristics: United States, selected years 1987–2000

Characteristic	1987	1993	1994	1998	1999	2000
		Percent of won	nen having a Par	smear within th	e past 3 years1	
18 years and over, age adjusted ^{2,3}	74.1	77.6	76.7	79.2	80.8	81.3
18 years and over, crude ²	74.4	77.6	76.6	79.1	80.8	81.3
Age						
18–44 years	83.3	84.4	82.7	84.4	86.8	84.9
18–24 years	74.8 86.3	77.6 86.2	76.4 84.4	73.6 87.6	76.8 89.9	73.7 88.5
45–64 years	70.5	77.3	77.3	81.4	81.7	84.6
45–54 years	75.7	82.2	81.7	83.7	83.8	86.3
55–64 years	65.2 50.8	70.6 58.0	70.9 57.6	78.0 59.8	78.4 61.0	82.0 64.6
65–74 years	57.9	64.7	64.9	67.0	70.0	71.6
75 years and over	40.4	47.8	47.3	51.2	50.8	56.8
Race⁴						
18 years and over, crude:	74.4	77.0	70.0	70.0	00.0	04.4
White only Black or African American only	74.1 80.7	77.2 82.6	76.3 83.0	78.9 84.2	80.6 85.7	81.4 85.1
American Indian and Alaska Native only	85.4	78.2	73.3	74.6	92.2	76.9
Asian only	51.9	69.6	67.2	68.5	64.4	66.3
Native Hawaiian and Other Pacific Islander only					*	*
2 or more races					86.9	80.2
Hispanic origin and race ⁴						
18 years and over, crude:						
Hispanic or Latino	67.6	77.2	74.3	75.2	76.3	76.9
Not Hispanic or Latino	74.9	77.6 77.2	76.9	79.6	81.3	81.8
White only	74.7 80.9	82.7	76.5 83.3	79.3 84.2	81.0 86.0	81.9 85.2
Age, Hispanic origin, and race ⁴						
18-44 years:						
Hispanic or Latino	73.9	80.9	80.6	76.4	77.0	78.2
White only	84.5	85.1	83.0	85.7	88.7	86.5
Black or Áfrican American only	89.1	88.1	89.1	88.9	90.8	88.5
45–64 years:	57.7	76.2	70.2	78.3	79.5	77.7
Hispanic or Latino	57.7	70.2	70.2	76.3	79.5	77.7
White only	71.2	77.3	77.6	81.7	81.9	85.9
Black or African American only	76.2	80.3	81.9	84.1	84.6	85.7
65 years and over: Hispanic or Latino	41.7	57.3	44.1	59.8	63.7	66.9
Not Hispanic or Latino:		57.5	50.4			
White only	51.8 44.8	57.5 61.5	58.4 60.9	59.7 61.7	60.5 64.5	64.3 67.3
Age and poverty status ⁵						
18 years and over, crude:						
Below poverty	64.2	69.4	68.1	69.8	73.6	72.1
Near or nonpoor	77.0	78.8	78.2	80.6	81.8	82.6
18-44 years:	70.0	70.0	70.0	4	- 0 -	
Below poverty	76.9 85.0	76.2 86.0	78.6 83.6	77.1 85.7	79.7 88.0	77.1 86.2
	55.0	00.0	00.0	05.7	00.0	00.2
45–64 years: Below poverty	53.6	66.2	61.8	67.6	73.1	73.5
Near or nonpoor	72.5	78.3	78.9	82.9	82.5	85.7
65 years and over:						
Below poverty	33.2	47.2	44.3	48.2	51.9	53.9
Near or nonpoor	55.8	59.6	60.8	61.7	62.3	66.2

See footnotes at end of table.

Table 82 (page 2 of 2). Use of Pap smears for women 18 years of age and over according to selected characteristics: United States, selected years 1987–2000

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

Characteristic	1987	1993	1994	1998	1999	2000
Age and education ⁶		Percent of we	omen having a F	Pap smear within	n the past 3 yea	ırs ¹
25 years and over, crude: No high school diploma or GED High school diploma or GED Some college or more	57.1	61.8	60.7	65.0	66.1	70.0
	76.4	78.1	75.8	77.4	79.3	79.9
	84.0	84.3	85.1	86.9	87.8	88.1
25–44 years of age: No high school diploma or GED High school diploma or GED Some college or more	75.1	73.4	73.3	76.8	79.0	79.6
	85.6	85.3	82.1	83.9	87.6	86.2
	90.1	89.6	89.0	91.5	93.0	91.4
45–64 years of age: No high school diploma or GED	58.0	65.5	65.6	69.2	71.6	75.7
	72.3	77.6	75.8	81.0	79.8	81.8
	80.1	83.1	84.7	85.5	85.7	89.0
65 years of age and over: No high school diploma or GED High school diploma or GED Some college or more	44.0	50.8	48.0	52.4	51.8	56.7
	55.4	61.9	61.4	60.7	63.7	67.0
	59.4	62.9	66.9	67.9	68.8	69.8

^{*} Estimates are considered unreliable. Data not shown have a relative standard error greater than 30 percent.

⁵Poor persons are defined as below the poverty threshold. Near poor persons have incomes of 100 percent to less than 200 percent of the poverty threshold. Nonpoor persons have incomes of 200 percent or greater than the poverty threshold. Poverty status was unknown for 9 percent of women 18 years of age and over in 1987. Missing family income data were imputed for 17–20 percent of women 18 years of age and over in 1990–94. Starting with *Health, United States, 2004* a new methodology for imputing family income was used for data years 1997 and beyond. Missing family income data were imputed for 32–35 percent of women 18 years of age and over in 1998–2000. Therefore, estimates by poverty for 1998–2000 differ from those in previous editions of *Health, United States*. See Appendix II, Family income; Poverty level.

⁶Education categories shown are for 1998 and subsequent years. In years prior to 1998 the following categories based on number of years of school completed were used: less than 12 years, 12 years, 13 years or more. GED stands for General Educational Development high school equivalency diploma. See Appendix II, Education.

NOTES: Standard errors for selected years are available in the spreadsheet version of this table. See www.cdc.gov/nchs/hus.htm. Data starting in 1997 are not strictly comparable with data for earlier years due to the 1997 questionnaire redesign. See Appendix I, National Health Interview Survey.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey. Data are from the following supplements: cancer control (1987), year 2000 objectives (1993–94). Starting in 1998 data are from the family core and sample adult questionnaires.

 ^{- -} Data not available.

¹Questions concerning use of Pap smears differed slightly on the National Health Interview Survey across the years for which data are shown. See Appendix II, Pap smear.

²Includes all other races not shown separately, unknown poverty status for 1987, and unknown education.

³Estimates are age adjusted to the year 2000 standard population using five age groups: 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. Age-adjusted estimates in this table may differ from other age-adjusted estimates based on the same data and presented elsewhere if different age groups are used in the adjustment procedure. See Appendix II, Age adjustment.

The race groups, white, black, American Indian and Alaska Native (Al/AN), Asian, Native Hawaiian and Other Pacific Islander, and 2 or more races, include persons of Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999 race-specific estimates are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The five single race categories plus multiple race categories shown in the table conform to 1997 Standards. The 1999 race-specific estimates are for persons who reported only one racial group; the category "2 or more races" includes persons who reported more than one racial group. Prior to data year 1999, data were tabulated according to 1977 Standards with four racial groups and the category "Asian only" included Native Hawaiian and Other Pacific Islander. Estimates for single race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. The effect of the 1997 Standard on the 1999 estimates can be seen by comparing 1999 data tabulated according to the two Standards. Estimates based on the 1977 Standard of the percent of women 18 years of age and over with a recent Pap smear are: identical for white and black women; 0.4 percentage points lower for Al/AN women; and 1.5 percentage points higher for Asian and Pacific Islander women than estimates based on the 1997 Standards. See Appendix II, Race.

Table 83 (page 1 of 2). Visits to physician offices and hospital outpatient and emergency departments by selected characteristics: United States, selected years 1995–2002

[Data are based on reporting by a sample of office-based physicians and hospital outpatient and emergency departments]

		All p	places ¹			Physicia	n offices					
Age, sex, and race	1995	2000	2001	2002	1995	2000	2001	2002				
			Nur	nber of visits i	n thousands	i	23,542 880,487 8 63,459 168,663 4 43,011 244,288 239,106 2 19,474 130,795 2 307,309 108,310 20,2447 112,978 2 304 316 300 314 226 233 224 222 358 373 323 224 222 358 373 324 412 431 612 678 577 625 654 739 261 275 251 264 231 235 148 152 260 273 367 371 539 598 670 758 345 356 348 362 221 231 298 291					
Total	860,859	1,014,848	1,071,692	1,083,474	697,082	823,542	880,487	889,980				
Under 18 years 18–44 years 45–64 years 45–54 years 55–64 years 65 years and over 65–74 years 75 years and over	194,644 285,184 188,320 104,891 83,429 192,712 102,605 90,106	212,165 315,774 255,894 142,233 113,661 231,014 116,505 114,510	216,202 317,826 279,955 154,518 125,437 257,709 126,828 130,881	232,665 314,440 283,521 155,910 127,610 252,848 122,476 130,372	150,351 219,065 159,531 88,266 71,264 168,135 90,544 77,591	163,459 243,011 216,783 119,474 97,309 200,289 102,447 97,842	244,288 239,106 130,795 108,310 228,430 112,978	183,027 240,432 242,142 131,806 110,336 224,380 109,331 115,049				
			Numb	er of visits pe	er 100 persor	าร						
Total, age adjusted ²	334 329	374 370	385 383	384 383	271 266			316 314				
Under 18 years 18–44 years 45–64 years 45–54 years 55–64 years 65 years and over 65–74 years 75 years and over	275 264 364 339 401 612 560 683	293 291 422 385 481 706 656 766	298 289 437 397 499 764 702 837	320 285 428 392 483 745 679 818	213 203 309 286 343 534 494 588	224 358 323 412 612 577	222 373 336 431 678 625	252 218 366 332 417 661 606 722				
Sex and age												
Male, age adjusted ² . Male, crude. Under 18 years. 18–44 years. 45–54 years. 55–64 years. 65–74 years. 75 years and over.	290 277 273 190 275 351 508 711	325 314 302 203 316 428 614 771	337 325 302 207 327 429 670 852	330 321 321 198 324 415 652 773	232 220 209 139 229 300 445 616	251 231 148 260 367 539	264 235 152 273 371 598	270 261 254 145 270 359 580 685				
Female, age adjusted ² Female, crude Under 18 years. 18–44 years. 45–54 years. 55–64 years. 65–74 years. 75 years and over.	377 378 277 336 400 446 603 666	420 424 285 377 451 529 692 763	431 437 295 370 464 563 728 828	435 441 319 370 458 545 702 847	309 310 217 265 339 382 534 571	348 221	362 231	359 365 250 290 390 471 628 746				
Race and age ³												
White, age adjusted ² White, crude Under 18 years. 18–44 years 45–54 years 55–64 years 65–74 years 75 years and over.	339 338 295 267 334 397 557 689	380 381 306 301 386 480 641 764	402 407 322 305 410 513 722 858	393 397 336 295 401 489 676 811	282 281 237 211 286 345 496 598	315 316 243 239 330 416 568 658	338 343 260 242 354 451 651 764	330 335 272 234 346 431 611 720				
Black or African American, age adjusted Black or African American, crude	309 281 193 260 387 414 553 534	353 324 264 257 383 495 656 745	327 302 201 266 397 476 567 632	409 376 304 298 397 528 *813 *989	204 178 100 158 281 294 429 395	239 214 167 149 269 373 512 568	212 189 102 154 286 341 426 473	283 253 196 173 281 386 *659 *812				

See footnotes at end of table.

Table 83 (page 2 of 2). Visits to physician offices and hospital outpatient and emergency departments by selected characteristics: United States, selected years 1995–2002

[Data are based on reporting by a sample of office-based physicians and hospital outpatient and emergency departments]

	Но	spital outpati	ent departme	ents	Но	ospital emerge	ency departm	ents		
Age, sex, and race	1995	2000	2001	2002	1995	2000	2001	2002		
		Number of visits in thousands								
Total	67,232	83,289	83,715	83,339	96,545	108,017	107,490	110,155		
Under 18 years	17,636 24,299 14,811 8,029 6,782 10,486 6,004	21,076 26,947 20,772 11,558 9,214 14,494 7,515	21,299 27,430 21,590 12,016 9,574 13,396 7,299	21,707 28,216 21,436 12,054 9,382 11,980 6,386	26,657 41,820 13,978 8,595 5,383 14,090 6,057	27,630 45,816 18,339 11,201 7,138 16,232 6,543	26,239 46,109 19,260 11,707 7,552 15,883 6,551	27,932 45,792 19,943 12,050 7,892 16,488 6,759		
65–74 years	4,482	6,979	6,097	5,595	8,033	9,690	9,332	9,728		
			Nu	mber of visit	s per 100 per	rsons				
Total, age adjusted ²	26 26	31 30	30 30	29 29	37 37	40 39	39 38	39 39		
Under 18 years	25 22 29 26 33 33 33 34	29 25 34 31 39 44 42 47	29 25 34 31 38 40 40 39	30 26 32 30 35 35 35 35	38 39 27 28 26 45 33 61	38 42 30 30 30 50 57 65	36 42 30 30 30 47 36 60	38 42 30 30 30 49 37 61		
Sex and age										
Male, age adjusted ² . Male, crude. Under 18 years. 18–44 years. 45–54 years. 55–64 years. 65–74 years. 75 years and over.	21 21 25 14 20 26 29 34	26 25 29 17 26 32 38 42	25 24 29 16 26 30 35 37	24 23 28 16 25 28 34 31	37 36 40 37 26 25 34 61	38 38 41 38 30 30 36 59	37 37 38 39 29 28 38 57	37 37 39 37 29 28 38 58		
Female, age adjusted ² Female, crude Under 18 years. 18–44 years. 45–54 years. 55–64 years. 65–74 years. 75 years and over.	31 31 25 31 32 38 36 34	35 35 29 33 36 45 46 49	35 35 29 34 36 45 45	35 35 31 35 36 43 36 38	37 37 35 40 29 26 32 61	41 41 35 46 31 31 37 69	40 40 34 45 31 32 35 61	41 41 38 46 32 32 37 63		
Race and age ³										
White, age adjusted ² White, crude Under 18 years. 18–44 years 45–54 years 55–64 years 65–74 years 75 years and over.	23 23 23 20 23 28 29	28 28 27 23 28 36 38 44	28 28 28 23 28 34 37 36	27 27 28 23 27 31 30 31	34 34 35 36 25 24 32 60	37 37 36 39 28 28 35 63	36 36 34 40 28 28 33 58	36 36 38 27 27 35 59		
Black or African American, age adjusted Black or African American, crude	48 45 39 38 55 73 *77 66	51 48 40 40 61 70 85 85	51 49 44 41 56 79 70 67	55 53 46 46 57 78 87 85	58 58 53 64 51 47 47 73	62 62 57 68 53 52 59 92	65 64 55 71 56 56 71 91	71 70 63 79 59 65 68 92		

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

1 All places includes visits to physician offices and hospital outpatient and emergency departments.

2 Estimates are age adjusted to the year 2000 standard population using six age groups: under 18 years, 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See Appendix II, Age adjustment.

3 In 1999 the instruction for the race item on the Patient Record Form was changed so that more than one race could be recorded. In previous years only one race could be checked. Estimates for race in this table are for visits where only one race was recorded. Estimates for visits where multiple races were checked are unreliable and are not presented.

NOTES: Rates for 1995–2000 were computed using 1990-based postcensal estimates of the civilian noninstitutionalized population as of July 1 adjusted for net underenumeration using the 1990 National Population Adjustment Matrix from the Bureau of the Census. Rates for 2001 and 2002 were computed using 2000-based postcensal estimates of the civilian noninstitutionalized population as of July 1. The difference between rates for 2000 computed using 1990-based postcensal estimates and rates computed using estimates based on 2000 census counts is minimal. See www.cdc.gov/nchs/about/major/ahcd/census2000.htm. Rates will be overestimated to the extent that visits by institutionalized persons are counted in the numerator (for example, hospital emergency department visits by nursing home residents) and institutionalized persons are omitted from the denominator. Data for additional years are available. See Appendix III.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey.

Table 84 (page 1 of 2). Injury-related visits to hospital emergency departments by sex, age, and intent and mechanism of injury: United States, average annual 1995–96, 1998–99, and 2001–2002

[Data are based on reporting by a sample of hospital emergency departments]

Sex, age, and intent and mechanism of injury ¹	1995–96	1998–99	2001–2002	1995–96	1998–99	2001–2002
Both sexes		Injury-related visits in thousar	nds	visi	Injury-related ts per 10,000 pe	
All ages ^{2,3}	36,081	37,361	39,273	1,360.9	1,378.3	1,398.9
Male						
All ages ^{2,3}	20,030	20,445	21,421	1,530.7	1,535.2	1,556.3
Under 18 years ²	6,238	6,054	6,070	1,720.2	1,644.3	1,634.7
Unintentional injuries ⁴ Falls	5,478 1,402 1,011 453 493 290	5,190 1,247 1,398 388 505 222	4,817 1,267 1,378 366 361 190	1,510.5 386.5 278.9 125.0 136.0 80.0	1,409.7 338.7 379.7 105.5 137.1 60.3	1,297.2 341.3 371.1 98.5 97.1 51.1
18–24 years ²	2,980	2,948	3,141	2,396.9	2,295.1	2,316.9
Unintentional injuries ⁴ Falls	2,423 299 387 347 304 335	2,319 333 389 412 344 291	2,170 323 436 424 312 272	1,948.7 240.8 311.0 279.4 244.8 269.2	1,805.3 259.5 303.1 320.9 268.2 226.5	1,600.8 238.6 321.7 313.1 230.0 200.5
25–44 years ²	7,245	7,112	7,242	1,767.4	1,751.7	1,774.5
Unintentional injuries ⁴	5,757 817 619 912 860 701	5,391 847 819 839 786 473	4,811 841 765 758 696 468	1,404.3 199.4 151.0 222.6 209.8 171.0	1,327.8 208.6 201.6 206.6 193.7 116.5	1,178.8 206.1 187.5 185.8 170.7 114.6
45–64 years ²	2,240	2,822	3,269	883.4	1,011.9	1,036.1
Unintentional injuries ⁴	1,845 445 186 244 203 86	2,213 569 197 322 290 73	2,132 469 245 332 307 128	727.6 175.6 73.3 96.3 79.9 33.8	793.4 204.0 70.6 115.5 104.1 26.2	675.6 148.5 77.6 105.2 97.3 40.6
65 years and over ²	1,327	1,509	1,700	1,000.7	1,100.3	1,192.5
Unintentional injuries ⁴ Falls	1,009 505 *39 99 *81	1,151 584 101 113 85 16	1,203 591 87 142 91 18	760.6 380.9 *29.4 74.7 *61.1	839.3 426.0 73.3 82.7 *61.7	844.3 414.6 60.7 100.0 63.5

See footnotes at end of table.

Table 84 (page 2 of 2). Injury-related visits to hospital emergency departments by sex, age, and intent and mechanism of injury: United States, average annual 1995-96, 1998-99, and 2001-2002

[Data are based on reporting by a sample of hospital emergency departments]

Sex, age, and intent and mechanism of injury ¹	1995–96	1998–99	2001–2002	1995–96	1998–99	2001–2002
Female		Injury-related visits in thousar		visi	Injury-related ts per 10,000 pe	
All ages ^{2,3}	16,051	16,917	17,852	1,186.4	1,217.6	1,238.5
Under 18 years ²	4,372	4,290	4,166	1,263.9	1,220.4	1,179.9
Unintentional injuries ⁴	3,760 1,040 477 447 253 220	3,598 964 689 394 258 147	3,119 867 611 396 200 204	1,087.0 300.7 137.9 129.3 73.0 63.6	1,023.4 274.2 196.1 112.1 73.4 41.7	883.3 245.5 172.9 112.0 56.7 57.7
18–24 years ²	1,900	2,049	2,218	1,523.4	1,589.6	1,634.9
Unintentional injuries ⁴	1,430 268 134 373 131 239	1,464 208 169 442 122 230	1,493 252 174 482 146 171	1,146.7 214.5 107.4 298.8 105.3 191.7	1,135.8 161.7 130.8 342.7 94.8 178.6	1,100.1 185.6 128.4 355.4 107.7 126.3
25–44 years ²	5,098	5,257	5,515	1,205.8	1,246.7	1,310.5
Unintentional injuries ⁴ Falls Struck by or against objects or persons Motor vehicle traffic Cut or pierce Intentional injuries	3,877 817 380 872 338 422	3,820 908 405 794 472 422	3,520 807 384 851 373 375	916.8 193.3 89.8 206.2 79.8 99.8	906.1 215.5 95.9 188.4 111.9 100.2	836.4 191.8 91.2 202.2 88.5 89.2
45–64 years ²	2,369	2,802	3,270	873.7	940.4	974.2
Unintentional injuries ⁴	1,857 600 160 343 127 *64	2,109 706 193 317 214 111	2,221 750 210 375 198 83	685.2 221.5 58.8 126.5 46.9 *23.5	707.9 237.0 64.8 106.4 71.8 37.4	661.5 223.3 62.6 111.6 58.9 24.7
65 years and over ²	2,313	2,518	2,682	1,256.1	1,346.8	1,369.4
Unintentional injuries ⁴	1,931 1,230 82 169 *42	2,016 1,258 119 148 73 34	1,997 1,231 158 166 63 23	1,049.0 667.9 44.8 91.6 *22.7	1,078.1 672.7 63.6 79.3 *39.0	1,019.8 628.3 80.6 85.0 *32.0

^{*} 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 of greater than 30 percent.

NOTES: An emergency department visit was considered injury related if the checkbox for injury was indicated, the physician's diagnosis was injury related (ICD-9-CM 800-999), an external cause of injury code was present (ICD-9-CM E800-E999), or the patient's reason for the visit was injury related. Rates for 1995–2000 were computed using 1990-based postcensal estimates of the civilian noninstitutionalized population as of July 1 adjusted for net underenumeration using the 1990 National Population Adjustment Matrix from the Bureau of the Census. Rates for 2001 and 2002 were computed using 2000-based postcensal estimates of the civilian noninstitutionalized population as of July 1. The difference between rates for 2000 computed using 1990-based postcensal estimates and rates computed using estimates based on 2000 census counts is minimal. See www.cdc.gov/nchs/about/major/ahcd/census2000.htm. Rates will be overestimated to the extent that visits by institutionalized persons are counted in the numerator (for example, hospital emergency department visits by nursing home residents) and institutionalized persons are omitted from the denominator. Data for additional years are available. See Appendix III

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Hospital Ambulatory Medical Care Survey.

¹ Intent and mechanism of injury are based on the first-listed external cause of injury code (E code). Intentional injuries include suicide attempts and assaults. See Appendix II, First-listed external cause of injury and Appendix II, table VII for listing of E codes.

2Includes all injury-related visits not shown separately in table including those with undetermined intent (0.4 percent in 2001–02), insufficient or no information to code

cause of injury (20.9 percent in 2001-02), and resulting from adverse effects of medical treatment (3.6 percent in 2001-02).

³Rates are age adjusted to the year 2000 standard population using six age groups: under 18 years, 18–24 years, 25–44 years, 45–64 years, 65–74 years, and 75 years and over. See Appendix II, Age adjustment.

4Includes unintentional injury-related visits with mechanism of injury not shown in table.

Table 85 (page 1 of 3). Visits to primary care and specialist physicians, according to selected characteristics and type of physician: United States, 1980, 1990, 2000, and 2002

[Data are based on reporting by a sample of office-based physicians]

				Type of prima	ry care physici	an¹		
		All prim	ary care			General and	family practice	
Age, sex, and race	1980	1990	2000	2002	1980	1990	2000	2002
			F	Percent of all p	hysician office	visits		
Total	56.6	54.9	51.1	54.1	33.5	29.9	24.1	24.1
Under 18 years	76.6 43.6 56.0 54.6 57.3 60.3 59.5 61.3	78.3 44.3 50.9 49.4 52.4 51.5 51.2 51.8	78.6 41.7 46.7 46.7 46.7 45.0 44.6 45.4	78.1 45.1 48.8 49.4 48.1 50.0 50.1 49.9	26.1 34.3 36.3 37.4 35.4 37.5 37.4 37.6	26.5 31.9 32.1 32.0 32.1 28.1 28.1 28.0	19.9 28.2 26.4 27.8 24.7 20.2 19.7 20.8	16.4 29.1 27.5 28.2 26.8 21.2 22.1 20.4
Sex and age								
Male: Under 18 years	77.1 50.5 55.0 57.9	77.9 51.7 50.5 51.1	77.4 50.4 48.9 43.1	77.2 55.5 50.3 47.1	25.6 38.0 34.4 35.6	24.1 35.9 31.0 27.7	18.3 34.2 28.7 19.3	15.5 36.3 28.6 21.7
Female: Under 18 years 18–44 years 45–64 years 65 years and over	76.0 40.4 56.7 61.8	78.8 41.0 51.1 51.7	79.9 37.6 45.2 46.3	79.1 40.0 47.7 51.8	26.6 32.5 37.7 38.7	29.1 30.0 32.8 28.3	21.7 25.3 24.9 20.9	17.5 25.5 26.8 20.9
Race and age ²								
White: Under 18 years	76.5 43.8 55.4 60.0	78.2 43.2 49.4 50.7	77.3 41.0 44.6 43.6	77.7 45.8 47.6 48.4	26.4 34.5 36.0 36.6	27.1 31.9 31.5 27.5	21.2 29.2 27.3 20.3	17.5 30.1 28.3 22.1
Black or African American: Under 18 years	77.1 41.4 61.3 63.3	82.1 50.4 58.2 57.8	86.4 44.3 59.4 52.1	78.4 39.4 58.1 66.4	23.7 31.7 38.6 49.0	20.2 31.9 31.2 28.9	22.0 23.3 *18.5	11.2 24.2 22.3

See footnotes at end of table.

Table 85 (page 2 of 3). Visits to primary care and specialist physicians, according to selected characteristics and type of physician: United States, 1980, 1990, 2000, and 2002

[Data are based on reporting by a sample of office-based physicians]

				Type of primary	care physiciai	η ¹		
		Internal	medicine			Pedi	iatrics	
Age, sex, and race	1980	1990	2000	2002	1980	1990	2000	2002
			Pe	ercent of all phy	sician office vi	sits		
Total	12.1	13.8	15.3	17.6	10.9	11.2	11.7	12.4
Under 18 years. 18–44 years. 45–64 years. 45–54 years. 55–64 years. 65 years and over. 65–74 years. 75 years and over.	2.0 8.6 19.5 17.1 21.8 22.7 22.1 23.5	2.9 11.8 18.6 17.1 20.0 23.3 23.0 23.7	* 12.7 20.1 18.7 21.7 24.5 24.5 24.5	* 15.4 21.2 21.1 21.4 28.7 28.0 29.5	48.5 0.7 * * * *	48.9 0.7 * * * *	57.3 *0.9 * * * *	59.5 0.7 * * * *
Sex and age								
Male: Under 18 years	2.0 11.5 20.5 22.3	3.0 15.0 19.2 23.3	* 14.4 19.8 23.8	* 18.1 21.6 25.4	49.4	50.7	58.0 *1.7 *	60.0
Female: Under 18 years 18–44 years 45–64 years 65 years and over	2.0 7.3 18.9 22.9	2.8 10.3 18.2 23.3	* 11.9 20.2 25.0	14.0 20.9 31.0	47.4	46.9	56.5	58.9 *0.5 *
Race and age ²								
White: Under 18 years 18–44 years 45–64 years 65 years and over	2.0 8.6 19.2 23.3	2.3 10.6 17.6 23.1	* 11.0 17.1 23.0	15.1 19.2 26.3	48.2	48.8	54.7 *0.8 *	57.7 0.6 *
Black or African American: Under 18 years	9.0 22.6 14.2	* 18.1 26.9 28.7	* 20.9 35.9 33.4	*14.5 35.8 *51.1	51.2	52.1 * *	75.0 * *	66.7

See footnotes at end of table.

Table 85 (page 3 of 3). Visits to primary care and specialist physicians, according to selected characteristics and type of physician: United States, 1980, 1990, 2000, and 2002

[Data are based on reporting by a sample of office-based physicians]

					Туре	of specia	alist physic	rian¹				
		All sp	ecialists		Obs	stetrics an	nd gynecol	logy	,	All other	specialist	s
Age, sex, and race	1980	1990	2000	2002	1980	1990	2000	2002	1980	1990	2000	2002
					Perce	ent of all p	hysician o	office visits	;			
Total	43.4	45.1	48.9	45.9	9.6	9.0	7.9	7.9	33.8	36.1	40.9	38.0
Under 18 years	23.4 56.4 44.0 45.4 42.7 39.7 40.5 38.7	21.7 55.7 49.1 50.6 47.6 48.5 48.8 48.2	21.4 58.3 53.3 53.3 55.0 55.4 54.6	21.9 54.9 51.2 50.6 51.9 50.0 49.9 50.1	1.3 21.7 4.2 5.6 2.9 1.4 1.7 1.0	1.2 21.5 4.8 6.5 3.2 1.2 1.6 *0.7	*1.1 20.7 4.6 5.6 3.3 1.5 2.1 *1.0	*1.1 21.0 6.0 7.5 4.1 *1.5 *2.1 *0.9	22.2 34.7 39.8 39.8 39.8 38.4 38.8 37.7	20.5 34.1 44.3 44.2 44.4 47.3 47.2 47.5	20.3 37.5 48.8 47.7 50.1 53.5 53.4 53.6	20.8 33.9 45.2 43.1 47.7 48.6 47.9 49.2
Sex and age												
Male: Under 18 years	22.9 49.5 45.0 42.1	22.1 48.3 49.5 48.9	22.6 49.6 51.1 56.9	22.8 44.5 49.7 52.9					22.7 49.2 44.4 41.8	21.9 48.2 49.4 48.8	22.3 48.5 50.6 56.9	22.8 44.5 49.7 52.9
Female: Under 18 years	24.0 59.6 43.3 38.2	21.2 59.0 48.9 48.3	20.1 62.4 54.8 53.7	20.9 60.0 52.3 48.2	2.5 31.7 6.7 2.1	2.3 31.4 7.9 1.9	2.1 30.2 7.3 2.6	*2.3 31.3 10.1 *2.4	21.5 27.9 36.6 36.1	18.9 27.6 40.9 46.4	18.0 32.2 47.5 51.1	18.6 28.7 42.2 45.7
Race and age ²												
White: Under 18 years	23.5 56.2 44.6 40.0	21.8 56.8 50.6 49.3	22.7 59.0 55.4 56.4	22.3 54.2 52.4 51.6	1.1 21.0 4.1 1.4	1.0 21.8 4.9 1.3	*1.2 20.8 4.8 1.5	1.0 19.9 6.0 *1.6	22.4 35.2 40.4 38.6	20.8 35.0 45.7 48.1	21.5 38.2 50.6 54.9	21.3 34.3 46.4 50.0
Black or African American: Under 18 years	22.9 58.6 38.7 36.7	17.9 49.6 41.8 42.2	*13.6 55.7 40.6 47.9	*21.6 60.6 41.9 *33.6	2.8 27.1 4.8 *	*3.4 18.6 4.0	20.7 *2.4 *	30.9 *5.5 *	20.1 31.5 33.9 35.4	14.5 31.0 37.9 41.3	*12.7 35.0 38.3 47.0	*19.4 29.7 36.5 *32.7

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

NOTES: This table presents data on visits to physician offices and excludes visits to other sites such as hospital outpatient and emergency departments. In 1980 the survey excluded Alaska and Hawaii. Data for all other years include all 50 States. Excludes visits with type of physician unknown. Data for additional years are available. See Appendix III.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Ambulatory Medical Care Survey.

^{. .} Category not applicable.

¹Type of physician is based on physician's self-designated primary area of practice. Primary care physicians are defined as practitioners in the fields of general and family practice, general internal medicine, and general pediatrics. Primary care physicians in general and family practice exclude specialists such as sports medicine and geriatrics. Primary care internal medicine physicians exclude internal medicine specialists such as allergists, cardiologists, endocrinologists, etc. Primary care pediatricians exclude pediatric specialists such as adolescent medicine specialists, neonatologists, pediatric allergists, pediatric cardiologists, etc. Specialist physicians include obstetricians and gynecologists in addition to other specialists not included in general and family practice, internal medicine, pediatrics, and all other specialists. See Appendix II, Physician specialty.

²Beginning in 1999 the instruction for the race item on the Patient Record Form was changed so that more than one race could be recorded. In previous years only one racial category could be checked. Estimates for racial groups presented in this table are for visits where only one race was recorded. Estimates for visits where multiple races were checked are unreliable and are not presented.

Table 86 (page 1 of 2). Prescription drug use in the past month by sex, age, race, and Hispanic origin: United States, 1988-94 and 1999-2000

[Data are based on a sample of the civilian noninstitutionalized population]

				Not Hisp	anic or Latino			
	All p	ersons¹	N	/hite	Black or Afr	ican American	Me.	xican²
Sex and age	1988–94	1999–2000	1988–94	1999–2000	1988–94	1999–2000	1988–94	1999–2000
		Percent	of population	on with at leas	st one prescrip	otion drug in pas	st month	
Both sexes, age adjusted ³	39.1	44.3	41.1	47.4	36.9	40.1	31.7	32.0
	32.7	38.8	34.2	41.7	31.1	34.1	27.5	26.6
	45.0	49.4	47.6	52.9	41.4	44.9	36.0	37.1
Both sexes, crude Male Female	37.8	43.0	41.4	48.2	31.2	34.6	24.0	24.1
	30.6	36.7	33.5	41.5	25.5	28.3	20.1	19.7
	44.6	49.2	48.9	54.8	36.2	40.2	28.1	28.8
Under 18 years	20.5	24.1	22.9	27.2	14.8	19.2	16.1	16.4
18–44 years	31.3	34.7	34.3	39.6	27.8	26.5	21.1	19.4
45–64 years	54.8	62.1	55.5	63.5	57.5	61.7	48.1	51.2
65 years and over	73.6	83.9	74.0	84.5	74.5	86.7	67.7	69.1
Male: Under 18 years. 18–44 years. 45–64 years 65 years and over.	20.4	25.8	22.3	29.5	15.5	20.4	16.3	17.2
	21.5	25.4	23.5	29.4	21.1	17.9	14.9	13.7
	47.2	53.6	48.1	55.0	48.2	50.6	43.8	40.2
	67.2	81.1	67.4	81.6	64.4	83.1	61.3	62.3
Female: Under 18 years. 18–44 years. 45–64 years. 65 years and over.	20.6	22.2	23.6	24.8	14.2	17.9	16.0	15.7
	40.7	43.8	44.7	49.6	33.4	33.8	28.1	25.7
	62.0	69.8	62.6	72.0	64.4	70.4	52.2	60.7
	78.3	86.0	78.8	86.6	81.3	89.4	73.0	74.7
		Percent o	f population	n with three or	more prescri	ption drugs in pa	ast month	
Both sexes, age adjusted ³	11.8	16.5	12.4	17.4	12.6	16.2	9.0	10.4
	9.4	13.2	9.9	14.0	10.2	15.2	7.0	8.9
	13.9	19.4	14.6	20.7	14.3	17.1	11.0	11.7
Both sexes, crude	11.0	15.5	12.5	18.0	9.2	12.1	4.8	5.6
	8.3	11.8	9.5	13.9	7.0	10.4	3.4	4.5
	13.6	19.2	15.4	22.0	11.1	13.6	6.4	6.7
Under 18 years	2.4	3.7	3.2	4.1	1.5	*2.5	*1.2	2.0
18–44 years	5.7	7.5	6.3	9.4	5.4	*5.0	3.0	*
45–64 years	20.0	29.5	20.9	30.1	21.9	29.9	16.0	19.5
65 years and over	35.3	47.6	35.0	47.4	41.2	55.4	31.3	37.1
Male: Under 18 years. 18–44 years. 45–64 years. 65 years and over.	2.6 3.6 15.1 31.3	3.1 4.9 22.4 43.9	3.3 4.1 15.8 30.9	*3.5 6.3 23.4 43.0	1.7 4.2 18.7 31.7	27.1 56.6	*1.8 11.6 27.6	2.4 * *17.4 31.5
Female: Under 18 years. 18–44 years. 45–64 years. 65 years and over.	2.3 7.6 24.7 38.2	4.3 10.1 35.9 50.3	3.0 8.5 25.8 38.0	*4.8 12.4 36.9 50.6	*1.2 6.4 24.3 47.7	* 32.0 54.5	*1.5 4.3 20.3 34.5	*1.6 21.3 41.6

See footnotes at end of table.

Table 86 (page 2 of 2). Prescription drug use in the past month by sex, age, race, and Hispanic origin: United States, 1988–94 and 1999–2000

[Data are based on a sample of the civilian noninstitutionalized population]

				Not Hisp	anic or Latino			
	All po	ersons ¹	И	/hite	Black or Afr	ican American	Me.	xican²
Sex and age	1988–94	1999–2000	1988–94	1999–2000	1988–94	1999–2000	1988–94	1999–2000
	Stan	dard errors fo	r percent o	f population w	ith at least on	e prescription d	rug in past	month ⁴
Both sexes, age adjusted ³	0.5	1.0	0.7	1.1	0.6	1.4	0.8	1.2
	0.6	1.4	0.8	1.6	0.9	2.1	0.9	1.7
	0.6	1.1	0.9	1.3	0.9	1.8	1.0	1.5
Both sexes, crude	0.5	1.1	0.7	1.1	0.6	1.6	0.8	1.4
	0.7	1.4	0.9	1.6	0.9	2.3	0.9	1.6
	0.7	1.2	1.0	1.3	0.9	1.8	0.7	1.9
Under 18 years	0.8	1.3	1.3	2.0	0.7	1.2	0.6	1.3
	0.8	1.7	1.0	1.6	0.9	2.4	1.1	2.0
	1.0	1.9	1.1	2.2	1.6	3.7	2.0	3.9
	0.9	1.3	1.0	1.5	1.5	1.7	2.7	3.9
Male: Under 18 years. 18–44 years. 45–64 years. 65 years and over.	1.0	1.8	1.4	2.6	1.0	1.5	0.9	1.5
	1.0	2.1	1.3	2.4	1.3	3.4	1.2	2.4
	1.4	2.7	1.7	3.0	2.2	5.3	2.5	5.3
	1.6	2.2	1.8	2.5	2.6	4.1	2.7	4.8
Female: Under 18 years. 18–44 years. 45–64 years. 65 years and over.	1.0	1.5	1.6	2.3	0.8	1.6	0.9	2.4
	1.0	2.4	1.5	2.8	1.3	3.0	1.2	2.3
	1.4	2.4	1.7	3.0	2.0	4.8	3.3	4.7
	1.1	1.8	1.2	1.9	1.8	2.8	3.4	4.4
	Standa	ard errors for	percent of	population wit	h three or mo	re prescription o	Irugs in pas	t month ⁴
Both sexes, age adjusted ³	0.2	0.7	0.3	0.8	0.5	1.0	0.4	0.9
	0.3	0.8	0.4	1.0	0.6	1.5	0.5	1.2
	0.4	0.9	0.4	1.0	0.7	1.2	0.7	1.1
Both sexes, crude	0.3	0.7	0.4	0.9	0.5	1.0	0.3	0.5
	0.3	0.8	0.4	1.0	0.5	1.3	0.3	0.7
	0.4	0.9	0.6	1.1	0.7	1.3	0.4	0.7
Under 18 years	0.3	0.5	0.5	0.8	0.2	0.6	0.3	0.3
	0.3	0.8	0.4	1.0	0.4	1.3	0.3	*
	0.8	1.7	0.9	2.1	1.1	2.6	1.3	2.4
	0.9	1.9	1.0	2.3	2.2	3.1	2.2	3.7
Male: Under 18 years. 18–44 years. 45–64 years. 65 years and over.	0.4 0.5 1.0 1.3	0.5 0.9 2.6 2.7	0.6 0.6 1.2 1.4	0.9 1.2 3.0 3.1	0.3 0.6 1.4 2.3	* 4.6 4.5	0.4 1.8 3.0	0.4 * 3.6 4.8
Female: Under 18 years. 18–44 years. 45–64 years. 65 years and over.	0.3 0.5 1.1 1.3	0.9 1.3 2.3 2.1	0.5 0.7 1.3 1.4	1.3 1.6 2.7 2.5	0.3 0.7 1.6 3.0	* 3.4 5.0	0.4 0.5 2.3 3.2	0.4 * 3.6 4.1

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

NOTES: Starting with data year 1999 race-specific estimates are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The two non-Hispanic race categories shown in the table conform to 1997 Standards. The 1999–2000 race-specific estimates are for persons who reported only one racial group. Prior to data year 1999, data were tabulated according to 1977 Standards. Estimates for single race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. The effect of the 1997 Standard on the 1999–2000 estimates can be seen by comparing 1999–2000 data tabulated according to the two Standards: Estimates based on the 1977 Standards of the percent of the population, age adjusted, are: 0.2 percentage points higher for white males; 0.1 percentage points lower for black males; and 0.1 percentage points higher for black females than estimates based on the 1997 Standards. See Appendix II, Race.

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

¹Includes persons of all races and Hispanic origins, not just those shown separately.

²Persons of Mexican origin may be of any race.

³Age adjusted to the 2000 standard population using four age groups: Under 18, 18–44, 45–64, and 65 years and over. See Appendix II, Age adjustment.

⁴Standard errors of estimates are shown. 1999–2000 estimates are based on a smaller sample size than estimates for 1988–94 and therefore are subject to greater sampling error.

Table 87 (page 1 of 3). Selected prescription and nonprescription drugs recorded during physician office visits and hospital outpatient department visits, by age and sex: United States, 1995–96 and 2001–02

[Data are based on a sample of visit records from physician offices and hospital outpatient departments]

	То	tal	Ma	ale	Fer	nale
Age group and National Drug Code (NDC) therapeutic class¹ (common reasons for use)	1995–96	2001–02	1995–96	2001–02	1995–96	2001–02
All ages		Vis	its with at least	one drug per 1	00 population ²	
Drug visits ³	189.8	218.6	156.5	180.3	221.5	255.0
			Number of dr	ugs per 100 po	pulation ⁴	
Total number of drugs ⁵	400.3	521.4	321.1	424.0	475.6	614.0
otal number of drugs ⁵	19.9	26.9	16.0	21.8	23.7	31.8
Intidepressants (dépression and related disorders)	13.8	23.8	9.1	15.4	18.2	31.8
ntihistamines (allergies)	13.7	21.7	10.8	17.9	16.4	25.2
ntiasthmatics/bronchodilators (asthma, breathing)	13.0	20.1	11.7	18.2		22.0
onnarcotic analgesics (pain relief)	14.4	18.3	13.0	17.1		19.4
lood glucose/sugar regulators (diabetes)	9.5	17.1	8.6	16.6		17.5
yperlipidemia (high cholesterol)	5.4	16.8	5.4	17.7	5.4	16.0
(high blood pressure)	6.0	16.4	4.1	14.3	7.8	18.5
Acid/peptic disorders (gastrointestinal reflux,	40.0	45.0	0.0	10.0		40.0
ulcers)	12.0	15.9	9.8	13.0		18.8
CE inhibitors (high blood pressure, heart disease)	9.6	15.2	9.0	14.7		15.6
enicillins (bacterial infections)	16.6	13.7	15.5	12.8		14.7
biuretics (high blood pressure, heart disease)	10.2	12.7 12.6	7.8	10.5 7.4		14.8
itamins/minerals (dietary supplements)	9.3	12.0	3.4	7.4	14.0	17.5
disease)	12.0	12.3	10.4	10.6	13.4	13.9
strogens/progestins (menopause, hot flashes)					19.8	22.7
Under 18 years		Vis	its with at least	one drug per 1	100 population ² 221.5 population ⁴ 475.6 23.7 18.2 16.4 14.3 15.7 10.4 5.4 7.8 14.1 10.2 17.7 12.6 14.8 13.4 19.8 100 population ² 155.6 population ⁴ 267.3 38.0 18.4 11.9 9.4 7.9 13.9 12.7 17.3 15.7 2.1 100 population ²	
rug visits ³	153.9	168.4	152.3	167.3	155.6	169.5
			Number of dr	ugs per 100 po	pulation ⁴	
otal number of drugs ⁵	261.3	317.2	255.6	313.2	•	321.4
Penicillins (bacterial infections)	37.2	32.5	36.4	31.4		33.7
ntihistamines (allergies)	17.5	25.2	16.7	26.0		24.3
ntiasthmatics/bronchodilators (asthma, breathing)	13.4	22.5	14.8	25.1		19.7
rvthromycins/lincosamides (infections)	10.2	12.7	11.0	11.9		13.5
ŚAID ⁶ (pain relief)onnarcotic analgesics (pain relief)	7.4	12.2	6.9	11.6		12.8
onnarcotic analgesics (pain relief)	12.1	11.1	10.4	11.8	13.9	10.4
ntitussives/expectorants (cough and cold, congestion).	11.8	10.8	11.0	10.8	12.7	10.8
Cephalosporins (bacterial infections)	18.1	10.2	18.8	10.5	17.3	10.0
lasal decongestants (congestion)	14.0	9.7	12.4	10.2	15.7	9.2
norexiants/CNS stimulants (attention deficit disorder,	3.9	7.4	5.6	10.6	2.1	4.1
hyperactivity)	3.9					4.1
18–44 years				٥.		
Prug visits ³	136.2	146.9	90.0	100.8	180.4	191.9
				ugs per 100 po	•	
otal number of drugs ⁵	251.0	292.3	168.8	204.1		378.4
intidepressants (depression and related disorders)	14.0	23.4	9.3	14.3		32.3
SAID ⁶ (pain relief)	16.7	18.5	14.5	15.0		22.0
ntihistamines (allergies)	10.8	17.1	7.5	12.1		21.9
arcotic analgesics (pain)	11.7	12.3	10.8	11.0		13.6
onnarcotic analgesics (pain relief)	6.0	6.2	4.5	4.6		7.8
ntiasthmatics/bronchodilator (asthma, breathing)	6.8	10.5	3.3	7.1		13.7
itamins/minerals (dietary supplements)	11.8	9.7	1.1	1.9	22.3	17.3
lasal corticosteroid inhalants (asthma, breathing, allergies)	4.7	9.3	3.3	7.1	6 1	11.4
cid/peptic disorders (gastrointestinal reflux,	7./	3.3	3.3	7.1	0.1	11.4
	6.6	7.8	5.3	6.8	7.9	8.8
ulcers)						
ulcers)				5.5	11.9	9.5
ulcers)	9.5 7.7	7.5 7.4	7.0 5.8	5.5 6.2		9.5 8.5

See footnotes at end of table.

Table 87 (page 2 of 3). Selected prescription and nonprescription drugs recorded during physician office visits and hospital outpatient department visits, by age and sex: United States, 1995–96 and 2001–02

[Data are based on a sample of visit records from physician offices and hospital outpatient departments]

	То	tal	Ma	ale	Fer	nale
Age group and National Drug Code (NDC) therapeutic class¹ (common reasons for use)	1995–96	2001–02	1995–96	2001–02	1995–96	2001–02
Age 45-64 years		Visi	ts with at least	one drug per 1	00 population ²	
Orug visits ³	222.4	264.6	185.0	215.7	257.4	310.6
			Number of dr	ugs per 100 po	pulation ⁴	
otal number of drugs ⁵	505.1	667.6	403.2	533.5	600.4	793.7
SAID° (pain relief)	30.3	39.2	23.9	33.9	36.4	44.2
ntidepressants (depression and related disorders) lood glucose/sugar regulators (diabetes)	23.5 17.7	37.7 30.4	14.9 16.7	24.7 30.3		49.9 30.5
yperlipidemia (high cholesterol)	10.4	30.4	12.0	34.0	8.8	27.0
blood pressure)	9.4	27.1	7.0	25.1	11.7	29.0
cid/peptic disorders (gastrointestinal reflux, ulcers) CE inhibitors (high blood pressure, heart disease)	19.8 16.8	25.2 25.1	18.3 17.6	20.0 26.3		30.0 24.0
ntihistamines (allergies)	13.5	23.9	9.1	16.7		30.8
larcotic analgesics (pain relief)	17.5	22.5	17.0	19.2	18.0	25.5
Ionnarcotic analgesics (pain relief)	16.3	21.4	15.6	21.3		21.5
ntiasthmatics/bronchodilators (asthma, breathing) eta blockers (high blood pressure, heart disease)	14.4 10.6	20.5 19.1	11.4 10.0	13.9 16.8		26.7 21.3
Calcium channel blockers (high blood pressure, heart						
disease)	19.3 13.5	17.6 16.8	19.9 11.2	18.2 14.6		17.1 18.8
Intianxiety agents (anxiety and related disorders)	13.6	14.2	9.4	10.7		17.5
strogens/progestins (menopause, hot flashes)					55.7	53.9
Age 65 years and over		Visi	its with at least	one drug per 1	00 population ²	
Prug visits ³	399.4	470.8	378.1	439.2	414.7	493.8
			Number of dr	ugs per 100 po	100 population ² 257.4 opulation ⁴ 600.4 36.4 31.5 18.7 8.8 11.7 21.3 16.0 17.7 18.0 17.0 17.1 11.2 18.8 15.7 17.6 55.7 100 population ² 414.7 opulation ⁴ 1,112.5 24.5 33.8 42.0 60.0 43.6 49.0 37.1 60.9 26.8 46.6 27.0 31.0 28.5 37.1	
otal number of drugs ⁵	1,047.4	1,422.9	956.9	1,309.5	1,112.5	1,505.4
lyperlipidemia (high cholesterol)	24.7	71.3	25.1	79.5	24.5	65.3
ypertension control drugs, not otherwise specified (high blood pressure)	29.1	69.8	22.7	62.3	33.8	75.2
lonnarcotic analgesics (pain relief)	44.9	66.7	49.0	69.4		64.7
iuretics (high blood pressure, heart disease)	55.2	65.6	48.5	61.7		68.4
CE inhibitors (high blood pressure, heart disease)	42.6	64.7	41.2	66.5		63.4
ISAID ⁶ (pain relief)dispersion (diabetes)llood glucose/sugar regulators (diabetes)	41.8 37.5	62.2 62.0	31.9 38.0	47.5 69.9		72.9 56.3
Calcium channel blockers (high blood pressure, heart	07.0		00.0	00.0	07.1	00.0
disease)	57.3	59.6	52.2	52.3		64.9
eta blockers (high blood pressure, heart disease) cid/peptic disorders (gastrointestinal reflux, ulcers)	25.5 42.2	54.2 53.3	23.6 36.0	54.0 48.2		54.4 56.9
Intiasthmatics/bronchodilators (asthma, breathing)	31.3	45.9	37.1	52.1		41.5
hyroid/antithyroid (hyper- and hypothyroidism)	22.2	30.4	10.0	12.1	31.0	43.7
ntidepressants (depression and related disorders)	23.5	39.0	16.7	26.2		48.3
strogens/progestins (menopause, hot flashes)	• • •	• • •	• • •			47.4
65–74 years	000.0			• .		400.0
Orug visits ³	362.8	432.5	323.0	398.3	394.9	460.8
				rugs per 100 po	•	
otal number of drugs ⁵	930.5	1,273.1	804.7	1,175.2		1,354.4
lyperlipidemia (high cholesterol)	35.7 27.3	66.7 77.2	32.4 27.1	77.9 86.5		57.5 69.4
Ionnarcotic analgesics (pain relief)	38.0	56.0	40.5	63.2		50.1
SAID° (pain relief)	42.0	59.1	31.2	50.3	50.8	66.4
CE inhibitors (high blood pressure, heart disease) biuretics (high blood pressure, heart disease)	37.1 40.0	62.0 44.1	35.6 32.3	63.8 43.0		60.4 45.1
calcium channel blockers (high blood pressure, heart	40.0	44.1	32.3	43.0	40.3	45.1
disease)	48.9	53.5	46.2	49.3		57.0
cid/peptic disorders (gastrointestinal reflux, ulcers) lypertension control drugs, not otherwise specified (high	38.7	51.1	30.6	44.2	45.2	56.9
	24.8	65.3	19.2	58.6	29.3	70.9
blood pressure)				54.2		
eta blockers (high blood pressure, heart disease)	23.7	50.8	20.7			48.0
Beta blockers (high blood pressure, heart disease) Intiasthmatics/bronchodilators (asthma, breathing)	31.1	42.7	33.0	42.9	29.5	42.5
blood pressure) Beta blockers (high blood pressure, heart disease) Antiasthmatics/bronchodilators (asthma, breathing) Antidepressants (depression and related disorders) Itamins/minerals (dietary supplements)					29.5 29.6	

See footnotes at end of table.

Table 87 (page 3 of 3). Selected prescription and nonprescription drugs recorded during physician office visits and hospital outpatient department visits, by age and sex: United States, 1995-96 and 2001-02

[Data are based on a sample of visit records from physician offices and hospital outpatient departments]

	To	otal	Ma	ale	Female				
Age group and National Drug Code (NDC) therapeutic class ¹ (common reasons for use)	1995–96	2001–02	1995–96	2001–02	1995–96	2001–02			
Age 75 years and over		Visi	ts with at least	one drug per 1	00 population ²				
Drug visits ³	449.2	514.6	466.3	494.3	438.7	527.3			
			Number of dr	ugs per 100 po	O population ⁴				
Total number of drugs ⁵ Diuretics (high blood pressure, heart disease) Nonnarcotic analgesics (pain relief). Hypertension control drugs, not otherwise specified (high blood pressure).	1,206.8 75.8 54.4 35.1	1,594.2 90.1 79.0 74.9	1,200.9 74.5 62.6 28.4	1,490.8 87.1 77.9 67.4	1,210.4 76.6 49.4 39.2	1,658.7 92.0 79.6			
ACE inhibitors (high blood pressure, heart disease) Calcium channel blockers (high blood pressure, heart	50.2	67.9	50.2	70.2	50.1	66.4			
disease)	68.6 41.5 21.3	66.5 65.7 64.5	61.8 33.1 21.8	56.3 43.6 70.1	72.7 46.7 21.0	72.8 79.5 61.0			
Beta blockers (high blood pressure, heart disease) Blood glucose/sugar regulators (diabetes) Acid/peptic disorders (gastrointestinal reflux, ulcers)	27.9 39.8 47.0	58.1 56.6 55.7	28.3 46.9 44.7	53.8 59.1 53.7	27.6 35.5 48.3	60.9 55.1 56.9			
Antiasthmatics/bronchodilators (asthma, breathing) Anticoagulants/thrombolytics (blood thinning, reduce or	31.5 27.6	49.7 46.2	43.7 33.8	64.5 59.1	24.0 23.7	40.4 38.1			
prevent blood clots)Antidepressants (depression and related disorders)Glaucoma (elevated eye pressure)	24.6 32.6	40.2 41.4 40.1	20.7 32.6	27.2 42.8	27.0 32.6	50.2 38.4			

NOTE: Drugs recorded on the patient record form are those prescribed, continued, administered, or provided during a physician office visit or hospital outpatient department visit.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey.

¹The National Drug Code (NDC) therapeutic class is a general therapeutic or pharmacological classification scheme for drug products reported to the Food and Drug Administration (FDA) under the provisions of the Drug Listing Act. See Appendix II, National Drug Code (NDC) Directory therapeutic class and table XI.

2Estimated number of drug visits during the 2-year period divided by the sum of population estimates for both years times 100.

³Drug visits are physician office and hospital outpatient department visits in which at least one prescription or nonprescription drug was recorded on the patient record

⁴Estimated number of drugs recorded during visits during the 2-year period divided by the sum of population estimates for both years times 100.

⁵Up to six prescription and nonprescription drugs may be recorded per visit. See Appendix II, Drugs.
⁶NSAID is nonsteroidal anti-inflammatory drug. Aspirin was not included as an NSAID in this analysis. See Appendix II, National Drug Classification (NDC) system.

Table 88. Substance abuse clients in specialty treatment units according to substance abused, geographic division, and State: United States, 2000–2003

[Data are based on a 1-day census of treatment providers]

		All clients		ald	ents with a coholism a drug abus	and	Alc	coholism o clients	only	Drug abuse only clients			
Geographic division and State	2000	2002	2003	2000	2002	2003	2000	2002	2003	2000	2002	2003	
					Clients	per 100,0	00 popul	ation					
United States	350.6	391.5	370.8	170.5	188.7	175.4	79.0	82.7	75.6	101.1	120.2	119.8	
New England	505.5	531.8	546.5	236.5	237.5	247.4	97.0	103.0	96.5	172.0	191.4	202.6	
	544.2	603.5	602.3	225.9	242.3	237.0	69.5	83.8	80.4	248.8	277.4	284.9	
Maine	387.1	511.3	540.9	202.5	258.0	244.1	128.0	138.1	148.6	56.5	115.3	148.3	
Massachusetts New Hampshire	550.2	559.3	580.9	271.3	268.2	282.9	103.6	106.0	103.6	175.2	185.1	194.4	
	267.9	248.0	226.2	149.4	115.7	103.3	79.2	96.7	66.7	39.3	35.6	56.2	
Rhode Island	561.1	577.8 393.6	590.5 476.0	205.2 234.7	167.8 225.4	228.4 276.4	85.9 169.5	113.2 107.0	62.3 125.0	270.0 53.5	296.9 61.2	299.8 74.6	
Vermont	457.8 450.3	524.2	493.1	220.8	257.9	227.5	64.0	66.6	62.3	165.6	199.6	203.3	
New Jersey	281.9	369.6	367.2	121.3	150.5	164.4	38.9	38.2	44.0	121.7	180.9	158.8	
New York	616.0	728.7	671.7	297.9	359.7	305.5	81.1	90.9	79.6	237.0	278.2	286.5	
Pennsylvania	309.8	314.2	303.9	169.7	174.6	150.5	54.8	48.8	48.2	85.3	90.7	105.2	
East North Central	343.6	386.5	364.8	158.4	177.3	169.3	99.1	103.9	99.2	86.1	105.3	96.3	
Illinois	334.7	360.5	365.1	142.7	146.5	160.6	83.2	83.4	86.0	108.7	130.6	118.5	
	260.0	443.3	367.0	132.0	215.5	174.7	74.9	122.6	100.3	53.1	105.2	92.0	
Michigan	436.6	439.8	453.7	175.3	180.3	194.3	138.2	124.6	136.9	123.1	134.9	122.5	
	341.4	341.1	300.9	188.7	194.8	165.6	87.6	80.2	70.3	65.1	66.2	65.0	
Wisconsin	292.0	379.6	331.5	130.7	162.6	145.2	115.6	142.6	119.5	45.7	74.5	66.8	
West North Central lowa	266.5	286.7	259.2	148.7	164.7	141.6	65.6	65.3	60.1	52.1	56.8	57.5	
	191.3	281.4	248.3	97.8	159.5	129.4	63.5	74.3	69.0	29.9	47.6	50.0	
Kansas	447.9	343.4	342.6	289.2	197.6	184.2	91.4	79.6	89.0	67.4	66.1	69.5	
Minnesota	168.2	197.7	171.8	81.8	105.0	86.1	44.7	44.2	39.3	41.7	48.6	46.3	
	312.9	326.4	300.1	179.1	192.7	173.4	60.4	61.6	53.5	73.4	72.2	73.2	
Nebraska	267.3	312.4	262.9	134.5	199.1	146.4	80.0	63.8	60.8	52.9	49.5	55.7	
North Dakota	218.5	296.3	255.4	104.6	158.3	163.5	99.4	103.5	63.8	14.6	34.5	28.1	
South Dakota	246.7	331.4	272.5	125.9	179.7	138.1	98.3	117.2	105.7	22.4	34.5	28.7	
South Atlantic	328.8	339.0	314.9	161.8	158.2	143.5	80.2	71.2	65.4	86.7	109.7	106.0	
	481.8	509.5	593.6	303.3	387.0	397.9	100.1	49.4	87.9	78.4	73.1	107.8	
District of Columbia	1,081.0	1,036.6	914.5	477.5	451.5	290.3	151.7	106.2	123.1	451.8	478.9	501.1	
Florida	283.4	286.7	252.8	148.9	134.5	118.9	57.8	51.6	47.0	76.8	100.6	87.0	
	157.3	222.1	178.3	79.3	105.7	82.2	37.5	52.9	30.4	40.5	63.6	65.6	
Maryland	574.8	662.6	650.5	242.0	267.0	266.5	109.7	125.5	106.1	223.0	270.0	277.9	
	381.3	334.2	343.4	192.2	166.2	164.5	113.6	76.4	91.8	75.5	91.6	87.0	
South Carolina	331.2	297.7	304.9	153.2	133.5	122.6	110.4	84.2	89.8	67.6	80.1	92.5	
Virginia	320.6	325.7	277.8	170.1	153.2	138.7	85.1	81.2	62.0	65.4	91.3	77.2	
	277.5	274.5	262.0	107.7	144.0	104.6	125.2	78.2	89.9	44.6	52.2	67.4	
East South Central	255.3	258.5	290.4	113.4	118.3	124.3	66.3	57.2	68.9	75.6	82.9	97.1	
Alabama	194.8	244.1	238.8	68.3	92.5	83.2	31.5	36.0	31.0	94.9	115.6	124.6	
	444.3	450.9	517.8	196.8	206.6	231.4	148.1	134.3	164.4	99.4	110.0	122.0	
Mississippi	266.5	185.2	234.5	161.3	106.2	126.8	64.9	45.6	57.7	40.3	33.5	50.0	
	162.8	169.9	197.3	64.8	82.1	79.4	35.3	26.0	36.6	62.7	61.8	81.3	
West South Central	212.6	192.9	183.9	118.7	101.0	89.3	33.4	29.2	28.9	60.6	62.7	65.7	
Arkansas	116.2	140.0	123.2	60.6	74.9	64.5	18.3	23.4	17.6	37.3	41.7	41.0	
Louisiana	253.0	282.7	282.8	128.3	131.7	127.0	34.4	45.5	40.7	90.3	105.4	115.1	
Oklahoma	212.9	252.6	266.9	116.9	143.8	126.7	57.6	52.6	67.2	38.4	56.2	73.0	
	216.3	171.5	158.1	124.4	91.1	78.8	31.1	23.0	21.8	60.8	57.4	57.5	
Texas	475.0	496.8	475.5	207.9	229.7	210.7	154.8	141.3	139.1	112.4	125.8	125.7	
Arizona	501.8	480.0	422.8	210.5	204.1	174.2 292.9	153.2	110.4	108.6	138.1	165.5	140.0	
Colorado	678.3	727.9	683.3	268.3	325.0	292.9	282.4	280.7	259.2	127.6	122.2	131.2	
	217.8	308.9	244.7	143.5	191.5	147.6	47.3	70.8	58.9	27.0	46.6	38.3	
Montana	214.9	278.0	282.6	95.3	164.4	160.6	85.2	74.7	79.0	34.4	39.0	43.0	
	361.3	335.2	325.4	178.4	127.2	139.2	70.1	72.5	51.7	112.9	135.5	134.5	
New Mexico	551.7	574.2	580.2	232.1	259.4	255.5	177.3	153.0	165.9	142.3	161.7	158.8	
Utah	317.4	391.5	417.3	160.0	224.8	196.2	61.5	69.1	83.9	95.9	97.6	137.2	
	462.3	404.3	712.2	280.4	226.7	345.6	136.3	125.1	254.3	45.6	52.6	112.3	
Pacific	365.0	488.3	447.1	179.8	240.9	230.2	76.9	112.8	85.2	108.3	134.7	131.7	
Alaska	440.9	468.3	503.2	205.8	263.7	283.3	188.1	165.2	155.4	47.1	39.4	64.5	
California	307.8	453.3	423.1	138.4	209.2	210.2	60.5	103.7	73.0	108.8	140.4	140.0	
Hawaii	215.7	293.6	295.1	108.7	142.7	127.3	32.5	61.2	51.6	74.5	89.6	116.2	
Oregon	634.9	690.0	546.4	360.5	388.4	297.6	124.9	138.6	111.8	149.5	163.0	137.1	
Washington	559.8	615.7	553.6	324.1	355.2	321.8	140.0	155.0	140.4	95.7	105.5	91.4	

NOTES: Rates are based on the total resident population as of July 1. Client data are as of October 1, 2000; March 29, 2002; and March 31, 2003. Treatment rates for States can vary from year to year for a variety of reasons, including failure of large facilities to respond to the survey in some years, fluctuations in facility openings and closures, and variation in the number of people in treatment on a given day. Estimates for 2000 and 2002 were revised from the previous edition of *Health, United States*. Rates were recalculated based on the 2000 census, and on the total population rather than the population aged 12 and over.

SOURCES: Substance Abuse and Mental Health Services Administration, Office of Applied Studies, National Survey of Substance Abuse Treatment Services (N-SSATS) 2000, 2002, and 2003; U.S. Bureau of the Census, Population Division, Estimates of the Population by Selected Age Groups and Sex for the United States and States. Release Date: March 10, 2004; Population Electronic Series ST-EST2003-ASXXXX. Accessed April 23, 2004.

Table 89. Additions to mental health organizations according to type of service and organization: United States, selected years 1986-2000

[Data are based on inventories of mental health organizations]

Service and organization	1986	1990	1994¹	1998	2000 ²	1986	1990	1994¹	1998	2000 ²
24-hour hospital and residential treatment ³		Addition	ns ⁴ in the	ousands		Additi	ons per 10	00,000 civ	ilian popul	ation ⁵
All organizations	1,819	2,035	2,267	2,300	2,153	759.9	833.7	874.6	854.8	768.1
State and county mental hospitals	333	276	238	216	218	139.1	113.2	92.0	80.4	77.6
	235	407	485	462	529	98.0	166.5	187.1	171.7	188.6
psychiatric services	849	960	1,067	1,110	1,022	354.8	393.2	411.5	412.4	364.8
	180	198	173	167	183	75.1	81.2	66.9	61.9	65.4
disturbed children	25	42	47	45	48	10.2	17.0	18.0	16.7	17.2
	198	153	257	300	153	82.7	62.6	99.0	111.6	54.6
Less than 24-hour care ⁸										
All organizations	2,955	3,298	3,516	4,048	4,615	1,233.4	1,352.4	1,356.8	1,504.4	1,646.7
State and county mental hospitals	68	48	42	64	55	28.4	19.8	16.1	23.8	19.7
	132	163	214	206	358	55.2	66.9	82.4	76.6	127.8
psychiatric services	533	659	498	628	1,242	222.4	270.0	192.0	233.4	443.1
	133	184	132	127	144	55.3	75.3	51.1	47.2	51.4
disturbed children	67	100	167	128	204	28.1	40.8	64.6	47.7	72.8
	2,022	2,145	2,464	2,895	2,612	844.0	879.6	950.7	1,075.8	931.9

¹Beginning in 1994 data for supportive residential clients (moderately staffed housing arrangements such as supervised apartments, group homes, and halfway houses) are included in the totals and "All other organizations." This change affects the comparability of trend data prior to 1994 with data for 1994 and later years. ²Preliminary data.

NOTES: Data for 1998 are revised and differ from the previous edition of Health, United States. Data for additional years are available. See Appendix III.

SOURCES: Substance Abuse and Mental Health Services Administration, Center for Mental Health Services (CMHS). Manderscheid RW and Henderson MJ. Mental Health, United States, 2000. Washington, DC. U.S. Government Printing Office, 2001; and Mental Health, United States, 2002. U.S. Government Printing Office, forthcoming.

³These data exclude mental health care provided in nonpsychiatric units of hospitals such as general medical units.

⁴See Appendix II, Addition.

⁵Civilian population estimate for 2000 is based on 2000 Census as of July 1; population estimates for 1992–98 are 1990 postcensal estimates.

⁶Includes Department of Veterans Affairs (VA) neuropsychiatric hospitals, VA general hospital psychiatric services, and VA psychiatric outpatient clinics.

Includes freestanding psychiatric outpatient clinics, partial care organizations, and multiservice mental health organizations. See Appendix I, Survey of Mental Health

⁸Formerly reported as partial care and outpatient treatment, the survey format was changed in 1994 and the reporting of these services was combined due to similarities in the care provided. These data exclude office-based mental health care (psychiatrists, psychologists, licensed clinical social workers, and psychiatric

Table 90. Home health care patients, according to age, sex, and diagnosis: United States, selected years 1992-2000

[Data are based on a survey of current home health care patients]

Age, sex, and diagnosis	1992	1994	1996	1998	2000
		Numl	ber of current pa	tients	
Total home health care patients	1,232,200	1,889,327	2,427,483	1,881,768	1,355,290
		Current par	tients per 10,000	population	
Total	47.8	71.8	90.6	69.6	48.7
Age at time of survey: Under 65 years, crude 65 years and over, crude. 65 years and over, age adjusted¹. 65–74 years 75–84 years 85 years and over.	12.6	21.0	27.8	25.0	16.4
	295.4	424.9	526.3	375.7	277.0
	315.8	449.6	546.6	381.0	276.5
	151.7	209.1	240.1	202.0	130.2
	398.3	542.2	753.6	470.3	347.6
	775.9	1,206.1	1,253.4	885.4	694.1
Sex: Male, total . Under 65 years, crude . 65 years and over, crude . 65 years and over, age adjusted . 65–74 years . 75–84 years . 85 years and over .	32.6	47.8	60.9	47.9	35.1
	10.9	17.8	22.1	22.9	15.6
	219.2	303.1	386.4	255.2	199.6
	255.8	350.0	438.3	277.6	216.4
	121.8	169.9	187.0	159.7	100.7
	322.0	427.5	598.7	321.4	270.0
	635.2	893.1	1,044.3	653.0	553.9
Female, total Under 65 years, crude 65 years and over, crude 65 years and over, age adjusted 65-74 years 75-84 years 85 years and over	62.4	94.7	118.9	90.4	61.8
	14.3	24.2	33.6	27.0	17.2
	347.4	508.9	623.9	460.4	332.6
	351.5	506.6	615.0	445.8	315.5
	175.3	240.6	283.2	236.3	154.6
	445.3	614.5	854.0	568.8	400.4
	830.7	1,327.6	1,337.0	981.7	754.9
		Р	ercent distribution	on	
Age at time of survey: ² Under 65 years 65 years and over 65–74 years 75–84 years 85 years and over	23.1	25.7	27.0	31.3	29.5
	76.9	74.3	73.0	68.7	70.5
	22.6	20.6	18.4	19.7	17.3
	33.9	31.2	35.3	29.9	31.3
	20.4	22.4	19.4	19.1	21.9
Sex: Male	33.2	32.5	32.9	33.6	35.2
	66.8	67.5	67.1	66.4	64.8
Primary admission diagnosis:3 Malignant neoplasms Diabetes Diseases of the nervous system and sense organs Diseases of the circulatory system Diseases of heart Cerebrovascular diseases Diseases of the respiratory system Decubitus ulcers Diseases of the musculoskeletal system and connective tissue Osteoarthritis Fractures, all sites Fracture of neck of femur (hip) Other	5.7	5.7	4.8	3.8	4.9
	7.7	8.1	8.5	6.1	7.8
	6.3	8.0	5.8	7.6	6.1
	25.9	27.2	25.6	23.6	23.6
	12.6	14.3	10.9	12.3	10.9
	5.8	6.1	7.8	5.1	7.3
	6.6	6.1	7.7	7.9	6.8
	1.9	1.1	1.0	1.2	1.9
	9.4	8.3	8.8	8.3	9.8
	2.5	2.8	3.2	2.7	3.5
	3.8	3.7	3.3	4.0	4.1
	1.4	1.7	1.3	1.1	1.5
	32.7	31.8	34.6	37.5	34.9

¹Age adjusted by the direct method to the year 2000 standard population using the following three age groups: 65-74 years, 75-84 years, and 85 years and over. See Appendix II, Age adjustment.

2Denominator excludes persons with unknown age.

NOTES: Current home health care patients are those who were on the rolls of the agency as of midnight on the day immediately before the date of the survey. Rates are based on the civilian population as of July 1. Population figures are adjusted for net underenumeration using the 1990 National Population Adjustment Matrix from the U.S. Bureau of the Census. Diagnostic categories are based on the International Classification of Diseases, 9th Revision, Clinical Modification. For a listing of the code numbers, see Appendix II, table IX.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Home and Hospice Care Survey.

³Denominator excludes persons with unknown diagnosis.

Table 91. Hospice patients, according to age, sex, and diagnosis: United States, selected years 1992-2000

[Data are based on a survey of current hospice patients]

Age, sex, and diagnosis	1992	1994	1996	1998	2000
		Num	ber of current pa	atients	
Total hospice patients	52,100	60,783	59,363	79,837	105,496
		Current pa	itients per 10,00	0 population	
Total	2.0	2.3	2.2	3.0	3.8
Age at time of survey: Under 65 years, crude 65 years and over, crude. 65 years and over, age adjusted ¹ . 65–74 years. 75–84 years. 85 years and over.	0.5	0.8	0.5	0.7	0.8
	13.1	12.9	13.9	18.2	24.9
	13.7	13.6	14.4	18.4	24.9
	7.8	7.3	7.8	9.9	10.1
	19.2	16.9	16.9	22.0	31.9
	23.4	30.6	34.7	44.7	67.3
Sex: Male, total Under 65 years, crude. 65 years and over, crude. 65 years and over, age adjusted. 65–74 years. 75–84 years. 85 years and over.	1.9	2.1	2.0	2.6	3.3
	0.5	0.9	0.5	0.7	0.8
	13.9	12.5	14.8	18.5	24.8
	16.0	14.4	16.1	20.3	26.9
	6.3	7.0	10.4	10.2	13.0
	25.8	18.2	18.5	25.2	32.6
	28.8	34.8	33.9	49.2	69.9
Female, total Under 65 years, crude 65 years and over, crude 65 years and over, age adjusted¹ 65–74 years 75–84 years 85 years and over	2.1	2.5	2.4	3.3	4.3
	0.4	0.7	0.6	0.8	0.9
	12.6	13.2	13.2	18.0	25.0
	12.6	13.2	12.9	17.3	23.3
	8.9	7.5	5.8	9.6	7.6
	15.1	16.1	15.9	19.9	31.5
	21.4	29.0	35.0	42.9	66.2
		F	Percent distributi	on	
Age at time of survey: ² Under 65 years 65 years and over 65–74 years 75–84 years 85 years and over	19.5	30.1	21.3	21.6	18.6
	80.5	69.9	78.7	78.4	81.4
	27.3	22.2	24.5	22.7	17.2
	38.6	30.1	32.4	32.9	37.0
	14.6	17.6	21.9	22.7	27.3
Sex: Male	46.1	44.7	44.9	42.7	42.6
	53.9	55.3	55.1	57.3	57.4
Primary admission diagnosis:3 Malignant neoplasms Large intestine and rectum. Trachea, bronchus, and lung Breast Prostate Diseases of heart Diseases of the respiratory system. Other	65.7	57.2	58.3	55.5	51.9
	9.0	8.0	4.0	6.4	4.9
	21.1	12.5	15.8	13.0	12.3
	3.9	4.8	6.2	4.9	4.8
	6.0	5.9	6.6	6.1	7.7
	10.2	9.3	8.3	9.7	12.8
	4.3	6.6	7.3	10.6	6.5
	19.8	27.0	26.1	24.3	28.8

¹Age adjusted by the direct method to the year 2000 standard population using the following three age groups: 65–74 years, 75–84 years, and 85 years and over. See Appendix II. Age adjustment.

NOTES: Current hospice patients are those who were on the rolls of the agency as of midnight on the day immediately before the date of the survey. Rates are based on the civilian population as of July 1. Population figures are adjusted for net underenumeration using the 1990 National Population Adjustment Matrix from the U.S. Bureau of the Census. Diagnostic categories are based on the *International Classification of Diseases*, 9th Revision, Clinical Modification. For a listing of the code numbers, see Appendix II, table IX.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Home and Hospice Care Survey.

Appendix II, Age adjustment.

²Denominator excludes persons with unknown age.

³Denominator excludes persons with unknown diagnosis.

Table 92 (page 1 of 3). Discharges, days of care, and average length of stay in short-stay hospitals, according to selected characteristics: United States, selected years 1997–2002

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

	L	Discharge	s^1	E	ays of care	e ¹	Average length of stay ¹			
Characteristic	1997	1999	2002	1997	1999	2002	1997	1999	2002	
		١	lumber pe	r 1,000 popu	ılation		Number of days			
Total ^{2,3}	124.3	119.7	122.9	601.2	555.1	541.0	4.8	4.6	4.4	
Age										
Under 18 years Under 6 years 6–17 years 18–44 years 45–64 years 45–54 years 55–64 years 65 years and over 65–74 years 75 years and over	203.5 34.0 96.8 124.9 99.2 164.8 274.4 249.1	76.3 183.2 24.3 95.8 125.6 110.1 149.6 269.7 229.8 318.5	80.4 186.7 29.0 95.1 124.1 106.6 150.7 293.1 250.5 342.6	319.0 632.6 163.1 358.8 631.1 527.5 792.4 1,852.5 1,595.2 2,188.4	302.6 664.8 *126.5 352.8 592.5 473.9 775.5 1,620.5 1,386.4 1,907.6	267.0 593.5 109.6 313.4 573.0 493.5 693.7 1,738.7 1,270.4 2,283.5	3.5 3.1 4.8 3.7 5.1 5.3 4.8 6.8 6.4 7.1	4.0 3.6 *5.2 3.7 4.7 4.3 5.2 6.0 6.0	3.3 3.2 3.8 3.3 4.6 4.6 5.9 5.1 6.7	
Under 65 years of age										
All persons under 65 years of age ^{2,4}	102.2	97.6	98.1	416.4	398.9	365.5	4.1	4.1	3.7	
Sex ⁴										
Male Female	79.1 124.7	77.9 116.7	72.8 122.7	374.9 456.6	374.0 422.8	313.2 416.2	4.7 3.7	4.8 3.6	4.3 3.4	
Race ^{4,5}										
Black or Áfrican American only	111.9 61.7	94.7 122.8 128.3 78.4	96.4 121.2 *122.7 44.7	385.8 688.6 *494.3 *268.6	368.7 638.3 *570.0 249.5	343.0 533.8 *707.9 151.0	3.8 5.5 *4.4 *4.4	3.9 5.2 *4.4 3.2	3.6 4.4 *5.8 3.4	
lslander only		139.1	*157.2		*688.8	*703.3		*5.0	*4.5	
Hispanic origin and race ^{4,5}										
Hispanic or Latino	101.2 99.6	90.1 98.7 95.4 122.7	95.9 98.4 96.8 121.1	416.7 415.4 382.7 692.6	389.8 401.5 368.4 625.5	380.5 363.8 344.0 515.1	3.8 4.1 3.8 5.5	4.3 4.1 3.9 5.1	4.0 3.7 3.6 4.3	
Poverty status ^{4,6}										
Poor. Near poor	119.3	168.6 138.7 78.8	158.3 124.4 83.0	922.0 530.5 308.9	875.8 615.2 285.1	747.9 492.8 283.3	5.0 4.4 3.7	5.2 4.4 3.6	4.7 4.0 3.4	
Hispanic origin and race and poverty status ^{4,5,6}										
Hispanic or Latino: Poor	152.3 92.7 92.1	119.7 98.0 74.7	134.1 105.0 73.5	592.3 415.0 294.5	558.4 499.2 285.2	611.6 381.8 291.3	3.9 4.5 3.2	4.7 *5.1 3.8	4.6 3.6 4.0	
Not Hispanic or Latino:										
White only: Poor Near poor Nonpoor	124.3	182.7 153.2 78.7	159.2 128.6 85.0	955.5 503.4 303.0	907.4 600.7 284.1	693.8 486.6 286.1	4.7 4.0 3.6	5.0 3.9 3.6	4.4 3.8 3.4	
Black or African American only: Poor Near poor Nonpoor	139.1	202.4 140.9 82.4	199.1 129.8 93.0	*1,300.3 819.0 402.1	1,216.7 839.1 300.9	*1,165.9 *612.0 291.6	*6.5 5.9 4.7	6.0 6.0 3.7	*5.9 *4.7 3.1	
Health insurance status ^{4,7}										
Insured. Private Medicaid Uninsured	85.6	101.6 80.2 332.5 75.7	104.0 84.2 278.3 69.0	442.5 310.2 1,575.3 296.3	416.8 287.8 1,695.5 304.2	389.7 274.9 1,305.3 249.0	4.1 3.6 5.1 3.9	4.1 3.6 5.1 4.0	3.7 3.3 4.7 3.6	

See footnotes at end of table.

Table 92 (page 2 of 3). Discharges, days of care, and average length of stay in short-stay hospitals, according to selected characteristics: United States, selected years 1997–2002

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

	L	Discharges	31	L	Days of care	9 ¹	Averag	ge length o	of stay ¹
Characteristic	1997	1999	2002	1997	1999	2002	1997	1999	2002
Poverty status and health insurance status ^{4,6}		N	umber pei	1,000 population			Nu	mber of da	ays
Poor: Insured	234.6 102.8	204.3 *110.3	192.6 90.9	1,243.1 407.7	1,137.9 461.4	954.8 359.2	5.3 4.0	5.6 *4.2	5.0 4.0
Insured	141.2 72.0	164.7	146.2 75.5	640.0 285.3	759.6 297.2	603.8 253.4	4.5 4.0	4.6	4.1 3.4
Insured	85.5 58.5	81.9 53.7	86.7 54.8	315.6 *239.7	291.1 *219.6	294.0 195.4	3.7 *4.1	3.6 *4.1	3.4 3.6
Northeast Midwest South West	111.8	85.6 99.6 112.8 80.0	92.4 104.7 106.5 81.3	455.4 384.4 466.1 327.2	381.6 359.9 463.9 348.3	346.6 381.8 400.7 302.7	4.7 3.5 4.2 3.9	4.5 3.6 4.1 4.4	3.7 3.6 3.8 3.7
Location of residence ⁴									
Within MSA ⁸	99.3 113.2	94.0 111.9	94.7 112.1	411.8 435.9	383.0 459.4	355.6 406.7	4.1 3.8	4.1 4.1	3.8 3.6
65 years of age and over									
All persons 65 years of age and over ^{2,9}	276.9	272.1	294.5	1,878.4	1,635.3	1,754.1	6.8	6.0	6.0
Sex ⁹									
Male		280.2 264.0	312.4 280.8	2,077.4 1,727.4	1,551.7 1,676.5	1,802.7 1,706.0	7.1 6.5	5.5 6.4	5.8 6.1
Hispanic origin and race ^{5,9}									
Hispanic or Latino	274.6 274.8	289.8 271.2 271.4 300.7	290.7 294.9 293.2 373.8	2,512.1 1,846.3 1,808.2 2,423.5	1,882.8 1,618.0 1,586.4 2,064.8	1,488.8 1,770.7 1,684.8	8.0 6.7 6.6 8.3	6.5 6.0 5.8 6.9	5.1 6.0 5.7 *
Poverty status ^{6,9}									
PoorNear poorNonpoor	311.5	362.0 310.8 241.0	360.1 314.3 274.5	2,566.3 2,269.4 1,606.7	2,020.2 1,856.0 1,487.1	*2,593.6 1,833.5 1,574.8	7.5 7.3 6.4	5.6 6.0 6.2	*7.2 5.8 5.7
Health insurance status ^{7,9}									
Medicare HMO	271.9 539.7	241.9 270.9 455.0 266.0	239.3 295.7 488.5 258.3	1,355.3 1,756.1 3,810.6 1,906.6	1,396.0 1,592.8 3,286.7 1,565.3	1,075.4 1,781.2 2,489.0 *1,836.3	6.2 6.5 7.1 7.5	5.8 5.9 7.2 5.9	4.5 6.0 5.1 *7.1
Geographic region ⁹									
Northeast	285.2 298.1	288.0 244.0 298.1 238.5	281.7 306.6 319.5 245.3	1,828.5 1,971.1 2,140.2 1,299.2	1,873.4 1,475.3 1,783.8 1,284.6	1,660.3 1,763.7 2,068.3 1,237.9	6.9 6.9 7.2 5.5	6.5 6.0 6.0 5.4	5.9 5.8 6.5 5.0

See footnotes at end of table.

Table 92 (page 3 of 3). Discharges, days of care, and average length of stay in short-stay hospitals, according to selected characteristics: United States, selected years 1997–2002

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

	Discharges ¹			Days of care ¹			Average length of stay ¹		
Characteristic	1997	1999	2002	1997	1999	2002	1997	1999	2002
Location of residence ⁹	Number per 1,000 population						Number of days		
Within MSA ⁸	271.3 295.1	265.3 295.3	283.9 329.3	1,875.9 1,893.6	1,653.3 1,574.8	1,663.2 2,056.1	6.9 6.4	6.2 5.3	5.9 6.2

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

The race groups, white, black, American Indian and Alaska Native (Al/AN), Asian, Native Hawaiian and Other Pacific Islander, and 2 or more races, include persons of Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999 race-specific estimates are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The five single race categories plus multiple race categories shown in the table conform to 1997 Standards. The 1999 race-specific estimates are for persons who reported only one racial group; the category "2 or more races" includes persons who reported more than one racial group. Prior to data year 1999, data were tabulated according to 1977 Standards with four racial groups and the category "Asian only" included Native Hawaiian and Other Pacific Islander. Estimates for single race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. The effect of the 1997 Standard on the 1999 estimates can be seen by comparing 1999 data tabulated according to the two Standards. Age-adjusted estimates based on the 1977 Standard of the hospital discharge rate for persons under 65 years of age are: 0.2 percentage points lower for white persons; 1.2 percentage points higher for Asian and Pacific Islander persons; and for persons 65 years of age and older: 0.4 percentage points lower for white persons; 1.2 percentage points higher for Asian and Pacific Islander persons; and for persons 65 years of age and older: 0.4 percentage points lower for white persons; and 0.6 percentage points higher for black persons than estimates based on the 1997 Standards. See Appendix II, Race.

6 Poor persons are defined as below the poverty threshold. Near poor persons have incomes of 100 percent to less than 200 percent of the poverty threshold. Nonpoor

⁶Poor persons are defined as below the poverty threshold. Near poor persons have incomes of 100 percent to less than 200 percent of the poverty threshold. Nonpoor persons have incomes of 200 percent or greater than the poverty threshold. Starting with *Health, United States, 2004* a new methodology for imputing family income was used for data years 1997 and beyond. Missing family income data were imputed for 24–28 percent of persons under 65 years of age in 1997–98 and 30–31 percent in 1999–2002; and 36–41 percent of persons 65 years of age and over in 1997–98 and 44–47 percent in 1999–2002. Therefore, estimates by poverty for 1997–2001 differ from those in previous editions of *Health, United States*. See Appendix II, Poverty level; Family income.

Thealth insurance categories are mutually exclusive. Persons who reported both Medicaid and private coverage are classified as having private coverage. Persons 65 years of age and over who reported Medicare HMO (health maintenance organization) and some other type of health insurance coverage are classified as having Medicare HMO. Starting in 1997 Medicaid includes state-sponsored health plans and State Children's Health Insurance Program (SCHIP). The category "insured" also includes military, other State, and Medicare coverage. See Appendix II, Health insurance coverage.

8MSA is metropolitan statistical area.

⁹Estimates are for persons 65 years of age and over and are age adjusted to the year 2000 standard population using two age groups: 65–74 years and 75 years and over. See Appendix II, Age adjustment.

NOTES: Estimates of hospital utilization presented in *Health, United States* utilize two data sources: the National Health Interview Survey (NHIS) and the National Hospital Discharge Survey (NHDS). Differences in estimates from the two surveys are particularly evident for children and persons 65 years of age and over. See Appendix III, Hospital utilization. Data for additional years are available. See Appendix III. Standard errors are available in the spreadsheet version of this table. See www.cdc.gov/nchs/hus.htm.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, family core questionnaire.

^{- - -} Data not available.

¹See Appendix II, Discharge; Days of care; Average length of stay.

²Includes all other races not shown separately and unknown health insurance status.

³Estimates for all persons are age adjusted to the year 2000 standard population using six age groups: Under 18 years, 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years of age and over. See Appendix II. Age adjustment.

years, and 75 years of age and over. See Appendix II, Age adjustment.

⁴Estimates are for persons under 65 years of age and are age adjusted to the year 2000 standard population using four age groups: Under 18 years, 18–44 years, 45–54 years, and 55–64 years of age. See Appendix II, Age adjustment.

Table 93 (page 1 of 2). Discharges, days of care, and average length of stay in non-Federal short-stay hospitals, according to selected characteristics: United States, selected years 1980–2002

Characteristic	1980¹	1985¹	1990	1995	1997	1998	2000 ²	2001 ²	2002 ²
				Discharge	es per 1,000	population			
Total ³	173.4	151.4	125.2	118.0	116.1	117.9	113.3	115.1	117.3
Age									
Under 18 years	75.6 155.3 174.8 215.4 383.7 315.8 489.3	61.4 128.0 146.8 194.8 369.8 297.2 475.6	46.4 102.7 112.4 163.3 334.1 261.6 434.0	42.4 91.4 98.5 148.3 347.7 260.0 459.1	40.6 86.0 93.7 149.1 361.1 265.9 474.0	40.4 88.8 92.7 155.1 365.3 267.6 477.4	40.3 84.9 92.1 141.5 353.4 254.6 462.0	43.4 87.3 94.4 139.3 354.3 256.1 460.0	43.4 90.3 95.6 146.5 357.5 254.0 466.6
Sex ³									
Male	153.2 195.0	137.3 167.3	113.0 139.0	104.8 131.7	103.0 130.0	102.8 133.3	99.1 127.7	100.0 130.6	102.4 132.9
Geographic region ³									
Northeast Midwest South West	162.0 192.1 179.7 150.5	142.6 158.1 155.5 145.7	133.2 128.8 132.5 100.7	133.5 113.3 125.2 96.7	125.5 115.5 122.4 97.9	127.3 116.4 126.4 97.1	127.5 110.9 120.9 89.4	125.2 113.5 126.3 88.8	123.5 113.6 126.7 99.7
				Days of ca	are per 1,00	0 population	1		
Total ³	1,297.0	997.5	818.9	638.6	595.2	598.6	557.7	562.2	570.9
Age	341.4	281.2	226.3	184.7	169.8	182.4	179.0	100.5	195.2
Under 18 years	818.6 1,314.9 1,889.4 4,098.3 3,147.0 5,578.8	619.2 967.8 1,436.9 3,228.0 2,437.3 4,381.3	467.7 699.7 1,172.3 2,895.6 2,087.8 4,009.1	351.7 516.2 867.2 2,373.7 1,684.7 3,247.8	317.4 460.8 821.4 2,285.6 1,599.3 3,099.6	328.3 452.9 836.1 2,264.2 1,596.1 3,030.8	309.4 437.4 729.1 2,111.9 1,439.0 2,851.9	192.5 322.7 455.4 732.2 2,064.2 1,449.5 2,725.5	333.9 456.7 752.2 2,085.1 1,411.9 2,795.0
Sex ³									
Male	1,239.7 1,365.2	973.3 1,033.1	805.8 840.5	623.9 654.9	573.8 619.3	576.7 622.9	535.9 581.0	534.5 591.9	549.5 596.0
Geographic region ³									
Northeast Midwest South West	1,400.6 1,484.8 1,262.3 956.9	1,113.0 1,078.6 957.7 824.7	1,026.7 830.6 820.4 575.5	839.0 590.9 666.0 451.1	739.2 556.3 629.5 445.3	731.0 552.5 643.9 450.4	718.6 500.5 592.5 408.2	697.7 491.6 623.6 408.3	690.0 502.1 618.6 454.7
				Average	length of st	ay in days			
Total ³	7.5	6.6	6.5	5.4	5.1	5.1	4.9	4.9	4.9
Age									
Under 18 years	4.5 5.3 7.5 8.8 10.7 10.0 11.4	4.6 4.8 6.6 7.4 8.7 8.2 9.2	4.9 4.6 6.2 7.2 8.7 8.0 9.2	4.4 3.8 5.2 5.8 6.8 6.5 7.1	4.2 3.7 4.9 5.5 6.3 6.0 6.5	4.5 3.7 4.9 5.4 6.2 6.0 6.3	4.4 3.6 4.8 5.2 6.0 5.7 6.2	4.4 3.7 4.8 5.3 5.8 5.7 5.9	4.5 3.7 4.8 5.1 5.8 5.6 6.0
Sex ³									
Male	8.1 7.0	7.1 6.2	7.1 6.0	6.0 5.0	5.6 4.8	5.6 4.7	5.4 4.6	5.3 4.5	5.4 4.5

See footnotes at end of table.

Table 93 (page 2 of 2). Discharges, days of care, and average length of stay in non-Federal short-stay hospitals, according to selected characteristics: United States, selected years 1980–2002

[Data are based on a sample of hospital records]

Characteristic	1980¹	1985 ¹	1990	1995	1997	1998	2000 ²	2001 ²	2002 ²
Geographic region ³				Average	length of sta	ay in days			
Northeast	8.6 7.7 7.0 6.4	7.8 6.8 6.2 5.7	7.7 6.5 6.2 5.7	6.3 5.2 5.3 4.7	5.9 4.8 5.1 4.5	5.7 4.7 5.1 4.6	5.6 4.5 4.9 4.6	5.6 4.3 4.9 4.6	5.6 4.4 4.9 4.6

¹Comparisons of data from 1980–85 with data from later years should be made with caution as estimates of change may reflect improvements in the design rather than true changes in hospital use. See Appendix I, National Hospital Discharge Survey.

NOTES: Some numbers in this table for 2000 and 2001 were revised and differ from previous editions of *Health, United States*. Rates are based on the civilian population as of July 1. Rates for 1990–99 use population estimates based on the 1990 census adjusted for net underenumeration using the 1990 National Population Adjustment Matrix from the U.S. Bureau of the Census. Rates for 1990–99 are not strictly comparable with rates for 2000 and beyond because population estimates for 1990–99 have not been revised to reflect Census 2000. See Appendix I, National Hospital Discharge Survey; Population Census and Population Estimates. Estimates hospital utilization from the National Health Interview Survey (NHIS) and the National Hospital Discharge Survey (NHDS) may differ because NHIS data are based on household interviews of the civilian noninstitutionalized population, whereas NHDS data are based on hospital discharge records of all persons. See Appendix II, Hospital utilization. Data for additional years are available. See Appendix III.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Hospital Discharge Survey.

²Rates for 2000 were computed using Census 2000 counts and rates for 2001 and beyond were computed using 2000-based postcensal estimates.

³Estimates are age adjusted to the year 2000 standard population using six age groups: under 18 years, 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See Appendix II, Age adjustment.

Table 94. Discharges, days of care, and average length of stay in non-Federal short-stay hospitals for discharges with the diagnosis of human immunodeficiency virus (HIV) and for all discharges: United States, selected years 1986–2002

Type of discharge, sex, and age	1986¹	1987¹	1990	1995	1997	1998	2000 ²	2001 ²	2002 ²
				Discharges i	n thousands				
HIV discharges	44	67	146	249	178	189	173	185	189
Male, 20–49 years	35	51	102	162	107	113	88	93	98
Female, 20–49 years	*	*	27	55	46	51	48	55	49
All discharges	34,256	33,387	30,788	30,722	30,914	31,827	31,706	32,653	33,727
	4,300	4,075	3,649	3,360	3,116	3,154	3,195	3,333	3,428
	9,027	8,980	8,228	7,593	7,322	7,639	7,350	7,679	7,948
			Dis	charges per	1,000 popula	tion			
HIV discharges	0.18	0.28	0.58	0.94	0.66	0.69	0.62	0.65	0.66
	0.67	0.96	1.79	2.72	1.77	1.88	1.43	1.50	1.56
	*	*	0.47	0.91	0.76	0.84	0.77	0.88	0.78
All discharges	143.7	138.8	122.3	115.7	114.3	116.5	112.8	114.9	117.5
	82.2	76.8	64.2	56.5	51.8	52.6	52.1	53.8	54.9
	166.7	163.6	142.2	125.9	120.8	125.2	118.7	123.0	126.6
				Days of care	in thousands	;			
HIV discharges	714	936	2,188	2,326	1,448	1,503	1,257	1,435	1,322
	573	724	1,645	1,408	855	892	723	713	692
	*	*	341	559	364	365	299	454	335
All discharges	218,496	214,942	197,422	164,627	157,458	160,914	155,857	159,365	164,152
	26,488	26,295	22,539	17,984	15,529	16,085	15,665	16,435	16,756
	40,620	39,356	34,473	26,596	24,955	25,976	24,883	26,502	27,224
			Day	s of care per	1,000 popula	ation			
HIV discharges	2.99	3.89	8.69	8.76	5.35	5.50	4.47	5.05	4.60
	10.95	13.64	28.96	23.70	14.22	14.86	11.79	11.51	11.08
	*	*	5.90	9.27	6.00	5.98	4.82	7.27	5.33
All discharges	916.5	893.6	784.0	620.2	582.3	589.2	554.6	560.9	571.7
	506.4	495.2	396.8	302.7	258.3	268.0	255.3	265.2	268.3
	750.2	717.1	595.7	441.0	411.7	425.8	401.8	424.7	433.6
			Av	erage length	of stay in da	ys			
HIV discharges	16.4	14.1	14.9	9.3	8.1	8.0	7.3	7.8	7.0
	16.4	14.1	16.2	8.7	8.0	8.0	8.2	7.7	7.1
	*	*	12.6	10.2	7.9	7.1	6.3	8.2	6.8
All discharges	6.4	6.4	6.4	5.4	5.1	5.1	4.9	4.9	4.9
	6.2	6.5	6.2	5.4	5.0	5.1	4.9	4.9	4.9
	4.5	4.4	4.2	3.5	3.4	3.4	3.4	3.5	3.4

^{*} Statistics based on fewer than 5,000 estimated discharges are considered unreliable and are not shown. These estimates generally have a relative standard error of more than 30 percent or a sample size of less than 30 discharges.

NOTES: Some numbers in this table for 2000 and 2001 were revised and differ from previous editions of *Health, United States*. Excludes newborn infants. Rates are based on the civilian population as of July 1. Rates for 1990–99 use population estimates based on the 1990 census adjusted for net underenumeration using the 1990 National Population Adjustment Matrix from the U.S. Bureau of the Census. Rates for 1990–99 are not strictly comparable with rates for 2000 and beyond because population estimates for 1990–99 have not been revised to reflect Census 2000. See Appendix I, National Hospital Discharge Survey; Population Census and Population Estimates. Discharges with diagnosis of HIV have at least one HIV diagnosis listed on the face sheet of the medical record and are not limited to the first-listed diagnosis. See Appendix II, Human immunodeficiency virus (HIV) infection. Data for additional years are available. See Appendix III.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Hospital Discharge Survey.

¹Comparisons of data from 1986 and 1987 with data from later years should be made with caution as estimates of change may reflect improvements in the design rather than true changes in hospital use. See Appendix I, National Hospital Discharge Survey.

²Rates for 2000 were computed using Census 2000 counts and rates for 2001 and beyond were computed using 2000-based postcensal estimates.

Table 95 (page 1 of 3). Rates of discharges and days of care in non-Federal short-stay hospitals, according to sex, age, and selected first-listed diagnoses: United States, selected years 1990–2002

		Discharges			Days of care	
Sex, age, and first-listed diagnosis	1990	2000¹	2002¹	1990	2000¹	2002 ¹
Both sexes			Number pe	r 1,000 population		
Total ^{2,3}	125.2	113.3	117.3	818.9	557.7	570.9
Male						
All ages ^{2,3}	113.0	99.1	102.4	805.8	535.9	549.5
Under 18 years ³	46.3	40.9	43.3	233.6	195.6	198.1
Pneumonia	5.3	5.4	6.1	22.6	17.3	21.4
Asthma	3.3	3.5	*1.9	9.3	7.4	*4.5
Injuries and poisoning	6.8	5.0	4.8	30.1	21.4	20.3
Fracture, all sites	2.2	1.8	1.6	9.3	7.2	6.0
18–44 years ³	57.9	45.0	48.2	351.7	217.5	236.3
Alcohol and drug ⁴ Serious mental illness ⁵	3.7	4.0	4.0	33.1	19.1	18.3
Serious mental illness ⁵	3.4 3.0	*5.3 2.7	6.4 3.1	47.1 16.3	*43.6 9.4	*51.1 10.6
Intervertebral disc disorders	2.6	1.5	1.2	10.7	3.2	2.8
Injuries and poisoning	13.1	7.3	7.9	65.7	33.2	36.9
Fracture, all sites	4.0	2.5	2.7	22.7	12.8	13.1
45–64 years ³	140.3	112.7	115.8	943.4	570.4	597.0
Malignant neoplasms	10.6	6.2	6.5	99.1	42.1	42.9
Trachea, bronchus, lung	2.7 2.9	0.9 3.7	0.9 3.0	19.1 21.2	5.2 22.5	7.1 17.3
Alcohol and drug ⁴	3.5	3.5	3.9	29.7	15.8	16.4
Serious mental illness ⁵	2.5	*4.0	4.3	34.8	*34.6	*47.6
Diseases of heart	31.7 22.6	26.4 17.7	25.0 15.9	185.0 128.2	101.5 63.8	98.5 56.7
Acute myocardial infarction	7.4	5.9	5.5	55.8	27.8	23.8
Congestive heart failure	3.0	3.3	3.7	19.7	17.2	19.1
Cerebrovascular diseases	4.1 3.5	3.8 3.4	3.7 3.2	40.7 27.4	19.8 20.5	22.6 17.7
Injuries and poisoning	11.6	8.8	10.6	82.6	49.8	63.2
Fracture, all sites	3.3	2.5	2.9	24.2	16.2	16.1
65–74 years ³	287.8	264.9	265.6	2,251.5	1,489.7	1,486.7
Malignant neoplasms	27.9	17.6	18.5	277.6	121.2	136.8
Large intestine and rectum Trachea, bronchus, lung	3.0 6.4	3.0 2.8	2.9 3.5	34.2 55.7	27.3 19.2	28.3 28.4
Prostate	5.1	3.7	3.0	33.1	14.0	*8.6
Diabetes	4.4 2.5	4.7 *3.4	5.1 *2.9	39.8	29.0	32.4 *34.7
Diseases of heart	2.5 69.4	70.6	67.9	43.8 487.2	39.9 331.9	303.4
Ischemic heart disease	42.0	39.7	38.2	285.2	171.2	163.4
Acute myocardial infarction	14.0 11.4	12.5 13.4	13.3 12.4	122.4 90.2	66.5 76.8	79.8 65.5
Cerebrovascular diseases	13.8	13.2	13.8	114.8	59.0	56.8
Pneumonia	11.4	12.8	12.5	107.8	82.0	76.5
Hyperplasia of prostate	14.4 5.0	5.4 9.6	4.8 7.6	65.0 44.9	15.0 46.7	11.7 32.6
Injuries and poisoning	17.6	17.9	18.4	139.0	105.7	111.5
Fracture, all sites	4.5 1.5	4.7 *2.0	4.9 1.6	45.9 *18.1	29.9 *15.9	31.7 *10.4
(1 /						
75 years and over ³	478.5	467.4	480.7	4,231.6	2,888.0	2,894.9
Malignant neoplasms	41.0 5.4	21.9 4.2	23.8 3.7	408.3 80.7	165.2 44.1	179.5 33.7
Trachea, bronchus, lung	5.4	3.0	3.8	53.4	18.3	28.4
Prostate	9.7 4.6	3.2 6.5	3.3 6.5	65.6 51.2	*19.4 43.2	13.3 42.4
Serious mental illness ⁵	*2.6	2.9	3.6	*40.5	*32.6	36.7
Diseases of heart	106.2	113.3	117.4	855.7	600.9	606.9
Ischemic heart disease	49.1 23.1	53.0 23.0	50.4 22.8	398.1 227.5	276.1 136.5	262.3 157.4
Congestive heart failure	31.0	30.5	30.5	242.3	175.4	176.9
Cerebrovascular diseases	30.2 38.6	30.2 37.2	26.8 38.8	298.3 393.6	171.2 233.3	155.3 241.0
Pneumonia	38.6 17.9	37.2 6.8	38.8 6.1	393.6 109.2	233.3	241.0 17.7
Osteoarthritis	5.8	6.2	10.2	60.7	28.7	45.4
Injuries and poisoning. Fracture, all sites.	31.2 13.7	33.6 14.4	32.7 13.2	341.3 145.1	257.7 *119.2	212.4 94.8

See footnotes at end of table.

Table 95 (page 2 of 3). Rates of discharges and days of care in non-Federal short-stay hospitals, according to sex, age, and selected first-listed diagnoses: United States, selected years 1990–2002

		Discharges			Days of care	
Sex, age, and first-listed diagnosis	1990	2000¹	2002 ¹	1990	2000¹	2002¹
Female			Number per	1,000 population	า	
All ages ^{2,3}	139.0	127.7	132.9	840.5	581.0	596.0
Under 18 years ³	46.4	39.6	43.5	218.7	161.5	192.1
Pneumonia Asthma Injuries and poisoning Fracture, all sites.	4.0 2.2 4.3 1.3	4.8 2.4 3.1 0.9	5.2 1.2 3.4 0.8	17.4 6.8 16.7 6.4	17.2 5.5 *12.0 2.3	19.8 2.6 14.1 2.4
18–44 years ³	146.8	124.8	132.6	582.0	401.1	431.9
Delivery Alcohol and drug ⁴ . Serious mental illness ⁵ Diseases of heart. Intervertebral disc disorders. Injuries and poisoning. Fracture, all sites.	69.9 1.6 3.7 1.3 1.5 6.7	64.5 *2.1 *5.4 1.7 1.0 4.3 1.0	67.7 1.9 6.9 1.7 1.1 4.8 1.2	195.0 14.1 54.3 7.2 7.3 36.6 10.7	160.2 *10.8 *41.1 6.3 2.4 18.1 4.5	174.6 *9.2 *52.6 7.0 2.9 18.7 5.0
45–64 years ³	131.0	110.2	116.0	886.5	533.6	553.4
Malignant neoplasms Trachea, bronchus, lung Breast Diabetes Alcohol and drug ⁴ . Serious mental illness ⁵ Diseases of heart Ischemic heart disease Acute myocardial infarction Congestive heart failure Cerebrovascular diseases Pneumonia Injuries and poisoning Fracture, all sites.	12.7 1.7 2.8 2.9 1.0 4.0 16.6 9.9 2.8 2.1 3.0 3.4 9.4 3.1	6.1 0.5 1.3 2.9 1.5 4.6 14.6 7.8 2.0 2.9 3.5 3.6 7.7 2.7	5.8 0.7 1.1 3.1 1.5 6.1 14.6 7.6 2.4 2.9 3.2 3.4 8.2 2.1	107.4 14.8 12.1 25.8 8.0 60.5 101.1 57.4 21.6 15.8 32.1 26.5 63.3 25.0	34.7 3.4 2.6 15.0 *7.1 42.7 59.5 29.5 10.0 13.6 19.5 20.8 41.2 13.3	34.0 5.1 2.7 14.8 *7.6 51.6 60.4 28.3 11.4 14.5 16.3 21.1 43.5
65–74 years ³	241.1	246.1	244.4	1,959.3	1,397.1	1,349.6
Malignant neoplasms Large intestine and rectum. Trachea, bronchus, lung Breast Diabetes Serious mental illness ⁵ Diseases of heart Ischemic heart disease Acute myocardial infarction Congestive heart failure Cerebrovascular diseases Pneumonia Osteoarthritis Injuries and poisoning Fracture, all sites. Fracture of neck of femur (hip)	20.9 2.4 2.6 3.9 5.8 3.9 45.1 24.4 7.5 9.2 11.3 8.7 6.9 17.8 8.4 3.6	14.1 1.7 2.4 2.8 4.6 4.0 52.1 23.3 8.0 12.7 12.3 11.7 9.3 18.3 7.7	14.1 1.9 3.0 1.8 5.3 3.2 48.6 21.7 7.1 11.2 10.8 11.4 11.5 17.3 6.9 3.3	189.8 34.9 26.9 17.6 46.8 62.8 316.9 153.8 58.1 81.8 96.0 81.8 68.9 166.2 97.3	101.0 15.2 *17.5 * 26.1 46.3 256.0 113.9 52.8 68.4 59.4 73.5 43.6 109.9 43.8 21.1	107.0 14.4 20.1 *5.9 28.2 36.9 230.5 100.0 45.6 65.7 54.9 69.7 48.6 99.5 39.4 21.1

See footnotes at end of table.

Table 95 (page 3 of 3). Rates of discharges and days of care in non-Federal short-stay hospitals, according to sex, age, and selected first-listed diagnoses: United States, selected years 1990-2002

[Data are based on a sample of hospital records]

		Discharges		Days of care					
Sex, age, and first-listed diagnosis	1990	2000¹	2002¹	1990	2000¹	2002¹			
Female—Con.	Number per 1,000 population								
75 years and over ³	409.6	458.8	458.2	3,887.1	2,830.8	2,735.5			
Malignant neoplasms Large intestine and rectum. Trachea, bronchus, lung Breast Diabetes Serious mental illness ⁵ Diseases of heart Ischemic heart disease Acute myocardial infarction Congestive heart failure Cerebrovascular diseases Pneumonia Osteoarthritis Injuries and poisoning Fracture, all sites.	22.1 4.6 2.1 3.9 4.6 4.2 84.6 33.7 13.1 28.0 29.6 23.9 5.3 46.3 31.5	17.6 3.4 1.9 2.5 6.3 4.7 99.1 35.5 16.5 32.2 27.6 30.5 8.7 44.7 30.0	17.1 3.8 1.6 1.8 5.1 3.3 95.4 33.5 15.9 28.1 25.2 28.7 10.4 48.4 30.3	257.3 69.8 20.6 22.0 55.3 78.4 672.8 253.2 125.9 236.6 302.0 260.1 54.1 489.2 352.7	125.7 28.4 14.0 *8.9 34.0 49.2 523.4 185.5 110.7 181.7 156.8 209.7 40.4 275.4 190.0	131.1 37.8 13.9 5.2 28.5 39.0 483.4 161.2 98.0 149.3 130.5 185.5 47.0 279.6			

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

NOTES: Some numbers in this table for 2000 and 2001 were revised and differ from previous editions of Health, United States. Excludes newborn infants. Rates are based on the civilian population as of July 1. Diagnostic categories are based on the International Classification of Diseases, Ninth Revision, Clinical Modification. For a listing of the code numbers, see Appendix II, table IX. Rates for 1990-99 use population estimates based on the 1990 census adjusted for net underenumeration using the 1990 National Population Adjustment Matrix from the U.S. Bureau of the Census. Rates for 1990-99 are not strictly comparable with rates for 2000 and beyond because population estimates for 1990-99 have not been revised to reflect Census 2000. See Appendix I, National Hospital Discharge Survey; Population Census and Population Estimates. Data for additional years are available. See Appendix III.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Hospital Discharge Survey.

¹ Rates for 2000 were computed using Census 2000 counts and rates for 2001 and beyond were computed using 2000-based postcensal estimates.

²Estimates are age adjusted to the year 2000 standard population using six age groups: under 18 years, 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See Appendix II, Age adjustment.
³Includes discharges with first-listed diagnoses not shown in table.

⁴Includes abuse, dependence, and withdrawal. These estimates are for non-Federal short-stay hospitals and do not include alcohol and drug discharges from other types of facilities or programs such as the Department of Veterans Affairs or day treatment programs.

These estimates are for non-Federal short-stay hospitals and do not include serious mental illness discharges from other types of facilities or programs such as the

Department of Veterans Affairs or long-term hospitals.

Table 96 (page 1 of 3). Discharges and average length of stay in non-Federal short-stay hospitals, according to sex, age, and selected first-listed diagnoses: United States, selected years 1990–2002

		Discharges		Average length of stay			
Sex, age, and first-listed diagnosis	1990	2000	2002	1990	2000	2002	
Both sexes	Nu	mber in thousar	nds	Number of days			
otal ^{1,2}	30,788	31,706	33,727	6.5	4.9	4.9	
Male							
Il ages ^{1,2}	12,280	12,514	13,389	7.1	5.4	5.4	
nder 18 years ²	1,572	1,515	1,615	5.0	4.8	4.6	
neumonia	178	199	228	4.3	3.2	3.5	
sthma	111	129	*69	2.8	2.1	*2.4	
juries and poisoning Fracture, all sites	232 76	185 68	180 59	4.4 4.2	4.3 3.9	4.2 3.8	
3–44 years ²	3,120	2,498	2,703	6.1	4.8	4.9	
lcohol and drug ³	201	224	226	8.9	4.7	4.5	
erious mental illness ⁴	184 163	*296 148	361 173	13.8 5.4	*8.2 3.5	*7.9 3.4	
tervertebral disc disorders	138	81	69	4.2	2.2	2.3	
juries and poisoning	704	408	445	5.0	4.5	4.7	
Fracture, all sites	217	141	153	5.6	5.0	4.8	
5–64 years ²	3,115	3,424	3,755	6.7	5.1	5.2	
lalignant neoplasms	235 60	188 26	211 30	9.4 7.1	6.8 6.0	6.6 7.5	
iabetes	65	114	98	7.3	6.0	5.7	
lcohol and drug ³ erious mental illness ⁴	77 56	106 *120	125 139	8.5 13.7	4.5 *8.8	4.2 *11.1	
iseases of heart	704	802	812	5.8	3.8	3.9	
Ischemic heart disease	502	539 178	515 177	5.7	3.6 4.7	3.6 4.3	
Acute myocardial infarction	165 66	178 101	177 119	7.5 6.7	4.7 5.2	5.2	
erebrovascular diseases	91	116	121	10.0	5.2	6.1	
neumonia	77 257	104 266	103 342	7.9 7.2	6.0 5.7	5.5 6.0	
Fracture, all sites.	74	77	94	7.2	6.4	5.5	
5–74 years²	2,268	2,199	2,205	7.8	5.6	5.6	
lalignant neoplasms	220	146	154	9.9	6.9	7.4	
Large intestine and rectum	24 50	24 23	24 29	11.4 8.7	9.2 6.8	9.7 8.1	
Prostate	40	31	25	6.5	3.8	*2.8	
iabetes	34	39 *28	43 *24	9.1	6.2 *11.7	6.3	
iseases of heart	20 547	*28 586	*24 564	17.4 7.0	4.7	*12.1 4.5	
Ischemic heart disease	331	329	317	6.8	4.3	4.3	
Acute myocardial infarction	110 90	104 112	110 103	8.8 7.9	5.3 5.7	6.0 5.3	
erebrovascular diseases	108	109	114	8.3	4.5	4.1	
neumonia	90	106	104	9.5	6.4	6.1	
yperplasia of prostate	113 39	45 80	40 63	4.5 9.0	2.8 4.9	2.4 4.3	
ijuries and poisoning	139	149	153	7.9	5.9	6.1	
Fracture, all sites	36 12	39 *17	41 13	10.2 *11.8	6.4 *7.9	6.4 *6.4	
5 years and over ²	2,203	2,878	3,111	8.8	6.2	6.0	
lalignant neoplasms	189	135	154	10.0	7.6	7.5	
Large intestine and rectum	25	26	24	15.0	10.6	9.2	
Trachea, bronchus, lung	25 45	18 20	24 22	10.0 6.8	6.1 *6.1	7.6 4.0	
iabetes	21	40	42	11.0	6.6	6.6	
erious mental illness ⁴	*12	18	23	*15.5	*11.2	10.3	
iseases of heart	489 226	697 326	759 326	8.1 8.1	5.3 5.2	5.2 5.2	
Acute myocardial infarction	106	141	148	9.9	5.9	6.9	
Congestive heart failure erebrovascular diseases	143 139	188 186	198 174	7.8 9.9	5.7 5.7	5.8 5.8	
neumonia	178	229	251	10.2	6.3	6.2	
yperplasia of prostate	82	42	39	6.1	3.2	2.9	
steoarthritis	27 144	38 207	66 211	10.5 10.9	4.6 7.7	4.5 6.5	
Fracture, all sites	63 39	89 52	85 53	10.6 11.5	*8.3 7.5	7.2 7.5	

See footnotes at end of table.

Table 96 (page 2 of 3). Discharges and average length of stay in non-Federal short-stay hospitals, according to sex, age, and selected first-listed diagnoses: United States, selected years 1990–2002

		Discharges		Average length of stay			
Sex, age, and first-listed diagnosis	1990	2000	2002	1990	2000	2002	
Female	Number in thousands			Number of days			
- All ages ^{1,2}	18,508	19,192	20,338	6.0	4.5	4.5	
Under 18 years ²	1,500	1,397	1,547	4.7	4.1	4.4	
Pneumonia Asthma Injuries and poisoning. Fracture, all sites.	129 71 138 42	168 85 111 32	183 42 120 29	4.4 3.1 3.9 5.0	3.6 2.3 *3.8 2.5	3.8 2.2 4.2 2.9	
18–44 years ²	8,018	6,941	7,411	4.0	3.2	3.3	
Delivery Alcohol and drug ³ Serious mental illness ⁴ Diseases of heart Intervertebral disc disorders Injuries and poisoning Fracture, all sites.	3,815 85 200 73 84 366 85	3,588 *116 *300 95 58 237 57	3,783 105 385 95 62 268 65	2.8 9.1 14.8 5.4 4.7 5.5 6.9	2.5 *5.2 *7.6 3.7 2.3 4.2 4.4	2.6 *4.9 *7.6 4.1 2.6 3.9 4.3	
45–64 years ²	3,129	3,534	3,968	6.8	4.8	4.8	
Malignant neoplasms Trachea, bronchus, lung Breast Diabetes Alcohol and drug³ Serious mental illness⁴ Diseases of heart Ischemic heart disease Acute myocardial infarction Congestive heart failure Cerebrovascular diseases Pneumonia njuries and poisoning Fracture, all sites.	303 41 67 70 23 95 397 237 68 51 72 80 225 75	195 17 40 93 47 146 470 251 64 94 113 117 248	198 25 36 107 51 207 501 262 82 100 109 115 279 70	8.5 8.6 4.3 8.9 8.2 15.2 6.1 5.8 7.6 7.4 10.7 7.9 6.7	5.7 6.4 2.1 5.2 *4.8 9.4 4.1 3.8 5.0 4.6 5.5 5.7 5.3 4.9	5.9 7.1 2.6 4.7 *5.0 8.5 4.1 3.7 4.8 5.0 5.1 6.3 5.3 5.0	
65–74 years ²	2,421	2,479	2,437	8.1	5.7	5.5	
Malignant neoplasms Large intestine and rectum. Trachea, bronchus, lung Breast Diabetes Serious mental illness ⁴ Diseases of heart Ischemic heart disease Acute myocardial infarction Congestive heart failure Cerebrovascular diseases Pneumonia Osteoarthritis Injuries and poisoning Fracture, all sites. Fracture of neck of femur (hip)	210 24 26 40 59 39 453 245 75 92 114 87 69 179 85 36	142 17 25 29 47 40 525 235 81 128 124 117 94 185 77	141 18 30 18 52 32 484 216 71 111 107 114 115 173 69 32	9.1 14.5 10.2 4.5 8.0 16.3 7.0 6.3 7.8 8.9 8.5 9.4 10.0 9.3 11.5	7.2 9.0 *7.1 * 5.6 11.7 4.9 4.9 6.6 5.4 4.8 6.3 4.7 6.0 5.7 6.7	7.6 7.8 6.8 *3.2 5.4 11.4 4.7 4.6 6.4 5.9 5.1 6.1 4.2 5.7 6.5	

See footnotes at end of table.

Table 96 (page 3 of 3). Discharges and average length of stay in non-Federal short-stay hospitals, according to sex, age, and selected first-listed diagnoses: United States, selected years 1990-2002

[Data are based on a sample of hospital records]

	Discharges		Average length of stay			
1990	2000	2002	1990	2000	2002	
Nu	mber in thousa	nds		Number of days		
3,440	4,840	4,975	9.5	6.2	6.0	
185 39 18 33 39 35 711 283 110 235 249 201 45 389	186 36 20 27 67 49 1,045 375 174 339 292 322 91 472	186 41 17 19 56 36 1,036 364 172 305 274 312 112 526	11.7 15.1 9.9 5.7 11.9 18.7 8.0 7.5 9.6 8.5 10.2 10.9 10.6	7.1 8.4 7.3 *3.5 5.4 10.5 5.3 5.2 6.7 5.6 5.7 6.9 4.7 6.2	7.7 10.1 8.9 2.9 5.5 11.8 5.1 4.8 6.2 5.3 5.2 6.5 5.8	
	Nu 3,440 185 39 18 33 39 35 711 283 110 235 249 201 45	1990 2000 Number in thousand 3,440 4,840 185 186 39 36 18 20 33 27 39 67 35 49 711 1,045 283 375 110 174 235 339 249 292 201 322 45 91 389 472	Number in thousands 3,440	1990 2000 2002 1990 Number in thousands 3,440 4,840 4,975 9.5 185 186 186 11.7 39 36 41 15.1 18 20 17 9.9 33 27 19 5.7 39 67 56 11.9 35 49 36 18.7 711 1,045 1,036 8.0 283 375 364 7.5 110 174 172 9.6 235 339 305 8.5 249 292 274 10.2 201 322 312 10.9 45 91 112 10.2 389 472 526 10.6	1990 2000 Number in thousands Number of days 3,440 4,840 4,975 9.5 6.2 185 186 186 11.7 7.1 39 36 41 15.1 8.4 18 20 17 9.9 7.3 33 27 19 5.7 *3.5 39 67 56 11.9 5.4 35 49 36 18.7 10.5 711 1,045 1,036 8.0 5.3 283 375 364 7.5 5.2 110 174 172 9.6 6.7 235 339 305 8.5 5.6 249 292 274 10.2 5.7 201 322 312 10.9 6.9 45 91 112 10.2 4.7 389 472 526 10.6 6.2	

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

NOTES: Excludes newborn infants. Diagnostic categories are based on the International Classification of Diseases, Ninth Revision, Clinical Modification. For a listing of the code numbers, see Appendix II, table IX. Data for additional years are available. See Appendix III.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Hospital Discharge Survey.

¹ Average length of stay estimates are age adjusted to the year 2000 standard population using six age groups: under 18 years, 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See Appendix II, Age adjustment.

2 Includes discharges with first-listed diagnoses not shown in table.

³Includes abuse, dependence, and withdrawal. These estimates are for non-Federal short-stay hospitals and do not include alcohol and drug discharges from other types of facilities or programs such as the Department of Veterans Affairs or day treatment programs.

4These estimates are for non-Federal short-stay hospitals and do not include serious mental illness discharges from other types of facilities or programs such as the

Department of Veterans Affairs or long-term hospitals.

Table 97 (page 1 of 3). Selected inpatient procedures according to sex, age, and type of procedure: United States, 1991-92 and 2001-02

[Data are based on a sample of hospital records]

	Both	sexes	M	ale	Fen	nale
Age and procedure category	1991–92	2001–02	1991–92	2001–02	1991–92	2001–02
18 years of age and over			Number in	thousands		
Number of hospital stays with at least one procedure ¹	19,073	18,606	7,154	6,751	11,920	11,856
18 years of age and over, age adjusted ²		N	umber per 10,	000 population	1 ³	
Hospital stays with at least one procedure	1,024.7 55.3	877.0 58.9	885.7 74.8	708.9 77.9	1,180.8 38.6	1,054.8 43.2
pacemaker leads or device Incision, excision, and occlusion of vessels Angiocardiography using contrast material Operations on vessels of heart Removal of coronary artery obstruction and insertion	9.4 40.2 46.2 34.6	10.1 60.3 48.3 42.6	11.3 45.4 61.5 53.0	12.5 64.9 62.0 63.9	8.1 36.4 33.1 19.4	8.4 57.1 36.9 25.1
of stent(s)	19.7 15.9	28.6 23.6 14.3	29.0 25.6	41.8 34.7 22.6	11.8 8.1	17.6 14.2 7.6
Diagnostic procedures on small intestine. Diagnostic procedures on large intestine. Diagnostic radiology. Computerized axial tomography Diagnostic ultrasound.	44.6 30.6 88.4 62.9 71.0	45.3 26.1 37.1 27.4 32.3	49.1 29.5 91.0 66.8 66.9	45.6 25.6 36.5 28.2 33.0	41.5 31.6 86.6 59.6 76.2	45.3 26.7 38.0 26.7 32.3
Joint replacement of lower extremity Total hip replacement Partial hip replacement Total knee replacement Reduction of fracture and dislocation Excision or destruction of intervertebral disc Cholecystectomy Laparoscopic cholecystectomy Lysis of peritoneal adhesions	22.6 6.7 5.1 8.6 27.8 16.9 29.6 9.7 17.9	33.2 8.4 5.4 16.0 24.8 14.0 20.3 15.1 15.1	18.9 6.2 3.3 6.9 26.0 19.8 20.3 5.8 7.6	28.3 7.7 3.4 14.1 22.6 15.6 14.7 9.3 6.5	25.2 7.0 6.3 9.9 27.7 14.1 38.7 13.4 27.7	36.7 8.8 6.6 17.7 25.3 12.5 25.9 20.8 23.5
18-44 years of age			Number in	thousands		
Number of hospital stays with at least one procedure ¹	8,034	7,034	1,936	1,423	6,099	5,611
		N	umber per 10,	000 population	1 ³	
Hospital stays with at least one procedure	735.7 5.0	629.1 4.5	356.6 5.6	254.2 2.9	1,110.2 4.4	1,004.8 6.2
Cesarean section and removal of fetus. Forceps, vacuum, and breech delivery Other procedures inducing or assisting delivery ⁵ Dilation and curettage of uterus Total abdominal hysterectomy Vaginal hysterectomy					164.1 76.7 395.0 26.0 42.3 16.7	176.9 55.3 395.4 8.0 36.9 19.4
Cardiac catheterization	8.2 12.0 7.3 3.3	8.5 19.1 7.6 4.3	12.0 12.1 10.7 5.6	11.8 18.7 10.1 6.7	4.6 11.9 4.0 1.1	5.2 19.5 5.1 1.9
of stent(s)	2.4 1.0	3.4 2.7 1.0	4.0 1.7	5.2 4.2 1.6	*0.7 · · · _*	1.5 1.2 *
Diagnostic procedures on small intestine. Diagnostic procedures on large intestine. Diagnostic radiology. Computerized axial tomography. Diagnostic ultrasound	13.1 7.2 38.5 25.1 31.7	12.6 6.1 15.1 10.6 10.4	13.6 6.4 37.6 29.2 17.3	11.2 5.3 12.8 10.9 7.3	12.6 8.0 39.4 21.2 46.1	14.0 6.9 17.5 10.3 13.4
Reduction of fracture and dislocation Excision or destruction of intervertebral disc Cholecystectomy Laparoscopic cholecystectomy Lysis of peritoneal adhesions	16.7 14.4 16.7 6.3 15.0	13.0 10.4 12.7 10.7 12.2	22.9 18.2 6.6 2.0 1.9	17.7 11.7 4.6 3.2 1.9	10.6 10.6 26.7 10.5 27.9	8.2 9.0 20.8 18.3 22.5

See footnotes at end of table.

Table 97 (page 2 of 3). Selected inpatient procedures according to sex, age, and type of procedure: United States, 1991-92 and 2001-02

[Data are based on a sample of hospital records]

	Both	sexes	M	ale	Fer	male
Age and procedure category	1991–92	2001–02	1991–92	2001–02	1991–92	2001–02
45–64 years of age			Number in	thousands		
Number of hospital stays with at least one procedure ¹	4,305	4,621	2,148	2,281	2,157	2,340
		N	umber per 10	,000 population	n ³	
Hospital stays with at least one procedure	908.9	704.6	939.3	714.9	880.5	694.9
Transurethral prostatectomy	 18.5	 12.4	23.4 23.7	6.9 11.1	13.7	13.6
Total abdominal hysterectomy					52.0	50.4
Vaginal hysterectomy					17.6	22.2
Cardiac catheterization	91.8	80.4	127.0	104.0	59.0	58.1
pacemaker leads or device	6.7 43.5	4.3 59.7	8.3 47.2	5.4 64.2	5.3 40.2	3.3 55.4
Angiocardiography using contrast material	77.5	65.4	104.8	83.3	51.9	48.5
Operations on vessels of heart	57.6	59.4	88.6	88.0	28.7	32.3
of stent(s)	34.5	40.3	51.5	58.9	18.7	22.6
Insertion of coronary artery stent(s) ⁴	24.9	33.0 19.5	40.1	49.4 29.7	10.8	17.5 9.8
Diagnostic procedures on small intestine	42.9	38.9	45.9	40.3	40.1	37.7
Diagnostic procedures on large intestine	27.7 89.9	19.8 34.4	25.3 91.4	18.7 33.1	30.0 88.4	20.8 35.6
Computerized axial tomography	57.9	24.0	58.4	24.9	57.4	23.2
Diagnostic ultrasound	65.5	27.4	66.8	29.9	64.2	25.1
Joint replacement of lower extremity	18.3 6.7	30.2 9.2	16.9 7.1	26.0 10.0	19.7 6.2	34.2 8.4
Partial hip replacement	2.0	1.2	*1.2	*0.9	2.8	1.4
Total knee replacement	7.4 22.4	16.9 18.0	5.9 20.7	12.7 18.0	8.8 24.1	20.9 18.0
Excision or destruction of intervertebral disc	23.1	20.6	25.4	22.0	21.0	19.2
Cholecystectomy	37.0	20.5	24.2	16.7	49.0	24.1
Lysis of peritoneal adhesions	12.4 16.2	15.0 14.7	7.7 7.7	11.2 6.0	16.8 24.1	18.7 23.0
65–74 years of age			Number in	thousands		
Number of hospital stays with at least one procedure ¹	3,288	2,856	1,662	1,381	1,626	1,475
		N	umber per 10	,000 population	n ³	
Hospital stays with at least one procedure	1,807.2	1,560.6	2,070.6	1,663.0	1,599.3	1,475.6
Transurethral prostatectomy	37.9	26.2	145.3 52.3	54.4 28.2	26.6	24.5
Total abdominal hysterectomy					24.8	19.9
Vaginal hysterectomy					14.3	16.0
Cardiac catheterization	170.6	181.5	223.4	235.4	128.9	136.7
pacemaker leads or device	27.1 110.5	25.4 148.6	32.0 134.7	26.4 155.3	23.2 91.3	24.6 143.0
Angiocardiography using contrast material	139.3	147.3	178.9	182.6	108.0	118.1
Operations on vessels of heart	116.0	141.1	169.3	207.8	73.9	85.7
Removal of coronary artery obstruction and insertion of stent(s)	60.6	90.8	84.1	130.0	42.0	58.2
Insertion of coronary artery stent(s) ⁴	59.2	74.9 51.2	90.7	107.7 79.2	34.3	47.6 27.9
Diagnostic procedures on small intestine.	106.2	106.9	116.9	107.5	97.7	106.4
Diagnostic procedures on large intestine	72.6	64.8	70.6	64.5	74.1	65.1
Diagnostic radiology	177.7 132.3	77.1 57.0	193.8 145.1	79.4 57.5	165.0 122.3	75.2 56.6
Computerized axial tomography	149.3	79.3	163.6	80.0	138.0	78.7
Joint replacement of lower extremity	79.8	110.3	59.4	92.0	95.9	125.5
Total hip replacementPartial hip replacement.	25.2 8.4	25.9 9.5	20.5 *3.9	21.5 7.7	28.9 11.9	29.5 11.1
Total knee replacement	38.9	63.4	28.1	52.5	47.4	72.4
Reduction of fracture and dislocation	36.5 16.4	39.4 15.6	28.5 18.3	28.1 16.7	42.9 14.9	48.7 14.7
Cholecystectomy	59.3	40.3	54.2	36.9	63.3	43.1
Laparoscopic cholecystectomy	18.1	28.3	14.9	22.9	20.6	32.8
Lysis of peritoneal adhesions	25.3	22.4	20.3	17.4	29.3	26.6

See footnotes at end of table.

Table 97 (page 3 of 3). Selected inpatient procedures according to sex, age, and type of procedure: United States, 1991–92 and 2001–02

[Data are based on a sample of hospital records]

	Both	sexes	M	ale	Female	
Age and procedure category	1991–92	2001–02	1991–92	2001–02	1991–92	2001–02
75 years of age and over			Number in	thousands		
Number of hospital stays with at least one procedure 1	3,446	4,096	1,409	1,667	2,037	2,430
		N	umber per 10,	,000 population	n ³	
Hospital stays with at least one procedure	2,547.0	2,384.5	2,918.6 262.6	2,606.7 95.3	2,340.9	2,252.7
Repair of hernia	43.5	27.5	67.2	36.4	30.4	22.2
Total abdominal hysterectomy					14.8 7.3	13.6 8.3
Cardiac catheterization	111.8	174.6	141.4	240.8	95.3	135.3
pacemaker leads or device Incision, excision, and occlusion of vessels Angiocardiography using contrast material. Operations on vessels of heart. Removal of coronary artery obstruction and insertion	59.3 140.2 91.2 72.8	76.9 235.5 142.5 124.3	72.6 163.8 114.9 113.5	101.5 269.9 190.0 191.2	51.9 127.1 78.0 50.2	62.3 215.1 114.4 84.7
of stent(s)	37.2 36.7	83.0 69.1 42.0	53.5 62.7	120.1 99.6 71.2	28.2 22.3	61.0 50.9 24.6
Diagnostic procedures on small intestine. Diagnostic procedures on large intestine. Diagnostic radiology. Computerized axial tomography. Diagnostic ultrasound.	193.6 150.5 316.7 257.4 268.1	215.4 137.9 146.6 116.7 142.0	222.4 152.2 331.1 262.2 290.2	222.4 141.2 156.9 121.5 160.3	177.7 149.6 308.7 254.8 255.8	211.2 135.9 140.5 113.9 131.2
Joint replacement of lower extremity. Total hip replacement. Partial hip replacement. Total knee replacement Reduction of fracture and dislocation Excision or destruction of intervertebral disc Cholecystectomy Laparoscopic cholecystectomy Lysis of peritoneal adhesions.	117.5 25.7 46.3 35.8 111.3 9.4 56.1 13.4 34.9	160.5 34.7 50.5 60.2 111.1 11.0 47.5 30.0 28.0	95.7 21.4 32.0 30.8 62.7 10.5 60.1 14.1 31.0	135.1 27.6 28.4 63.0 65.5 16.0 48.6 27.5 26.6	129.6 28.1 54.3 38.5 138.3 8.7 53.9 13.0 37.1	175.5 38.9 63.6 58.5 138.1 8.1 46.8 31.5 28.8

^{*} Estimates are considered unreliable. Rates for inpatient procedures preceded by an asterisk are based on 5,000–8,999 estimated procedures; those based on fewer than 5,000 are not shown. Estimates that are not shown generally have a relative standard error of more than 30 percent.

NOTES: Up to four procedures were coded for each hospital stay. Data in this table are for "any-listed" procedures, that is, if more than one procedure with the same code (e.g., a coronary artery bypass graft) is performed during the hospital stay, it is counted only once. Procedure categories are based on the *International Classification of Diseases*, *Ninth Revision, Clinical Modification*. See Appendix II, Procedure; for a listing of the code numbers, see Appendix II, table X. Rates are based on the civilian population as of July 1. Rates for 1990–99 use population estimates based on the 1990 census adjusted for net underenumeration using the 1990 National Population Adjustment Matrix from the U.S. Bureau of the Census. Rates for 1990–99 are not strictly comparable with rates for 2001–2002 because population estimates for 1990–99 have not been revised to reflect Census 2000. See Appendix I, National Hospital Discharge Survey.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Hospital Discharge Survey.

Category not applicable.

¹Includes procedures not shown separately. Average number of procedures per year.

²Estimates are age adjusted to the year 2000 standard population using five age groups: 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See Appendix II, Age adjustment.

³Average annual rate.

⁴The procedure code for insertion of coronary artery stents was not available in 1991–92. Code 36.06 was first used in 1996.

^{5&}quot;Other procedures inducing or assisting delivery" includes artificial rupture of membranes, surgical and medical induction of labor, and episiotomy.

Table 98. Hospital admissions, average length of stay, and outpatient visits, according to type of ownership and size of hospital, and percent outpatient surgery: United States, selected years 1975-2002

[Data are based on reporting by a census of hospitals]

Type of ownership and size of hospital	1975	1980	1990	1995	1999	2000	2001	2002		
Admissions				Number in	thousands					
All hospitals	36,157	38,892	33,774	33,282	34,181	34,891	35,644	36,326		
Federal	1,913 34,243	2,044 36,848	1,759 32,015	1,559 31,723	1,072 33,109	1,034 33,946	1,001 34,644	1,027 35,299		
Community ²	33,435 23,722 2,646 7,067	36,143 25,566 3,165 7,413	31,181 22,878 3,066 5,236	30,945 22,557 3,428 4,961	32,359 23,871 3,905 4,583	33,089 24,453 4,141 4,496	33,814 27,983 4,197 4,634	34,478 25,425 4,365 4,688		
6-24 beds	174 1,431 3,675 7,017 6,174 4,739 3,689 6,537	159 1,254 3,700 7,162 6,596 5,358 4,401 7,513	95 870 2,474 5,833 6,333 5,091 3,644 6,840	124 944 2,299 6,288 6,495 4,693 3,413 6,690	145 959 2,317 6,684 6,389 5,419 3,045 7,400	141 995 2,355 6,735 6,702 5,135 3,617 7,410	140 1,030 2,422 6,778 6,630 5,328 3,779 7,706	162 1,062 2,471 6,826 6,800 5,607 3,593 7,958		
Average length of stay		Number of days								
All hospitals	11.4	9.9	9.1	7.8	7.0	6.8	6.7	6.6		
Federal	20.3 10.9	16.8 9.6	14.9 8.8	13.1 7.5	14.0 6.8	12.8 6.6	13.2 6.6	11.7 6.5		
Community ²	7.7 7.8 6.6 7.6	7.6 7.7 6.5 7.3	7.2 7.3 6.4 7.7	6.5 6.4 5.8 7.4	5.9 5.8 5.5 6.9	5.8 5.7 5.4 6.7	5.7 5.6 5.4 6.7	5.7 5.6 5.3 6.6		
6-24 beds	5.6 6.0 6.8 7.1 7.5 7.8 8.1 9.1	5.3 5.8 6.7 7.0 7.4 7.6 7.9 8.7	5.4 6.1 7.2 7.1 6.9 7.0 7.3 8.1	5.5 5.7 7.0 6.4 6.2 6.1 6.3 7.1	4.5 5.2 6.7 5.9 5.7 5.6 5.9 6.3	4.2 5.1 6.4 5.7 5.7 5.5 6.2	4.0 5.0 6.4 5.7 5.6 5.4 5.6 6.1	4.1 5.0 6.4 5.7 5.5 5.5 6.1		
Outpatient visits ³				Number in	thousands					
All hospitals	254,844	262,951	368,184	483,195	573,461	592,673	612,276	640,515		
Federal	51,957 202,887	50,566 212,385	58,527 309,657	59,934 423,261	70,060 503,401	63,402 531,972	64,035 548,242	75,781 564,734		
Community ²	190,672 131,435 7,713 51,525	202,310 142,156 9,696 50,459	301,329 221,073 20,110 60,146	414,345 303,851 31,940 78,554	495,346 370,784 39,896 84,667	521,405 393,168 43,378 84,858	538,480 404,901 44,706 88,873	556,404 416,910 45,215 94,280		
6-24 beds	915 5,855 16,303 35,156 32,772 29,169 22,127 48,375	1,155 6,227 17,976 36,453 36,073 30,495 25,501 48,430	1,471 10,812 27,582 58,940 60,561 43,699 33,394 64,870	3,644 19,465 38,597 91,312 84,080 54,277 44,284 78,685	4,650 23,870 46,156 110,336 90,878 75,849 43,867 99,741	4,555 27,007 49,385 114,183 99,248 73,444 52,205 101,378	4,556 27,941 51,331 114,921 99,596 75,242 59,580 105,314	5,930 29,726 53,342 117,573 102,424 79,092 57,841 110,475		
Outpatient surgery				Percent of to	tal surgeries ⁴					
Community hospitals ²		16.3	50.5	58.1	62.4	62.7	63.0	63.4		

^{- - -} Data not available.

NOTE: Data for additional years are available. See Appendix III.

SOURCES: American Hospital Association Annual Survey of Hospitals. Hospital Statistics, 1976, 1981, 1991–2004 Editions. Chicago. (Copyrights 1976, 1981, 1991–2004: Used with the permission of Health Forum LLC, an affiliate of the American Hospital Association.)

¹The category of non-Federal hospitals comprises psychiatric, tuberculosis and other respiratory diseases hospitals, and long-term and short-term general and other

²Community hospitals are non-Federal short-term general and special hospitals whose facilities and services are available to the public. See Appendix II, Hospital. ³Outpatient visits include visits to the emergency department, outpatient department, referred visits (pharmacy, EKG, radiology), and outpatient surgery. See Appendix

II, Outpatient visit.

⁴Total surgeries is a measure of patients with at least one surgical procedure. Persons with multiple surgical procedures are counted only once.

Table 99. Nursing home residents 65 years of age and over, according to age, sex, and race: United States, 1973–74, 1985, 1995, and 1999

[Data are based on a sample of nursing home residents]

		Res	idents		Resid	ents per 1,	000 popula	tion
Age, sex, and race	1973–74	1985	1995	1999	1973–74	1985	1995	1999
Age								
65 years and over, age adjusted ¹ 65 years and over, crude	961,500	1,318,300	1,422,600	1,469,500	58.5 44.7	54.0 46.2	45.9 42.4	43.3 42.9
65–74 years	163,100 384,900 413,600	212,100 509,000 597,300	190,200 511,900 720,400	194,800 517,600 757,100	12.3 57.7 257.3	12.5 57.7 220.3	10.1 45.9 198.6	10.8 43.0 182.5
Male								
65 years and over, age adjusted ¹ 65 years and over, crude	265,700	334,400	356,800	377,800	42.5 30.0	38.8 29.0	32.8 26.1	30.6 26.5
65–74 years	65,100 102,300 98,300	80,600 141,300 112,600	79,300 144,300 133,100	84,100 149,500 144,200	11.3 39.9 182.7	10.8 43.0 145.7	9.5 33.3 130.8	10.3 30.8 116.5
Female								
65 years and over, age adjusted ¹ 65 years and over, crude	695,800	983,900	1,065,800	1,091,700	67.5 54.9	61.5 57.9	52.3 53.7	49.8 54.6
65–74 years	98,000 282,600 315,300	131,500 367,700 484,700	110,900 367,600 587,300	110,700 368,100 612,900	13.1 68.9 294.9	13.8 66.4 250.1	10.6 53.9 224.9	11.2 51.2 210.5
White ²								
65 years and over, age adjusted ¹ 65 years and over, crude	920,600	1,227,400	1,271,200	1,279,600	61.2 46.9	55.5 47.7	45.4 42.3	41.9 42.1
65–74 years	150,100 369,700 400,800	187,800 473,600 566,000	154,400 453,800 663,000	157,200 440,600 681,700	12.5 60.3 270.8	12.3 59.1 228.7	9.3 44.9 200.7	10.0 40.5 181.8
Black or African American ²								
65 years and over, age adjusted ¹ 65 years and over, crude	37,700	82,000	122,900	145,900	28.2 22.0	41.5 35.0	50.4 45.2	55.6 51.1
65–74 years	12,200 13,400 12,100	22,500 30,600 29,000	29,700 47,300 45,800	30,300 58,700 56,900	11.1 26.7 105.7	15.4 45.3 141.5	18.4 57.2 167.1	18.2 66.5 183.1

^{...} Category not applicable.

NOTES: Excludes residents in personal care or domiciliary care homes. Age refers to age at time of interview. Civilian population estimates used to compute rates for the 1990s are 1990-based postcensal estimates, as of July 1. Starting in 1997, population figures are adjusted for net underenumeration using the 1990 National Population Adjustment Matrix from the U.S. Bureau of the Census. Data for additional years are available. See Appendix III.

SOURCES: Hing E, Sekscenski E, Strahan G. The National Nursing Home Survey: 1985 summary for the United States. National Center for Health Statistics. Vital Health Stat 13(97). 1989; and Centers for Disease Control and Prevention, National Center for Health Statistics, National Nursing Home Survey for other data years.

Age adjusted by the direct method to the year 2000 population standard using the following three age groups: 65–74 years, 75–84 years, and 85 years and over.

Beginning in 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 due to small sample sizes and are not shown.

Table 100. Nursing home residents 65 years of age and over, according to selected functional status and age, sex, and race: United States, 1985, 1995, and 1999

[Data are based on a sample of nursing home residents]

	Functional status ¹										
Depe	endent mo	bility		ncontiner	nt	Dep	endent ea	ating			
1985	1995	1999	1985	1995	1999	1985	1995	1999	1985	1995	1999
					Pe	ercent					
75.7	79.0	80.3	55.0	63.8	65.7	40.9	44.9	47.3	32.5	36.5	36.9
74.8	79.0	80.4	54.5	63.8	65.7	40.5	44.9	47.4	32.1	36.5	37.0
61.2	73.0	73.9	42.9	61.9	58.5	33.5	43.8	43.1	25.7	35.8	31.7
70.5	76.5	77.8	55.1	62.5	64.2	39.4	45.2	46.6	30.6	35.3	35.4
83.3	82.4	83.8	58.1	65.3	68.6	43.9	45.0	49.0	35.6	37.5	39.4
71.2	76.6	76.6	54.2	63.8	66.6	36.0	42.1	45.2	28.0	34.3	35.0
67.8	75.8	75.9	51.9	63.9	66.0	34.9	42.7	45.1	26.9	34.8	35.0
55.8	70.6	70.5	38.8	63.4	59.6	32.8	44.2	45.0	24.1	36.9	34.8
65.7	76.6	76.9	54.4	64.6	68.9	32.6	44.1	44.7	25.5	35.5	35.2
79.2	78.2	78.1	58.1	63.4	66.8	39.2	40.2	45.7	30.9	32.7	34.9
77.3	79.7	81.5	55.4	63.6	65.0	42.4	45.6	47.8	33.9	36.9	37.2
77.1	80.1	81.9	55.4	63.8	65.6	42.4	45.6	48.1	33.8	37.0	37.7
64.5	74.8	76.4	45.4	60.9	57.7	34.0	43.6	41.6	26.7	35.0	29.3
72.3	76.5	78.2	55.3	61.7	62.2	42.0	45.7	47.4	32.6	35.2	35.6
84.3	83.3	85.2	58.1	65.7	69.0	45.0	46.0	49.7	36.7	38.6	40.4
75.2	78.5	79.9	54.6	63.2	64.9	40.4	44.2	46.1	32.1	35.7	35.7
74.3	78.7	80.2	54.2	63.3	65.1	40.1	44.2	46.2	31.7	35.7	35.8
60.2	71.4	72.6	42.2	60.2	57.1	32.6	41.9	40.7	24.9	33.8	28.8
69.6	76.4	77.5	54.2	61.8	63.8	38.9	44.9	45.8	30.1	34.7	34.8
83.1	81.9	83.6	58.2	65.0	67.8	43.5	44.3	47.7	35.5	36.9	38.1
83.4	83.2	82.1	61.0	69.3	71.9	49.2	52.2	55.9	38.2	44.0	46.8
81.1	82.1	81.5	59.9	69.1	70.6	47.9	51.7	54.9	37.7	43.7	45.7
70.9	79.6	78.7	48.6	68.3	64.6	43.1	51.2	53.3	33.8	43.1	42.6
82.5	77.8	80.1	70.1	68.9	67.5	47.9	49.5	49.7	40.6	42.3	41.0
87.4	88.0	84.5	57.9	69.8	77.0	51.7	54.3	61.0	37.6	45.5	52.1
	75.7 74.8 61.2 70.5 83.3 71.2 67.8 55.8 65.7 79.2 77.3 77.1 64.5 72.3 84.3 75.2 74.3 60.2 69.6 83.1	75.7 79.0 74.8 79.0 61.2 73.0 70.5 76.5 83.3 82.4 71.2 76.6 67.8 75.8 55.8 70.6 65.7 76.6 79.2 78.2 77.1 80.1 64.5 74.8 72.3 76.5 84.3 83.3 75.2 78.5 74.3 78.7 60.2 71.4 69.6 76.4 83.1 81.9 83.4 83.2 81.1 82.1 70.9 79.6 82.5 77.8	75.7 79.0 80.3 74.8 79.0 80.4 61.2 73.0 73.9 70.5 76.5 77.8 83.3 82.4 83.8 71.2 76.6 76.6 67.8 75.8 75.9 55.8 70.6 70.5 65.7 76.6 76.9 79.2 78.2 78.1 77.3 79.7 81.5 77.1 80.1 81.9 64.5 74.8 76.4 72.3 76.5 78.2 84.3 83.3 85.2 75.2 78.5 79.9 74.3 78.7 80.2 60.2 71.4 72.6 69.6 76.4 77.5 83.1 81.9 83.6 83.4 83.2 82.1 81.1 82.1 81.5 70.9 79.6 78.7 82.5 77.8 80.1	1985 1995 1999 1985 75.7 79.0 80.3 55.0 74.8 79.0 80.4 54.5 61.2 73.0 73.9 42.9 70.5 76.5 77.8 55.1 83.3 82.4 83.8 58.1 71.2 76.6 76.6 54.2 67.8 75.8 75.9 51.9 55.8 70.6 70.5 38.8 65.7 76.6 76.9 54.4 79.2 78.1 58.1 77.1 80.1 81.9 55.4 64.5 74.8 76.4 45.4 72.3 76.5 78.2 55.3 84.3 83.3 85.2 58.1 75.2 78.5 79.9 54.6 74.3 78.7 80.2 54.2 69.6 76.4 77.5 54.2 69.6 76.4 77.5 54.2 83.1	1985 1995 1999 1985 1995 75.7 79.0 80.3 55.0 63.8 74.8 79.0 80.4 54.5 63.8 61.2 73.0 73.9 42.9 61.9 70.5 76.5 77.8 55.1 62.5 83.3 82.4 83.8 58.1 65.3 71.2 76.6 76.6 54.2 63.8 67.8 75.8 75.9 51.9 63.9 55.8 70.6 70.5 38.8 63.4 65.7 76.6 76.9 54.4 64.6 67.2 78.2 78.1 58.1 63.4 64.5 74.8 76.4 45.4 60.9 72.3 76.5 78.2 55.3 61.7 84.3 83.3 85.2 58.1 65.7 75.2 78.5 79.9 54.6 63.2 74.3 78.7 80.2 54.2	Dependent mobility Incontinent 1985 1995 1999 1985 1995 1999 75.7 79.0 80.3 55.0 63.8 65.7 74.8 79.0 80.4 54.5 63.8 65.7 61.2 73.0 73.9 42.9 61.9 58.5 70.5 76.5 77.8 55.1 62.5 64.2 83.3 82.4 83.8 58.1 65.3 68.6 71.2 76.6 76.6 54.2 63.8 66.6 67.8 75.8 75.9 51.9 63.9 66.0 55.8 70.6 76.9 54.4 64.6 68.9 79.2 78.2 78.1 58.1 63.4 59.6 65.7 76.6 76.9 54.4 64.6 68.9 79.2 78.2 78.1 58.1 63.4 65.6 64.5 74.8 76.4 45.4 60.9 57.7 <td>Dependent mobility Incontinent Dep 1985 1995 1999 1985 1995 1999 1985 Percent 75.7 79.0 80.3 55.0 63.8 65.7 40.9 74.8 79.0 80.4 54.5 63.8 65.7 40.5 61.2 73.0 73.9 42.9 61.9 58.5 33.5 70.5 76.5 77.8 55.1 62.5 64.2 39.4 83.3 82.4 83.8 58.1 65.3 68.6 43.9 71.2 76.6 76.6 54.2 63.8 66.6 36.0 67.8 75.8 75.9 51.9 63.9 66.0 34.9 55.8 70.6 70.5 38.8 63.4 59.6 32.8 65.7 76.6 76.9 54.4 64.6 68.9 32.6 77.1 80.1 81.5 55.4 63.8 65.6 <td< td=""><td>Dependent mobility Incontinent Dependent each 1985 1995 1999 1985 1995 1999 1985 1995 Percent 75.7 79.0 80.3 55.0 63.8 65.7 40.9 44.9 74.8 79.0 80.4 54.5 63.8 65.7 40.5 44.9 61.2 73.0 73.9 42.9 61.9 58.5 33.5 43.8 70.5 76.5 77.8 55.1 62.5 64.2 39.4 45.2 83.3 82.4 83.8 58.1 65.3 68.6 43.9 45.0 71.2 76.6 76.6 54.2 63.8 66.0 36.0 42.1 67.8 75.8 75.9 51.9 63.9 66.0 34.9 42.7 55.8 70.6 70.5 38.8 63.4 59.6 32.8 44.2 65.7 76.6 76.9 54.4 64.6</td></td<><td> Dependent mobility</td><td> Dependent mobility</td><td> Dependent mobility</td></td>	Dependent mobility Incontinent Dep 1985 1995 1999 1985 1995 1999 1985 Percent 75.7 79.0 80.3 55.0 63.8 65.7 40.9 74.8 79.0 80.4 54.5 63.8 65.7 40.5 61.2 73.0 73.9 42.9 61.9 58.5 33.5 70.5 76.5 77.8 55.1 62.5 64.2 39.4 83.3 82.4 83.8 58.1 65.3 68.6 43.9 71.2 76.6 76.6 54.2 63.8 66.6 36.0 67.8 75.8 75.9 51.9 63.9 66.0 34.9 55.8 70.6 70.5 38.8 63.4 59.6 32.8 65.7 76.6 76.9 54.4 64.6 68.9 32.6 77.1 80.1 81.5 55.4 63.8 65.6 <td< td=""><td>Dependent mobility Incontinent Dependent each 1985 1995 1999 1985 1995 1999 1985 1995 Percent 75.7 79.0 80.3 55.0 63.8 65.7 40.9 44.9 74.8 79.0 80.4 54.5 63.8 65.7 40.5 44.9 61.2 73.0 73.9 42.9 61.9 58.5 33.5 43.8 70.5 76.5 77.8 55.1 62.5 64.2 39.4 45.2 83.3 82.4 83.8 58.1 65.3 68.6 43.9 45.0 71.2 76.6 76.6 54.2 63.8 66.0 36.0 42.1 67.8 75.8 75.9 51.9 63.9 66.0 34.9 42.7 55.8 70.6 70.5 38.8 63.4 59.6 32.8 44.2 65.7 76.6 76.9 54.4 64.6</td></td<> <td> Dependent mobility</td> <td> Dependent mobility</td> <td> Dependent mobility</td>	Dependent mobility Incontinent Dependent each 1985 1995 1999 1985 1995 1999 1985 1995 Percent 75.7 79.0 80.3 55.0 63.8 65.7 40.9 44.9 74.8 79.0 80.4 54.5 63.8 65.7 40.5 44.9 61.2 73.0 73.9 42.9 61.9 58.5 33.5 43.8 70.5 76.5 77.8 55.1 62.5 64.2 39.4 45.2 83.3 82.4 83.8 58.1 65.3 68.6 43.9 45.0 71.2 76.6 76.6 54.2 63.8 66.0 36.0 42.1 67.8 75.8 75.9 51.9 63.9 66.0 34.9 42.7 55.8 70.6 70.5 38.8 63.4 59.6 32.8 44.2 65.7 76.6 76.9 54.4 64.6	Dependent mobility	Dependent mobility	Dependent mobility

¹Nursing home residents who are dependent in mobility and eating require the assistance of a person or special equipment. Nursing home residents who are incontinent have difficulty in controlling howels and/or bladder or have an estamy or indwelling eathers.

NOTES: Age refers to age at time of interview. Excludes residents in personal care or domiciliary care homes. Data for additional years are available. See Appendix III.

SOURCES: Hing E, Sekscenski E, Strahan G. The National Nursing Home Survey: 1985 summary for the United States. National Center for Health Statistics. Vital Health Stat 13(97). 1989; and Centers for Disease Control and Prevention, National Center for Health Statistics, National Nursing Home Survey for other data years.

incontinent have difficulty in controlling bowels and/or bladder or have an ostomy or indwelling catheter.

2Age adjusted by the direct method to the 1995 National Nursing Home Survey population using the following three age groups: 65–74 years, 75–84 years, and 85 years and over.

years and over.

³Beginning in 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 due to small sample sizes and are not shown.

Table 101. Persons employed in health service sites, according to sex: United States, selected years 2000-03

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

Site	2000	2001	2002	2003
Both sexes		Number of perso	ons in thousands	
All employed civilians ¹	136,891	136,933	136,485	137,736
All health service sites ² . Offices and clinics of physicians. Offices and clinics of dentists. Offices and clinics of chiropractors. Offices and clinics of optometrists. Offices and clinics of other health practitioners ³ . Outpatient care centers. Home health care services. Other health care services ⁴ Hospitals. Nursing care facilities Residential care facilities, without nursing.	12,211 1,387 672 120 95 143 772 548 1,027 5,202 1,593 652	12,558 1,499 701 111 102 140 830 582 1,101 5,256 1,568 668	13,069 1,533 734 132 113 149 850 636 1,188 5,330 1,715 689	13,615 1,673 771 142 92 250 873 741 943 5,652 1,877 601
Men				
All health service sites ² . Offices and clinics of physicians Offices and clinics of dentists. Offices and clinics of chiropractors Offices and clinics of optometrists. Offices and clinics of other health practitioners ³ . Outpatient care centers. Home health care services. Other health care services ⁴ Hospitals Nursing care facilities Residential care facilities, without nursing	2,756 354 158 32 26 38 186 45 304 1,241 195 177	2,778 379 150 39 27 41 185 51 345 1,187 189 185	2,838 370 151 47 29 42 172 54 362 1,195 223 193	2,986 414 163 53 29 63 200 56 297 1,263 267 181
Women				
All health service sites ² . Offices and clinics of physicians Offices and clinics of dentists. Offices and clinics of chiropractors Offices and clinics of optometrists. Offices and clinics of other health practitioners ³ . Outpatient care centers Home health care services. Other health care services ⁴ Hospitals Nursing care facilities Residential care facilities, without nursing	9,457 1,034 514 88 69 106 586 503 723 3,961 1,398 475	9,782 1,120 551 72 75 99 646 531 756 4,069 1,380 483	10,232 1,164 584 85 84 106 678 582 826 4,135 1,492 496	10,631 1,259 607 90 64 186 673 685 646 4,390 1,611 420
Both sexes		Percent of emp	oloyed civilians	
All health service sites	8.9	9.2	9.6	9.9
		Percent d	istribution	
All health service sites Offices and clinics of physicians Offices and clinics of dentists Offices and clinics of chiropractors Offices and clinics of optometrists Offices and clinics of other health practitioners ³ Outpatient care centers Home health care services. Other health care services. Other health care facilities Residential care facilities, without nursing	100.0 11.4 5.5 1.0 0.8 1.2 6.3 4.5 8.4 42.6 13.0 5.3	100.0 11.9 5.6 0.9 0.8 1.1 6.6 4.6 8.8 41.9 12.5 5.3	100.0 11.7 5.6 1.0 0.9 1.1 6.5 4.9 9.1 40.8 13.1 5.3	100.0 12.3 5.7 1.0 0.7 1.8 6.4 5.4 6.9 41.5 13.8 4.4

¹Excludes workers under the age of 16 years.

NOTES: Annual data are based on data collected each month and averaged over the year. The data presented in this table differ from previous editions of *Health, United States* due to the introduction of the 2002 census industry classification system from the 2002 North American Industry Classification System into the Current Population Survey. Beginning in 2003, data reflect revised population controls used in the Current Population Survey.

SOURCES: U.S. Department of Labor, Bureau of Labor Statistics, Current Population Survey: Employment and Earnings, January 2004 at www.bls.gov/cps/home.htm#annual and unpublished data.

²Data for all health service sites for men and women may not sum to all health service sites for total due to rounding.

³Includes health service sites such as acupuncture, nutritionists' offices, speech defect clinics, and other offices and clinics. For a complete list of clinics under this category, see www.icensus.gov/hhes/www/ioindex/cens_797_847.html, Census Industry Code 808.

⁴Includes health service sites such as ambulance services, blood banks, CT-SCAN (computer tomography) centers, and other offices and clinics. For a complete list of clinics under this category, see www.census.gov/hhes/www/ioindex/cens_797_847.html, Census Industry Code 818.

Table 102 (page 1 of 2). Active non-Federal physicians and doctors of medicine in patient care, according to geographic division and State: United States, 1975, 1985, 1995, and 2002

[Data are based on reporting by physicians]

		Total pl	nysicians¹		Doctors of medicine in patient care ²				
Geographic division and State	1975	1985	1995 ³	20024	1975	1985	1995	2002	
				Number per 1	0,000 civilian p	opulation			
United States	15.3	20.7	24.2	25.4	13.5	18.0	21.3	22.5	
New England Connecticut Maine Massachusetts New Hampshire Rhode Island Vermont	19.1	26.7	32.5	35.0	16.9	22.9	28.8	31.2	
	19.8	27.6	32.8	34.4	17.7	24.3	29.5	30.9	
	12.8	18.7	22.3	27.1	10.7	15.6	18.2	22.6	
	20.8	30.2	37.5	39.2	18.3	25.4	33.2	35.1	
	14.3	18.1	21.5	25.2	13.1	16.7	19.8	23.0	
	17.8	23.3	30.4	33.4	16.1	20.2	26.7	29.7	
	18.2	23.8	26.9	33.7	15.5	20.3	24.2	30.6	
Middle Atlantic	19.5	26.1	32.4	33.8	17.0	22.2	28.0	29.2	
New Jersey	16.2	23.4	29.3	31.4	14.0	19.8	24.9	26.8	
New York	22.7	29.0	35.3	36.5	20.2	25.2	31.6	32.6	
Pennsylvania	16.6	23.6	30.1	31.5	13.9	19.2	24.6	25.5	
East North Central	13.9	19.3	23.3	25.0	12.0	16.4	19.8	21.5	
	14.5	20.5	24.8	26.0	13.1	18.2	22.1	23.1	
	10.6	14.7	18.4	20.9	9.6	13.2	16.6	18.9	
	15.4	20.8	24.8	25.8	12.0	16.0	19.0	20.1	
	14.1	19.9	23.8	26.0	12.2	16.8	20.0	22.0	
	12.5	17.7	21.5	24.1	11.4	15.9	19.6	22.0	
West North Central lowa Kansas Minnesota Missouri Nebraska North Dakota South Dakota	13.3	18.3	21.8	23.3	11.4	15.6	18.9	20.3	
	11.4	15.6	19.2	19.9	9.4	12.4	15.1	15.7	
	12.8	17.3	20.8	21.7	11.2	15.1	18.0	18.8	
	14.9	20.5	23.4	25.3	13.7	18.5	21.5	23.3	
	15.0	20.5	23.9	24.8	11.6	16.3	19.7	20.6	
	12.1	15.7	19.8	22.6	10.9	14.4	18.3	20.8	
	9.7	15.8	20.5	22.5	9.2	14.9	18.9	20.8	
	8.2	13.4	16.7	20.1	7.7	12.3	15.7	18.6	
South Atlantic Delaware District of Columbia Florida Georgia Maryland North Carolina South Carolina. Virginia West Virginia	14.0 14.3 39.6 15.2 11.5 18.6 11.7 10.0 12.9 11.0	19.7 19.7 55.3 20.2 16.2 30.4 16.9 14.7 19.5 16.3	23.4 23.4 63.6 22.9 19.7 34.1 21.1 18.9 22.5 21.0	24.8 25.2 61.8 24.1 20.4 35.3 23.3 21.5 24.5 23.7	12.6 12.7 34.6 13.4 10.6 16.5 10.6 9.3 11.9	17.6 17.1 45.6 17.8 14.7 24.9 15.0 13.6 17.8	21.0 19.7 53.6 20.3 18.0 29.9 19.4 17.6 20.8 17.9	22.3 21.5 53.9 21.4 18.8 31.2 21.4 19.9 22.5 19.8	
East South Central Alabama Kentucky Mississippi Tennessee	10.5	15.0	19.2	21.2	9.7	14.0	17.8	19.6	
	9.2	14.2	18.4	19.9	8.6	13.1	17.0	18.3	
	10.9	15.1	19.2	21.3	10.1	13.9	18.0	19.8	
	8.4	11.8	13.9	17.1	8.0	11.1	13.0	15.6	
	12.4	17.7	22.5	24.2	11.3	16.2	20.8	22.5	
West South Central Arkansas Louisiana Oklahoma Texas	11.9	16.4	19.5	20.7	10.5	14.5	17.3	18.4	
	9.1	13.8	17.3	19.2	8.5	12.8	16.0	17.8	
	11.4	17.3	21.7	24.4	10.5	16.1	20.3	23.0	
	11.6	16.1	18.8	19.2	9.4	12.9	14.7	14.8	
	12.5	16.8	19.4	20.3	11.0	14.7	17.3	18.1	
Mountain Arizona Colorado Idaho Montana Nevada New Mexico Utah Wyoming	14.3	17.8	20.2	20.4	12.6	15.7	17.8	18.4	
	16.7	20.2	21.4	18.9	14.1	17.1	18.2	17.6	
	17.3	20.7	23.7	24.0	15.0	17.7	20.6	21.2	
	9.5	12.1	13.9	16.6	8.9	11.4	13.1	15.2	
	10.6	14.0	18.4	21.9	10.1	13.2	17.1	20.3	
	11.9	16.0	16.7	17.9	10.9	14.5	14.6	16.1	
	12.2	17.0	20.2	22.0	10.1	14.7	18.0	19.0	
	14.1	17.2	19.2	19.8	13.0	15.5	17.6	17.9	
	9.5	12.9	15.3	18.2	8.9	12.0	13.9	16.6	

See footnotes at end of table.

Table 102 (page 2 of 2). Active non-Federal physicians and doctors of medicine in patient care, according to geographic division and State: United States, 1975, 1985, 1995, and 2002

[Data are based on reporting by physicians]

		Total pl	nysicians¹		Doctors of medicine in patient care ²				
Geographic division and State	1975	1985	1995³	2002 ⁴	1975	1985	1995	2002	
	Number per 10,000 civilian population								
Pacific Alaska California Hawaii Oregon Washington	17.9 8.4 18.8 16.2 15.6 15.3	22.5 13.0 23.7 21.5 19.7 20.2	23.3 15.7 23.7 24.8 21.6 22.5	24.1 20.0 24.0 27.7 24.1 24.7	16.3 7.8 17.3 14.7 13.8 13.6	20.5 12.1 21.5 19.8 17.6 17.9	21.2 14.2 21.7 22.8 19.5 20.2	21.9 17.7 21.8 25.2 21.7 22.3	

¹Includes active non-Federal doctors of medicine and active doctors of osteopathy. See Appendix II, Physician.

NOTE: Data for doctors of medicine are as of December 31.

SOURCES: American Medical Association (AMA). Physician distribution and medical licensure in the U.S., 1975; Physician characteristics and distribution in the U.S., 1986 edition; 1996–97 edition; 2004 edition; Department of Physician Practice and Communication Information, Division of Survey and Data Resources, AMA. (Copyrights 1976, 1986, 1997, 2004: Used with the permission of the AMA); American Osteopathic Association: 1975–76 Yearbook and Directory of Osteopathic Physicians; American Association of Colleges of Osteopathic Medicine: 2002 Annual Report on Osteopathic Medical Education, 2003.

²Excludes doctors of osteopathy (DOs); States with more than 2,500 active DOs are Pennsylvania, Michigan, Ohio, Florida, New York, Texas, California, and New Jersey. States with fewer than 100 active DOs are District of Columbia, Wyoming, Vermont, North Dakota, South Dakota, Louisiana, Montana, and Alaska. Excludes doctors of medicine in medical teaching, administration, research, and other nonpatient care activities.

³Data for doctors of osteopathy are as of July 1996.

⁴Data for doctors of osteopathy are as of June 2002.

Table 103. Doctors of medicine, according to activity and place of medical education: United States and outlying U.S. areas, selected years 1975-2002

[Data are based on reporting by physicians]

Activity and place of medical education	1975	1985	1995	1998	1999	2000	2001	2002
			Nı	umber of doc	tors of medic	ine		
Doctors of medicine	393,742	552,716	720,325	777,859	797,634	813,770	836,156	853,187
Professionally active ¹	340,280	497,140	625,443	667,000	668,949	690,128	709,168	717,549
Place of medical education: U.S. medical graduates		392,007 105,133	481,137 144,306	509,524 157,476	510,738 158,211	525,691 164,437	537,529 171,639	544,779 172,770
Activity: Non-Federal Patient care ³ Office-based practice	312,089	475,573	604,364	648,009	650,899	672,987	693,358	699,249
	287,837	431,527	564,074	606,425	610,656	631,431	652,328	658,123
	213,334	329,041	427,275	468,788	473,241	490,398	514,016	516,246
General and family practice	46,347	53,862	59,932	64,588	66,246	67,534	70,030	71,696
Cardiovascular diseases Dermatology Gastroenterology Internal medicine Pediatrics Pulmonary diseases	5,046	9,054	13,739	15,112	15,586	16,300	16,991	16,989
	3,442	5,325	6,959	7,641	7,788	7,969	8,199	8,282
	1,696	4,135	7,300	7,948	8,185	8,515	8,905	9,044
	28,188	52,712	72,612	83,270	84,633	88,699	94,674	96,496
	12,687	22,392	33,890	38,359	40,502	42,215	44,824	46,097
	1,166	3,035	4,964	4,927	5,745	6,095	6,596	6,672
General surgery Obstetrics and gynecology Ophthalmology Orthopedic surgery Otolaryngology Plastic surgery Urological surgery	19,710	24,708	24,086	27,509	26,822	24,475	25,632	24,902
	15,613	23,525	29,111	31,194	31,103	31,726	32,582	32,738
	8,795	12,212	14,596	15,560	15,238	15,598	15,994	16,052
	8,148	13,033	17,136	18,479	16,974	17,367	17,829	18,118
	4,297	5,751	7,139	7,498	7,282	7,581	7,866	8,001
	1,706	3,299	4,612	5,303	5,127	5,308	5,545	5,593
	5,025	7,081	7,991	8,424	8,229	8,460	8,636	8,615
Anesthesiology Diagnostic radiology Emergency medicine Neurology Pathology, anatomical/clinical Psychiatry Radiology Other specialty	8,970	15,285	23,770	26,218	26,635	27,624	28,868	28,661
	1,978	7,735	12,751	14,241	14,259	14,622	15,596	15,896
			11,700	13,253	13,932	14,541	15,823	16,907
	1,862	4,691	7,623	8,458	8,065	8,559	9,156	9,034
	4,195	6,877	9,031	9,970	10,074	10,267	10,554	10,103
	12,173	18,521	23,334	24,962	24,393	24,955	25,653	25,350
	6,970	7,355	5,994	6,353	6,523	6,674	6,830	6,916
	15,320	28,453	29,005	29,521	29,900	35,314	37,233	34,084
Hospital-based practice	74,503	102,486	136,799	137,637	137,225	141,033	138,312	141,877
	53,527	72,159	93,650	92,332	92,461	95,125	92,935	96,547
	20,976	30,327	43,149	45,305	44,764	45,908	45,377	45,330
	24,252	44,046	40,290	41,584	41,243	41,556	41,118	41,126
Federal ⁶	28,191 24,100 2,095	21,567 17,293 1,156	21,079 18,057	18,991 15,311	18,050 14,678	19,381 15,999	20,017 16,611	20,182 16,701
Hospital-based practice	22,005	16,137	18,057	15,311	14,678	15,999	16,611	16,701
	4,275	3,252	2,702	660	375	600	739	390
	17,730	12,885	15,355	14,651	14,303	15,399	15,872	16,311
	4,091	4,274	3,022	3,680	3,372	3,382	3,406	3,481
Inactive	21,449	38,646	72,326	69,889	75,893	75,168	81,520	84,166
	26,145	13,950	20,579	40,032	50,906	45,136	38,314	49,067
	5,868	2,980	1,977	938	886	1,098	2,947	523

^{- - -} Data not available.

NOTES: Data for doctors of medicine are as of December 31, except for 1990-94 data, which are as of January 1. Outlying areas include Puerto Rico, Virgin Islands, and the Pacific islands of Canton, Caroline, Guam, Mariana, Marshall, American Samoa, and Wake. Data for additional years are available. See Appendix III.

SOURCES: American Medical Association (AMA). Distribution of physicians in the United States, 1970; Physician distribution and medical licensure in the U.S., 1975; Physician characteristics and distribution in the U.S., 1981, 1986, 1989, 1990, 1992, 1993, 1994, 1995–96, 1996–97, 1997–98, 1999, 2000–2001, 2001–2002, 2002-2003, 2003-2004, 2004 editions, Department of Physician Practice and Communications Information, Division of Survey and Data Resources, AMA. (Copyrights 1971, 1976, 1982, 1986, 1989, 1990, 1992, 1993, 1994, 1996, 1997, 1997, 1999, 2000, 2001, 2002, 2003, 2004: Used with the permission of the AMA.)

[.] Category not applicable.

¹Excludes inactive, not classified, and address unknown. See Appendix II, Physician.

²International medical graduates received their medical education in schools outside the United States and Canada.

³Specialty information based on the physician's self-designated primary area of practice. Categories include generalists and specialists. See Appendix II, Physician

specialty.

⁴Beginning in 1990 clinical fellows are included in this category. In prior years clinical fellows were included in "Other professional activity."

⁵Includes medical teaching, administration, research, and other. Prior to 1990 this category also included clinical fellows.

⁶Beginning in 1993 data collection for Federal physicians was revised.

Table 104. Doctors of medicine in primary care, according to specialty: United States and outlying U.S. areas, selected years 1949-2002

[Data are based on reporting by physicians]

Specialty	1949¹	1960¹	1970	1980	1990	1995	1999	2000	2001	2002	
	Number										
Total doctors of medicine ²	201,277	260,484	334,028	467,679	615,421	720,325	797,634	813,770	836,156	853,187	
Active doctors of medicine ³ Primary care generalists General/family practice Internal medicine Pediatrics Primary care specialists Internal medicine. Pediatrics	191,577 113,222 95,980 12,453 4,789	247,257 125,359 88,023 26,209 11,127	310,845 115,822 57,948 39,924 17,950 2,817 1,948 869	414,916 146,093 60,049 58,462 27,582 14,949 13,069 1,880	547,310 183,294 70,480 76,295 36,519 27,434 22,054 5,380	625,443 207,810 75,976 88,240 43,594 35,290 26,928 8,362	669,949 221,206 81,487 92,976 46,743 37,424 27,140 10,284	692,368 227,992 83,165 96,469 48,358 40,675 29,382 11,293	713,375 246,714 88,597 105,229 52,888 51,134 37,558 13,576	719,431 249,484 89,357 106,499 53,628 53,074 38,821 14,253	
				Percen	t of active o	doctors of m	edicine				
Primary care generalists	59.1 50.1 6.5 2.5	50.7 35.6 10.6 4.5	37.3 18.6 12.8 5.8 0.9 0.6 0.3	35.2 14.5 14.1 6.6 3.6 3.1 0.5	33.5 12.9 13.9 6.7 5.0 4.0 1.0	33.2 12.1 14.1 7.0 5.6 4.3 1.3	33.0 12.2 13.9 7.0 5.6 4.1 1.5	32.9 12.0 13.9 7.0 5.9 4.2 1.6	34.6 12.4 14.8 7.4 7.2 5.3 1.9	34.7 12.4 14.8 7.5 7.4 5.4 2.0	

⁻⁻⁻ Data not available.

NOTES: See Appendix II, Physician specialty. Data are as of December 31 except for 1990-94 data, which are as of January 1, and 1949 data, which are as of midyear. Outlying areas include Puerto Rico, Virgin Islands, and the Pacific islands of Canton, Caroline, Guam, Mariana, Marshall, American Samoa, and Wake. Data for additional years are available. See Appendix III.

SOURCES: Health Manpower Source Book: Medical Specialists, USDHEW, 1962; American Medical Association (AMA). Distribution of physicians in the United States, 1970; Physician characteristics and distribution in the U.S., 1981, 1992, 1996–97, 1997–98, 1999, 2000–2001, 2001–2002, 2002–2003, 2003–2004, 2004 editions, Department of Data Survey and Planning, Division of Survey and Data Resources, AMA. (Copyrights 1971, 1982, 1992, 1996, 1997, 1997, 1999, 2000, 2001, 2002, 2003, 2004: Used with the permission of the AMA.)

¹ Estimated by the Bureau of Health Professions, Health Resources Administration. Active doctors of medicine (M.D.'s) include those with address unknown and primary specialty not classified.

²Includes M.D.'s engaged in Federal and non-Federal patient care (office-based or hospital-based) and other professional activities.

³Beginning in 1970, M.D.'s who are inactive, have unknown address, or primary specialty not classified are excluded. See Appendix II, Physician.

Table 105. Active health personnel according to occupation: United States, selected years 1980–2001

[Data are compiled by the Bureau of Health Professions]

Occupation	1980	1985 ¹	1990	1995	1999	2000 ²	2001
			Number of	active health per	rsonnel		
Chiropractors	25.600	35.000	42.400	52,100	61.500	64,100	66,800
Dentists ³	121,900	133,500	147,500	158,600	164,700	168,000	
Nurses, registered ⁴	1,272,900	1.538.100	1.789,600	2.115.800	2.201.800		
Associate and diploma	908,300	1,024,500	1,107,300	1,235,100	1,237,400		
Baccalaureate	297,300	419,900	549,000	673,200	731,200		
Masters and doctorate	67,300	93,700	133,300	207,500	229,200		
Nutritionists/Dieticians	32,000		57,000			90.000	
Occupational therapists	25,000		42,000			72,000	
Optometrists	21,900	24.000	26,000	28.900	31,500	32,200	
Pharmacists	142,400	153,500	168,000	181,000	193,400	196,000	
Physical therepists	50.000	155,500		101,000	193,400		
Physical therapists			92,000			130,000	
Physicians	427,122	542,653	567,610	672,859	753,176	772,296	793,263
Federal	17,642	23,305	20,784	21,153	17,338	19,228	20,017
Doctors of medicine ⁵ Doctors of osteopathy ⁶	16,585	21,938	19,166	19,830	17,224	19,110	20,017
Doctors of osteopathy	1,057	1,367	1,618	1,323	114	118	
Non-Federal	409,480	519,348	546,826	651,706	735,838	753,068	773,246
Doctors of medicine ⁵	393,407	497,473	520,450	617,362	693,345	708,463	731,672
Doctors of osteopathy ⁶	16,073	21,875	26,376	34,344	42,493	44,605	41,574
Podiatrists ⁷	7,780	9,620	10,353	10,304	11,853	12,242	
Speech therapists	50,000		65,000			121,000	
			Number p	per 100,000 popu	ılation		
Chiropractors	11.3	14.6	17.0	19.6	22.0	22.8	23.5
Dentists ³	54.0	56.5	59.1	59.6	59.0	59.5	
Nurses, registered ⁴	560.0	641.4	716.9	794.6	789.1		
Associate and diploma	399.9	425.8	443.6	463.8	443.4		
Baccalaureate	130.9	175.6	219.9	252.8	262.0		
Masters and doctorate	29.6	39.9	53.4	77.9	82.1		
	14.0	39.9	22.8	11.9	02.1	31.9	
Nutritionists/Dieticians							
Occupational therapists	10.9		16.8			25.5	
Optometrists	9.6	10.1	10.4	10.9	11.3	11.4	
Pharmacists	62.5	66.3	67.3	68.0	69.3	69.5	
Physical therapists	21.8		36.9			46.1	
Physicians	189.8	221.3	223.9	248.9	265.9	269.7	274.3
Federal	7.8	9.5	8.2	7.8	6.1	6.7	6.9
Doctors of medicine ⁵	7.4	8.9	7.6	7.3	6.1	6.7	6.9
Doctors of osteopathy ⁶	0.5	0.6	0.6	0.5	0.0	0.0	
Non-Federal	182.0	211.8	215.7	241.1	259.8	263.0	267.3
Doctors of medicine ⁵	174.9	202.9	205.3	228.4	244.8	247.4	253.0
Doctors of osteopathy ⁶	7.1	8.9	10.4	12.7	15.0	15.6	14.4
Podiatrists ⁷	3.4	4.0	4.1	3.9	4.3	4.4	

^{- - -} Data not available.

NOTES: Ratios for all health occupations are based on resident population. Some numbers have been revised and differ from the previous edition of Health, United

SOURCES: National Center for Health Workforce Analysis, Bureau of Health Professions: United States Health Personnel FACTBOOK. Health Resources and Services Administration. Rockville, Md., June 2003 and unpublished data; American Medical Association. Physician characteristics and distribution in the U.S., 1981, 1986, 1992, 1996–97, 2001–2002, 2002–2003, and 2003–2004 editions. Chicago, 1982, 1986, 1992, 1997, 2001, 2002, and 2003; American Osteopathic Association. 1980–81 Yearbook and Directory of Osteopathic Physicians. Chicago, 1980. American Association of Colleges of Osteopathic Medicine. Annual statistical report, 1990, 1997, 1999, 2000, and 2001 editions. Rockville, Md., 1990, 1997, 2000, 2001, and 2002; Bureau of Labor Statistics: unpublished data.

¹Osteopath, podiatric, and chiropractic data are for 1986.

²Data for speech therapists are for 1996.

³Excludes dentists in military service, U.S. Public Health Service, and Department of Veterans Affairs.

⁴See Appendix II, Nurse Supply Estimates. In 1999 the total number of registered nurses includes an estimated 4,000 nurses whose highest nursing-related educational preparation was not known

preparation was not known.

⁵Excludes physicians with unknown addresses and those who do not practice or practice fewer than 20 hours per week. 1990 data for doctors of medicine are as of January 1; in other years these data are as of December 31. See Appendix II, Physician.

⁶Beginning in 2001, doctors of osteopathy include Federal and non-Federal doctors of osteopathy.

⁷Podiatrists in patient care.

Table 106. First-year enrollment and graduates of health professions schools and number of schools, according to profession: United States, selected years 1980–2002

[Data are based on reporting by health professions schools]

Profession	1980	1985	1990	1995	2000	2001	2002 ¹
First-year enrollment ²				Number			
Chiropractic ³	6,132 16,930 1,426	1,383 5,047 16,997 1,750	1,485 3,979 16,756 1,844	4,121 17,085 2,217	4,314 16,856 2,848	4,327 16,699 2,927	4,407 16,875 3,043
Licensed practical. Registered, total. Baccalaureate. Associate degree Diploma. Optometry. Pharmacy. Podiatry. Public Health ⁴ .	56,316 105,952 35,414 53,633 16,905 1,202 8,035 695	47,034 118,224 39,573 63,776 14,875 1,187 6,986 811	52,969 108,580 29,858 68,634 10,088 1,258 8,033 561 4,392	57,906 127,184 43,451 76,016 7,717 1,390 9,157 630 5,356	1,410 8,123 475 5,575	1,384 8,382 434 5,840	1,416 8,922 419 5,895
Graduates							
Chiropractic. Dentistry. Medicine (Allopathic). Medicine (Osteopathic). Nursing:5	2,049 5,256 15,113 1,059	5,353 16,318 1,474	1,661 4,233 15,398 1,529	3,908 15,883 1,843	4,171 15,714 2,279	4,367 15,785 2,510	4,349 15,652 2,534
Licensed practical. Registered, total. Baccalaureate. Associate degree Diploma Occupational therapy Optometry. Pharmacy	41,892 75,523 24,994 36,034 14,495 1,073 7,432	36,955 82,075 24,975 45,208 11,892 1,114 5,735	35,417 66,088 18,571 42,318 5,199 2,424 1,115 6,956	44,234 97,052 31,254 58,749 7,049 3,473 1,219 7,837	1,315 7,260	71,846 31,247 38,436 2,163 1,310 7,000	72,882 30,522 40,073 2,287 1,309 7,573
Physical therapy	597 3,326	582 3,047	679 3,549	558 4,636	583 5,879	531 5,747	478 5,664
Schools							
Chiropractic. Dentistry. Medicine (Allopathic) Medicine (Osteopathic).	14 60 126 14	17 60 127 15	17 58 126 15	54 125 16	55 125 19	55 125 19	54 125 19
Nursing. ⁶ Licensed practical. Registered, total Baccalaureate. Associate degree Diploma Occupational therapy Optometry. Pharmacy Physical therapy Podiatry Public Health.	1,299 1,385 377 697 311 50 16 72	1,165 1,473 441 776 256 61 17 72	1,154 1,470 489 829 152 69 17 74	1,210 1,516 521 876 119 98 17 75	 142 17 81 194 7 28	1,432 521 837 74 141 17 83 200 7	1,459 526 857 76 17 83 7

^{- - -} Data not available.

NOTES: Some numbers in this table have been revised and differ from previous editions of *Health, United States*. Data on the number of schools are reported as of the beginning of the academic year while data on first-year enrollment and number of graduates are reported as of the end of the academic year.

SOURCES: Association of American Medical Colleges: AAMC Data Book, Statistical Information Related to Medical Education. Washington, DC. 2002 and unpublished data; Bureau of Health Professions: United States Health Personnel FACTBOOK. Health Resources and Services Administration. Rockville, MD. 2003; National League for Nursing: unpublished data; American Dental Association: 2000–01 Survey of Predoctoral Dental Education, Academic Programs, Enrollments, and Graduates, vol. 1, Chicago. 2002; American Association of Colleges of Osteopathic Medicine. 2002 Annual Report on Osteopathic Medical Education, Chevy Chase, Maryland. 2003; American Chiropractic Association: unpublished data; Association of Schools of Public Health: 2002 Annual Data Report. Washington, DC. 2003; Association of Schools and Colleges of Optometry: Annual Student Data Report Academic Year 2000–2001 and unpublished data; American Association of Colleges of Pharmacy Students, Fall 2002, and unpublished data; American Association: Health Professions Career and Education Directory, 29th Edition. Chicago. 2001.

¹First-year enrollment data for optometry are for 2003.

²Data on first-year enrollment for occupational and physical therapy were not available.

³Chiropractic first-year enrollment data are partial data from eight reporting schools.

⁴Number of students entering Schools of Public Health for the first time.

⁵Data for 2000–02 exclude American Samoa, Guam, Puerto Rico, and the Virgin Islands.

⁶Some nursing schools offer more than one type of program. Numbers shown for nursing are number of nursing programs.

Table 107 (page 1 of 2). Total enrollment of minorities in schools for selected health occupations, according to detailed race and Hispanic origin: United States, academic years 1980–81, 1990–91, 2000–01, and 2001–02

[Data are based on reporting by health professions associations]

Occupation, detailed race, and Hispanic origin	1980–81	1990–91	2000–01	2001-02 ¹	1980–81	1990–91	2000–01	2001-02 ¹
Dentistry		Number	of students		F	Percent distribu	ution of studer	ts
All races	22,842	15,951	17,349	17,487	100.0	100.0	100.0	100.0
Not Hispanic or Latino:								
White ² Black or African American	19,947 1,022	11,185 940	11,185 832	11,411 854	87.3 4.5	70.1 5.9	64.5 4.8	65.3 4.9
Hispanic or Latino ³	780	1,254	925	1,030	3.4	7.9	5.3	4.9 5.9
American Indian	53	53	112	74	0.2	0.3	0.6	0.4
Asian	1,040	2,519	4,295	4,118	4.6	15.8	24.8	23.5
Medicine (Allopathic)								
All races ²	65,189	65,163	66,160	66,253	100.0	100.0	100.0	100.0
Not Hispanic or Latino:								
White	55,434 3,708	47,893 4,241	42,242 4,900	41,854 4,779	85.0 5.7	73.5 6.5	63.8 7.4	63.2 7.2
Hispanic or Latino	3,708 2,761	4,241 3,538	4,900 4,220	4,779 4,220	5.7 4.2	5.4	7.4 6.4	7.2 6.4
Mexican	951	1,109	1,665	1,649	1.5	1.7	2.5	2.5
Mainland Puerto Rican	329	457	469	450	0.5	0.7	0.7	0.7
Other Hispanic	1,481	1,972	2,086	2,121	2.3	3.0	3.2	3.2
American Indian⁴ Asian	221 1,924	277 8,436	519 13.331	516 13,204	0.3 3.0	0.4 12.9	0.8 20.1	0.8 19.9
Medicine (Osteopathic)	,-	-,	-,	-, -				
All races	4,940	6,792	10,817	11,101	100.0	100.0	100.0	100.0
Not Hispanic or Latino:								
White ²	4,688	5,680	8,230	8,423	94.9	83.6	76.1	75.9
Black or African American	94	217	400	407	1.9	3.2	3.7	3.7
Hispanic or Latino	52 19	277 36	381 72	386 68	1.1 0.4	4.1 0.5	3.5 0.7	3.5 0.6
Asian	87	582	1,734	1,817	1.8	8.6	16.0	16.4
Nursing, registered ⁵	0,	002	1,701	1,017	1.0	0.0	10.0	10.1
All races	230,966	221,170	204,290	221,334		100.0	100.0	100.0
	230,900	221,170	204,290	221,334		100.0	100.0	100.0
Not Hispanic or Latino: White ²		183,102	155,577	173,585		82.8	76.2	78.4
Black or African American		23,094	27,092	26,026		10.4	13.3	11.8
Hispanic or Latino		6,580	10,476	10,886		3.0	5.1	4.9
American Indian		1,803	2,843	2,516		0.8	1.4	1.1
Asian		6,591	8,302	8,321		3.0	4.1	3.8
Optometry								
All races ²	4,641	4,760	5,428	5,354	100.0	100.0	100.0	100.0
Not Hispanic or Latino:	4.004	0.700	0.004	0.000	04.0	77.0	00.0	CO 0
White	4,221 57	3,706 134	3,634 126	3,230 171	91.0 1.2	77.9 2.8	66.9 2.3	60.3 3.2
Hispanic or Latino	108	296	268	302	2.3	6.2	4.9	5.6
American Indian	12	21	27	35	0.3	0.4	0.5	0.7
Asian	243	603	1,373	1,254	5.2	12.7	25.3	23.4
Pharmacy ⁶								
All races ²	21,628	22,764	34,481	35,885	100.0	100.0	100.0	100.0
Not Hispanic or Latino:								
White	19,153	18,325	22,565	21,088	88.6	80.5	65.4	58.8
Black or African American	945	1,301	3,132	3,407	4.4	5.7	9.1	9.5
Hispanic or Latino	459 36	945 63	1,255 137	1,322 179	2.1 0.2	4.2 0.3	3.6 0.4	3.7 0.5
	-	00	101	110	0.2	0.0	0.7	0.0

See footnotes at end of table.

Table 107 (page 2 of 2). Total enrollment of minorities in schools for selected health occupations, according to detailed race and Hispanic origin: United States, academic years 1980-81, 1990-91, 2000-01, and 2001-02

[Data are based on reporting by health professions associations]

Occupation, detailed race, and Hispanic origin	1980–81	1990–91	2000–01	2001–02	1980–81	1990–91	2000–01	2001–02		
Podiatry		Number o	of students		Percent distribution of students					
All races ²	2,577	2,221	1,968	1,783	100.0	100.0	100.0	100.0		
Not Hispanic or Latino: White Black or African American Hispanic or Latino American Indian Asian	2,353 110 39 6	1,671 235 149 7 159	1,305 177 103 12 272	1,108 190 116 14 234	91.3 4.3 1.5 0.2 2.7	75.2 10.6 6.7 0.3 7.2	66.3 9.0 5.2 0.6 14.0	62.1 10.7 6.5 0.8 13.1		

^{- - -} Data not available.

NOTES: Total enrollment data are collected at the beginning of the academic year. Data for chiropractic students and occupational and physical therapy students were not available for this table.

SOURCES: Association of American Medical Colleges: AAMC Data Book: Statistical Information Related to Medical Education. Washington, DC. 2002. AAMC Data Warehouse, unpublished data; American Association of Colleges of Osteopathic Medicine: 2002 Annual Report on Osteopathic Medical Education. Chevy Chase, Maryland. 2003; Bureau of Health Professions: Minorities and Women in the Health Fields, 1990 Edition; American Dental Association: 2000-01 Survey of Predoctoral Dental Education, Academic Programs, Enrollments, and Graduates, vol. 1, Chicago. 2002; American Dental Education Association: Unpublished data; Association of Schools and Colleges of Optometry: Annual Student Data Report Academic Year 2000-2001 and unpublished data; American Association of Colleges of Pharmacy: Profile of Pharmacy Students, Fall 2001; American Association of Colleges of Podiatric Medicine: unpublished data; National League for Nursing: unpublished data.

¹Data for optometry are for 2003-04.

²Includes other and unknown races; may also include foreign students.

³Includes students from University of Puerto Rico.
⁴Includes American Indian and Alaska Native and Native Hawaiian; prior to 1997 includes only American Indian and Alaska Native.

⁵In 1990 the National League for Nursing developed a new system for analyzing minority data. In evaluating the former system, much underreporting was noted. Therefore, race-specific data before 1990 would not be comparable and are not shown. Additional changes in the minority data question were introduced for academic years 2000–01 and 2001–02 resulting in a discontinuity in the trend.

6Prior to 1992–93 pharmacy total enrollment data are for students in the final 3 years of pharmacy education. Beginning in 1992–93 pharmacy data are for all students.

Table 108. First-year and total enrollment of women in schools for selected health occupations, according to detailed race and Hispanic origin: United States, academic years 1980-81, 1990-91, 2000-01, and 2001-02

[Data are based on reporting by health professions associations]

Enrollment, occupation,		Both	sexes			Wo	men			
detailed race, and Hispanic origin	1980–81	1990–91	2000–01	2001–02¹	1980–81	1990–91 ²	2000–01	2001–02¹		
First-year enrollment		Number	of students		Percent of students					
Dentistry	6,030 17,186	4,001 16,876	4,327 16,699	4,407 16,875	19.8 28.9	37.9 38.8	39.8 45.9	47.6		
White Black or African American Hispanic or Latino Mexican Mainland Puerto Rican Other Hispanic or Latino ⁴ American Indian Asian Medicine (Osteopathic) Nurses, registered ⁵ Optometry Pharmacy ⁶ Podiatry Public Health	14,262 1,128 818 258 95 465 67 572 1,496 110,201 1,258 7,377 695 3,348	11,830 1,263 933 285 120 528 76 2,527 1,950 113,526 1,239 8,267 561 4,289	11,038 1,243 1,022 434 52 536 131 3,265 2,927 1,384 8,382 475 5,840	11,105 1,301 1,028 420 38 570 129 3,312 3,043 1,416 8,922 434 5,895	27.4 45.5 31.5 30.6 43.2 29.7 35.8 31.5 22.0 92.7 25.3 48.4	37.7 55.3 42.0 39.3 43.3 43.3 40.8 40.3 34.2 89.3 50.6 	42.4 57.2 66.4 41.0 69.8	46.5 62.7 66.7 43.0 68.5		
Total enrollment Dentistry	22,842 65,189	15,951 65,163	17,349 66,160	17,487 66,253	17.0 26.5	34.4 37.3	38.7 44.6	45.7		
Not Hispanic or Latino: White Black or African American. Hispanic or Latino Mexican Mainland Puerto Rican Other Hispanic ⁴ American Indian Asian Medicine (Osteopathic) Nurses, registered ⁵ Optometry Pharmacy Podiatry. Public Health	55,434 3,708 2,761 951 329 1,481 221 1,924 4,940 230,966 4,641 26,617 2,577 8,486	47,893 4,241 3,538 1,109 457 1,972 277 8,436 6,792 221,170 4,760 29,797 2,221 11,386	42,242 4,900 4,220 1,665 469 2,086 519 13,331 10,817 204,290 5,428 34,481 1,968 16,019	41,854 4,779 4,220 1,649 450 2,121 516 13,204 11,101 215,947 5,354 35,885 1,783 16,414	25.0 44.3 30.1 26.4 35.9 31.1 28.5 30.4 19.7 94.3 47.4 11.9 55.2	35.4 55.8 39.0 38.5 43.1 38.4 42.6 37.7 32.7 47.3 62.4 28.9 62.5	42.5 62.2 46.2 45.1 48.6 46.6 48.0 44.5 41.1 90.4 55.5 65.9 36.4 67.9	43.6 63.7 46.3 45.0 48.0 47.0 49.6 45.4 43.1 90.5 60.9 38.1 68.2		

^{- - -} Data not available.

differ from previous editions of Health, United States.

NOTES: Total enrollment data are collected at the beginning of the academic year while first-year enrollment data are collected during the academic year. Data for chiropractic students and occupational, physical, and speech therapy students were not available for this table. Some numbers in this table have been revised and

SOURCES: Association of American Medical Colleges: AAMC Data Book: Statistical Information Related to Medical Education. Washington, DC. 2002. AAMC Data Warehouse, unpublished data; American Association of Colleges of Osteopathic Medicine: 2002 Annual Report on Osteopathic Medical Education. Rockville, Maryland. 2003; Bureau of Health Professions: Minorities and Women in the Health Fields, 1990 edition; American Dental Association: 2000-01 Survey of Predoctoral Dental Education, Academic Programs, Enrollments, and Graduates, vol. 1, Chicago. 2002 and unpublished data; Association of Schools and Colleges of Optometry: Annual Student Data Report Academic Year 2000-2001 and unpublished data; American Association of Colleges of Pharmacy: Profile of Pharmacy Students, Fall 2001; American Association of Colleges of Podiatric Medicine: unpublished data; National League for Nursing: Nursing Data Review. New York. 1997; Nursing data book. New York. 1982 and unpublished data; State-Approved Schools of Nursing-RN. New York. 1973; Association of Schools of Public Health: 2001 Annual Data Report. Washington, DC. 2002.

¹Data for optometry are for 2003–04.

²Percent of women podiatry students is for 1991-92.

³Includes race and ethnicity unspecified.

⁴Includes Puerto Rican Commonwealth students.

⁵Excludes American Samoa, Guam, Puerto Rico, and Virgin Islands. ⁶Pharmacy first-year enrollment is for students in the first year of the final 3 years of pharmacy education.

Table 109. Hospitals, beds, and occupancy rates, according to type of ownership and size of hospital: United States, selected years 1975-2002

[Data are based on reporting by a census of hospitals]

Type of ownership and size of hospital	1975	1980	1990	1995	1999	2000	2001	2002
Hospitals				Numbe	r			
All hospitals	7,156	6,965	6,649	6,291	5,890	5,810	5,801	5,794
Federal	382	359	337	299	264	245	243	240
	6,774	6,606	6,312	5,992	5,626	5,565	5,558	5,554
Community ²	5,875	5,830	5,384	5,194	4,956	4,915	4,908	4,927
	3,339	3,322	3,191	3,092	3,012	3,003	2,998	3,025
	775	730	749	752	747	749	754	766
	1,761	1,778	1,444	1,350	1,197	1,163	1,156	1,136
6-24 beds	299	259	226	278	299	288	281	321
	1,155	1,029	935	922	887	910	916	931
	1,481	1,462	1,263	1,139	1,082	1,055	1,070	1,072
	1,363	1,370	1,306	1,324	1,266	1,236	1,218	1,190
	678	715	739	718	642	656	635	625
	378	412	408	354	365	341	348	358
	230	266	222	195	161	182	191	174
	291	317	285	264	254	247	249	256
Beds								
All hospitals	1,465,828	1,364,516	1,213,327	1,080,601	993,866	983,628	987,440	975,962
Federal	131,946	117,328	98,255	77,079	55,120	53,067	51,900	49,838
	1,333,882	1,247,188	1,115,072	1,003,522	938,746	930,561	935,540	926,124
Community ²	941,844	988,387	927,360	872,736	829,575	823,560	825,966	820,653
	658,195	692,459	656,755	609,729	586,673	582,988	585,070	582,179
	73,495	87,033	101,377	105,737	106,790	109,883	108,718	108,422
	210,154	208,895	169,228	157,270	136,112	130,689	132,178	130,052
6-24 beds	5,615	4,932	4,427	5,085	5,442	5,156	4,964	5,629
	41,783	37,478	35,420	34,352	32,816	33,333	33,263	33,200
	106,776	105,278	90,394	82,024	78,121	75,865	76,924	76,882
	192,438	192,892	183,867	187,381	181,115	175,778	174,024	171,625
	164,405	172,390	179,670	175,240	155,831	159,807	154,420	152,682
	127,728	139,434	138,938	121,136	126,259	117,220	119,753	123,399
	101,278	117,724	98,833	86,459	71,580	80,763	84,745	77,145
	201,821	218,259	195,811	181,059	178,411	175,638	177,873	180,091
Occupancy rate ³				Percent	t			
All hospitals	76.7	77.7	69.5	65.7	66.1	66.1	66.7	67.8
Federal	80.7	80.1	72.9	72.6	74.4	68.2	69.8	66.0
	76.3	77.4	69.2	65.1	65.6	65.9	66.5	67.9
Community ²	75.0	75.6	66.8	62.8	63.4	63.9	64.5	65.8
	77.5	78.2	69.3	64.5	64.9	65.5	65.8	67.2
	65.9	65.2	52.8	51.8	54.8	55.9	57.8	59.0
	70.4	71.1	65.3	63.7	63.4	63.2	64.1	64.9
6-24 beds.	48.0	46.8	32.3	36.9	33.0	31.7	31.3	32.4
25-49 beds.	56.7	52.8	41.3	42.6	41.5	41.3	42.5	44.0
50-99 beds.	64.7	64.2	53.8	54.1	54.5	54.8	55.5	56.7
100-199 beds.	71.2	71.4	61.5	58.8	59.3	60.0	60.7	61.7
200-299 beds.	77.1	77.4	67.1	63.1	64.1	65.0	65.5	66.7
300-399 beds.	79.7	79.7	70.0	64.8	66.1	65.7	66.4	68.2
400-499 beds.	81.1	81.2	73.5	68.1	68.3	69.1	68.9	70.5
500 beds or more.	80.9	82.1	77.3	71.4	71.7	72.2	72.8	74.0

¹The category of non-Federal hospitals comprises psychiatric, tuberculosis and other respiratory diseases hospitals, and long-term and short-term general and other special hospitals. See Appendix II, Hospital.

²Community hospitals are non-Federal short-term general and special hospitals whose facilities and services are available to the public. See Appendix II, Hospital.

NOTE: Data for additional years are available. See Appendix III.

SOURCES: American Hospital Association Annual Survey of Hospitals. Hospital Statistics, 1976, 1981, 1991–2004 Editions. Chicago. (Copyrights 1976, 1981, 1991-2004: Used with the permission of Health Forum LLC, an affiliate of the American Hospital Association.)

³Estimated percent of staffed beds that are occupied. See Appendix II, Occupancy rate.

Table 110. Mental health organizations and beds for 24-hour hospital and residential treatment according to type of organization: United States, selected years 1986-2000

[Data are based on inventories of mental health organizations]

Type of organization	1986	1990	1992	1994 ¹	1998	2000 ²				
		Nur	nber of mental I	nealth organizat	ions					
All organizations	4,747	5,284	5,498	5,392	5,722	4,546				
State and county mental hospitals	285 314 1,351	273 462 1,674	273 475 1,616	256 430 1,612	229 348 1,707	220 269 1,373				
medical centers ³	139	141	162	161	145	142				
disturbed children	437 2,221	501 2,233	497 2,475	459 2,474	461 2,832	474 2,068				
		Number of beds								
All organizations	267,613	272,253	270,867	290,604	267,796	215,221				
State and county mental hospitals	119,033 30,201 45,808	98,789 44,871 53,479	93,058 43,684 52,059	81,911 42,399 52,984	68,872 33,408 54,434	59,403 26,789 37,692				
medical centers ³ Residential treatment centers for emotionally	26,874	21,712	22,466	21,146	16,973	13,030				
disturbed children	24,547 21,150	29,756 23,646	30,089 29,511	32,110 60,054	31,965 62,144	33,421 44,886				
		Е	Beds per 100,00	0 civilian popul	ation ⁵					
All organizations	111.7	111.6	107.5	112.1	99.5	76.8				
State and county mental hospitals	49.7 12.6 19.1	40.5 18.4 21.9	36.9 17.3 20.7	31.6 16.4 20.4	25.6 12.4 20.2	21.2 9.6 13.4				
Department of Veterans Affairs medical centers ³	11.2	8.9	8.9	8.2	6.3	4.6				
Residential treatment centers for emotionally disturbed children	10.3 8.8	12.2 9.7	11.9 11.7	12.4 23.2	11.9 23.1	11.9 16.0				

¹Beginning in 1994 data for supportive residential clients (moderately staffed housing arrangements such as supervised apartments, group homes, and halfway houses) are included in the totals and "All other organizations." This change affects the comparability of trend data prior to 1994 with data for 1994 and later years. ²Preliminary data.

NOTES: Data for 1998 are revised and differ from the previous edition of Health, United States. These data exclude mental health care provided in nonpsychiatric units of hospitals such as general medical units.

SOURCES: Substance Abuse and Mental Health Services Administration, Center for Mental Health Services (CMHS). Manderscheid RW and Henderson MJ. Mental Health, United States, 2000. Washington, DC. U.S. Government Printing Office, 2001; and Mental Health, United States, 2002. U.S. Government Printing Office, forthcoming.

³Includes Department of Veterans Affairs (VA) neuropsychiatric hospitals, VA general hospital psychiatric services, and VA psychiatric outpatient clinics.

⁴Includes Preestanding psychiatric outpatient clinics, partial care organizations, and multiservice mental health organizations. See Appendix I, Survey of Mental Health

⁵Civilian population estimate for 2000 is based on 2000 Census as of July 1; population estimates for 1992–98 are 1990 postcensal estimates.

Table 111. Community hospital beds and average annual percent change, according to geographic division and State: United States, selected years 1960-2002

[Data are based on reporting by a census of hospitals]

Geographic division and State	1960 ^{1,2}	1970 ¹	1980¹	1990 ³	2000 ³	2002	1960-70 ^{1,2}	1970-80 ¹	1980–90 ⁴	1990–2000 ³	2000-02 ³
	Ве	ds per 1	,000 res	ident po	pulation	5		Average	annual perce	ent change	
United States New England Connecticut	3.6	4.3	4.5	3.7	2.9	2.8	1.8	0.5	-1.9	-2.4	-1.7
	3.9	4.1	4.1	3.4	2.5	2.4	0.5	0.0	-1.9	-3.0	-2.0
	3.4	3.4	3.5	2.9	2.3	2.2	0.0	0.3	-1.9	-2.3	-2.2
Maine Massachusetts New Hampshire Rhode Island Vermont	3.4	4.7	4.7	3.7	2.9	2.9	3.3	0.0	-2.4	-2.4	0.0
	4.2	4.4	4.4	3.6	2.6	2.5	0.5	0.0	-2.0	-3.2	-1.9
	4.4	4.0	3.9	3.1	2.3	2.3	-0.9	-0.3	-2.3	-2.9	0.0
	3.7	4.0	3.8	3.2	2.3	2.3	0.8	-0.5	-1.7	-3.2	0.0
	4.5	4.5	4.4	3.0	2.7	2.6	0.0	-0.2	-3.8	-1.0	-1.9
Middle Atlantic. New Jersey New York. Pennsylvania.	4.0	4.4	4.6	4.1	3.4	3.2	1.0	0.4	-1.1	-1.9	-3.0
	3.1	3.6	4.2	3.7	3.0	2.8	1.5	1.6	-1.3	-2.1	-3.4
	4.3	4.6	4.5	4.1	3.5	3.4	0.7	-0.2	-0.9	-1.6	-1.4
	4.1	4.7	4.8	4.4	3.4	3.3	1.4	0.2	-0.9	-2.5	-1.5
East North Central. Illinois . Indiana . Michigan . Ohio . Wisconsin	3.6	4.4	4.7	3.9	2.9	2.8	2.0	0.7	-1.8	-2.9	-1.7
	4.0	4.7	5.1	4.0	3.0	2.9	1.6	0.8	-2.4	-2.8	-1.7
	3.1	4.0	4.5	3.9	3.2	3.1	2.6	1.2	-1.4	-2.0	-1.6
	3.3	4.3	4.4	3.7	2.6	2.6	2.7	0.2	-1.7	-3.5	0.0
	3.4	4.2	4.7	4.0	3.0	3.0	2.1	1.1	-1.6	-2.8	0.0
	4.3	5.2	4.9	3.8	2.9	2.7	1.9	-0.6	-2.5	-2.7	-3.5
West North Central lowa Kansas Minnesota Missouri Nebraska North Dakota South Dakota	4.3	5.7	5.8	4.9	3.9	3.8	2.9	0.2	-1.7	-2.3	-1.3
	3.9	5.6	5.7	5.1	4.0	3.8	3.7	0.2	-1.1	-2.4	-2.5
	4.2	5.4	5.8	4.8	4.0	4.0	2.5	0.7	-1.9	-1.8	0.0
	4.8	6.1	5.7	4.4	3.4	3.3	2.4	-0.7	-2.6	-2.5	-1.5
	3.9	5.1	5.7	4.8	3.6	3.3	2.7	1.1	-1.7	-2.8	-4.3
	4.4	6.2	6.0	5.5	4.8	4.7	3.5	-0.3	-0.9	-1.4	-1.0
	5.2	6.8	7.4	7.0	6.0	6.1	2.7	0.8	-0.6	-1.5	0.8
	4.5	5.6	5.5	6.1	5.7	6.1	2.2	-0.2	1.0	-0.7	3.4
South Atlantic Delaware District of Columbia Florida. Georgia Maryland North Carolina South Carolina Virginia West Virginia	3.3 3.7 5.9 3.1 2.8 3.3 3.4 2.9 3.0 4.1	4.0 3.7 7.4 4.4 3.8 3.1 3.8 3.7 3.7 5.4	4.5 3.6 7.3 5.1 4.6 3.6 4.2 3.9 4.1 5.5	3.7 3.0 7.6 3.9 4.0 2.8 3.3 3.3 4.7	2.9 2.3 5.8 3.2 2.9 2.1 2.9 2.9 2.4 4.4	2.8 2.5 5.9 3.1 2.9 2.1 2.8 2.7 2.4 4.3	1.9 0.0 2.3 3.6 3.1 -0.6 1.1 2.5 2.1 2.8	1.2 -0.3 -0.1 1.5 1.9 1.5 1.0 0.5 1.0	-1.9 -1.8 0.4 -2.6 -1.4 -2.5 -2.4 -1.7 -2.1 -1.6	-2.4 -2.6 -2.7 -2.0 -3.2 -2.8 -1.3 -1.3 -3.1 -0.7	-1.7 4.3 0.9 -1.6 0.0 0.0 -1.7 -3.5 0.0 -1.1
East South Central Alabama Kentucky Mississippi Tennessee	3.0	4.4	5.1	4.7	3.8	3.7	3.9	1.5	-0.8	-2.1	-1.3
	2.8	4.3	5.1	4.6	3.7	3.6	4.4	1.7	-1.0	-2.2	-1.4
	3.0	4.0	4.5	4.3	3.7	3.7	2.9	1.2	-0.5	-1.5	0.0
	2.9	4.4	5.3	5.0	4.8	4.6	4.3	1.9	-0.6	-0.4	-2.1
	3.4	4.7	5.5	4.8	3.6	3.5	3.3	1.6	-1.4	-2.8	-1.4
West South Central	3.3	4.3	4.7	3.8	3.0	2.9	2.7	0.9	-2.1	-2.3	-1.7
	2.9	4.2	5.0	4.6	3.7	3.7	3.8	1.8	-0.8	-2.2	0.0
	3.9	4.2	4.8	4.6	3.9	4.0	0.7	1.3	-0.4	-1.6	1.3
	3.2	4.5	4.6	4.0	3.2	3.2	3.5	0.2	-1.4	-2.2	0.0
	3.3	4.3	4.7	3.5	2.7	2.6	2.7	0.9	-2.9	-2.6	-1.9
Mountain Arizona Colorado Idaho Montana Nevada New Mexico Utah Wyoming	3.5 3.8 3.2 5.1 3.9 2.9 2.8 4.6	4.3 4.1 4.6 4.0 5.8 4.2 3.5 3.6 5.5	3.8 3.6 4.2 3.7 5.9 4.2 3.1 3.1 3.6	3.1 2.7 3.2 3.2 5.8 2.8 2.6 4.8	2.3 2.1 2.2 2.7 4.7 1.9 1.9 3.9	2.2 2.0 2.1 2.5 4.7 2.1 1.9 1.9 3.8	2.1 3.2 1.9 2.3 1.3 0.7 1.9 2.5	-1.2 -1.3 -0.9 -0.8 0.2 0.0 -1.2 -1.5 -4.1	-2.0 -2.8 -2.7 -1.4 -0.2 -4.0 -1.0 -1.7 2.9	-2.9 -2.5 -3.7 -1.7 -2.1 -3.8 -3.8 -3.1 -2.1	-2.2 -2.4 -2.3 -3.8 0.0 5.1 0.0 0.0 -1.3
Pacific Alaska. California. Hawaii. Oregon Washington	3.1 2.4 3.0 3.7 3.5 3.3	3.7 2.3 3.8 3.4 4.0 3.5	3.5 2.7 3.6 3.1 3.5 3.1	2.7 2.3 2.7 2.7 2.8 2.5	2.1 2.3 2.1 2.5 1.9	2.1 2.1 2.1 2.6 1.9	1.8 -0.4 2.4 -0.8 1.3 0.6	-0.6 1.6 -0.5 -0.9 -1.3 -1.2	-2.6 -1.6 -2.8 -1.4 -2.2 -2.1	-2.5 0.0 -2.5 -0.8 -3.8 -2.7	0.0 -4.4 0.0 2.0 0.0 0.0

NOTE: Data for additional years are available. See Appendix III.

SOURCES: American Hospital Association (AHA): Hospitals. *JAHA* 35(15):383–430, 1961 (Copyright 1961: Used with permission of AHA); National Center for Health Statistics, Division of Health Care Statistics and AHA Annual Survey of Hospitals for 1970, 1980; Hospital Statistics 1991–92, 2001–2004 Editions. Chicago (Copyrights 1971, 1981, 1991, 2001, 2002, 2003, 2004: Used with permission of Health Forum LLC, an affiliate of the American Hospital Association).

¹Data exclude facilities for the mentally retarded. See Appendix II, Hospital. ²1960 data include hospital units of institutions such as prisons and college infirmaries.

³Starting with 1990, data exclude hospital units of institutions, facilities for the mentally retarded, and alcoholism and chemical dependency hospitals. See Appendix II, Hospital.

41990 data used in this calculation (not shown in table) exclude only facilities for the mentally retarded, consistent with exclusions from 1980 data.

⁵Civilian population for 1997 and earlier years.

Table 112. Occupancy rates in community hospitals and average annual percent change, according to geographic division and State: United States, selected years 1960-2002

[Data are based on reporting by a census of hospitals]

Geographic division and State	1960 ^{1,2}	1970¹	1980¹	1990 ³	2000 ³	2002	1960-70 ^{1,2}	1970–80 ¹	1980–90 ⁴	1990–2000 ³	2000-02 ³
		(Occupan	cy rate ⁵				Average	annual perce	ent change	
United States	75	77	75	67	64	66	0.3	-0.3	-1.1	-0.5	1.6
New England	75	80	80	74	70	73	0.6	0.0	-0.8	-0.6	2.1
Connecticut	78 73	83 73	80 75	77 72	75 64	80 66	0.6 0.0	-0.4 0.3	-0.4 -0.4	−0.3 −1.2	3.3 1.6
Massachusetts	76	80	82	74	71	74	0.5	0.2	-1.0	-0.4	2.1
New Hampshire	67 76	73 83	73 86	67 79	59 72	62 73	0.9 0.9	0.0 0.4	-0.9 -0.8	–1.3 –0.9	2.5 0.7
Vermont	69	76	74	67	67	61	1.0	-0.3	-1.0	0.0	-4.6
Middle Atlantic	78 78	82 83	83 83	81 80	74 69	73 70	0.5 0.6	0.1 0.0	-0.2 -0.4	−0.9 −1.5	-0.7 0.7
New York	79	83	86	86	79	77	0.5	0.4	0.0	-0.8	-1.3
Pennsylvania	76	82	80	73	68	70	0.8	-0.2	-0.9	-0.7	1.5
East North Central	78 76	80 79	77 75	65 66	61 60	63 63	0.3 0.4	-0.4 -0.5	−1.7 −1.3	-0.6 -0.9	1.6 2.5
Indiana	80	80	78	61	56	59	0.0	-0.3	-2.4	-0.9	2.6
Michigan	81 81	81 82	78 79	66 65	65 61	66 62	0.0 0.1	-0.4 -0.4	−1.7 −1.9	-0.2 -0.6	0.8 0.8
Wisconsin	74	73	74	65	60	64	-0.1	0.1	-1.3	-0.8	3.3
West North Central lowa	72 73	74 72	71 69	62 62	60 58	61 60	0.3 -0.1	-0.4 -0.4	−1.3 −1.1	-0.3 -0.7	0.8 1.7
Kansas	69	71	69	56	53	55	0.3	-0.4	-2.1	-0.5	1.9
Minnesota	72 76	74 79	74 75	67 62	67 58	68 61	0.3 0.4	0.0 -0.5	−1.0 −1.9	0.0 -0.7	0.7 2.6
Nebraska	66	70	67	58	59	58	0.6	-0.4	-1.4	0.2	-0.9
North Dakota	71 66	67 66	69 61	64 62	60 65	60 59	-0.6 0.0	0.3 -0.8	-0.7 0.2	-0.6 0.5	0.0 -4.7
South Atlantic	75	78	76	67	65	68	0.4	-0.3	-1.3	-0.3	2.3
Delaware	70	79 70	82	77	75	74	1.2	0.4	-0.6	-0.3	-0.7
District of Columbia	81 74	78 76	83 72	75 62	74 61	77 66	-0.4 0.3	0.6 -0.5	−1.0 −1.5	-0.1 -0.2	2.0 4.0
Georgia	72	77	70	66	63	65	0.7	-0.9	-0.6	-0.5	1.6
Maryland	74 74	79 79	84 78	79 73	73 70	73 69	0.7 0.7	0.6 -0.1	-0.6 -0.7	-0.8 -0.4	0.0 0.7
South Carolina	77	76	77	71	69	72	-0.1	0.1	-0.8	-0.3	2.2
Virginia	78 75	81 79	78 76	67 63	68 61	68 62	0.4 0.5	-0.4 -0.4	−1.5 −1.9	0.1 -0.3	0.0 0.8
East South Central	72	78	75	63	59	59	0.8	-0.4	-1.7	-0.7	0.0
Alabama	71 73	80 80	73 77	63 62	60 62	56 62	1.2 0.9	-0.9 -0.4	–1.5 –2.1	-0.5 0.0	-3.4 0.0
Mississippi	63	74	71	59	59	57	1.6	-0.4 -0.4	-2.1 -1.8	0.0	-1.7
Tennessee	76	78	76	64	56	60	0.3	-0.3	-1.7	-1.3	3.5
West South Central Arkansas	69 70	73 74	70 70	58 62	58 59	62 58	0.6 0.6	-0.4 -0.6	−1.9 −1.2	0.0 -0.5	3.4 -0.9
Louisiana	68	74	70	57	56	59	0.8	-0.6	-2.0	-0.2	2.6
Oklahoma	71 68	73 73	68 70	58 57	56 59	58 64	0.3 0.7	-0.7 -0.4	–1.6 –2.0	-0.4 0.3	1.8 4.2
Mountain	70	71	70	61	61	62	0.1	-0.1	-1.4	0.0	0.8
Arizona	74	73	74	62	63	64	-0.1	0.1	-1.8	0.2	0.8
Colorado	81 56	74 66	72 65	64 56	58 53	62 53	-0.9 1.7	-0.3 -0.2	−1.2 −1.5	−1.0 −0.5	3.4 0.0
Montana	60 71	66 73	66 69	61 60	67 71	69 68	1.0	0.0	-0.8	0.9 1.7	1.5 –2.1
Nevada	65	73 70	66	58	58	65	0.3 0.7	-0.6 -0.6	−1.4 −1.3	0.0	-2.1 5.9
Utah	70 61	74 63	70 57	59 54	56 56	55 54	0.6	-0.6	-1.7 0.5	-0.5	-0.9
Wyoming	61 71	71	69	54 64	65	54 67	0.3 0.0	-1.0 -0.3	-0.5 -0.7	0.4 0.2	-1.8 1.5
Alaska	54	59	58	50	57	60	0.9	-0.2	-1.5	1.3	2.6
California	74 62	71 76	69 75	64 85	66 76	69 74	-0.4 2.1	-0.3 -0.1	-0.7 1.3	0.3 -1.1	2.2 -1.3
Oregon	66	69	69	57	59	61	0.4	0.0	-1.9	0.3	1.7
Washington	63	70	72	63	60	60	1.1	0.3	-1.3	-0.5	0.0

NOTE: Data for additional years are available. See Appendix III.

SOURCES: American Hospital Association (AHA): Hospitals. *JAHA* 35(15):383–430, 1961. (Copyright 1961: Used with permission of AHA); AHA Annual Survey of Hospitals, 1970 and 1980 unpublished; Hospital Statistics 1991–92, 2002, and 2004 Editions. Chicago (Copyrights 1971, 1981, 1991, 2002, 2004: Used with permission of Health Forum LLC, an affiliate of the American Hospital Association).

¹Data exclude facilities for the mentally retarded. See Appendix II, Hospital. ²1960 data include hospital units of institutions such as prisons and college infirmaries.

³Starting with 1990, data exclude hospital units of institutions, facilities for the mentally retarded, and alcoholism and chemical dependency hospitals. See Appendix II, Hospital.

41990 data used in this calculation (not shown in table) exclude only facilities for the mentally retarded, consistent with exclusions from 1980 data.

⁵Estimated percent of staffed beds that are occupied. See Appendix II, Occupancy rate.

Table 113 (page 1 of 2). Nursing homes, beds, occupancy, and residents, according to geographic division and State: United States, 1995–2002

[Data are based on a census of certified nursing facilities]

	Nursing homes			Beds					
Geographic division and State	1995	2000	2002	1995	2000	2002			
Jnited States	16,389	16,886	16,491	1,751,302	1,795,388	1,768,686			
New England	1,140	1,137	1,096	115,488	118,562	114,673			
Connecticut	267	259	252	32,827	32,433	31,283			
Maine	132	126	121	9,243	8,248	7,715			
Massachusetts	550	526	499	54,532	56,030	54,033			
New Hampshire	74	83	83	7,412	7,837	7,883			
Rhode Island	94	99	97	9,612	10,271	10,137			
Vermont	23	44	44	1,862	3,743	3,622			
liddle Atlantic	1,650	1,796	1,791	244,342	267,772	267,304			
New Jersey	300	361 665	360 674	43,967	52,195 120.514	51,452			
New York	624 726	665 770	757	107,750 92,625	95,063	122,188 93,664			
Pennsylvania				·					
ast North Central	3,171	3,301	3,225	367,879	369,657	361,004			
Illinois	827 556	869 564	848 545	103,230 59,538	110,766 56,762	108,639 53,869			
Michigan	432	439	431	49.473	50,762	49,288			
Ohio	943	1,009	994	106,884	105,038	105,341			
Wisconsin	413	420	407	48,754	46,395	43,867			
Vest North Central	2,258	2,281	2,228	200,109	193,754	189,985			
lowa	419	467	463	39,959	37,034	36,912			
Kansas	429	392	376	30,016	27,067	26,717			
Minnesota	432	433	425	43,865	42.149	40,531			
Missouri.	546	551	538	52,679	54,829	54,702			
Nebraska	231	236	230	18,169	17,877	17,034			
North Dakota	87	88	84	7,125	6,954	6,622			
South Dakota	114	114	112	8,296	7,844	7,467			
outh Atlantic	2,215	2,418	2,379	243,069	264,147	263,797			
Delaware	42	43	42	4,739	4,906	4,712			
District of Columbia	19	20	21	3,206	3,078	3,112			
Florida	627	732	704	72,656	83,365	82,696			
Georgia	352	363	362	38,097	39,817	39,855			
Maryland	218	255	245	28,394	31,495	29,529			
North Carolina	391 166	410 178	415	38,322	41,376	42,361			
South Carolina Virginia	271	278	176 277	16,682 30,070	18,102 30,595	18,062 32,204			
West Virginia	129	139	137	10,903	11,413	11,266			
				·		•			
ast South Central	1,014 221	1,071 225	1,076 230	99,707 23,353	106,250 25,248	107,946 26,263			
Alabama	288	307	303	23,221	25,246 25,341	25,629			
Mississippi	183	190	204	16,059	17,068	17,997			
Tennessee	322	349	339	37,074	38,593	38,057			
Vest South Central	2,264	2,199	2.080	224,695	224,100	217,094			
Arkansas	256	255	247	29,952	25,715	25,204			
Louisiana	337	337	321	37,769	39,430	38,403			
Oklahoma	405	392	373	33,918	33,903	32,665			
Texas	1,266	1,215	1,139	123,056	125,052	120,822			
lountain	800	827	797	70.134	75,152	74,001			
Arizona	152	150	134	16,162	17,458	16,526			
Colorado	219	225	224	19,912	20,240	20,373			
Idaho	76	84	82	5,747	6,181	6,328			
Montana	100	104	102	7,210	7,667	7,522			
Nevada	42	51	44	3,998	5,547	5,232			
New Mexico	83	80	82	6,969	7,289	7,474			
Utah	91 27	93	90	7,101	7,651	7,485			
Wyoming	37	40	39	3,035	3,119	3,061			
acific	1,877	1,856	1,819	185,879	175,994	172,882			
Alaska	15	15	15	814	821	817			
California	1,382	1,369	1,347	140,203	131,762	130,328			
Hawaii	34	45 150	45 145	2,513	4,006	4,038			
Oregon	161	150	145	13,885	13,500	12,904			
vvasiliiiuloii	285	277	267	28,464	25,905	24,795			

See footnotes at end of table.

Table 113 (page 2 of 2). Nursing homes, beds, occupancy, and residents, according to geographic division and State: United States, 1995–2002

[Data are based on a census of certified nursing facilities]

		Residents		Oc	cupancy ra	nte ¹	F	Resident rat	e^2
Geographic division and State	1995	2000	2002	1995	2000	2002	1995	2000	2002
United States	1,479,550	1,480,076	1,458,236	84.5	82.4	82.4	404.5	349.1	317.5
New England	105.792	106,308	103.342	91.6	89.7	90.1	474.2	419.5	377.5
Connecticut	29,948	29,657	28,734	91.2	91.4	91.9	541.7	461.4	410.0
Maine	8,587	7,298	6,995	92.9	88.5	90.7	417.9	313.0	279.5
Massachusetts	49,765	49,805	48,304	91.3	88.9	89.4	477.3	426.8	385.8
New Hampshire	6,877 8,823	7,158 9.041	7,120 8,910	92.8 91.8	91.3 88.0	90.3 87.9	434.1 476.9	392.6 432.6	356.6 392.4
Vermont	1,792	3,349	3,279	96.2	89.5	90.5	207.0	335.0	304.5
Middle Atlantic	228,649	242,674	240,644	93.6	90.6	90.0	384.0	354.2	323.1
New Jersey	40.397	45.837	44.605	91.9	87.8	86.7	351.6	337.0	299.5
New York	103,409	112,957	113,628	96.0	93.7	93.0	371.8	362.6	337.1
Pennsylvania	84,843	83,880	82,411	91.6	88.2	88.0	419.2	353.1	318.4
East North Central	294,319	289,404	281,448	80.0	78.3	78.0	476.1	414.3	372.7
Illinois	83,696	83,604	81,147	81.1	75.5	74.7	495.3	435.4	392.3
Indiana	44,328	42,328	40,988	74.5	74.6	76.1	548.9	462.3	416.9
Michigan	43,271	42,615	41,541	87.5	84.1	84.3	345.0 499.5	299.1	266.5 422.6
Ohio	79,026 43,998	81,946 38,911	80,677 37,095	73.9 90.2	78.0 83.9	76.6 84.6	499.5 518.9	463.5 406.9	359.6
	164.660	·	•	82.3	81.1	80.1	489.6	429.8	395.3
West North Central	27,506	157,224 29,204	152,236 28,720	62.3 68.8	78.9	77.8	469.6 458.0	429.8 448.5	395.3 419.1
Kansas	25,140	22,230	21,117	83.8	82.1	79.0	528.9	429.4	391.7
Minnesota	41,163	38,813	37,374	93.8	92.1	92.2	537.4	453.4	407.9
Missouri	39,891	38,586	37,831	75.7	70.4	69.2	432.8	391.5	367.4
Nebraska	16,166	14,989	14,082	89.0	83.8	82.7	501.4	441.5	396.4
North Dakota	6,868	6,343	6,234	96.4	91.2	94.1	522.0	430.7	401.1
South Dakota	7,926	7,059	6,878	95.5	90.0	92.1	543.3	438.8	404.1
South Atlantic	217,303	227,818	230,229	89.4	86.2	87.3	335.4	291.9	270.6
Delaware	3,819 2,576	3,900 2,858	3,942 2,817	80.6 80.3	79.5 92.9	83.7 90.5	448.7 297.6	369.7 318.4	333.5 298.9
Florida	61,845	69,050	70,761	85.1	82.8	85.6	228.2	208.4	196.4
Georgia	35,933	36,559	36,337	94.3	91.8	91.2	496.0	416.1	379.9
Maryland	24,716	25,629	25,621	87.0	81.4	86.8	432.7	383.1	348.4
North Carolina	35,511	36,658	37,278	92.7	88.6	88.0	401.1	347.6	322.6
South Carolina	14,568	15,739	16,117	87.3	86.9	89.2	366.0 385.2	313.1	291.7 283.8
Virginia	28,119 10,216	27,091 10,334	27,199 10,157	93.5 93.7	88.5 90.5	84.5 90.2	355.2	310.4 325.2	263.6 305.1
_	-	•	•						364.9
East South Central	91,563 21,691	96,348 23,089	96,369 23,705	91.8 92.9	90.7 91.4	89.3 90.3	416.6 370.1	385.5 343.1	331.8
Kentucky	20,696	22,730	22,741	89.1	89.7	88.7	391.9	390.1	371.1
Mississippi	15,247	15,815	15,872	94.9	92.7	88.2	405.3	368.7	356.4
Tennessee	33,929	34,714	34,051	91.5	89.9	89.5	479.6	426.1	392.1
West South Central	169,047	159,160	155,183	75.2	71.0	71.5	486.1	397.6	365.8
Arkansas	20,823	19,317	18,179	69.5	75.1	72.1	508.3	415.5	371.3
Louisiana	32,493	30,735	29,674	86.0	77.9	77.3 68.4	639.3	523.8	483.5 383.2
Oklahoma	26,377 89.354	23,833 85.275	22,350 84,980	77.8 72.6	70.3 68.2	70.3	499.1 439.9	416.8 358.4	332.5
	,	, -	58,446			79.0			
Mountain	58,738 12,382	59,379 13,253	13,115	83.8 76.6	79.0 75.9	79.0 79.4	335.9 233.3	271.2 193.4	238.9 169.1
Colorado	17,055	17,045	16,351	85.7	84.2	80.3	420.6	353.5	307.9
Idaho	4,697	4,640	4,780	81.7	75.1	75.5	321.7	257.0	242.6
Montana	6,415	5,973	5,815	89.0	77.9	77.3	491.4	389.5	351.0
Nevada	3,645	3,657	4,182	91.2	65.9	79.9	312.0	215.3	203.9
New Mexico	6,051 5,832	6,503 5,703	6,286 5,399	86.8 82.1	89.2 74.5	84.1 72.1	332.0 323.5	279.0 262.2	243.5 224.2
Wyoming	2,661	2,605	2,518	87.7	83.5	82.3	468.2	386.8	346.2
Pacific	149,479	141,761	140,339	80.4	80.5	81.2	302.4	241.3	215.7
Alaska	634	595	649	77.9	72.5	79.4	348.0	225.9	211.2
California	109,805	106,460	106,384	78.3	80.8	81.6	302.9	250.1	226.0
Hawaii	2,413	3,558	3,780	96.0	88.8	93.6	178.5	202.6	185.7
Oregon	11,673	9,990	9,065	84.1	74.0	70.2	244.9	173.9	143.2
Washington	24,954	21,158	20,461	87.7	81.7	82.5	362.5	251.6	219.8

¹Percent of beds occupied (number of nursing home residents per 100 nursing home beds).

NOTES: Annual numbers of nursing homes, beds, and residents are based on a 15-month OSCAR reporting cycle. See Appendix II. Data for additional years are available. See Appendix III.

SOURCES: Cowles CM, 1995 Nursing Home Statistical Yearbook. 1996 Nursing Home Statistical Yearbook. 1997 Nursing Home Statistical Yearbook. Anacortes, WA: Cowles Research Group, 1995; 1997; 1998; Cowles CM, 1998 Nursing Home Statistical Yearbook. 1999 Nursing Home Statistical Yearbook. 2000 Nursing Home Statistical Yearbook. 2000; 2001; Cowles CM, 2001 Nursing Home Statistical Yearbook. 2002 Nursing Home Statistical Yearbook. Montgomery Village, MD: Cowles Research Group, 2002; 2003. Based on data from the Centers for Medicare & Medicaid Services' Online Survey Certification and Reporting (OSCAR) database.

²Number of nursing home residents (all ages) per 1,000 resident population 85 years of age and over. Resident rates for 1995–99 are based on population estimates projected from the 1990 census. Starting with 2000, resident rates are based on the 2000 census.

Table 114. Medicare-certified providers and suppliers: United States, selected years 1980-2002

[Data are compiled from various Centers for Medicare & Medicaid Services data systems]

Providers or suppliers	1980	1985	1990	1996	1997	1998	2000	2001	2002
				Numbe	er of provide	ers or suppl	iers		
Home health agencies Clinical Lab Improvement Act Facilities End stage renal disease facilities Outpatient physical therapy Portable X-ray Rural health clinics Comprehensive outpatient rehabilitation facilities Ambulatory surgical centers Hospices	2,924 999 419 216 391	5,679 1,393 854 308 428 72 336 164	5,730 1,937 1,195 443 551 186 1,197 825	8,437 159,907 2,876 2,302 555 2,775 307 2,112 1,927	10,807 164,054 3,367 2,758 656 3,673 531 2,480 2,344	9,330 166,817 3,531 2,890 657 3,551 590 2,644 2,317	7,857 171,018 3,787 2,867 666 3,453 522 2,894 2,326	7,099 168,333 3,991 2,874 675 3,334 518 3,147 2,267	6,813 173,807 4,113 2,836 644 3,283 524 3,371 2,275

^{- - -} Data not available.

NOTES: Provider and supplier data for 1980–90 are as of July 1. Provider and supplier data for 1996–98 are as of December. Provider and supplier data for 2000, 2001, and 2002 are as of December 1999, December 2000, and December 2001, respectively. Providers and suppliers certified for Medicare are deemed to meet Medicaid standards.

SOURCES: Centers for Medicare & Medicaid Services, Office of Research, Development, and Information.

Table 115. Total health expenditures as a percent of gross domestic product and per capita health expenditures in dollars: Selected countries and years 1960–2001

[Data compiled by the Organization for Economic Cooperation and Development]

Country	1960	1970	1980	1990	1995	1997	1998	1999	2000	2001 ¹
			Hea	ılth expenditı	ıres as a pe	rcent of gros	ss domestic	product		
australia	4.1		7.0	7.8	8.2	8.5	8.6	8.7	8.9	9.2
ustria	4.3	5.3	7.6	7.1	8.2	7.6	7.7	7.8	7.7	7.7
		4.0	6.4	7.4	8.6	8.4	8.4	8.5	8.6	9.0
elgium	5.4	7.0	7.1	9.0	9.2	8.9	9.1	9.1	9.2	9.7
anada		7.0	7.1		7.3					
zech Republic				5.0		7.1	7.1	7.1	7.1	7.3
enmark			9.1	8.5	8.2	8.2	8.4	8.5	8.3	8.6
nland	3.8	5.6	6.4	7.8	7.5	7.3	6.9	6.9	6.7	7.0
ance				8.6	9.5	9.4	9.3	9.3	9.3	9.5
ermany		6.2	8.7	8.5	10.6	10.7	10.6	10.6	10.6	10.7
reece		6.1	6.6	7.4	9.6	9.4	9.4	9.6	9.4	9.4
ungary					7.5	7.0	6.9	6.8	6.7	6.8
eland	3.0	4.7	6.2	8.0	8.4	8.2	8.6	9.5	9.3	9.2
	3.7	5.1	8.4	6.1	6.8	6.4	6.2	6.2	6.4	6.5
eland										
ıly		4.5		8.0	7.4	7.7	7.7	7.8	8.2	8.4
ipan	3.0	4.5	6.4	5.9	6.8	6.8	7.1	7.5	7.7	8.0
orea				4.8	4.7	5.0	5.1	5.6	5.9	
xembourg		3.6	5.9	6.1	6.4	5.9	5.8	6.1	5.6	
exico				4.8	5.6	5.3	5.4	5.6	5.6	6.0
etherlands			7.5	8.0	8.4	8.2	8.6	8.7	8.6	8.9
ew Zealand		5.1	5.9	6.9	7.2	7.5	8.0	7.9	8.0	8.
orway	2.9	4.4	6.9	7.7	7.9	7.8 7.8	8.5	8.5	7.6	8.0
oland				5.3	6.0	6.1	6.4	6.2	6.0	6.
		2.6	5.6	6.2	8.3	8.6	8.6	8.7	9.0	9.
ortugal		2.0	5.0	0.2		5.9	5.8	5.8	5.7	5.
ovak Republic				6.7	7.6	7.5	7.5	7.5		5. 7.
oain	1.5	3.6	5.4						7.5	
veden	4.0	6.7	8.8	8.2	8.1	8.2	8.3	8.4	8.4	8.
vitzerland	4.9	5.6	7.6	8.5	10.0	10.4	10.6	10.7	10.7	11.
ırkey		2.4	3.3	3.6	3.4	4.2	4.8			
nited Kingdom	3.9	4.5	5.6	6.0	7.0	6.8	6.9	7.2	7.3	7.6
nited States	5.1	7.0	8.8	12.0	13.4	13.1	13.1	13.2	13.3	14.1
							_			
				Pe	er capita hea	alth expendit	ures ²			
ıetralia	\$ 87		\$ 658					\$2.230	\$2 363	\$2.51
	\$ 87	 \$150	\$ 658 662	\$1,300	\$1,778	\$1,978	\$2,077	\$2,230	\$2,363	\$2,51
ıstria	64	\$159	662	\$1,300 1,204	\$1,778 1,750	\$1,978 1,786	\$2,077 1,888	2,006	2,170	2,19
ıstria elgium	64	\$159 130	662 576	\$1,300 1,204 1,245	\$1,778 1,750 1,874	\$1,978 1,786 1,986	\$2,077 1,888 1,971	2,006 2,114	2,170 2,260	2,19 2,49
ıstria ılgium ınada	64 107	\$159 130 255	662 576 709	\$1,300 1,204 1,245 1,674	\$1,778 1,750 1,874 2,115	\$1,978 1,786 1,986 2,187	\$2,077 1,888 1,971 2,288	2,006 2,114 2,433	2,170 2,260 2,580	2,19 2,49 2,79
ustriaelgiumelgiumelganadaenadaeren Republiceren Republiceren Republiceren Republiceren Republic.eren Republic	64 107	\$159 130 255	662 576 709	\$1,300 1,204 1,245 1,674 575	\$1,778 1,750 1,874 2,115 902	\$1,978 1,786 1,986 2,187 931	\$2,077 1,888 1,971 2,288 943	2,006 2,114 2,433 969	2,170 2,260 2,580 987	2,19 2,49 2,79 1,10
ıstria. ılgium anada	64 107 	\$159 130 255 	662 576 709 819	\$1,300 1,204 1,245 1,674 575 1,453	\$1,778 1,750 1,874 2,115 902 1,880	\$1,978 1,786 1,986 2,187 931 2,099	\$2,077 1,888 1,971 2,288 943 2,238	2,006 2,114 2,433 969 2,344	2,170 2,260 2,580 987 2,398	2,19 2,49 2,79 1,10 2,50
ıstria. ılgium ınada vech Republic ınmark ıland	64 107 54	\$159 130 255 161	662 576 709 819 509	\$1,300 1,204 1,245 1,674 575 1,453 1,295	\$1,778 1,750 1,874 2,115 902 1,880 1,414	\$1,978 1,786 1,986 2,187 931 2,099 1,548	\$2,077 1,888 1,971 2,288 943 2,238 1,528	2,006 2,114 2,433 969 2,344 1,608	2,170 2,260 2,580 987 2,398 1,699	2,19 2,49 2,79 1,10 2,50 1,84
ıstrialgium ınadaech Republicmarkmand	64 107 54	\$159 130 255 161	662 576 709 819 509	\$1,300 1,204 1,245 1,674 575 1,453 1,295 1,509	\$1,778 1,750 1,874 2,115 902 1,880 1,414 1,984	\$1,978 1,786 1,986 2,187 931 2,099 1,548 2,032	\$2,077 1,888 1,971 2,288 943 2,238 1,528 2,096	2,006 2,114 2,433 969 2,344 1,608 2,211	2,170 2,260 2,580 987 2,398 1,699 2,387	2,19 2,49 2,79 1,10 2,50 1,84 2,56
ıstrialgium ınadaech Republicmarkmand	64 107 54	\$159 130 255 161	662 576 709 819 509	\$1,300 1,204 1,245 1,674 575 1,453 1,295	\$1,778 1,750 1,874 2,115 902 1,880 1,414	\$1,978 1,786 1,986 2,187 931 2,099 1,548	\$2,077 1,888 1,971 2,288 943 2,238 1,528	2,006 2,114 2,433 969 2,344 1,608	2,170 2,260 2,580 987 2,398 1,699	\$2,51; 2,19 2,49; 2,79; 1,10; 2,50; 1,84 2,56; 2,80;
ustria. elgium anada ezech Republic enmark nland ance ermany	64 107 54 	\$159 130 255 161 223	662 576 709 819 509 824	\$1,300 1,204 1,245 1,674 575 1,453 1,295 1,509 1,600	\$1,778 1,750 1,874 2,115 902 1,880 1,414 1,984 2,263	\$1,978 1,786 1,986 2,187 931 2,099 1,548 2,032 2,465	\$2,077 1,888 1,971 2,288 943 2,238 1,528 2,096 2,520	2,006 2,114 2,433 969 2,344 1,608 2,211 2,615	2,170 2,260 2,580 987 2,398 1,699 2,387 2,780	2,19 2,49 2,79 1,10 2,50 1,84 2,56 2,80
ıstria. ılgium ınada eech Republic enmark nland ance ermany	64 107 54 	\$159 130 255 161 223 98	662 576 709 819 509 824 348	\$1,300 1,204 1,245 1,674 575 1,453 1,295 1,509 1,600	\$1,778 1,750 1,874 2,115 902 1,880 1,414 1,984 2,263 1,226	\$1,978 1,786 1,986 2,187 931 2,099 1,548 2,032 2,465 1,326	\$2,077 1,888 1,971 2,288 943 2,238 1,528 2,096 2,520 1,406	2,006 2,114 2,433 969 2,344 1,608 2,211 2,615 1,516	2,170 2,260 2,580 987 2,398 1,699 2,387 2,780 1,556	2,19 2,49 2,79 1,10 2,50 1,84 2,56 2,80 1,51
stria. Igium nada ech Republic nmark Iland ance ermany eece	64 107 54 	\$159 130 255 161 223 98	662 576 709 819 509 824 348	\$1,300 1,204 1,245 1,674 575 1,453 1,295 1,509 1,600 695	\$1,778 1,750 1,874 2,115 902 1,880 1,414 1,984 2,263 1,226 671	\$1,978 1,786 1,986 2,187 931 2,099 1,548 2,032 2,465 1,326 684	\$2,077 1,888 1,971 2,288 943 2,238 1,528 2,096 2,520 1,406 731	2,006 2,114 2,433 969 2,344 1,608 2,211 2,615 1,516 771	2,170 2,260 2,580 987 2,398 1,699 2,387 2,780 1,556 817	2,19 2,49 2,79 1,10 2,50 1,84 2,56 2,80 1,51
Istria Ilgium Inada Ilgium Inada Ilgium Inada Ilgium Inada Ilgium Inada Ilgium	64 107 54 45	\$159 130 255 161 223 98 129	662 576 709 819 509 824 348 576	\$1,300 1,204 1,245 1,674 575 1,453 1,295 1,509 1,600 695 1,377	\$1,778 1,750 1,874 2,115 902 1,880 1,414 1,984 2,263 1,226 671 1,836	\$1,978 1,786 1,986 2,187 931 2,099 1,548 2,032 2,465 1,326 684 2,002	\$2,077 1,888 1,971 2,288 943 2,238 1,528 2,096 2,520 1,406 731 2,226	2,006 2,114 2,433 969 2,344 1,608 2,211 2,615 1,516 771 2,559	2,170 2,260 2,580 987 2,398 1,699 2,387 2,780 1,556 817 2,605	2,19 2,49 2,79 1,10 2,50 1,84 2,56 2,80 1,51 91 2,64
Istria. Ilgium Inada Ilech Republic Inmark Inland Index Inland Inland Inland Inland Inland	64 107 54 45 36	\$159 130 255 161 223 98 129 99	662 576 709 819 509 824 348 576 452	\$1,300 1,204 1,245 1,674 575 1,453 1,295 1,509 1,600 695 1,377 719	\$1,778 1,750 1,874 2,115 902 1,880 1,414 1,984 2,263 1,226 671 1,836 1,223	\$1,978 1,786 1,986 2,187 931 2,099 1,548 2,032 2,465 1,326 684 2,002 1,417	\$2,077 1,888 1,971 2,288 943 2,238 1,528 2,096 2,520 1,406 731 2,226 1,438	2,006 2,114 2,433 969 2,344 1,608 2,211 2,615 1,516 771 2,559 1,623	2,170 2,260 2,580 987 2,398 1,699 2,387 2,780 1,556 817 2,605 1,793	2,19 2,49 2,79 1,10 2,50 1,84 2,56 2,80 1,51 91 2,64 1,93
stria. Igium Inada Igium Inada In	64 107 54 45 36	\$159 130 255 161 223 98 129 99	662 576 709 819 509 824 348 576 452	\$1,300 1,204 1,245 1,674 575 1,453 1,295 1,509 1,600 695 1,377 719 1,321	\$1,778 1,750 1,874 2,115 902 1,880 1,414 1,984 2,263 1,226 671 1,836 1,223 1,486	\$1,978 1,786 1,986 2,187 931 2,099 1,548 2,032 2,465 1,326 684 2,002 1,417 1,684	\$2,077 1,888 1,971 2,288 943 2,238 1,528 2,096 2,520 1,406 731 2,226 1,438 1,778	2,006 2,114 2,433 969 2,344 1,608 2,211 2,615 1,516 771 2,559 1,623 1,883	2,170 2,260 2,580 987 2,398 1,699 2,387 2,780 1,556 817 2,605 1,793 2,060	2,19 2,49 2,79 1,10 2,50 1,84 2,56 2,80 1,51 91 2,64 1,93 2,21
Istria. Istria. Ilgium Inada Irech Republic Inmark Inland Indand	64 107 54 45 36 26	\$159 130 255 161 223 98 129 99 130	662 576 709 819 509 824 348 576 452 523	\$1,300 1,204 1,245 1,674 575 1,453 1,295 1,509 1,600 695 1,377 719 1,321 1,082	\$1,778 1,750 1,874 2,115 902 1,880 1,414 1,984 2,263 1,226 671 1,836 1,223 1,486 1,581	\$1,978 1,786 1,986 2,187 931 2,099 1,548 2,032 2,465 1,326 684 2,002 1,417 1,684 1,734	\$2,077 1,888 1,971 2,288 943 2,238 1,528 2,096 2,520 1,406 731 2,226 1,438 1,778 1,730	2,006 2,114 2,433 969 2,344 1,608 2,211 2,615 1,516 771 2,559 1,623 1,883 1,852	2,170 2,260 2,580 987 2,398 1,699 2,387 2,780 1,556 817 2,605 1,793 2,060 2,002	2,19 2,49 2,79 1,10 2,50 1,84 2,56 2,80 1,51 91 2,64 1,93 2,21 2,13
stria Igium Inada ech Republic Inmark Island	64 107 54 45 36 26	\$159 130 255 161 223 98 129 99	662 576 709 819 509 824 348 576 452 523	\$1,300 1,204 1,245 1,674 575 1,453 1,295 1,509 1,600 695 1,377 719 1,321 1,082 354	\$1,778 1,750 1,874 2,115 902 1,880 1,414 1,984 2,263 1,226 671 1,836 1,223 1,486 1,581 535	\$1,978 1,786 1,986 2,187 931 2,099 1,548 2,032 2,465 1,326 684 2,002 1,417 1,684 1,734 657	\$2,077 1,888 1,971 2,288 943 2,238 1,528 2,096 2,520 1,406 731 2,226 1,438 1,778 1,778	2,006 2,114 2,433 969 2,344 1,608 2,211 2,615 1,516 771 2,559 1,623 1,883 1,883 1,852 762	2,170 2,260 2,580 987 2,398 1,699 2,387 2,780 1,556 817 2,605 1,793 2,060 2,002 893	2,19 2,49 2,79 1,10 2,50 1,84 2,56 2,80 1,51 91 2,64 1,93 2,21 2,13
stria Igium Inada ech Republic Inmark Island	64 107 54 45 36 26	\$159 130 255 161 223 98 129 99 130	662 576 709 819 509 824 348 576 452 523	\$1,300 1,204 1,245 1,674 575 1,453 1,295 1,509 1,600 695 1,377 719 1,321 1,082 354 1,501	\$1,778 1,750 1,874 2,115 902 1,880 1,414 1,984 2,263 1,226 671 1,836 1,223 1,486 1,581 535 2,138	\$1,978 1,786 1,986 2,187 931 2,099 1,548 2,032 2,465 1,326 684 2,002 1,417 1,684 1,734 657 2,204	\$2,077 1,888 1,971 2,288 943 2,238 1,528 2,096 2,520 1,406 731 2,226 1,438 1,778 1,730 628 2,361	2,006 2,114 2,433 969 2,344 1,608 2,211 2,615 1,516 771 2,559 1,623 1,883 1,852 762 2,685	2,170 2,260 2,580 987 2,398 1,699 2,387 2,780 1,556 817 2,605 1,793 2,060 2,002 893 2,719	2,19 2,49 2,79 1,10 2,50 1,84 2,56 2,80 1,51 2,64 1,93 2,21 2,13
stria. Igium Inada Igium Inada	64 107 54 45 36 26	\$159 130 255 161 223 98 129 99 130	662 576 709 819 509 824 348 576 452 523 606	\$1,300 1,204 1,245 1,674 575 1,453 1,295 1,509 1,600 695 1,377 719 1,321 1,082 354 1,501 276	\$1,778 1,750 1,874 2,115 902 1,880 1,414 1,984 2,263 1,226 671 1,836 1,223 1,486 1,581 535 2,138 379	\$1,978 1,786 1,986 2,187 931 2,099 1,548 2,032 2,465 1,326 684 2,002 1,417 1,684 1,734 657 2,204 400	\$2,077 1,888 1,971 2,288 943 2,238 1,528 2,096 2,520 1,406 731 2,226 1,438 1,778 1,730 628 2,361 425	2,006 2,114 2,433 969 2,344 1,608 2,211 2,615 1,516 771 2,559 1,623 1,883 1,852 762 2,685 462	2,170 2,260 2,580 987 2,398 1,699 2,387 2,780 1,556 817 2,605 1,793 2,060 2,002 893 2,719 492	2,19 2,49 2,79 1,10 2,50 1,84 2,56 2,80 1,51 91 2,64 1,93 2,21 2,13
Istria. Istria	64 107 54 45 36 26	\$159 130 255 161 223 98 129 99 130 148	662 576 709 819 509 824 348 576 452 523 606	\$1,300 1,204 1,245 1,674 575 1,453 1,295 1,509 1,600 695 1,377 719 1,321 1,082 354 1,501	\$1,778 1,750 1,874 2,115 902 1,880 1,414 1,984 2,263 1,226 671 1,836 1,223 1,486 1,581 535 2,138	\$1,978 1,786 1,986 2,187 931 2,099 1,548 2,032 2,465 1,326 684 2,002 1,417 1,684 1,734 657 2,204	\$2,077 1,888 1,971 2,288 943 2,238 1,528 2,096 2,520 1,406 731 2,226 1,438 1,778 1,730 628 2,361	2,006 2,114 2,433 969 2,344 1,608 2,211 2,615 1,516 771 2,559 1,623 1,883 1,852 762 2,685	2,170 2,260 2,580 987 2,398 1,699 2,387 2,780 1,556 817 2,605 1,793 2,060 2,002 893 2,719	2,19 2,49 2,79 1,10 2,50 1,84 2,56 2,80 1,51 91 2,64 1,93 2,21 2,13
stria Igium Inada ech Republic Inmark Island Ince Isrmany Island	64 107 54 45 36 26	\$159 130 255 161 223 98 129 99 130 148	662 576 709 819 509 824 348 576 452 523 606 668	\$1,300 1,204 1,245 1,674 575 1,453 1,295 1,509 1,600 695 1,377 719 1,321 1,082 354 1,501 276 1,333	\$1,778 1,750 1,874 2,115 902 1,880 1,414 1,984 2,263 1,226 671 1,836 1,223 1,486 1,581 535 2,138 379 1,787	\$1,978 1,786 1,986 2,187 931 2,099 1,548 2,032 2,465 1,326 684 2,002 1,417 1,684 1,734 657 2,204 400 1,958	\$2,077 1,888 1,971 2,288 943 2,238 1,528 2,096 2,520 1,406 731 2,226 1,438 1,778 1,730 628 2,361 425 2,176	2,006 2,114 2,433 969 2,344 1,608 2,211 2,615 1,516 771 2,559 1,623 1,883 1,852 762 2,685 462 2,310	2,170 2,260 2,580 987 2,398 1,699 2,387 2,780 1,556 817 2,605 1,793 2,060 2,002 893 2,719 492 2,348	2,19 2,49 2,79 1,10 2,50 1,84 2,56 2,80 1,51 91 2,64 1,93 2,21 2,13 53 2,62
istria. Ilgium Inada Ingary Inga	64 107 54 45 36 26 	\$159 130 255 161 223 98 129 99 130 148 177	662 576 709 819 509 824 348 576 452 523 606 668 458	\$1,300 1,204 1,245 1,674 575 1,453 1,295 1,509 1,600 695 1,377 719 1,321 1,082 354 1,501 276 1,333 937	\$1,778 1,750 1,874 2,115 902 1,880 1,414 1,984 2,263 1,226 671 1,836 1,223 1,486 1,581 535 2,138 379 1,787	\$1,978 1,786 1,986 2,187 931 2,099 1,548 2,032 2,465 1,326 684 2,002 1,417 1,684 1,734 657 2,204 400 1,958 1,357	\$2,077 1,888 1,971 2,288 943 2,238 1,528 2,096 2,520 1,406 731 2,226 1,438 1,778 1,730 628 2,361 425 2,176 1,431	2,006 2,114 2,433 969 2,344 1,608 2,211 2,615 1,516 771 2,559 1,623 1,883 1,852 762 2,685 462 2,310 1,527	2,170 2,260 2,580 987 2,398 1,699 2,387 2,780 1,556 817 2,605 1,793 2,060 2,002 893 2,719 492 2,348 1,611	2,19 2,49 2,79 1,10 2,50 1,84 2,56 2,80 1,51 91 2,64 1,93 2,21 2,13 2,62 1,71
Istria. Istria. Islgium Inada Irech Republic Irenmark Inland Inance Iremany Irece Irenany Irece Irenany Irea Irenany	64 107 54 45 36 26 46	\$159 130 255 161 223 98 129 99 130 148 177 132	662 576 709 819 509 824 348 576 452 523 606 668 458 632	\$1,300 1,204 1,245 1,674 575 1,453 1,295 1,509 1,600 695 1,377 719 1,321 1,082 354 1,501 276 1,333 937 1,363	\$1,778 1,750 1,874 2,115 902 1,880 1,414 1,984 2,263 1,226 671 1,836 1,223 1,486 1,581 535 2,138 379 1,787 1,238 1,865	\$1,978 1,786 1,986 2,187 931 2,099 1,548 2,032 2,465 1,326 684 2,002 1,417 1,684 1,734 657 2,204 400 1,958 1,357 2,193	\$2,077 1,888 1,971 2,288 943 2,238 1,528 2,096 2,520 1,406 731 2,226 1,438 1,778 1,730 628 2,361 425 2,176 1,431 2,439	2,006 2,114 2,433 969 2,344 1,608 2,211 2,615 1,516 771 2,559 1,623 1,883 1,852 762 2,685 462 2,310 1,527 2,550	2,170 2,260 2,580 987 2,398 1,699 2,387 2,780 1,556 817 2,605 1,793 2,060 2,002 893 2,719 492 2,348 1,611 2,755	2,19 2,49 2,79 1,10 2,50 1,84 2,56 2,80 1,51 91 2,64 1,93 2,21 2,13 2,62 1,71 2,92
Istria Ilgium Inada Ilech Republic Inamark Iland Inance Inamary Ilech Iland Il	64 	\$159 130 255 161 223 98 129 99 130 148 177 132	662 576 709 819 509 824 348 576 452 523 606 668 458 632	\$1,300 1,204 1,245 1,674 575 1,453 1,295 1,509 1,600 695 1,377 719 1,321 1,082 354 1,501 276 1,333 937 1,363 259	\$1,778 1,750 1,874 2,115 902 1,880 1,414 1,984 2,263 1,226 671 1,836 1,223 1,486 1,581 535 2,138 379 1,787 1,238 1,238 1,485 420	\$1,978 1,786 1,986 2,187 931 2,099 1,548 2,032 2,465 1,326 684 2,002 1,417 1,684 1,734 657 2,204 400 1,958 1,357 2,193 461	\$2,077 1,888 1,971 2,288 943 2,238 1,528 2,096 2,520 1,406 731 2,226 1,438 1,778 1,730 628 2,361 425 2,176 1,431 2,439 543	2,006 2,114 2,433 969 2,344 1,608 2,211 2,615 1,516 771 2,559 1,623 1,883 1,883 1,852 762 2,685 462 2,310 1,527 2,550 558	2,170 2,260 2,580 987 2,398 1,699 2,387 2,780 1,556 817 2,605 1,793 2,060 2,002 893 2,719 492 2,348 1,611 2,755 572	2,19 2,49 2,79 1,10 2,50 1,84 2,56 2,80 1,51 2,64 1,93 2,21 2,13 2,62 1,71 2,62 1,71 2,62
istria Ilgium Inada Ilgium Inada Ilech Republic Inark Iland	64 107 54 45 36 26 46 	\$159 130 255 161 223 98 129 99 130 148 177 132 46	662 576 709 819 509 824 348 576 452 606 668 458 632 265	\$1,300 1,204 1,245 1,674 575 1,453 1,295 1,509 1,600 695 1,377 719 1,321 1,082 354 1,501 276 1,333 937 1,363 259 611	\$1,778 1,750 1,874 2,115 902 1,880 1,414 1,984 2,263 1,226 671 1,836 1,223 1,486 1,581 535 2,138 379 1,787 1,238 1,865 420 1,134	\$1,978 1,786 1,986 2,187 931 2,099 1,548 2,032 2,465 1,326 684 2,002 1,417 1,684 1,734 657 2,204 400 1,958 1,357 2,193 461 1,341	\$2,077 1,888 1,971 2,288 943 2,238 1,528 2,096 2,520 1,406 731 2,226 1,438 1,778 1,730 628 2,361 425 2,176 1,431 2,439 543 1,365	2,006 2,114 2,433 969 2,344 1,608 2,211 2,615 1,516 771 2,559 1,623 1,883 1,852 762 2,685 462 2,310 1,527 2,550 558 1,469	2,170 2,260 2,580 987 2,398 1,699 2,387 2,780 1,556 817 2,605 1,793 2,060 2,002 893 2,719 492 2,348 1,611 2,755 572 1,519	2,19 2,49 2,79 1,10 2,50 1,84 2,56 2,80 1,51 2,64 1,93 2,21 2,13 2,62 1,71 2,92 2,92 1,61
istria. Ilgium I	64 107 54 45 36 26 46 	\$159 130 255 161 223 98 129 99 130 148 177 132 46 	662 576 709 819 509 824 348 576 452 523 606 668 458 632 655 	\$1,300 1,204 1,245 1,674 575 1,453 1,295 1,509 1,600 695 1,377 719 1,321 1,082 354 1,501 276 1,333 937 1,363 259 611	\$1,778 1,750 1,874 2,115 902 1,880 1,414 1,984 2,263 1,226 671 1,836 1,223 1,486 1,581 535 2,138 379 1,787 1,238 1,865 420 1,134	\$1,978 1,786 1,986 2,187 931 2,099 1,548 2,032 2,465 1,326 684 2,002 1,417 1,684 1,734 657 2,204 400 1,958 1,357 2,193 461 1,341 606	\$2,077 1,888 1,971 2,288 943 2,238 1,528 2,096 2,520 1,406 731 2,226 1,438 1,778 1,730 628 2,361 425 2,176 1,431 2,439 543 1,365 637	2,006 2,114 2,433 969 2,344 1,608 2,211 2,615 1,516 771 2,559 1,623 1,883 1,852 762 2,685 462 2,310 1,527 2,558 1,469 666	2,170 2,260 2,580 987 2,398 1,699 2,387 2,780 1,556 817 2,605 1,793 2,060 2,002 893 2,719 492 2,348 1,611 2,755 572 1,519 641	2,19 2,49 2,79 1,10 2,50 1,84 2,56 2,80 1,51 91 2,64 1,93 2,21 2,13 53 2,62 1,71 2,92 62 1,61 68
Istria. Ilgium Inada Irech Republic Inmark Inland Inand Inand Inand Inand Inand Inand Inand Inand Ingary In	64 107 54 45 36 26 46 46 	\$159 130 255 161 223 98 129 99 130 148 177 132 46 83	662 576 709 819 509 824 348 576 452 523 606 668 458 632 265 328	\$1,300 1,204 1,245 1,674 575 1,453 1,295 1,509 1,600 695 1,377 719 1,321 1,082 354 1,501 276 1,333 937 1,363 259 611 813	\$1,778 1,750 1,874 2,115 902 1,880 1,414 1,984 2,263 1,226 671 1,836 1,223 1,486 1,581 535 2,138 379 1,787 1,238 1,865 420 1,134 1,163	\$1,978 1,786 1,986 2,187 931 2,099 1,548 2,032 2,465 1,326 684 2,002 1,417 1,684 1,734 657 2,204 400 1,958 1,357 2,193 461 1,341 606 1,269	\$2,077 1,888 1,971 2,288 943 2,238 1,528 2,096 2,520 1,406 731 2,226 1,438 1,778 1,730 628 2,361 425 2,176 1,431 2,439 543 1,365 637 1,353	2,006 2,114 2,433 969 2,344 1,608 2,211 2,615 1,516 771 2,559 1,623 1,883 1,852 762 2,685 462 2,310 1,527 2,550 558 1,469 666 1,426	2,170 2,260 2,580 987 2,398 1,699 2,387 2,780 1,556 817 2,605 1,793 2,060 2,002 893 2,719 492 2,348 1,611 2,755 572 1,519 641 1,497	2,19 2,49 2,79 1,10 2,50 1,84 2,56 2,80 1,51 91 2,64 1,93 2,21 2,13 2,62 1,71 2,92 62 1,61 1,60
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Istria. Istria. Islgium Islgiu	64 107 54 45 36 26 46 46 	\$159 130 255 161 223 98 129 99 130 148 177 132 46 83 270 292	662 576 709 819 509 824 348 576 452 606 668 458 632 265 328 850 891	\$1,300 1,204 1,245 1,674 575 1,453 1,295 1,509 1,600 695 1,377 719 1,321 1,082 354 1,501 276 1,333 937 1,363 259 611 813	\$1,778 1,750 1,874 2,115 902 1,880 1,414 1,984 2,263 1,226 671 1,836 1,223 1,486 1,581 535 2,138 379 1,787 1,238 1,865 420 1,134 1,163	\$1,978 1,786 1,986 2,187 931 2,099 1,548 2,032 2,465 1,326 684 2,002 1,417 1,684 1,734 4657 2,204 400 1,958 1,357 2,193 461 1,341 606 1,269 1,855 2,841	\$2,077 1,888 1,971 2,288 943 2,238 1,528 2,096 2,520 1,406 731 2,226 1,438 1,778 1,730 628 2,361 425 2,176 1,431 2,439 543 1,365 637 1,353	2,006 2,114 2,433 969 2,344 1,608 2,211 2,615 1,516 771 2,559 1,623 1,883 1,852 762 2,685 462 2,310 1,527 2,550 558 1,469 666 1,426	2,170 2,260 2,580 987 2,398 1,699 2,387 2,780 1,556 817 2,605 1,793 2,060 2,002 893 2,719 492 2,348 1,611 2,755 572 1,519 641 1,497	2,19 2,49 2,79 1,10 2,50 1,84 2,56 2,80 1,51 2,64 1,93 2,21 2,13 2,62 1,71 2,62 1,61 68 1,60 2,27
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^{- - -} Data not available.

NOTE: Some numbers in this table have been revised and differ from previous editions of *Health, United States*.

SOURCES: All countries except United States from the Organization for Economic Cooperation and Development Health Data File 2003, following the annual update, www.oecd.org/els/health; United States data from the Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group, National health expenditures, 2002. Internet address: cms.hhs.gov/statistics/nhe.

Preliminary figures

²Per capita health expenditures for each country have been adjusted to U.S. dollars using gross domestic product purchasing power parities for each year.

Table 116. Gross domestic product, Federal and State and local government expenditures, national health expenditures, and average annual percent change: United States, selected years 1960–2002

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

Gross domestic product, government expenditures, and national health expenditures	1960	1970	1980	1990	1995	1999	2000	2001	2002
					Amount in b	oillions			
Gross domestic product (GDP)	\$ 527	\$1,040	\$2,796	\$ 5,803	\$ 7,401	\$ 9,274	\$ 9,825	\$ 10,082	\$ 10,446
Federal government expenditures State and local government expenditures	85.8 38.1	198.6 107.5	576.6 307.8	1,228.7 660.8	1,575.7 902.5	1,755.3 1,105.8	1,827.1 1,196.2	1,936.4 1,292.6	2,075.5 1,356.4
National health expenditures	26.7 20.1 6.6 2.8 3.8	73.1 45.4 27.6 17.6 10.0	245.8 140.9 104.8 71.3 33.5	696.0 413.5 282.5 192.7 89.8	990.2 533.6 456.6 322.4 134.2	1,222.6 669.7 552.9 386.4 166.4	1,309.4 714.9 594.6 416.0 178.6	1,420.7 768.4 652.3 460.3 192.0	1,553.0 839.6 713.4 504.7 208.7
					Amount per	capita			
National health expenditures	\$ 143 108 35	\$ 348 216 131	\$1,067 612 455	\$ 2,738 1,627 1,111	\$ 3,698 1,993 1,705	\$ 4,402 2,411 1,991	\$ 4,670 2,550 2,121	\$ 5,021 2,716 2,306	\$ 5,440 2,941 2,499
					Percer	nt			
National health expenditures as percent of GDP	5.1	7.0	8.8	12.0	13.4	13.2	13.3	14.1	14.9
Health expenditures as a percent of total government expenditures									
Federal	3.3 9.9	8.9 9.3	12.4 10.9	15.7 13.6	20.5 14.9	22.0 15.1	22.8 14.9	23.8 14.9	24.3 15.4
					Percent distr	ribution			
National health expenditures	100.0 75.2 24.8	100.0 62.2 37.8	100.0 57.3 42.7	100.0 59.4 40.6	100.0 53.9 46.1	100.0 54.8 45.2	100.0 54.6 45.4	100.0 54.1 45.9	100.0 54.1 45.9
			Average	e annual pe	rcent change	from previo	us year shov	vn	
Gross domestic product		7.0	10.4	7.6	5.0	5.8	5.9	2.6	3.6
Federal government expenditures State and local government expenditures		8.8 10.9	11.2 11.1	7.9 7.9	5.1 6.4	2.7 5.2	4.1 8.2	6.0 8.1	7.2 4.9
National health expenditures		10.6 8.5 15.4 20.1 10.2	12.9 12.0 14.3 15.0 12.8	11.0 11.4 10.4 10.5 10.4	7.3 5.2 10.1 10.8 8.4	5.4 5.8 4.9 4.6 5.5	7.1 6.7 7.5 7.6 7.3	8.5 7.5 9.7 10.7 7.5	9.3 9.3 9.4 9.7 8.7
National health expenditures, per capita Private Public		9.3 7.2 14.0	11.9 11.0 13.2	9.9 10.3 9.3	6.2 4.1 8.9	4.5 4.9 3.9	6.1 5.7 6.5	7.5 6.5 8.7	8.3 8.3 8.4

^{...} Category not applicable.

NOTES: These data include revisions in health expenditures and may differ from previous editions of *Health, United States*. They reflect U.S. Bureau of the Census resident population estimates as of July 2003. Federal and State and local government total expenditures reflect September 2003 revisions from the Bureau of Economic Analysis. Percents are calculated using unrounded data.

SOURCE: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group, National health accounts, National health expenditures, 2002. Internet address: www.cms.hhs.gov/statistics/nhe/.

Table 117. Consumer Price Index and average annual percent change for all items, selected items, and medical care components: United States, selected years 1960-2003

[Data are based on reporting by samples of providers and other retail outlets]

Items and medical care components	1960	1970	1980	1990	1995	2000	2001	2002	2003
				Consun	ner Price In	dex (CPI)			
All items	29.6 30.2 24.1	38.8 39.2 35.0	82.4 82.8 77.9	130.7 128.8 139.2	152.4 148.6 168.7	172.2 167.3 195.3	177.1 171.9 203.4	179.9 174.3 209.8	184.0 178.1 216.5
Food	30.0 45.7 22.4 22.3	39.2 59.2 36.4 25.5 34.0	86.8 90.9 81.1 86.0 74.9	132.4 124.1 128.5 102.1 162.8	148.4 132.0 148.5 105.2 220.5	167.8 129.6 169.6 124.6 260.8	173.1 127.3 176.4 129.3 272.8	176.2 124.0 180.3 121.7 285.6	180.0 120.9 184.8 136.5 297.1
Components of medical care									
Medical care services. Professional services Physicians' services Dental services Eye glasses and eye care¹ Services by other medical professionals¹ Hospital and related services. Hospital services² Inpatient hospital services²³ Outpatient hospital services¹¹³ Hospital rooms Other inpatient services¹	19.5 21.9 27.0 	32.3 37.0 34.5 39.2 23.6	74.8 77.9 76.5 78.9 69.2 68.0	162.7 156.1 160.8 155.8 117.3 120.2 178.0	224.2 201.0 208.8 206.8 137.0 143.9 257.8 204.6 251.2 206.8	266.0 237.7 244.7 258.5 149.7 161.9 317.3 115.9 113.8 263.8	278.8 246.5 253.6 269.0 154.5 167.3 338.3 123.6 121.0 281.1	292.9 253.9 260.6 281.0 155.5 171.8 367.8 134.7 131.2 309.8	306.0 261.2 267.7 292.5 155.9 177.1 394.8 144.7 140.1 337.9
Nursing homes and adult day care ²				142.7	200.6	117.0	121.8	127.9	135.2
Medical care commodities	46.9 54.0	46.5 47.4	75.4 72.5	163.4 181.7 120.6	204.5 235.0 140.5	238.1 285.4 149.5	247.6 300.9 150.6	256.4 316.5 150.4	262.8 326.3 152.0
drugs		42.3	74.9	145.9	167.0	176.9	178.9	178.8	181.2
supplies			79.2	138.0	166.3	178.1	178.2	177.5	178.1
		Α	verage an	nual percer	nt change f	rom previou	ıs year sho	wn	
All items		2.7 2.6 3.8	7.8 7.8 8.3	4.7 4.5 6.0	3.1 2.9 3.9	2.5 2.4 3.0	2.8 2.7 4.1	1.6 1.4 3.1	2.3 2.2 3.2
Food		2.7 2.6 1.3 4.3	8.3 4.4 8.3 12.9 8.2	4.3 3.2 4.7 1.7 8.1	2.3 1.2 2.9 0.6 6.3	2.5 -0.4 2.7 3.4 3.4	3.2 -1.8 4.0 3.8 4.6	1.8 -2.6 2.2 -5.9 4.7	2.2 -2.5 2.5 12.2 4.0
Components of medical care									
Medical care services. Professional services Physicians' services Dental services Eye glasses and eye care ¹ . Services by other medical professionals ¹ . Hospital and related services.		5.2 4.6 3.8 	8.8 7.7 8.3 7.2 	8.1 7.2 7.7 7.0 9.9	6.6 5.2 5.4 5.8 3.2 3.7 7.7	3.5 3.4 3.2 4.6 1.8 2.4 4.2	4.8 3.7 3.6 4.1 3.2 3.3 6.6	5.1 3.0 2.8 4.5 0.6 2.7 8.7	4.5 2.9 2.7 4.1 0.3 3.1 7.3
Hospital services ²		9.8	11.2	9.9	8.1 7.4	5.2	6.6 6.3 6.6	9.0 8.4 10.2	7.4 6.8 9.1
Other inpatient services ¹					7.7 		4.1	5.0	5.7
Medical care commodities		-0.1 -1.3	5.0 4.3	8.0 9.6	4.6 5.3 3.1	3.1 4.0 1.2	4.0 5.4 0.7	3.6 5.2 –0.1	2.5 3.1 1.1
drugs			5.9	6.9	2.7	1.2	1.1	-0.1	1.3
Nonprescription medical equipment and				5.7	3.8	1.4	0.1		

^{- - -} Data not available.

NOTES: Consumer Price Index for all urban consumers (CPI-U) U.S. city average, detailed expenditure categories. 1982-84 = 100, except where noted. Data are not seasonally adjusted.

SOURCE: U.S. Department of Labor, Bureau of Labor Statistics, Consumer Price Index. Various releases. 2003 data available from the Bureau of Labor Statistics Web site at www.bls.gov/cpi/cpid03av.pdf.

^{...} Category not applicable. ¹Dec. 1986 = 100.

²Dec. 1996 = 100.

³Special index based on a substantially smaller sample.

Table 118 (page 1 of 2). National health expenditures, average annual percent change, and percent distribution, according to type of expenditure: United States, selected years 1960–2002

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

Type of national health expenditure	1960	1970	1980	1990	1995	1999	2000	2001	2002
					Amount i	n billions			
National health expenditures	\$26.7	\$73.1	\$245.8	\$696.0	\$990.2	\$1,222.6	\$1,309.4	\$1,420.7	\$1,553.0
Health services and supplies	25.0	67.3	233.5	669.6	957.6	1,181.7	1,261.4	1,370.0	1,496.3
Personal health care. Hospital care. Professional services. Physician and clinical services. Other professional services Dental services Other personal health care Nursing home and home health Home health care¹. Nursing home care¹ Retail outlet sales of medical products. Prescription drugs Other medical products. Government administration and net cost of private health insurance. Government public health activities² Investment Research³ Construction.	23.4 9.2 8.3 5.4 2.0 0.6 0.9 0.1 0.8 5.0 2.7 2.3 1.2 0.4 1.7	63.2 27.6 20.7 14.0 0.7 4.7 1.3 4.4 0.2 4.2 10.5 5.5 5.0 2.8 1.4 5.7 2.0 3.8	214.6 101.5 67.3 47.1 3.6 13.3 3.3 20.1 2.4 17.7 25.7 12.0 13.7	609.4 253.9 216.9 157.5 18.2 31.5 9.6 65.3 12.6 52.7 73.3 40.3 33.1 40.0 20.2 26.4 12.7 13.7	865.7 343.6 316.5 220.5 28.6 44.5 22.9 105.1 30.5 74.6 100.5 60.8 39.7 60.5 31.4 32.6 17.1	1,065.0 393.5 397.6 270.9 36.7 56.4 33.7 121.9 32.3 89.6 152.0 104.4 47.6 73.0 43.7 40.9 23.4 17.6	1,135.3 413.2 426.5 290.3 38.8 60.7 36.7 125.5 31.7 93.8 170.1 121.5 48.5 80.3 45.8 48.0 28.8 19.2	1,231.4 444.3 464.3 315.1 42.6 65.6 40.9 132.8 33.7 99.1 190.0 140.8 49.2 90.3 48.3 50.6 31.5 19.2	1,340.2 486.5 501.5 339.5 45.9 70.3 45.8 139.3 36.1 103.2 212.9 162.4 50.5 105.0 51.2 56.7 34.3 22.4
Condition	1.0	0.0					vious year sh		22.4
National health expenditures		10.6	12.9	11.0	7.3	5.4	7.1	8.5	9.3
Health services and supplies		10.4	13.2	11.1	7.4	5.4	6.8	8.6	9.2
Personal health care. Hospital care. Professional services. Physician and clinical services. Other professional services. Dental services Other personal health care Nursing home and home health Home health care¹. Nursing home care¹ Retail outlet sales of medical products. Prescription drugs Other medical products. Government administration and net cost		10.5 11.7 9.5 10.1 6.6 9.1 7.2 17.2 14.5 17.4 7.8 7.5 8.1	13.0 13.9 12.5 12.9 17.1 11.1 10.0 16.3 26.9 15.4 9.4 8.2 10.6	11.0 9.6 12.4 12.8 17.5 9.0 11.4 12.5 18.1 11.5 11.1 12.8 9.2	7.3 6.2 7.9 7.0 9.5 7.1 18.9 10.0 19.4 7.2 6.5 8.6 3.8	5.3 3.4 5.9 5.3 6.4 6.1 10.1 3.8 1.4 4.7 10.9 14.5 4.6	6.6 5.0 7.3 7.2 5.8 7.7 9.0 3.0 -1.8 4.7 11.9 16.4 2.1	8.5 7.5 8.8 8.6 9.9 8.0 11.3 5.8 6.2 5.7 11.7 15.9 1.3	8.8 9.5 8.0 7.7 7.6 7.2 12.1 4.9 7.2 4.1 12.0 15.3 2.6
of private health insurance		8.6 13.2 12.9 10.9 14.1	15.9 17.4 7.9 10.8 6.1	12.7 11.6 8.0 8.8 7.3	8.6 9.2 4.3 6.2 2.4	4.8 8.6 5.9 8.1 3.2	10.0 4.8 17.3 23.1 9.5	12.5 5.5 5.5 9.4 –0.3	16.2 5.9 11.9 8.9 16.8

See footnotes at end of table.

Table 118 (page 2 of 2). National health expenditures, average annual percent change, and percent distribution, according to type of expenditure: United States, selected years 1960-2002

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

Type of national health expenditure	1960	1970	1980	1990	1995	1999	2000	2001	2002
				Pero	ent distribi	ution			
National health expenditures	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Health services and supplies	93.6	92.2	95.0	96.2	96.7	96.7	96.3	96.4	96.4
Personal health care Hospital care Professional services Physician and clinical services Other professional services Dental services Other personal health care Nursing home and home health Home health care¹ Nursing home care¹ Retail outlet sales of medical products Prescription drugs Other medical products Government administration and net cost of private health insurance Government public health activities	87.6 34.4 31.3 20.1 1.5 7.4 2.4 3.2 18.6 10.0 8.5	86.5 37.8 28.3 19.1 1.0 6.4 1.7 6.1 0.3 5.8 14.3 7.5 6.8	87.3 41.3 27.4 19.2 1.5 5.4 1.3 8.2 10.5 4.9 5.6	87.6 36.5 31.2 22.6 2.6 4.5 1.4 9.4 10.5 5.8 4.7	87.4 34.7 32.0 22.3 2.9 4.5 2.3 10.6 3.1 7.5 10.2 6.1 4.0	87.1 32.2 32.5 22.2 3.0 4.6 2.8 10.0 2.6 7.3 12.4 8.5 3.9 6.0	86.7 31.6 32.6 22.2 3.0 4.6 2.8 9.6 2.4 7.2 13.0 9.3 3.7 6.1	86.7 31.3 32.7 22.2 3.0 4.6 2.9 9.3 2.4 7.0 13.4 9.9 3.5	86.3 31.3 32.3 21.9 3.0 4.5 2.9 9.0 2.3 6.6 13.7 10.5 3.3
Investment	6.4 2.6 3.8	7.8 2.7 5.2	5.0 2.2 2.8	3.8 1.8 2.0	3.3 1.7 1.6	3.3 1.9 1.4	3.7 2.2 1.5	3.6 2.2 1.3	3.6 2.2 1.4

Category not applicable.

NOTES: These data include revisions in health expenditures and differ from previous editions of Health, United States. Percents are calculated using unrounded data.

SOURCE: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group, National health accounts, National health expenditures, 2002. Internet address: www.cms.hhs.gov/statistics/nhe/.

¹Freestanding facilities only. Additional services of this type are provided in hospital-based facilities and counted as hospital care.

²Includes personal care services delivered by government public health agencies.

³Research and development expenditures of drug companies and other manufacturers and providers of medical equipment and supplies are excluded from "research expenditures," but are included in the expenditure class in which the product falls in that they are covered by the payment received for that product.

Table 119 (page 1 of 2). Personal health care expenditures, according to type of expenditure and source of funds: United States, selected years 1960–2002

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

Type of personal health care expenditures and source of funds	1960	1970	1980	1990	1995	1999	2000	2001	2002
					Amou	ınt			
Per capita	\$ 126	\$ 301	\$ 931	\$2,398	\$3,233	\$ 3,835	\$ 4,049	\$ 4,352	\$ 4,695
					Amount in	billions			
All personal health care									
expenditures ¹	\$ 23.4	\$ 63.2	\$214.6	\$609.4	\$865.7	\$1,065.0	\$1,135.3	\$1,231.4	\$1,340.2
					Percent dis	tribution			
All sources of funds	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Out-of-pocket payments Private health insurance	55.2 21.4	39.7 22.3	27.1 28.3	22.5 33.4	16.9 33.4	17.3 34.4	17.0 35.1	16.3 35.5	15.9 35.8
Other private funds	2.0	2.8	4.3	5.0	5.1	5.3	4.8	4.4	4.2
Government	21.4	35.2	40.3	39.0	44.6	43.0	43.1	43.8	44.2
Federal	8.7 12.6	22.9 12.3	29.3 11.1	28.6 10.5	34.1 10.5	32.6 10.3	32.8 10.4	33.5 10.4	33.6 10.6
					Amount in	billions			
Hospital care expenditures ²	\$ 9.2	\$ 27.6	\$101.5	\$253.9	\$343.6	\$ 393.5	\$ 413.2	\$ 444.3	\$ 486.5
	·	·			Percent dis	tribution	·		
All sources of funds	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Out-of-pocket payments	20.8	9.1	5.2	4.4	3.1	3.2	3.1	2.9	3.0
Private health insurance Other private funds	35.8 1.2	32.6 3.3	35.6 4.9	38.3 4.1	32.5 4.3	32.5 5.2	33.3 4.9	33.6 4.3	33.9 4.2
Government ³	42.2	55.1	54.3	53.2	60.1	59.1	58.8	59.1	58.9
Medicaid ⁴		9.6	10.4	10.9	15.9	16.8	16.9	16.9	17.1
Medicare		19.4	26.0	26.7	31.2	31.2	30.7	30.9	30.7
					Amount in	billions			
Physician services expenditures	\$ 5.4	\$ 14.0	\$ 47.1	\$157.5	\$220.5	\$ 270.9	\$ 290.3	\$ 315.1	\$ 339.5
					Percent dis	tribution			
All sources of funds	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Out-of-pocket payments Private health insurance	61.6 29.8	46.1 30.1	30.2 35.3	19.3 43.0	11.9 48.5	11.7 47.6	11.1 48.5	10.5 48.7	10.1 49.1
Other private funds	1.4	1.6	3.9	7.2	8.0	8.3	7.3	7.1	6.9
Government ³	7.2	22.2 4.6	30.5 5.2	30.6 4.5	31.6 6.7	32.4 6.5	33.1 6.6	33.8 6.9	33.8 7.2
Medicaid ⁴ Medicare		11.8	17.4	19.1	19.0	20.1	20.4	20.6	20.3
					Amount in	billions			
Nursing home expenditures ⁵	\$ 0.8	\$ 4.2	\$ 17.7	\$ 52.7	\$ 74.6	\$ 89.6	\$ 93.8	\$ 99.1	\$ 103.2
					Percent dis	tribution			
All sources of funds	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Out-of-pocket payments	77.9	53.6	40.0	37.5	26.9	28.1	27.9	26.9	25.1
Private health insurance Other private funds	0.0 6.3	0.2 4.9	1.2 4.5	5.8 7.5	7.5 6.4	8.4 5.0	7.8 4.4	7.7 3.8	7.5 3.4
Government ³	15.7	41.2	54.2	49.2	59.1	58.5	59.8	61.7	64.0
Medicaid ⁴		22.3	50.2	43.9	47.5	46.7	47.5 10.1	47.3	49.3
Medicare		3.4	1.7	3.2	9.3	9.7	10.1	12.1	12.5

See footnotes at end of table.

Table 119 (page 2 of 2). Personal health care expenditures, according to type of expenditure and source of funds: United States, selected years 1960-2002

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

Type of personal health care expenditures and									
source of funds	1960	1970	1980	1990	1995	1999	2000	2001	2002
				An	nount in billio	ons			
Prescription drug expenditures	\$ 2.7	\$ 5.5	\$ 12.0	\$ 40.3	\$ 60.8	\$104.4	\$121.5	\$140.8	\$162.4
				Per	cent distribu	ition			
All sources of funds. Out-of-pocket payments Private health insurance. Other private funds Government ³ . Medicaid ⁴ . Medicare.	100.0 96.0 1.3 0.0 2.7	100.0 82.4 8.8 0.0 8.8 7.6 0.0	100.0 69.4 16.7 0.0 13.9 11.7 0.0	100.0 59.1 24.4 0.0 16.6 12.6 0.5	100.0 42.7 37.1 0.0 20.1 16.0 1.3	100.0 32.9 45.8 0.0 21.3 16.5 2.0	100.0 31.5 46.5 0.0 21.9 17.1 1.9	100.0 30.2 47.5 0.0 22.4 17.5 1.7	100.0 29.9 47.8 0.0 22.3 17.5 1.6
				An	nount in billio	ons			
All other personal health care expenditures ⁶	\$ 5.3	\$ 11.9	\$ 36.3	\$104.9	\$166.2	\$206.6	\$216.5	\$232.0	\$248.6
				Per	cent distribu	ition			
All sources of funds. Out-of-pocket payments Private health insurance Other private funds Government ³ Medicaid ⁴ Medicare	100.0 84.2 1.6 4.2 10.1	100.0 78.6 3.3 3.6 14.5 3.3 1.1	100.0 64.3 15.5 4.3 16.0 3.9 3.8	100.0 49.6 24.7 4.7 20.9 6.5 7.1	100.0 38.3 25.2 4.3 32.2 12.5 13.1	100.0 39.1 26.3 4.2 30.4 14.9 8.9	100.0 38.4 26.1 4.0 31.5 15.7 9.0	100.0 36.7 25.8 3.7 33.8 16.9 9.7	100.0 35.8 25.0 3.5 35.6 18.3 10.2

[.] Category not applicable.

NOTES: These data include revisions in health expenditures and differ from previous editions of Health, United States. Percents are calculated using unrounded data.

SOURCE: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group, National health accounts, National health expenditures, 2002. Internet address: www.cms.hhs.gov/statistics/nhe/

Includes all expenditures for specified health services and supplies other than expenses for program administration, net cost of private health insurance, and

government public health activities.

Includes expenditures for hospital-based nursing home care and home health agency care.

Includes other government expenditures for these health care services, for example, Medicaid State Children's Health Insurance Program (SCHIP) expansion and SCHIP, care funded by the Department of Veterans Affairs, and State and locally financed subsidies to hospitals.

⁴Excludes Medicaid SCHIP expansion and SCHIP.

⁵ Includes expenditures for care in freestanding nursing homes. Expenditures for care in facility-based nursing homes are included with hospital care.
6 Includes expenditures for dental services, other professional services, home health care, nonprescription drugs and other medical nondurables, vision products and other medical durables, and other personal health care, not shown separately.

Table 120 (page 1 of 2). Expenses for health care and prescribed medicine according to selected population characteristics: United States, selected years 1987–2000

[Data are based on household interviews of a sample of the noninstitutionalized population and a sample of medical providers]

							Tota	tal expenses ¹					
		Population in millions			perso	ent of ns with ense			expo per p	annual ense erson kpense ³			
Characteristic	1997	1999	2000	1987	1997	1999	2000	1987	1997	1999	2000		
All ages	271.3	276.4	278.4	84.5	84.1	84.3	83.5	\$2,368	\$2,601	\$2,643	\$2,700		
Under 65 years:													
Total	237.1 23.8 48.1 108.9 56.3	241.7 23.8 48.8 109.0 60.1	243.6 24.1 48.4 109.0 62.1	83.2 88.9 80.2 81.5 87.0	82.5 88.0 81.7 78.3 89.2	82.8 87.9 81.5 78.9 88.9	81.8 86.7 80.0 77.7 88.5	\$1,843 1,566 1,032 1,620 3,138	\$1,972 921 1,033 1,787 3,461	\$2,004 1,028 1,056 1,917 3,230	\$2,127 1,124 1,117 1,905 3,562		
Sex													
Male	118.0 119.1	120.0 121.8	120.9 122.7	78.8 87.5	77.6 87.4	77.8 87.7	76.6 87.0	1,739 1,933	1,782 2,139	1,748 2,227	2,036 2,206		
Hispanic origin and race													
Hispanic or Latino Not Hispanic or Latino:	29.4	31.2	32.0	71.0	69.5	68.7	69.0	1,470	1,642	1,559	1,449		
White	166.2 31.3 10.2	168.3 31.9 10.3	169.2 32.1 10.2	86.9 72.2 72.8	87.2 72.1 75.8	87.5 72.0 81.1	86.6 71.3 76.0	1,849 2,230 1,223	2,116 1,581 1,311	2,108 1,899 1,607	2,225 2,259 1,813		
Insurance status ⁴													
Any private insurance	174.0 29.8 33.3	183.1 28.6 30.1	181.6 29.7 32.3	86.5 82.4 61.8	86.5 83.3 61.1	86.8 84.5 56.4	85.9 83.6 57.3	1,767 2,965 1,152	2,010 2,397 1,178	1,945 2,914 1,255	2,026 3,229 1,500		
65 years and over	34.2	34.7	34.8	93.7	95.2	95.3	95.5	\$5,848	\$6,381	\$6,511	\$6,140		
Sex													
Male	14.6 19.6	14.6 20.1	15.0 19.8	92.0 94.9	94.5 95.7	94.9 95.6	93.4 97.1	5,985 5,753	7,170 5,799	6,837 6,274	6,584 5,817		
Hispanic origin and race													
Hispanic or Latino Not Hispanic or Latino:	1.7	1.8	1.9	82.5	94.2	94.3	92.5	5,569	6,677	6,737	5,510		
White	28.8 2.8 *	29.1 2.9 *	28.9 2.9 *	94.9 88.5 *	95.9 92.2 *	95.9 92.9 *	95.9 94.0 *	5,757 7,049 *	6,413 6,284 *	6,615 5,772 *	6,233 5,905 *		
Insurance status ⁵													
Medicare only	8.8	11.3	12.0	85.9	92.1	93.7	94.8	4,607	5,878	5,945	5,272		
Medicare and private insurance	21.7	19.5	19.2	95.4	97.0	97.3	96.0	5,786	6,223	6,339	6,296		
coverage	3.2	3.4	3.2	94.4	93.2	90.5	96.3	8,986	8,993	9,835	8,425		

See footnotes at end of table.

Table 120 (page 2 of 2). Expenses for health care and prescribed medicine according to selected population characteristics: United States, selected years 1987–2000

[Data are based on household interviews of a sample of the noninstitutionalized population and a sample of medical providers]

			F	Prescribed med	dicine expense	es ⁶		
		persor	ent of ns with ense			out-of- expense p	annual -pocket per person kpense ³	
Characteristic	1987	1997	1999	2000	1987	1997	1999	2000
All ages	57.3	62.1	62.4	62.3	\$139	\$217	\$260	\$274
Under 65 years:								
Total	54.0 61.8 44.3 51.3 65.3	58.7 61.3 48.2 55.9 71.8	58.7 58.5 46.2 56.4 73.1	58.5 56.9 46.2 56.0 73.3	\$103 36 68 80 196	\$153 38 58 131 285	\$181 37 69 151 325	199 37 70 151 375
Sex								
Male	46.5 61.4	51.5 65.8	51.6 65.7	51.3 65.6	95 109	136 166	162 194	175 218
Hispanic origin and race								
Hispanic or Latino Not Hispanic or Latino:	41.6	47.7	45.9	45.0	74	102	145	146
White	57.7 44.1 41.1	63.1 50.0 44.8	63.7 48.1 48.7	63.8 47.6 47.8	108 91 76	166 123 133	190 163 137	214 164 140
Insurance status ⁴								
Any private insurance	56.5 56.5 35.1	61.6 62.0 40.2	61.8 61.8 37.2	61.6 62.4 37.6	106 71 114	146 151 221	161 260 253	171 285 330
65 years and over	81.6	86.0	88.0	88.3	\$321	\$518	\$635	\$623
Sex								
Male	78.0 84.0	82.8 88.3	86.1 89.3	83.9 91.5	299 335	467 554	549 696	467 731
Hispanic origin and race								
Hispanic or Latino Not Hispanic or Latino:	74.7	87.5	85.9	83.9	*424	423	479	525
White	82.3 79.5 *	86.7 85.3 *	88.7 85.4 *	89.0 85.3 *	327 252	535 430	654 573	646 532
Insurance status								
Medicare only Medicare and private	70.6	82.1	86.2	87.7	355	599	758	744
insurance	83.4 88.2	88.1 85.0	89.9 84.4	89.0 88.5	333 121	526 290	612 407	576 493
55751ago	00.2	00.0	07.7	00.0	121	200	707	400

^{*} Estimates are considered unreliable. Data not shown are based on fewer than 100 sample cases. Data preceded by an asterisk have a relative standard error equal to or greater than 30 percent.

NOTES: 1987 estimates are based on National Medical Expenditure Survey (NMES); 1996–2000 estimates are based on Medical Expenditure Panel Survey (MEPS). Because expenditures in NMES were based primarily on charges while those for MEPS were based on payments, NMES data were adjusted to be more comparable to MEPS using estimated charge to payment ratios for 1987. Overall, this resulted in about an 11-percent reduction from the unadjusted 1987 NMES expenditure estimates. See Zuvekas S and Cohen S. A guide to comparing health care estimates in the 1996 Medical Expenditure Panel Survey to the 1987 National Medical Expenditure Survey. Inquiry. vol. 39. Spring 2002. Persons of Hispanic origin may be of any race. Data for additional years are available. See Appendix III.

SOURCE: Agency for Healthcare Research and Quality, Center for Cost and Financing Studies. 1987 National Medical Expenditure Survey and 1996–2000 Medical Expenditure Panel Surveys.

¹Includes expenses for inpatient hospital and physician services, ambulatory physician and nonphysician services, prescribed medicines, home health services, dental services, and other medical equipment, supplies, and services that were purchased or rented during the year. Excludes expenses for over-the-counter medications, alternative care services, phone contacts with health providers, and premiums for health insurance.

²Includes persons in the civilian noninstitutionalized population for all or part of the year. Expenditures for persons only in this population for part of the year are restricted to those incurred during periods of eligibility (e.g., expenses incurred during periods of institutionalization and military service are not included in estimates).
³Data on expenses have been converted to 2000 dollars using the Consumer Price Index (all items) and differ from previous editions of *Health, United States*.
See Appendix II, Consumer Price Index (CPI).

⁴Any private insurance includes individuals with insurance that provided coverage for hospital and physician care at any time during the year, other han Medicare, Medicaid, or other public coverage for hospital or physician services. Public insurance only includes individuals who were not covered by private insurance at any time during the year but were covered by Medicare, Medicaid, other public coverage for hospital or physician services, and/or CHAMPUS/CHAMPVA (TRICARE) at any point during the year. Uninsured includes persons not covered by either private or public insurance throughout the entire year or period of eligibility for the survey.

⁵Populations do not add to total because uninsured persons and persons with unknown insurance status were excluded.

⁶Includes expenses for all prescribed medications that were purchased or refilled during the survey year.

Table 121 (page 1 of 2). Sources of payment for health care according to selected population characteristics: United States, selected years 1987–2000

[Data are based on household interviews of a sample of the noninstitutionalized population and a sample of medical providers]

				Sourc	ces of paym	ent for healt	h care				
				t of cket			Private insurance ¹				
Characteristic	All sources	1987	1997	1999	2000	1987	1997	1999	2000		
				Percei	nt distributio	n					
All ages	100.0	24.8	19.4	19.2	19.4	36.6	40.3	39.9	40.3		
Under 65 years:											
Total	100.0 100.0 100.0 100.0 100.0	26.2 18.5 35.7 27.4 24.0	21.1 14.2 29.0 21.1 20.1	20.7 13.8 27.2 19.5 21.3	20.3 10.3 27.7 19.9 20.2	46.6 39.5 47.3 46.8 47.8	53.1 49.3 53.2 52.9 53.6	53.9 45.2 53.4 55.7 53.4	52.5 51.2 48.8 51.2 54.5		
Sex											
Male	100.0 100.0	24.5 27.5	21.3 21.0	20.5 20.9	18.1 22.1	44.6 48.1	50.3 55.1	51.8 55.3	52.2 52.7		
Hispanic origin and race											
Hispanic or Latino Not Hispanic or Latino:	100.0	22.0	18.8	19.3	20.5	36.1	42.3	44.2	45.8		
White Black or African American Other	100.0 100.0 100.0	28.2 15.5 27.2	21.8 17.1 21.2	22.1 13.2 16.9	21.7 11.8 17.0	50.1 30.0 46.7	55.8 42.3 45.2	56.9 43.8 40.2	55.1 40.5 51.2		
Insurance status											
Any private insurance ² Public insurance only ³ Uninsured all year ⁴	100.0 100.0 100.0	29.0 8.9 40.6	21.6 10.6 41.3	21.4 10.3 45.7	21.2 9.8 40.4	60.0	67.6 	69.7 	70.2 		
65 years and over	100.0	22.0	16.3	16.4	17.5	15.8	16.5	13.9	14.9		
Sex											
Male	100.0 100.0	21.7 22.2	14.2 18.1	14.0 18.3	14.2 20.2	17.6 14.4	20.1 13.2	13.7 14.1	16.8 13.3		
Hispanic origin and race											
Hispanic or Latino Not Hispanic or Latino:	100.0	*13.5	13.6	10.1	13.9	*4.7	5.9	*10.8	8.4		
White Black or African American Other	100.0 100.0 100.0	23.7 11.2 *	17.0 11.4 *	17.0 13.5 *	18.3 13.6 *	16.7 *11.9 *	17.9 8.8 *	14.4 10.9 *	15.2 9.3 *		
Insurance status											
Medicare only Medicare and private	100.0	29.8	19.8	19.7	22.2						
insurance	100.0	23.4	17.3	17.4	17.0	18.9	25.7	23.9	25.3		
coverage	100.0	*6.2	5.2	5.4	9.1						

See footnotes at end of table.

Table 121 (page 2 of 2). Sources of payment for health care according to selected population characteristics: United States, selected years 1987–2000

[Data are based on household interviews of a sample of the noninstitutionalized population and a sample of medical providers]

	Sources of payment for health care												
		Public c	overage ⁵			Oth	her ⁶						
Characteristic	1987	1997	1999	2000	1987	1997	1999	2000					
				Percent of	distribution								
All ages	34.1	34.4	35.7	35.4	4.5	5.9	5.1	5.0					
Under 65 years:													
Total	21.3 35.8 11.8 19.4 22.4	18.1 25.4 14.1 15.7 20.3	19.2 31.1 14.7 18.1 19.8	21.3 33.6 20.1 21.1 20.2	6.0 6.2 5.2 6.4 5.8	7.7 11.2 3.7 10.3 6.0	6.2 *9.9 4.7 6.7 5.6	6.0 4.9 3.4 7.8 5.2					
Sex													
Male	23.9 19.2	19.5 17.0	19.8 18.8	23.5 19.5	7.1 5.2	8.9 6.8	7.9 5.0	6.3 5.7					
Hispanic origin and race													
Hispanic or Latino Not Hispanic or Latino:	35.8	28.9	26.6	27.5	6.0	10.0	9.9	6.2					
White Black or African American Other	15.9 47.2 21.0	15.3 30.7 23.7	15.0 37.4 *37.5	18.0 38.8 19.0	5.8 7.3 5.1	7.1 9.9 9.9	5.9 5.7 *5.4	5.2 8.8 *12.8					
Insurance status													
Any private insurance ² Public insurance only ³ Uninsured all year ⁴	6.2 87.2 28.6	6.6 80.7 7.5	5.1 82.1 *16.1	5.3 84.4 *21.2	4.8 3.9 30.9	4.2 8.7 51.1	3.8 7.6 38.2	3.3 5.8 38.4					
65 years and over	60.8	64.8	66.6	64.7	1.5	2.5	3.1	2.9					
Sex													
Male	58.8 62.3	63.4 65.9	69.4 64.3	66.9 63.0	*1.9 1.1	2.3 2.7	*2.8 3.3	2.2 3.5					
Hispanic origin and race													
Hispanic or Latino Not Hispanic or Latino:	80.2	77.8	76.5	75.6	*1.6	*2.7	*2.7	*2.2					
White Black or African American Other	58.0 76.3 *	62.6 77.6 *	65.3 73.5 *	64.1 68.3 *	1.6 0.6 *	2.5 2.2 *	3.3 2.1 *	2.4 *8.9 *					
Insurance status													
Medicare only Medicare and private	68.8	72.4	73.0	72.2	1.4	7.7	7.4	5.7					
insurance	56.1	56.3	57.5	57.1	1.6	0.6	*1.1	*0.6					
coverage	92.9	92.7	92.2	87.3	1.0	*2.1	*2.4	*3.6					

^{...} Category not applicable.
* Estimates are considered unreliable. Data not shown are based on fewer than 100 sample cases. Data preceded by an asterisk have a relative standard error equal to or greater than 30 percent.

NOTES: 1987 estimates are based on the National Medical Expenditure Survey (NMES) while 1996–2000 estimates are based on the Medical Expenditure Panel Survey (MEPS). Because expenditures in NMES were based primarily on charges while those for MEPS were based on payments, data for NMES were adjusted to be more comparable to MEPS using estimated charge to payment ratios for 1987. Overall, this resulted in an approximate 11 percent reduction from the unadjusted 1987 NMES expenditure estimates. For a detailed explanation of this adjustment, see Zuvekas S and Cohen S. A guide to comparing health care estimates in the 1996 Medical Expenditure Panel Survey to the 1987 National Medical Expenditure Survey. Inquiry. vol. 39. Spring 2002. Persons of Hispanic origin may be of any race. Data for additional years are available. See Appendix III.

SOURCE: Agency for Healthcare Research and Quality, Center for Cost and Financing Studies. 1987 National Medical Expenditure Survey and 1996–2000 Medical Expenditure Panel Surveys.

¹Private insurance—Includes any type of private insurance payments reported for people with private health insurance coverage during the year.

²Includes individuals with insurance that provided coverage for hospital and physician care at any time during the year, other than Medicare, Medicaid, or other public coverage for hospital or physician services.

³Includes individuals who were not covered by private insurance at any time during the year but were covered by Medicare, Medicaid, other public coverage for hospital or physician services, and/or CHAMPUS/CHAMPVA (TRICARE) at any point during the year.

Includes individuals not covered by either private or public insurance throughout the entire year or period of eligibility for the survey. However, a portion of expenses for the uninsured were paid by sources that were not defined as health insurance coverage such as the Department of Veterans Affairs, community and neighborhood clinics, the Indian Health Service, State and local health departments, State programs other than Medicaid, Workers' Compensation, and other unclassified sources (e.g., automobile, homeowner's, liability insurance).

5 Public coverage—Includes payments made by Medicare, Medicaid, the Department of Veterans Affairs, other Federal sources (e.g., Indian Health Service, military

⁵Public coverage—Includes payments made by Medicare, Medicaid, the Department of Veterans Affairs, other Federal sources (e.g., Indian Health Service, military treatment facilities, and other care provided by the Federal Government), and various State and local sources (e.g., community and neighborhood clinics, State and local health departments, and State programs other than Medicaid).

local health departments, and State programs other than Medicaid).

Other sources—Includes Workers' Compensation, unclassified sources (automobile, homeowner's, or liability insurance, and other miscellaneous or unknown sources), Medicaid payments reported for people who were not enrolled in the program at any time during the year, and any type of private insurance payments reported for people without private health insurance coverage during the year as defined in the survey.

Table 122. Out-of-pocket health care expenses for persons with medical expenses by age: United States, selected years 1987–2000

[Data are based on household interviews for a sample of the noninstitutionalized population and a sample of medical providers]

	Percent of	Amount paid out of pocket for persons with expense ¹									
Age and year	persons with expense	Total	\$0	\$1-124	\$125–249	\$250-499	\$500–999	\$1,000+			
All ages				Perce	ent distribution						
1987 1998 1999 2000	84.5 83.8 84.3 83.5	100.0 100.0 100.0 100.0	10.4 7.7 7.4 6.9	29.2 36.5 35.9 34.8	16.6 15.8 15.5 15.0	17.4 16.1 15.6 16.2	13.3 12.2 12.8 13.0	13.1 11.8 12.7 14.1			
Under 6 years											
1987 1998 1999 2000	88.9 87.6 87.9 86.7	100.0 100.0 100.0 100.0	19.2 17.4 17.7 16.7	38.7 60.1 60.5 61.0	18.9 12.4 12.2 11.1	14.7 6.8 5.9 7.5	5.3 2.3 2.6 2.4	3.2 0.9 1.1 1.3			
6-17 years											
1987 1998 1999 2000	80.2 80.6 81.5 80.0	100.0 100.0 100.0 100.0	15.5 16.3 15.0 14.7	37.9 47.0 46.6 46.5	18.2 15.0 15.4 14.5	12.4 11.1 11.2 11.2	8.5 5.6 6.0 6.5	7.6 5.1 5.8 6.6			
18-44 years											
1987 1998 1999 2000	81.5 78.0 78.9 77.7	100.0 100.0 100.0 100.0	10.1 6.4 6.4 5.8	32.3 40.2 40.2 39.1	17.7 17.9 17.6 17.8	18.2 17.0 16.6 17.1	11.9 10.7 11.1 11.7	9.8 7.7 8.1 8.5			
45–64 years											
1987	87.0 89.2 88.9 88.5	100.0 100.0 100.0 100.0	5.7 2.9 2.7 2.6	20.4 25.6 24.0 22.3	15.6 16.2 16.4 15.6	20.7 20.1 19.7 19.9	18.8 17.7 19.0 18.8	18.8 17.5 18.2 20.9			
65-74 years											
1987 1998 1999 2000	92.8 94.3 95.3 94.7	100.0 100.0 100.0 100.0	5.3 2.0 1.4 1.5	15.4 17.8 16.1 14.4	11.6 13.3 11.3 10.6	18.5 20.7 17.9 20.2	22.1 20.6 23.7 20.1	27.1 25.6 29.6 33.2			
75 years or more											
1987 1998 1999 2000	95.1 96.3 95.3 96.5	100.0 100.0 100.0 100.0	5.6 3.0 2.6 2.6	12.9 14.3 14.5 14.2	10.0 11.6 10.2 8.4	17.1 17.7 18.6 18.2	21.2 22.2 20.2 22.0	33.2 31.3 33.8 34.6			

¹⁹⁸⁷ dollars were converted to 1998 dollars using the national Consumer Price Index (CPI). Starting in 1998 actual dollars are shown.

NOTES: Out-of-pocket expenses include expenditures for inpatient hospital and physician services, ambulatory physician and nonphysician services, prescribed medicines, home health services, dental services, and various other medical equipment, supplies, and services that were purchased or rented during the year. Out-of-pocket expenses for over-the-counter medications, alternative care services, phone contacts with health providers, and premiums for health insurance policies are not included in these estimates. 1987 estimates are based on the National Medical Expenditure Survey (NMES) while estimates for other years are based on the Medical Expenditure Panel Survey (MEPS). Because expenditures in NMES were based primarily on charges while those for MEPS were based on payments, data for the NMES were adjusted to be more comparable to MEPS using estimated charge to payment ratios for 1987. Overall this resulted in an approximate 11 percent reduction from the unadjusted 1987 NMES expenditure estimates. For a detailed explanation of this adjustment, see Zuvekas S and Cohen S. A guide to comparing health care estimates in the 1996 Medical Expenditure Panel Survey to the 1987 National Medical Expenditure Survey. Inquiry. vol 39. Spring 2002.

SOURCES: Agency for Healthcare Research and Quality, Center for Cost and Financing Studies. 1987 National Medical Expenditure Survey and 1998–2000 Medical Expenditure Panel Surveys.

Table 123 (page 1 of 2). Expenditures for health services and supplies and percent distribution, by type of payer: United States, selected calendar years 1987–2000

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

Type of payer	1987	1993	1994	1995	1996	1997	1998	1999	2000
					Amount in	billions			
Total ¹	\$477.8	\$856.3	\$904.8	\$957.7	\$1,005.7	\$1,053.9	\$1,111.5	\$1,175.0	\$1,255.5
Private	331.5 123.3	548.8 223.7	573.0 237.8	607.3 251.2	633.4 265.5	666.3 270.2	716.4 288.1	754.8 307.6	806.3 334.5
Employer contribution to private health insurance premiums	85.3	163.9	172.6	183.4	194.9	197.0	210.5	224.3	246.2
hospital insurance trust fund ²	24.6	35.8	40.5	43.1	45.8	49.6	53.6	57.4	61.4
disability insurance	11.7 1.7 185.8	21.1 2.8 288.9	21.6 3.1 297.5	21.4 3.3 314.4	21.4 3.4 323.2	20.0 3.6 347.7	20.2 3.8 376.5	22.0 4.0 393.9	22.7 4.2 418.8
insurance premiums and individual policy premiums	41.3	86.4	88.6	95.6	96.8	107.0	116.1	120.0	126.4
premiums paid to Medicare hospital insurance trust fund ²	29.4	43.7	50.6	55.9	59.2	62.9	68.8	74.8	81.5
trust fund	6.2 108.9 22.4	11.9 146.9 36.2	14.4 143.9 37.7	16.4 146.5 41.7	15.1 152.1 44.7	15.4 162.3 48.5	17.0 174.5 51.8	14.8 184.4 53.3	16.3 194.5 53.0
Public	146.2 75.1	307.5 175.5	331.8 184.9	350.4 196.6	372.3 213.0	387.6 218.9	395.1 214.9	420.2 223.7	449.3 237.1
insurance premiums Medicaid ³ Other ⁴ State and local government Employer contributions to private health	4.9 28.1 42.1 71.1	11.5 78.1 85.8 132.0	11.9 83.1 90.0 146.9	11.3 88.1 97.2 153.8	11.3 94.2 107.4 159.3	11.4 97.1 110.4 168.7	11.4 101.9 101.6 180.3	13.2 110.8 99.6 196.5	14.3 120.8 102.0 212.1
insurance premiums	16.4 22.8 32.0	36.3 45.8 49.9	39.0 53.7 54.2	39.8 59.2 54.7	41.8 61.5 56.0	44.1 66.4 58.2	45.2 73.4 61.6	52.0 80.1 64.5	56.9 86.1 69.1
					Percent dist	tribution			
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Private	69.4 25.8	64.1 26.1	63.3 26.3	63.4 26.2	63.0 26.4	63.2 25.6	64.5 25.9	64.2 26.2	64.2 26.6
insurance premiums	17.9	19.1	19.1	19.2	19.4	18.7	18.9	19.1	19.6
hospital insurance trust fund ² Workers compensation and temporary	5.2	4.2	4.5	4.5	4.6	4.7	4.8	4.9	4.9
disability insurance	2.4 0.4	2.5 0.3	2.4 0.3	2.2 0.3	2.1 0.3	1.9 0.3	1.8 0.3	1.9 0.3	1.8 0.3
Household	38.9	33.7	32.9	32.8	32.1	33.0	33.9	33.5	33.4
insurance premiums and individual policy premiums	8.7	10.1	9.8	10.0	9.6	10.2	10.4	10.2	10.1
insurance trust fund ² Premiums paid by individuals to Medicare supplementary medical insurance	6.1	5.1	5.6	5.8	5.9	6.0	6.2	6.4	6.5
trust fund	1.3 22.8 4.7	1.4 17.2 4.2	1.6 15.9 4.2	1.7 15.3 4.4	1.5 15.1 4.4	1.5 15.4 4.6	1.5 15.7 4.7	1.3 15.7 4.5	1.3 15.5 4.2

See footnotes at end of table.

Table 123 (page 2 of 2). Expenditures for health services and supplies and percent distribution, by type of payer: United States, selected calendar years 1987–2000

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

Type of payer	1987	1993	1994	1995	1996	1997	1998	1999	2000
				Per	cent distribu	ution			
Public	30.6	35.9	36.7	36.6	37.0	36.8	35.5	35.8	35.8
	15.7	20.5	20.4	20.5	21.2	20.8	19.3	19.0	18.9
insuránce premiums	1.0	1.3	1.3	1.2	1.1	1.1	1.0	1.1	1.1
	5.9	9.1	9.2	9.2	9.4	9.2	9.2	9.4	9.6
	8.8	10.0	9.9	10.1	10.7	10.5	9.1	8.5	8.1
	14.9	15.4	16.2	16.1	15.8	16.0	16.2	16.7	16.9
Employer contributions to private health insurance premiums	3.4	4.2	4.3	4.2	4.2	4.2	4.1	4.4	4.5
	4.8	5.3	5.9	6.2	6.1	6.3	6.6	6.8	6.9
	6.7	5.8	6.0	5.7	5.6	5.5	5.5	5.5	5.5

¹Excludes research and construction.

NOTES: This table disaggregates health expenditures according to four classes of payers: businesses, households (individuals), Federal Government, and State and local governments with a small amount of revenue coming from non-patient revenue sources such as philanthropy. Where businesses or households pay dedicated funds into government health programs (for example, Medicare) or employers and employees share in the cost of health premiums, these costs are assigned to businesses or households accordingly. This results in a lower share of expenditures being assigned to the Federal Government than for tabulations of expenditures by source of funds. Estimates of national health expenditure by source of funds aim to track government-sponsored health programs over time and do not delineate the role of business employers in paying for health care. Figures may not sum to totals due to rounding.

SOURCE: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group. The Burden of Health Care Costs: Business, Households, and Government, 2000. Health Care Financing Review vol 23, no 2. Washington. Winter 2001.

²Includes one-half of self-employment contribution to Medicare hospital insurance trust fund.

³Includes Medicaid buy-in premiums for Medicare.

⁴Includes expenditures for Medicare with adjustments for contributions by employers and individuals and premiums paid to the Medicare insurance trust fund and maternal and child health, vocational rehabilitation, Substance Abuse and Mental Health Services Administration, Indian Health Service, Federal workers' compensation, and other miscellaneous general hospital and medical programs, public health activities, Department of Defense, and Department of Veterans Affairs.

⁵Includes other public and general assistance, maternal and child health, vocational rehabilitation, public health activities, hospital subsidies, and employer contributions to Medicare hospital insurance trust fund.

Table 124 (page 1 of 2). Employers' costs per employee-hour worked for total compensation, wages and salaries, and health insurance, according to selected characteristics: United States, selected years 1991–2004

[Data are based on surveys of employers]

Characteristic	1991	1994	1996	1998	1999	2000	2001	2002	2003	2004
				Total co	mpensatio	n per empl	oyee-hour v	worked		
State and local government	\$22.31	\$25.27	\$25.73	\$27.28	\$28.00	\$29.05	\$30.06	\$31.29	\$32.62	\$34.21
Total private industry	15.40	17.08	17.49	18.50	19.00	19.85	20.81	21.71	22.37	23.29
Goods producing	18.48 14.31	20.85 15.82	21.27 16.28	22.26 17.31	22.86 17.82	23.55 18.72	24.40 19.74	25.44 20.66	26.25 21.30	27.19 22.33
Occupational group: White collarBlue collar	18.15 15.15	20.26 16.92	21.10 17.04	22.38 17.56	23.02 17.98	24.19 18.73	25.34 19.35	26.43 20.15	28.85 21.21	
Service	7.82	8.38	8.61	9.37	9.58	9.72	10.32	10.95	13.68	40.00
and related										40.23 18.42
Service										11.66
Natural resources, construction and maintenance										26.55
Production, transportation and material moving										20.21
Census region:										
Northeast	17.56 15.05	20.03 16.26	20.57 16.30	20.38 18.15	20.94 18.36	22.67 19.22	23.91 20.47	25.00 21.25	25.70 22.40	26.29 23.26
South	13.68	15.05	15.62	16.45	16.97	17.81	18.59	19.49	19.95	20.80
West	15.97	18.08	18.78	19.94	20.74	20.88	21.86	22.68	23.07	24.54
Union status: Union	19.76	23.26	23.31	23.59	24.75	25.88	27.80	29.42	30.68	31.94
Nonunion	14.54	16.04	16.61	17.80	18.20	19.07	19.98	20.79	21.36	22.28
1–99 employees	13.38	14.58	14.85	15.92	16.27	17.16	17.86	18.51	18.93	19.47
100 or more	17.34	19.45	20.09	21.20	21.88	22.81	24.19	25.48	26.42	27.81
100–499	14.31	15.88	16.61	17.52	18.14	19.30	20.97	21.99	22.62	23.91
500 or more	20.60	23.35	24.03	25.56	26.37	26.93	28.17	29.79	30.94	32.54
			_	es and salar						
State and local government	69.6	69.5	69.8	70.3	70.6	70.8	71.0	70.8	70.0	69.2
Total private industry	72.3	71.1	71.9	72.8	73.0	73.0	72.9	72.8	72.2	71.5
Goods producing	68.7	66.5	67.6	69.0	69.3	69.0	69.1	68.7	67.7	66.7
Service producing Occupational group:	73.9	73.1	73.8	74.4	74.4	74.5	74.4	74.2	73.7	72.9
White collar	73.8 68.4	72.7 66.8	73.2 68.1	73.9 69.2	73.9 69.6	74.0 69.4	73.8 69.7	73.7 69.5	72.9 68.5	
Service	76.2	75.5	75.8	77.4	77.7	77.9	77.5	76.9	72.4	
Management, professional										70.1
and related										72.1 73.0
Service										75.8
Natural resources, construction and maintenance										69.1
Production, transportation and material moving										66.9
Census region: Northeast	72.0	70.5	70.9	72.1	72.0	72.2	72.0	71.9	71.2	70.4
Midwest	71.1	69.7	70.9	71.6	71.9	72.4	72.0	71.9	71.6	71.1
South	73.3	72.1	72.7	73.9	74.0	73.5	73.7	73.6	73.2	72.5
West	72.8	72.0	73.1	74.0	74.1	74.0	74.1	73.5	72.6	71.6
Union	65.9	63.5	64.0	65.2	65.5	65.2	66.0	65.7	65.0	63.6
Nonunion Establishment employment size:	74.1	72.9	73.6	74.2	74.4	74.4	74.1	74.0	73.5	72.8
1–99 employees	74.7	73.5	74.7	75.4	75.5	75.5	75.1	75.0	74.6	74.3
100 or more	70.5	69.3	69.9	70.8	71.0	71.0	71.1	70.9	70.2	69.1
100–499	72.1 69.3	71.6 67.6	71.6 68.6	72.3 69.6	72.6 69.7	72.8 69.4	72.5 69.8	72.2 69.8	71.4 69.1	70.7 67.7
500 of more	09.3	07.0	0.00	0.60	09.7	09.4	09.0	0.60	09.1	07.7

See footnotes at end of table.

Table 124 (page 2 of 2). Employers' costs per employee-hour worked for total compensation, wages and salaries, and health insurance, according to selected characteristics: United States, selected years 1991–2004

[Data are based on surveys of employers]

Characteristic	1991	1994	1996	1998	1999	2000	2001	2002	2003	2004
			Hea	Ith insuranc	e as a per	cent of tota	l compensa	ıtion		
State and local government	6.9	8.2	7.7	7.5	7.6	7.8	8.5	8.6	9.2	9.8
Total private industry Industry:	6.0	6.7	5.9	5.4	5.4	5.5	6.2	5.9	6.3	6.6
Goods producing	6.9	8.1	7.2	6.6	6.6	6.9	7.6	7.2	7.5	7.8
Service producing Occupational group:1	5.5	6.0	5.4	4.9	4.9	4.9	5.6	5.5	5.9	6.2
White collar	5.6	6.2	5.5	5.0	5.0	5.0	5.6	5.4	6.4	
Blue collar	7.0	8.0	7.2	6.7	6.7	6.8	7.5	7.3	8.0	
Service	4.6	5.4	4.8	4.3	4.2	4.3	5.0	5.1	7.0	
and related										5.4
Sales and office										7.3
Service										6.0
and maintenance Production, transportation and										6.9
material moving										8.5
Census region:										
Northeast	6.2	6.9	6.2	5.6	5.7	5.6	6.3	5.9	6.3	6.5
Midwest	6.3	7.3	6.3	5.7	5.8	5.8	6.6	6.4	6.6	7.0
South	5.5	6.3	5.9	5.3	5.2	5.4	6.2	5.8	6.2	6.5
West	5.8	6.1	5.2	4.9	4.8	5.0	5.4	5.6	6.0	6.3
Union status:										
Union	8.2	9.8	8.8	8.4	8.2	8.4	8.9	8.7	9.1	9.6
Nonunion	5.4	5.9	5.3	4.8	4.9	5.0	5.7	5.4	5.8	6.1
Establishment employment size:										
1–99 employees	5.1	5.7	5.0	4.6	4.7	4.8	5.3	5.2	5.5	5.8
100 or more	6.6	7.3	6.6	6.0	5.9	6.0	6.9	6.6	7.0	7.2
100–499	6.3	6.5	6.3	5.8	5.6	5.6	6.6	6.4	6.9	7.1
500 or more	6.8	7.9	6.9	6.2	6.2	6.4	7.1	6.7	7.0	7.3

^{- - -} Data not available.

NOTES: Costs are calculated from March survey data each year. Total compensation includes wages and salaries, and benefits. See Appendix II, Employer costs for employee compensation. Data for additional years are available. See Appendix III.

SOURCES: U.S. Department of Labor, Bureau of Labor Statistics, National Compensation Survey, Employer Costs for Employee Compensation, March release; News pub no 04–1105, June 24, 2004. Washington, DC. Data are available on the Bureau of Labor Statistics Web site at www.bls.gov/ncs/ect/home.htm#data.

¹Starting in 2004, sample establishments were classified by industry categories based on the 2000 North American Industry Classification (NAICS) system, as defined by the U.S. Office of Management and Budget. Within a sample establishment, specific job categories were selected and classified into about 800 occupational classifications according to the 2000 Standard Occupational Classification (SOC) system. Individual occupations were combined to represent one of five higher-level aggregations such as management, professional, and related occupations. For more detailed information on NAICS and SOC, including background and definitions, see the Bureau of Labor Statistics Web sites: www.bls.gov/bls/naics.htm and www.bls.gov/soc/home.htm. NAICS and SOC replace the 1987 Standard Industrial Classification System (SIC) and the Occupational Classification System (OCS).

Table 125. Hospital expenses, according to type of ownership and size of hospital: United States, selected years 1980-2002

[Data are based on reporting by a census of hospitals]

Type of ownership and size of hospital	1980	1990	1995	2000	2001	2002	1980–90	1990–95	1995–2000	2000–02
Total expenses			Amount	in billions	5				ge annual nt change	
All hospitals	\$ 91.9	\$234.9	\$320.3	\$395.4	\$426.8	\$ 462.2	9.8	6.4	4.3	8.1
Federal	7.9 84.0	15.2 219.6	20.2 300.0	23.9 371.5	27.5 399.4	29.7 432.5	6.8 10.1	5.9 6.4	3.4 4.4	11.5 7.9
Community ² Nonprofit For profit State-local government	76.9 55.8 5.8 15.2	203.7 150.7 18.8 34.2	285.6 209.6 26.7 49.3	356.6 267.1 35.0 54.5	383.7 287.3 37.3 59.1	416.6 312.7 40.1 63.8	10.2 10.4 12.5 8.4	7.0 6.8 7.3 7.6	4.5 5.0 5.6 2.0	8.1 8.2 7.0 8.2
6-24 beds	0.2 1.7 5.4 12.5 13.4 11.5 10.5 21.6	0.5 4.0 12.6 33.3 38.7 33.1 25.3 56.2	1.1 7.2 17.8 50.7 55.8 43.3 33.7 76.1	1.5 10.4 22.3 63.4 67.1 54.3 41.3 96.3	1.6 11.4 24.0 66.4 68.9 59.0 47.3 105.1	2.2 12.6 26.1 71.4 75.6 66.1 47.4 115.1	9.6 8.9 8.8 10.3 11.2 11.2 9.2	17.1 12.5 7.2 8.8 7.6 5.5 5.9 6.3	6.4 7.6 4.6 4.6 3.8 4.6 4.2 4.8	21.1 10.1 8.2 6.1 6.1 10.3 7.1 9.3
Expenses per inpatient day			Am	ount						
Community ²	\$ 245 246 257 239	\$ 687 692 752 634	\$ 968 994 947 878	\$1,149 1,182 1,057 1,064	\$1,217 1,255 1,121 1,114	\$ 1,290 1,329 1,181 1,188	10.9 10.9 11.3 10.2	7.1 7.5 4.7 6.7	3.5 3.5 2.2 3.9	6.0 6.0 5.7 5.7
6-24 beds	203 197 191 215 239 248 215 239	526 489 493 585 665 731 756 825	678 696 647 796 943 1,070 1,135 1,212	896 891 745 925 1,122 1,277 1,353 1,468	1,020 907 786 974 1,174 1,338 1,492 1,549	1,028 987 816 1,038 1,263 1,398 1,583 1,641	10.0 9.5 9.9 10.5 10.8 11.4 13.4 13.2	5.2 7.3 5.6 6.4 7.2 7.9 8.5 8.0	5.7 5.1 2.9 3.0 3.5 3.6 3.6 3.9	7.1 5.2 4.7 5.9 6.1 4.6 8.2 5.7
Expenses per inpatient stay										
Community ² Nonprofit For profit State-local government	\$1,851 1,902 1,676 1,750	\$4,947 5,001 4,727 4,838	\$6,216 6,279 5,425 6,445	\$6,649 6,717 5,642 7,106	\$6,980 7,052 5,972 7,400	\$ 7,355 7,458 6,161 7,773	10.3 10.2 10.9 10.7	4.7 4.7 2.8 5.9	1.4 1.4 0.8 2.0	5.2 5.4 4.5 4.6
6-24 beds . 25-49 beds . 50-99 beds . 100-199 beds . 200-299 beds . 300-399 beds . 400-499 beds . 500 beds or more .	1,072 1,138 1,271 1,512 1,767 1,881 2,090 2,517	2,701 2,967 3,461 4,109 4,618 5,096 5,500 6,667	3,578 3,797 4,427 5,103 5,851 6,512 7,164 8,531	3,652 4,381 4,760 5,305 6,392 6,988 7,629 9,149	3,826 4,557 4,943 5,595 6,590 7,240 8,436 9,453	4,135 4,848 5,197 5,935 6,951 7,635 8,762 10,007	9.7 10.1 10.5 10.5 10.1 10.5 10.2	5.8 5.1 5.0 4.4 4.8 5.0 5.4 5.1	0.4 2.9 1.5 0.8 1.8 1.4 1.3	6.4 5.2 4.5 5.8 4.3 4.5 7.2 4.6

¹The category of non-Federal hospitals comprises psychiatric, tuberculosis and other respiratory diseases hospitals, and long-term and short-term general and other special hospitals. See Appendix II, Hospital.

²Community hospitals are non-Federal short-term general and special hospitals whose facilities and services are available to the public. See Appendix II, Hospital.

NOTES: In 2002 employee payroll and benefit expenses comprised 52 percent of expenses in community hospitals and 62 percent in Federal hospitals. Data for additional years are available. See Appendix III.

SOURCES: American Hospital Association Annual Survey of Hospitals. Hospital Statistics, 1981, 1991–2004 Editions. Chicago, 1981, 1991–2004 (Copyrights 1981, 1991-2004: Used with the permission of the Health Forum LLC, an affiliate of the American Hospital Association); and unpublished data.

Table 126. Nursing home average monthly charges per resident and percent of residents, according to primary source of payments and selected facility characteristics: United States, 1985, 1995, and 1999

[Data are based on reporting by a sample of nursing homes]

				Pri	mary sourc	e of paymo	ent			
	All sources		wn income mily suppo			Medicare			Medicaid	
Facility characteristic	1999	1985	1995	1999	1985	1995	1999	1985	1995	1999
				Av	erage mor	thly charge	e ²			
All facilities	\$3,891	\$1,450	\$3,081	\$3,947	\$2,141	\$5,546	\$5,764	\$1,504	\$2,769	\$3,505
Ownership										
Proprietary	3,698 4,225	1,444 1,462	3,190 2,967	3,984 3,903	2,058	5,668 5,304	5,275 6,548	1,363 1,851	2,560 3,201	3,312 3,918
Certification										
Both Medicare and Medicaid	4,060 4,437 2,508 2,360		3,365 3,344 2,352 2,390	4,211 3,873 2,533 2,685		5,472	5,887		2,910 2,069	3,626 2,501
Bed size	2,000		2,000	2,000						
Less than 50 beds	3,808 3,627 3,867 4,281	886 1,388 1,567 1,701	3,377 2,849 3,138 3,316	3,358 3,698 4,160 4,029	1,760 2,192 2,767	4,929 4,918 4,523	5,318 5,912	1,335 1,323 1,413 1,919	2,990 2,335 2,659 3,520	3,533 3,121 3,487 4,011
Geographic region										
Northeast	4,852 3,474 3,263 4,725	1,645 1,398 1,359 1,498	4,117 2,650 2,945 3,666	5,300 3,413 3,467 4,868	2,109 2,745 2,033 1,838	4,883 5,439 4,889 8,825	6,368 4,726 4,859 *	2,035 1,382 1,200 1,501	3,671 2,478 2,333 2,848	4,397 3,239 2,943 3,865
					Percent of	residents				
All facilities	100.0	41.6	27.8	23.7	1.4	9.9	14.7	50.4	60.2	58.7
Ownership										
Proprietary	100.0 100.0	40.1 44.9	24.1 34.3	20.2 30.2	1.6	10.4 9.2	14.2 15.5	52.1 46.6	63.8 54.0	62.9 51.1
Certification										
Both Medicare and Medicaid	100.0 100.0 100.0 100.0		23.1 71.2 32.1 91.0	21.5 71.4 21.9 73.6		11.6 16.2 	15.5 *21.0 	:::	63.9 63.0	60.4 69.5
Bed size										
Less than 50 beds	100.0 100.0 100.0 100.0	53.1 49.5 39.6 30.1	35.3 34.5 26.2 22.0	40.3 28.3 21.8 20.1	1.5	13.1 6.2 10.6 12.1	*15.9 12.4 15.0 16.3	33.8 42.9 55.2 57.7	49.9 57.6 61.5 62.4	42.5 56.9 61.0 58.1
Geographic region										
Northeast	100.0 100.0 100.0 100.0	34.8 49.1 39.4 40.4	18.2 36.3 26.1 27.9	18.0 32.9 19.2 23.9	1.7	14.0 6.7 10.1 10.5	16.4 13.3 14.9 13.9	52.9 45.9 53.8 49.2	64.9 55.8 62.2 57.9	62.3 51.1 63.5 57.8

^{*} Estimates are considered unreliable. Data not shown have a relative standard error greater than 30 percent. After 1995 data preceded by an asterisk have a relative standard error of 20–30 percent.

NOTE: Data for additional years are available. See Appendix III.

SOURCES: Hing E, Sekscenski E, Strahan G. The National Nursing Home Survey: 1985 summary for the United States. National Center for Health Statistics. Vital Health Stat 13(97). 1989; and Centers for Disease Control and Prevention, National Center for Health Statistics, National Nursing Home Survey for other data years.

^{- - -} Data not available.

^{...} Category not applicable.

¹Includes private health insurance.

²Includes life-care residents and no-charge residents.

Table 127. Mental health expenditures, percent distribution, and per capita expenditures, according to type of mental health organization: United States, selected years 1975-2000

[Data are based on an inventory of Mental Health Organizations (IMHO)]

Type of organization	1975	1979	1983	1986	1990	1992	1994¹	1998	2000 ²
				A	mount in mil	lions			
All organizations	\$6,564	\$8,764	\$14,432	\$18,458	\$28,410	\$29,765	\$33,136	\$38,512	\$32,966
State and county psychiatric hospitals Private psychiatric hospitals Non-Federal general hospital	3,185 467	3,757 743	5,491 1,712	6,326 2,629	7,774 6,101	7,970 5,302	7,825 6,468	7,117 4,106	6,732 3,642
psychiatric services Department of Veterans Affairs	621	723	2,176	2,878	4,662	5,193	5,344	5,589	5,868
medical centers ³	699	848	1,316	1,338	1,480	1,530	1,386	1,690	1,159
emotionally disturbed children All other organizations ⁴	279 1,313	436 2,256	573 3,164	978 4,310	1,969 6,424	2,167 7,603	2,360 9,753	3,557 16,454	3,600 11,964
				Pe	ercent distrib	oution			
All organizations	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
State and county psychiatric hospitals Private psychiatric hospitals	48.5 7.1	42.9 8.5	38.0 11.9	34.3 14.2	27.4 21.5	26.8 17.8	23.6 19.5	18.5 10.7	20.4 11.0
psychiatric services	9.5	8.2	15.1	15.6	16.4	17.4	16.1	14.5	17.8
medical centers ³	10.6	9.7	9.1	7.2	5.2	5.1	4.2	4.4	3.5
emotionally disturbed children All other organizations ⁴	4.2 20.0	5.0 25.7	4.0 21.9	5.3 23.3	6.9 22.6	7.3 25.5	7.1 29.4	9.2 42.7	10.9 36.3
				Ar	nount per ca	apita ⁵			
All organizations	\$ 31	\$ 40	\$ 62	\$ 77	\$ 116	\$ 117	\$ 128	\$ 143	\$ 118
State and county psychiatric hospitals Private psychiatric hospitals	15 2	17 3	24 7	26 11	32 25	31 21	30 25	26 15	24 13
psychiatric services	3	3	9	12	19	20	21	21	21
medical centers ³	3	4	6	6	6	6	5	6	4
emotionally disturbed children	1 6	2 10	2 14	4 18	8 26	9 30	9 38	13 61	13 43

¹Beginning in 1994 data for supportive residential clients (moderately staffed housing arrangements such as supervised apartments, group homes, and halfway houses) are included in the totals and all other organizations. This change affects the comparability of trend data prior to 1994 with data for 1994 and later years. ²Preliminary data.

NOTES: Changes in reporting procedures and definitions may affect the comparability of data prior to 1980 with those of later years. Mental health expenditures include salaries, other operating expenditures, and capital expenditures. These data exclude mental health care provided in nonpsychiatric units of hospitals such as general medical units. These data include revisions for 1998 data and differ from the previous editions of Health, United States.

SOURCES: Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, Division of State and Community Systems Development, Survey and Analysis Branch. Manderscheid RW, Henderson MJ. Mental health, United States, 2002. U.S. Government Printing Office, 2004.

³Includes Department of Veterans Affairs neuropsychiatric hospitals, general hospital psychiatric services, and psychiatric outpatient clinics.

⁴Includes freestanding psychiatric outpatient clinics, partial care organizations, multiservice mental health organizations, residential treatment centers for adults, substance abuse organizations, and in 1975 and 1979 Federally funded community mental health centers.

5 Civilian population as of January 1 each year through 1998. The rates for 2000 are based on the decennial census sample civilian population.

Table 128. Federal spending for human immunodeficiency virus (HIV)-related activities, according to agency and type of activity: United States, selected fiscal years 1985-2003

[Data are compiled from Federal Government appropriations]

Agency and type of activity	1985	1990	1995	1999	2000	2001	2002 ¹	2003
Agency				Amou	nt in millions			
All Federal spending	\$209	\$3,070	\$7,019	\$10,779	\$12,025	\$14,184	\$14,988	\$16,677
Department of Health and Human Services, total.	201	2,372	5,200	8,494	9,621	11,406	12,039	13,292
Department of Health and Human Services		•	•	-	,			
discretionary spending, total ²	109	1,592	2,700	4,094	4,546	5,226	5,789	6,142
National Institutes of Health	66	908	1,334	1,793	2,004	2,247	2,499	2,717
Health Services Administration	_	50	24	92	110	157	169	171
PreventionFood and Drug AdministrationHealth Resources and Services	33 9	443 57	590 73	657 70	687 76	859 76	931 76	936 80
Administration (HRSA)	_	113	661	1,416	1,599	1,815	1,917	2,025
Agency for Healthcare Research and Quality Office of the Secretary ³	_	8 10	9 6	2 12	2 13	3 15	3 14	2 18
Indian Health Service	-	3	4	4	4	4	4	4
Emergency Fund				50	50	50	50 125	50 99
Global AIDS Trust Fund							125	
Prevention Initiative ⁴								40
Centers for Medicare & Medicaid Services Social Security Administration ⁵	75 17	780	2,500	4,400	5,000	5,600	6,250	7,150
Ricky Ray Hemophilia Relief Fund (HRSA) ⁶					75	580		
Social Security Administration ⁵		239	881	1,158	1,240	1,259	1,351	1,395
Department of Veterans Affairs	8	220	317	401	345	405	391	396
Department of Defense	-	124	110	86	97	108	96 510	78
Agency for International Development	_	71 —	120 171	139 225	200 232	430 257	510 277	873 292
Office of Personnel Management	_	37	212	266	279	292	297	321
Other departments	_	7	8	10	11	27	27	30
Activity								
Research	75	1,013	1,460	1,900	2,125	2,368	2,614	2,821
Department of Health and Human Services	75	074	4 447	4 000	0.005	0.000	0.500	0.000
discretionary spending ²	75 –	974 6	1,417 5	1,869	2,085	2,328	2,580 8	2,800 8
Department of Veteralis Alians	_	33	38	24	33	33	26	13
Education and prevention	33	591	770	902	998	1,396	1,629	1,940
Department of Health and Human Services								, , , , ,
discretionary spending ²	33	460 29	604 31	719 30	751 33	950 35	1,091 35	1,130 35
Department of Defense	_	28	12	10	10	17	17	11
Agency for International Development	_	71	120	139	200	380	473	749
Other	_	3	3	4	4	14	13	15
Medical care	83	1,227	3,738	6,595	7,356	8,324	9,117	10,229
Centers for Medicare & Medicaid Services:	70	070	1 500	0.000	0.000	0.700	4.000	4.000
Medicaid (Federal share)	70 5	670 110	1,500 1,000	2,900 1,500	3,300 1,700	3,700 1,900	4,200 2,050	4,800 2,350
Department of Health and Human Services			,	,	,	,	,	,
discretionary spending ²	_	158	680	1,507	1,711	1,948	2,118	2,212
Department of Veterans Affairs	8	185	281	364	305	363	348	353
Department of Defense	_	63	60 —	52 —	54 _	58 50	53 38	54 124
Office of Personnel Management	_	37	212	266	279	292	297	321
Other	_	4	5	6	7	13	14	15
Cash assistance	17	239	1,052	1,383	1,547	2,096	1,628	1,687
Social Security Administration:	40	404	004	000	070	010	004	005
Disability Insurance	12 5	184 55	631 250	828 330	870 370	919 340	961 390	985 410
Department of Housing and Urban Development	-	-	171	225	232	257	277	292
Ricky Ray Hemophilia Relief Fund ⁶					75	580		

⁻ Quantity zero.

SOURCE: Office of the Assistant Secretary for Budget, Technology, and Finance, Office of the Secretary, Department of Health and Human Services. Unpublished data.

^{...} Category not applicable.

¹Preliminary figures.

²Discretionary spending is contrasted with entitlement spending. Medicare and Medicaid are examples of entitlement spending. ³The Office of the Assistant Secretary for Health prior to FY 1996.

The Office of the Assistant Secretary for Health prior to FY 1990.

4The International Mother and Child HIV Prevention Initiative was introduced in 2002 with funding starting in fiscal year 2003.

5Prior to 1995 the Social Security Administration was part of the Department of Health and Human Services.

6The Ricky Ray Hemophilia Relief Fund was established by the U.S. Congress in 1998 to make compassionate payments to certain individuals who were treated with antihemophilic factor between July 1, 1982 and December 31, 1987, and who contracted HIV. Some family members may also be covered by the Fund.

Table 129 (page 1 of 3). Private health insurance coverage among persons under 65 years of age, according to selected characteristics: United States, selected years 1984–2002

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

Characteristic	1984	1989	1995	1997¹	1998	1999	2000	2001	2002
				Nun	nber in milli	ons			
Total ²	157.5	162.7	164.2	165.8	170.8	174.3	173.0	174.1	171.3
				Perce	ent of popul	ation			
Total, age adjusted ^{2,3}	77.1 76.8	76.2 75.9	71.6 71.3	70.9 70.7	72.3 72.1	72.9 72.8	71.7 71.7	71.5 71.5	69.7 69.7
Age									
Under 18 years. Under 6 years 6-17 years 18-44 years 18-24 years 25-34 years 35-44 years 45-64 years 45-54 years 55-64 years	72.6 68.1 74.9 76.5 67.4 77.4 83.9 83.3 83.3	71.8 67.9 74.0 75.5 64.5 75.9 82.7 82.5 83.4 81.6	65.2 59.5 68.3 70.9 60.8 70.1 77.7 80.1 80.9 79.0	66.1 61.3 68.5 69.4 59.3 68.1 76.4 79.0 80.4 76.9	68.4 64.7 70.2 71.1 61.5 70.6 76.9 79.0 80.0 77.3	68.8 64.7 70.9 72.0 63.2 71.2 77.9 79.3 80.4 77.7	67.0 63.1 68.9 70.9 60.9 70.6 77.1 78.7 80.0 76.6	66.7 63.4 68.3 70.6 60.9 70.8 76.3 78.6 79.4 77.3	63.9 60.7 65.4 69.2 60.8 68.8 74.7 77.2 77.5 76.8
Sex ³									
Male	77.7 76.5	76.5 75.9	72.1 71.1	71.2 70.6	72.5 72.1	73.0 72.8	72.1 71.4	71.7 71.3	69.5 69.9
Race ^{3,4}									
White only Black or African American only American Indian and Alaska Native only Asian only Native Hawaiian and Other Pacific	80.1 59.2 # 70.9	79.3 58.7 # 71.6	74.7 54.9 # 68.4	74.3 56.1 40.6 68.2	75.9 55.9 43.6 72.2	76.8 58.1 41.3 73.2	75.8 56.9 44.2 71.9	75.2 57.4 49.4 72.1	73.5 56.1 38.0 70.7
Islander only						63.5	63.1	62.6	58.6
Hispanic origin and race ^{3,4}									
Hispanic or Latino. Mexican Puerto Rican Cuban Other Hispanic or Latino. Not Hispanic or Latino. White only. Black or African American only	57.1 54.9 51.0 72.1 62.0 78.9 82.4 59.4	53.2 48.5 46.8 70.0 62.4 78.6 82.5 58.8	48.0 44.3 48.9 63.4 52.9 74.6 78.6 55.3	47.9 43.9 48.2 70.7 51.2 74.1 78.0 56.3	49.9 45.6 52.7 71.7 52.8 75.5 79.6 56.1	50.3 48.0 51.4 71.4 53.4 76.3 80.3 58.2	49.0 46.6 52.6 63.6 51.6 75.1 79.3 57.0	47.6 45.0 51.5 66.1 50.5 75.2 79.2 57.6	46.1 44.2 50.8 62.1 47.3 73.5 77.6 56.2
Age and percent of poverty level ⁵									
All ages: ³ Below 100 percent. 100–149 percent 150–199 percent 200 percent or more	33.0 61.8 77.2 91.6	27.5 54.2 70.6 91.0	23.0 47.9 65.2 88.4	24.2 43.8 63.0 86.4	24.8 45.2 61.9 86.9	26.4 43.0 59.4 87.1	26.6 42.2 58.8 85.7	26.8 42.1 57.3 85.6	26.7 39.2 56.6 83.9
Under 18 years: Below 100 percent. 100–149 percent 150–199 percent 200 percent or more	28.7 66.2 80.9 92.3	22.3 59.6 75.9 92.7	16.9 48.5 67.4 89.5	18.3 43.5 65.7 87.8	19.2 46.9 66.1 88.6	20.4 42.8 61.0 89.0	19.6 40.0 59.9 86.8	18.4 41.0 56.6 86.9	17.1 35.4 55.6 84.6
Geographic region ³									
Northeast Midwest South	80.7 80.9 74.5 72.3	82.1 81.7 71.7 71.8	75.5 77.5 67.1 68.1	74.3 77.3 67.5 65.8	76.4 79.1 67.8 67.8	77.1 80.2 68.0 68.9	76.5 78.9 67.0 67.1	76.5 78.1 66.3 68.6	73.9 76.5 64.8 66.7
Location of residence ³									
Within MSA ⁶ Outside MSA ⁶	77.8 75.5	76.8 74.0	72.5 68.1	71.5 68.5	73.2 68.9	74.3 67.8	72.7 67.7	72.6 66.9	71.0 64.1

See footnotes at end of table.

Table 129 (page 2 of 3). Private health insurance coverage among persons under 65 years of age, according to selected characteristics: United States, selected years 1984–2002

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

			Priva	te insurance	obtained th	rough work	place ⁷		
Characteristic	1984	1989	1995	1997 ¹	1998	1999	2000	2001	2002
				Nun	mber in milli	ons			
Total ²	141.8	146.3	150.7	155.6	159.3	162.6	161.6	163.1	160.3
				Perce	ent of popul	ation			
Total, age adjusted ^{2,3}	69.2 69.1	68.4 68.3	65.6 65.4	66.5 66.3	67.4 67.3	68.1 68.0	67.0 67.0	67.0 67.0	65.2 65.2
Age									
Under 18 years. Under 6 years 6–17 years 18–44 years 18–24 years 25–34 years 35–44 years 45–64 years 45–64 years 55–64 years	66.5 62.1 68.7 69.6 58.7 71.2 77.4 71.8 74.6 69.0	65.8 62.3 67.7 68.4 55.3 69.5 76.2 71.6 74.4 68.3	60.4 55.1 63.3 65.3 53.5 65.0 72.7 72.2 74.7 68.4	62.7 58.2 64.9 65.5 54.7 64.5 72.6 72.6 75.4 68.3	64.1 60.9 65.7 66.5 55.7 66.7 72.5 72.7 75.1 69.1	64.6 60.8 66.5 67.7 57.8 67.2 73.8 72.7 75.1 69.2	63.1 59.2 65.0 66.5 55.5 66.6 72.8 72.5 75.3 68.1	63.2 59.6 64.9 66.3 55.8 66.7 72.2 72.5 74.5 69.4	60.5 57.4 62.0 64.7 54.8 64.6 71.0 71.4 72.9 69.1
Sex ³									
Male	70.1 68.4	68.9 67.9	66.3 65.0	66.9 66.1	67.6 67.2	68.1 68.0	67.4 66.6	67.1 66.8	65.1 65.3
Race ^{3,4}									
White only	72.0 53.3 # 64.4	71.2 53.6 # 60.2	68.5 51.1 # 59.8	69.6 53.9 38.3 61.7	70.8 53.2 41.4 63.8	71.6 55.4 38.4 65.3 *	70.8 54.1 42.0 64.9 * 61.2	70.3 55.1 47.3 65.7 * 58.6	68.8 53.3 35.8 62.5 * 55.5
Hispanic origin and race ^{3,4}									
Hispanic or Latino. Mexican Puerto Rican Cuban Other Hispanic or Latino. Not Hispanic or Latino White only. Black or African American only	52.9 51.7 48.3 57.6 57.7 70.7 74.0 53.4	48.6 45.6 43.4 56.3 55.7 70.5 74.0 53.7	44.6 42.3 45.6 53.8 47.7 68.3 72.1 51.5	45.1 42.1 46.1 58.1 48.2 69.4 73.1 54.1	46.8 43.4 50.2 60.3 49.4 70.3 74.2 53.4	47.3 45.4 48.3 63.7 50.0 71.1 74.8 55.5	46.1 44.3 50.6 53.5 48.0 70.1 73.9 54.2	45.0 43.1 48.4 56.7 48.0 70.4 74.0 55.3	43.4 42.1 48.7 52.2 44.2 68.7 72.6 53.5
Age and percent of poverty level ⁵									
All ages: ³ Below 100 percent. 100–149 percent . 150–199 percent . 200 percent or more .	23.8 51.1 68.6 85.0	19.7 45.0 61.9 83.9	17.6 41.7 58.6 82.4	20.5 38.6 57.9 82.0	20.5 40.0 55.9 81.9	22.3 38.2 53.6 82.1	21.8 37.3 53.3 81.1	23.0 37.2 52.1 81.0	22.5 34.8 51.1 79.4
Under 18 years: Below 100 percent. 100–149 percent. 150–199 percent. 200 percent or more	23.2 58.3 75.8 86.9	17.5 52.5 70.1 86.7	13.6 43.6 61.8 84.4	16.2 39.6 62.5 83.9	16.8 42.6 61.6 83.9	17.5 39.2 56.3 84.4	16.7 36.4 55.7 82.6	16.3 37.2 53.1 83.0	15.0 32.7 51.0 80.9

See footnotes at end of table.

Table 129 (page 3 of 3). Private health insurance coverage among persons under 65 years of age, according to selected characteristics: United States, selected years 1984–2002

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

	Private insurance obtained through workplace ⁷											
Characteristic	1984	1989	1995	1997¹	1998	1999	2000	2001	2002			
Geographic region ³				Perce	ent of popula	ation						
Northeast	74.1 72.1 66.2 64.9	75.1 73.4 63.8 64.2	69.9 71.4 62.0 60.8	71.0 72.6 63.0 60.9	73.0 73.7 63.3 61.6	73.5 75.4 63.7 61.9	72.2 74.7 62.4 61.1	73.0 73.7 61.8 62.8	70.6 72.3 60.5 60.4			
Location of residence ³ Within MSA ⁶ Outside MSA ⁶	71.0 65.3	69.8 63.5	66.9 60.8	67.4 62.8	68.5 63.0	69.6 62.0	68.1 62.3	68.3 61.6	66.7 59.2			

#Estimates calculated upon request.

NOTES: Standard errors for selected years are available in the spreadsheet version of this table. See www.cdc.gov/nchs/hus.htm. Data for additional years are available. See Appendix III.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, health insurance supplements (1984, 1989, 1994–1996). Starting in 1997 data are from the family core questionnaires.

^{*} Estimates are considered unreliable. Data not shown have a relative standard error of greater than 30 percent.

^{- - -} Data not available

¹In 1997 the National Health Interview Survey (NHIS) was redesigned, including changes to the questions on health insurance coverage. See Appendix I, National Health Interview Survey and Appendix II, Health insurance coverage.

²Includes all other races not shown separately and, in 1984 and 1989, unknown poverty level.

³Estimates are for persons under 65 years of age and are age adjusted to the year 2000 standard using three age groups: under 18 years, 18–44 years, and 45–64 years. Age-adjusted estimates in this table may differ from other age-adjusted estimates based on the same data and presented elsewhere if different age groups are used in the adjustment procedure. See Appendix II, Age adjustment.

⁴The race groups, white, black, American Indian and Alaska Native (Al/AN), Asian, Native Hawaiian and Other Pacific Islander, and 2 or more races, include persons of Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999 race-specific estimates are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The five single race categories plus multiple race categories shown in the table conform to 1997 Standards. The 1999 and later race-specific estimates are for persons who reported only one racial group; the category "2 or more races" includes persons who reported more than one racial group. Prior to data year 1999, data were tabulated according to 1977 Standards with four racial groups and the category "Asian only" included Native Hawaiian and Other Pacific Islander. Estimates for single race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. The effect of the 1997 Standard on the 1999 estimates can be seen by comparing 1999 data tabulated according to the two Standards. Age-adjusted estimates based on the 1977 Standards of the percent with private health insurance are: 0.1 percentage points lower for the white group; 0.1 percentage points higher for the black group; 0.9 percentage points lower for the Asian and Pacific Islander group; and 0.2 percentage points higher for the Al/AN group than estimates based on the 1997 Standards. See Appendix II, Race.

⁵Poverty status was unknown for 10–11 percent of persons under 65 years of age in 1984 and 1989. Missing family income data were imputed for 15–16 percent of persons under 65 years of age in 1994–96. Starting with *Health, United States, 2004* a new methodology for imputing family income was used for data years 1997 and beyond. Missing family income data were imputed for 24 percent of persons under 65 years of age in 1997 and 28–31 percent in 1998 to 2002. Therefore, estimates by poverty for 1997–2001 differ from those in previous editions of *Health, United States*. See Appendix II, Family income; Poverty level.

⁶MSA is metropolitan statistical area.

⁷Private insurance originally obtained through a present or former employer or union. Starting in 1997 also includes private insurance obtained through workplace, self-employment, or professional association.

Table 130 (page 1 of 2). Medicaid coverage among persons under 65 years of age, according to selected characteristics: United States, selected years 1984–2002

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

Characteristic	1984	1989	1995	1997 ¹	1998	1999	2000	2001	2002
					nber in milli				
Total ²	14.0	15.4	26.6	22.9	21.1	21.9	22.9	25.2	29.1
				Perce	ent of popul	ation			
Total, age adjusted ^{2,3}	6.7 6.8	7.1 7.2	11.3 11.5	9.6 9.7	8.8 8.9	9.0 9.1	9.4 9.5	10.3 10.4	11.8 11.8
Age									
Under 18 years Under 6 years 6–17 years 18–44 years 18–24 years 25–34 years 35–44 years 45–64 years 45–64 years 55–64 years	11.9 15.5 10.1 5.1 6.4 5.3 3.5 3.4 3.2 3.6	12.6 15.7 10.9 5.2 6.8 5.2 4.0 4.3 3.8 4.9	21.5 29.3 17.4 7.8 10.4 8.2 5.9 5.6 5.1 6.4	18.4 24.7 15.2 6.6 8.8 6.8 5.2 4.6 4.0 5.6	17.1 22.4 14.5 5.8 8.0 5.7 4.6 4.5 4.1 5.0	18.1 23.5 15.5 5.7 8.1 5.7 4.3 4.4 3.9 5.3	19.4 24.3 17.0 5.6 8.1 5.5 4.3 4.5 4.2 4.9	21.2 25.8 19.0 6.3 8.4 6.2 5.1 4.7 4.4 5.2	24.5 29.6 22.1 7.1 9.8 6.6 5.8 5.4 5.1 5.8
Sex ³									
Male Female	5.2 8.0	5.6 8.6	9.2 13.3	8.1 11.0	7.5 10.1	7.7 10.4	8.0 10.8	8.9 11.6	10.4 13.1
Race ^{3,4}									
White only	4.6 18.9 # 9.1	5.1 17.8 # 11.3	8.8 26.0 # 10.7	7.5 20.5 18.0 9.4	6.7 19.6 14.1 6.7	6.9 18.7 19.5 8.4 *	7.2 19.4 14.3 7.8 *	8.1 20.4 15.5 8.8 *	9.5 21.5 21.3 10.2 *
2 or more races						15.0	15.6	14.0	17.5
Hispanic origin and race ^{3,4} Hispanic or Latino Mexican Puerto Rican Cuban Other Hispanic or Latino Not Hispanic or Latino White only Black or African American only	12.2 11.1 28.6 4.8 7.4 6.2 3.7 19.1	12.7 11.5 26.9 7.8 10.4 6.6 4.2 17.8	19.8 18.8 31.1 13.8 16.9 10.2 7.1 25.6	16.0 15.3 28.9 8.2 13.9 8.7 6.2 20.3	14.1 12.6 24.5 *9.1 13.9 8.0 5.7 19.4	14.1 12.4 27.0 8.3 13.8 8.2 6.0 18.7	14.2 12.5 27.6 9.7 14.1 8.6 6.3 19.3	16.0 14.6 28.5 12.2 15.0 9.3 7.0 20.3	18.9 17.8 27.6 15.2 18.7 10.5 8.0 21.5
Age and percent of poverty level ⁵									
All ages: ³ Below 100 percent	30.5 7.5 3.1 0.6	35.3 11.0 5.0 1.1	44.7 18.0 7.9 1.8	37.1 16.7 7.8 1.8	35.7 15.2 7.4 1.9	35.3 17.4 10.1 2.2	35.2 19.1 10.7 2.5	36.7 21.7 13.1 2.7	39.4 25.2 14.9 3.3
Under 18 years: Below 100 percent 100–149 percent. 150–199 percent. 200 percent or more.	43.1 9.0 4.4 0.8	47.8 12.3 6.1 1.6	66.0 27.2 13.1 3.3	58.0 28.7 13.0 3.1	57.0 25.1 13.1 3.4	57.7 31.4 17.9 4.2	58.5 35.0 21.3 5.1	61.4 38.9 25.7 5.7	66.3 47.0 28.9 7.1

See footnotes at end of table.

Table 130 (page 2 of 2). Medicaid coverage among persons under 65 years of age, according to selected characteristics: United States, selected years 1984-2002

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

Characteristic	1984	1989	1995	1997¹	1998	1999	2000	2001	2002
Geographic region ³				Perce	ent of popul	ation			
Northeast Midwest South West	8.5	6.8	11.7	11.2	9.8	10.1	10.5	10.8	12.6
	7.2	7.5	10.3	8.2	7.5	7.3	7.9	9.0	10.3
	5.0	6.4	11.1	8.6	8.6	8.9	9.4	10.7	12.0
	6.9	8.2	12.4	11.4	9.7	10.3	10.2	10.6	12.5
Location of residence ³ Within MSA ⁶	7.1	7.0	11.1	9.5	8.5	8.4	8.8	9.8	10.9
	5.9	7.8	12.0	9.9	9.8	11.5	11.9	12.4	15.3

#Estimates calculated upon request.

⁵Poverty status was unknown for 10–11 percent of persons under 65 years of age in 1984 and 1989. Missing family income data were imputed for 15–16 percent of persons under 65 years of age in 1994–96. Starting with Health, United States, 2004 a new methodology for imputing family income was used for data years 1997 and beyond. Missing family income data were imputed for 24 percent of persons under 65 years of age in 1997 and 28–31 percent in 1998 to 2002. Therefore, estimates by poverty for 1997-2001 differ from those in previous editions of Health, United States. See Appendix II, Family income; Poverty level.

⁶MSA is metropolitan statistical area.

NOTES: Medicaid includes other public assistance through 1996. Starting in 1997 includes state-sponsored health plans. Starting in 1999 includes State Children's Health Insurance Program (SCHIP). In 2002, 9.2 percent of persons under 65 years of age were covered by Medicaid, 1.2 percent by state-sponsored health plans, and 1.4 percent by SCHIP. Standard errors for selected years are available in the spreadsheet version of this table. See www.cdc.gov/nchs/hus.htm. Data for additional years are available. See Appendix III.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, health insurance supplements (1984, 1989, 1994-1996). Starting in 1997 data are from the family core questionnaires.

^{*} 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 of greater than 30 percent.

⁻ Data not available.

¹ In 1997 the National Health Interview Survey (NHIS) was redesigned, including changes to the questions on health insurance coverage. See Appendix I, National Health Interview Survey and Appendix II, Health insurance coverage.

²Includes all other races not shown separately and, in 1984 and 1989, unknown poverty level.

³Estimates are for persons under 65 years of age and are age adjusted to the year 2000 standard using three age groups: under 18 years, 18-44 years, and 45-64 years. Age-adjusted estimates in this table may differ from other age-adjusted estimates based on the same data and presented elsewhere if different age groups are used in the adjustment procedure. See Appendix II, Age adjustment.

⁴The race groups, white, black, American Indian and Alaska Native (Al/AN), Asian, Native Hawaiian and Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999 race-specific estimates are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The five single race categories plus multiple race categories shown in the table conform to 1997 Standards. The 1999 and later race-specific estimates are for persons who reported only one racial group; the category "2 or more races" includes persons who reported more than one racial group. Prior to data year 1999, data were tabulated according to 1977 Standards with four racial groups and the category "Asian only" included Native Hawaiian and Other Pacific Islander. Estimates for single race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. The effect of the 1997 Standard on the 1999 estimates can be seen by comparing 1999 data tabulated according to the two Standards. Age-adjusted estimates based on the 1977 Standards of the percent with Medicaid are: 0.1 percentage points higher for the white group; 0.1 percentage points lower for the black group; 0.8 percentage points higher for the Asian and Pacific Islander group; and 0.8 percentage points higher for the Al/AN group than estimates based on the 1997 Standards. See Appendix II, Race.

Table 131 (page 1 of 2). No health insurance coverage among persons under 65 years of age, according to selected characteristics: United States, selected years 1984–2002

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

			-	-					
Characteristic	1984	1989	1995	1997 ¹	1998	1999	2000	2001	2002
				Nun	nber in milli	ons			
Total ²	29.8	33.4	37.1	41.0	39.2	38.5	40.5	39.2	40.6
				Perce	ent of popul	ation			
Total, age adjusted ^{2,3}	14.3 14.5	15.3 15.6	15.9 16.1	17.4 17.5	16.5 16.6	16.1 16.1	16.8 16.8	16.2 16.1	16.6 16.5
Age									
Under 18 years. Under 6 years 6–17 years 18–44 years 18–24 years 25–34 years 35–44 years 45–64 years 45–64 years 55–64 years	13.9 14.9 13.4 17.1 25.0 16.2 11.2 9.6 10.5 8.7	14.7 15.1 14.5 18.4 27.1 18.3 12.3 10.5 11.0 10.0	13.4 11.8 14.3 20.4 28.0 21.1 15.1 10.9 11.6 9.9	14.0 12.5 14.7 22.4 30.1 23.8 16.7 12.4 12.8 11.8	12.7 11.5 13.3 21.4 29.0 22.2 16.4 12.2 12.6 11.4	11.9 11.0 12.3 21.0 27.4 22.1 16.3 12.2 12.8 11.4	12.4 11.7 12.8 22.0 29.7 22.7 16.8 12.7 12.8 12.5	11.0 9.7 11.7 21.7 29.3 22.3 16.7 12.3 13.0 11.0	10.7 9.1 11.5 22.5 28.2 23.8 17.8 13.1 14.1 11.6
Sex ³									
Male	15.0 13.6	16.4 14.3	17.2 14.6	18.5 16.2	17.5 15.5	17.2 15.0	17.8 15.8	17.2 15.1	18.2 15.1
Race ^{3,4}									
White only	13.4 20.0 # 18.0	14.2 21.4 # 18.5	15.3 18.2 # 18.2	16.3 20.2 38.2 19.3	15.2 20.7 39.0 18.1	14.6 19.5 38.3 16.4 *	15.2 20.0 38.2 17.3 *	14.7 19.3 33.4 17.1 *	15.3 19.3 38.7 17.2
						10.0	10.4	10.0	19.2
Hispanic origin and race ^{3,4} Hispanic or Latino. Mexican. Puerto Rican. Cuban. Other Hispanic or Latino. Not Hispanic or Latino. White only. Black or African American only	29.1 33.2 18.1 21.6 27.5 13.0 11.8 19.7	32.4 38.8 23.3 20.9 25.2 13.5 11.9 21.3	31.5 36.2 18.3 22.1 29.7 14.0 12.9 18.1	34.3 39.2 19.4 20.5 32.9 15.1 13.7 20.1	34.0 40.0 19.4 18.4 31.1 14.1 12.5 20.7	33.9 38.0 19.8 19.7 30.8 13.5 12.1 19.4	35.4 39.9 16.4 25.2 32.7 14.1 12.5 20.0	34.8 39.0 16.0 19.2 33.1 13.4 11.9 19.2	33.8 37.0 19.5 20.5 32.9 14.0 12.6 19.2
Age and percent of poverty level ⁵									
All ages: ³ Below 100 percent	34.7 27.0 17.4 5.8	35.8 31.3 21.8 6.8	31.7 31.7 24.0 8.6	35.2 35.4 26.3 10.0	35.7 35.6 26.3 9.2	35.6 34.7 27.2 9.1	35.2 35.2 27.2 10.0	34.0 32.0 26.5 9.9	31.4 32.8 25.6 10.9
Under 18 years: Below 100 percent. 100–149 percent. 150–199 percent. 200 percent or more	28.9 22.8 12.7 4.2	31.6 26.1 15.8 4.4	20.0 24.8 18.0 6.4	23.2 26.5 19.9 7.1	22.7 27.4 17.5 6.0	22.3 24.2 19.1 5.4	21.8 25.1 17.6 6.5	20.6 19.4 17.3 5.8	16.9 19.2 14.2 6.7

See footnotes at end of table.

Table 131 (page 2 of 2). No health insurance coverage among persons under 65 years of age, according to selected characteristics: United States, selected years 1984–2002

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

Characteristic	1984	1989	1995	1997 ¹	1998	1999	2000	2001	2002
Geographic region ³				Perce	ent of popula	ation			
Northeast	10.1 11.1 17.4 17.8	10.7 10.5 19.4 18.4	13.1 12.1 19.2 17.7	13.4 13.1 20.7 20.4	12.3 11.9 20.0 19.9	12.2 11.5 19.8 18.6	12.1 12.3 20.4 20.2	11.6 11.7 20.0 18.6	12.7 12.4 20.2 18.8
Location of residence ³									
Within MSA ⁶	13.3 16.4	14.9 16.9	15.2 18.7	16.7 19.9	15.8 19.2	15.3 18.9	16.3 18.8	15.6 18.5	16.1 18.9

#Estimates calculated upon request.

⁸Poverty status was unknown for 10–11 percent of persons under 65 years of age in 1984 and 1989. Missing family income data were imputed for 15–16 percent of persons under 65 years of age in 1994–96. Starting with *Health, United States, 2004* a new methodology for imputing family income was used for data years 1997 and beyond. Missing family income data were imputed for 24 percent of persons under 65 years of age in 1997 and 28–31 percent in 1998 to 2002. Therefore, estimates by poverty for 1997–2001 differ from those in previous editions of *Health, United States*. See Appendix II, Family income; Poverty level.

⁶MSA is metropolitan statistical area.

NOTES: Persons not covered by private insurance, Medicaid, State Children's Health Insurance Program (SCHIP), public assistance (through 1996), state-sponsored or other government-sponsored health plans (starting in 1997), Medicare, or military plans are considered to have no health insurance coverage and are included in this table. See Appendix II, Health insurance coverage. Standard errors for selected years are available in the spreadsheet version of this table. See www.cdc.gov/nchs/hus.htm. Data for additional years are available. See Appendix III.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, health insurance supplements (1984, 1989, 1994–1996). Starting in 1997 data are from the family core questionnaires.

^{*} Estimates are considered unreliable. Data not shown have a relative standard error of greater than 30 percent.

^{- - -} Data not available.

¹In 1997 the National Health Interview Survey (NHIS) was redesigned, including changes to the questions on health insurance coverage. See Appendix I, National Health Interview Survey and Appendix II, Health insurance coverage.

²Includes all other races not shown separately and, in 1984 and 1989, unknown poverty level.

³Estimates are for persons under 65 years of age and are age adjusted to the year 2000 standard using three age groups: under 18 years, 18–44 years, and 45–64 years. Age-adjusted estimates in this table may differ from other age-adjusted estimates based on the same data and presented elsewhere if different age groups are used in the adjustment procedure. See Appendix II, Age adjustment.

The race groups, white, black, American Indian and Alaska Native (Al/AN), Asian, Native Hawaiian and Other Pacific Islander, and 2 or more races, include persons of Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999 race-specific estimates are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The five single race categories plus multiple race categories shown in the table conform to 1997 Standards. The 1999 and later race-specific estimates are for persons who reported only one racial group; the category "2 or more races" includes persons who reported more than one racial group. Prior to data year 1999, data were tabulated according to 1977 Standards with four racial groups and the category "Asian only" included Native Hawaiian and Other Pacific Islander. Estimates for single race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. The effect of the 1997 Standard on the 1999 estimates can be seen by comparing 1999 data tabulated according to the two Standards. Age-adjusted estimates based on the 1977 Standards of the percent with no health insurance coverage are: 0.1 percentage points higher for the white group; identical for the black group; 0.1 percentage points lower for the Asian and Pacific Islander group; and 1.5 percentage points higher for the Al/AN group than estimates based on the 1997 Standards. See Appendix II, Race.

Table 132 (page 1 of 3). Health insurance coverage for persons 65 years of age and over, according to type of coverage and selected characteristics: United States, selected years 1989–2002

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

		Private insurance ¹						⁄ate insura	nce obtain	ned throug	h workplad	ce ^{1,2}
Characteristic	1989	1995	1999	2000	2001	2002	1989	1995	1999	2000	2001	2002
Total ³	22.4	23.5	20.8	20.6	20.6	Nur 20.0	mber in mi	illions 12.4	11.3	11.7	11.9	11.5
						Perc	ent of pop	ulation				
Total, age adjusted ^{3,4}	76.1 76.5	74.5 74.6	64.0 64.1	63.1 63.1	62.7 62.7	60.6 60.6	37.3 38.4	38.9 39.5	34.6 34.9	35.6 35.8	36.0 36.1	34.7 34.8
Age												
65–74 years	73.9 75.9	75.1 73.9 75.7 67.3	64.5 63.5 64.6 59.6	62.7 63.6 64.6 59.5	63.0 62.4 63.9 57.0	60.5 60.6 61.4 57.5	43.7 30.2 32.0 22.8	43.3 34.1 36.0 27.3	38.6 30.3 32.3 23.2	39.4 31.4 33.1 24.7	39.7 31.9 33.3 26.7	37.8 31.4 33.1 25.4
Sex ⁴												
Male	77.4 75.4	76.6 73.2	64.5 63.8	64.3 62.2	63.8 61.9	62.0 59.6	42.1 34.0	43.3 35.8	38.6 31.8	39.7 32.5	40.1 33.0	38.9 31.8
Race ^{4,5}												
White only		78.3 40.3	67.6 39.9	66.9 35.6	66.4 37.6	64.0 36.4	38.7 23.7	40.4 24.6	35.8 27.5	37.2 25.0	37.4 27.9	35.9 26.9
Native only	*	*	*35.2 33.1 *	* 43.3 *	*31.8 40.9	* 40.0 *	*	*	*33.3 21.4	23.2	23.5	27.8
Islander only			56.0	63.1	50.0	55.0			*26.9	48.4	32.3	35.4
Hispanic origin and race ^{4,5}												
Hispanic or Latino	33.5 77.2 81.0	39.8 31.8 76.2 80.3 40.1	26.9 27.4 66.2 69.7 40.1	23.4 20.3 65.5 69.1 35.6	24.0 24.8 65.2 68.8 37.6	23.1 21.4 63.0 66.4 36.5	22.2 20.2 37.7 39.3 23.7	18.4 15.9 39.9 41.7 24.4	17.4 16.9 35.7 36.8 27.6	15.1 12.8 36.8 38.3 25.0	16.2 16.8 37.2 38.6 28.0	16.3 15.6 35.9 37.1 27.0
Percent of poverty level ^{4,6}												
Below 100 percent	67.7 81.1	40.0 67.6 76.0 85.3	31.8 46.5 60.0 73.4	33.3 46.0 61.2 72.6	32.2 47.5 61.3 71.3	30.0 45.4 58.0 69.5	11.6 22.2 39.0 49.4	13.8 26.7 38.7 49.3	11.7 17.6 28.0 43.0	12.5 18.7 29.1 44.9	15.0 22.6 28.6 43.7	12.6 19.3 28.6 43.1
Geographic region ⁴												
Northeast. Midwest. South West.	81.9 73.0	76.2 82.3 70.7 68.8	66.0 77.0 60.2 51.5	66.7 75.9 58.4 51.5	66.1 72.4 60.2 51.7	65.6 71.6 57.2 47.8	42.2 40.0 32.0 37.1	44.6 44.7 33.7 33.6	39.7 38.5 31.0 30.6	38.7 41.2 31.9 31.7	38.8 40.5 34.1 30.6	39.8 37.2 33.1 29.1
Location of residence ⁴												
Within MSA ⁷	76.6 74.8	74.7 73.9	62.8 68.2	61.4 68.5	61.2 68.1	59.7 63.4	39.9 30.2	40.9 32.2	36.0 30.0	36.9 31.5	36.5 34.1	35.7 31.5

See footnotes at end of table.

Table 132 (page 2 of 3). Health insurance coverage for persons 65 years of age and over, according to type of coverage and selected characteristics: United States, selected years 1989–2002

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

	М	edicare h	ealth main	tenance or	ganization	1 ^{1,8}			Media	caid ^{1,9}		
Characteristic	1989	1995	1999	2000	2001	2002	1989	1995	1999	2000	2001	2002
					Nun	nber in mil	lions					
Total ³			5.2	5.0	4.2	3.9	2.0	3.0	2.4	2.5	2.7	2.6
					Perce	ent of popu	ulation					
Total, age adjusted ^{3,4}			16.0 16.0	15.2 15.2	12.9 12.9	11.9 11.9	7.2 7.0	9.6 9.4	7.4 7.3	7.6 7.6	8.1 8.1	8.0 8.0
Age												
65–74 years			16.1 15.9 16.5 13.7	15.8 14.6 15.5 11.1	12.8 13.1 13.4 11.9	11.8 12.0 12.7 9.2	6.3 8.2 7.9 9.7	8.4 10.9 9.9 14.3	6.6 8.1 7.2 11.4	7.7 7.5 7.2 8.6	7.8 8.5 8.1 10.3	8.1 7.9 8.0 7.5
Sex ⁴						0.2	0			0.0		
Male			16.5 15.6	15.6 15.0	12.5 13.3	12.4 11.5	5.2 8.6	5.8 12.2	5.3 8.8	5.5 9.2	6.1 9.7	5.7 9.7
Race ^{4,5}												
White only			15.8	15.2	13.0	11.7	5.6	7.4	5.6	5.6	6.2	6.3
Black or Áfrican American only American Indian and Alaska			16.5	14.7	11.2	10.8	21.2	28.4	18.2	19.6	20.0	19.4
Native only			18.9	16.0	13.4	19.1	#	#	28.2	*35.8 21.3	23.7	20.0
Islander only			* *21.8	*29.8	*16.3	*15.0			*	*	*19.9	*
Hispanic origin and race ^{4,5}												
Hispanic or Latino Mexican Not Hispanic or Latino White only			25.7 26.0 15.4 15.2	25.0 24.5 14.6 14.5	20.1 18.9 12.5 12.5	22.1 20.1 11.2 11.1	26.4 # 6.6 4.9	32.7 # 8.5 6.1	24.0 17.5 6.4 4.7	29.6 28.1 6.3 4.6	30.1 25.6 6.8 4.9	28.6 24.6 6.6 5.0
Black or Áfrican American only			16.5	14.7	11.2	10.6	21.1	28.5	18.1	19.5	20.0	19.4
Percent of poverty level ^{4,6}												
Below 100 percent			13.9 17.4 18.8 15.4	15.1 16.6 15.9 14.8	9.1 12.9 14.0 13.3	9.2 11.8 12.9 12.1	28.2 9.0 4.7 2.4	36.4 12.8 5.9 2.4	30.1 13.9 5.2 2.8	28.6 14.2 5.5 2.9	31.4 15.4 7.0 3.1	30.0 13.5 6.9 3.2
Geographic region ⁴												
Northeast. Midwest. South West.			17.5 9.0 12.2 31.0	12.5 8.4 13.2 30.6	13.5 7.5 10.2 23.8	10.3 6.0 9.0 26.4	5.4 3.7 9.7 9.4	8.9 5.8 11.8 11.5	7.3 5.7 8.2 8.2	7.4 4.5 9.4 8.6	7.9 5.1 9.3 10.0	7.7 5.1 9.4 9.3
Location of residence ⁴												
Within MSA ⁷			19.7 3.4	18.7 4.4	15.8 3.1	14.5 3.0	6.5 8.8	8.9 11.7	6.9 8.8	7.2 9.0	8.1 8.3	7.6 9.3

See footnotes at end of table.

Table 132 (page 3 of 3). Health insurance coverage for persons 65 years of age and over, according to type of coverage and selected characteristics: United States, selected years 1989–2002

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

Estimates calculated upon request.

- - Data not available.

¹Almost all persons 65 years of age and over are covered by Medicare also.

²Private insurance originally obtained through a present or former employer or union. Starting in 1997 also includes private insurance obtained through workplace, self-employed, or professional association.

³Includes all other races not shown separately and, in 1984 and 1989, unknown poverty level.

⁴Estimates are for persons 65 years of age and over and are age adjusted to the year 2000 standard using two age groups: 65–74 years and 75 years and over. Age-adjusted estimates in this table may differ from other age-adjusted estimates based on the same data and presented elsewhere if different age groups are used in the adjustment procedure. See Appendix II, Age adjustment.

⁵The race groups, white, black, American Indian and Alaska Native (Al/AN), Asian, Native Hawaiian and Other Pacific Islander, and 2 or more races, include persons of Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999 race-specific estimates are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The five single race categories plus multiple race categories shown in the table conform to 1997 Standards. The 1999 and later race-specific estimates are for persons who reported only one racial group; the category "2 or more races" includes persons who reported more than one racial group. Prior to data year 1999, data were tabulated according to 1977 Standards with four racial groups and the category "Asian only" included Native Hawaiian and Other Pacific Islander. Estimates for single race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. The effect of the 1997 Standard on the 1999 estimates can be seen by comparing 1999 data tabulated according to the two Standards. Age-adjusted estimates based on the 1977 Standards of the percent with private health insurance are: 0.1 percentage points lower for the white group; 0.3 percentage points higher for the black group; and 1 percentage point higher for the Asian and Pacific Islander group than estimates based on the 1997 Standards. See Appendix II, Race.

⁶Poverty status was unknown for 15–18 percent of persons 65 years of age and over in 1984 and 1989. Missing family income data were imputed for 22–25 percent of persons 65 years of age and over in 1994–96. Starting with *Health, United States, 2004* a new methodology for imputing family income was used for data years 1997 and beyond. Missing family income data were imputed for 36 percent of persons 65 years of age and over in 1997, 41 percent in 1998, and 44–47 percent in 1999–2002. Therefore, estimates by poverty for 1997–2001 differ from those in previous editions of *Health, United States*. See Appendix II, Family income; Poverty level.

⁷MSA is metropolitan statistical area.

⁸Persons reporting Medicare coverage are considered to have health maintenance organization (HMO) coverage if they responded yes when asked if they were under a Medicare managed care arrangement such as an HMO.

⁹Includes public assistance through 1996. Starting in 1997 includes State-sponsored health plans. In 2002 the age-adjusted percent of the population 65 years of age and over covered by Medicaid was 7.3 percent, and 0.7 percent were covered by State-sponsored health plans.

NOTES: In 1997 the National Health Interview Survey (NHIS) was redesigned, including changes to the questions on health insurance coverage. See Appendix I, National Health Interview Survey and Appendix II, Health insurance coverage. Percents do not add to 100 because (1) elderly persons with more than one type of insurance in addition to Medicare appear in more than one column, (2) elderly persons with Medicare fee-for-service only are not shown, and (3) the percent of elderly persons without health insurance (1.3 percent in 2002) is not shown. Standard errors for selected years are available in the spreadsheet version of this table. See www.cdc.gov/nchs/hus.htm. Data for additional years are available. See Appendix III.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, health insurance supplements (1984, 1989, 1994–1996). Starting in 1997 data are from the family core questionnaires.

^{*} 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 of greater than 30 percent.

Table 133 (page 1 of 2). Health maintenance organization (HMO) coverage among persons under 65 years of age by private insurance and Medicaid, according to selected characteristics: United States, 1998–2002

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

	Private ¹ and Medicaid ²			id ²		Priv	rate ¹		Medicaid ²			
Characteristic	1998	2000	2001	2002	1998	2000	2001	2002	1998	2000	2001	2002
Total under age 65 years ³	83.2	86.2	78.0	76.3	Numbe	er of pers	ons in m	nillions 63.4	10.7	10.8	9.8	12.8
,					Pe	ercent of	populatio	on				
Total under age 65 years ³	35.2	35.7	32.0	31.1	30.5	29.5	27.9	25.8	4.5	4.5	4.0	5.2
Age												
Under 18 years	39.4 41.7 38.3 33.4 28.8 34.8 34.9 33.0 34.3 31.1	39.7 42.2 38.5 34.0 30.1 34.2 36.1 34.0 35.3 32.0	35.4 37.5 34.4 30.3 26.2 31.1 32.2 31.0 32.2 29.1	35.3 37.2 34.4 29.2 25.7 30.5 30.4 29.3 30.3 27.7	30.1 29.2 30.5 30.6 25.0 31.8 32.7 31.0 32.5 28.7	28.4 27.7 28.7 29.9 24.4 31.4 31.8 30.4 31.4 28.9	27.1 26.5 27.4 27.8 22.9 28.6 30.2 29.1 30.4 27.1	24.6 23.5 25.2 26.0 21.4 27.3 27.8 26.8 28.1 24.9	9.4 12.7 7.7 2.8 3.9 2.9 2.0 1.6 1.6	9.3 12.2 7.9 2.7 4.0 2.6 1.9 1.8 1.9	8.5 11.1 7.2 2.5 3.3 2.5 2.0 1.6 1.7	10.9 13.9 9.4 3.2 4.4 3.3 2.5 2.1 2.1 2.2
Sex MaleFemale	34.2 36.1	35.0 36.5	31.3 32.7	30.3 31.8	30.4 30.7	29.3 29.8	27.8 28.0	25.7 25.9	3.7 5.3	3.8 5.1	3.4 4.6	4.6 5.8
Race ⁴												
White onlyBlack or African American onlyAmerican Indian and Alaska Native onlyAsian onlyNative Hawaiian and Other Pacific	33.9 40.9 30.3 41.6	34.6 41.6 21.7 40.7	30.8 37.2 22.2 37.5	29.5 37.9 18.8 36.3	30.6 29.1 21.9 37.5	29.7 29.3 14.6 36.3	27.8 28.0 15.1 33.7	25.6 26.6 *10.8 32.0	3.2 11.6 *8.2 4.0	3.2 10.6 *7.0 *3.2	2.9 9.2 *7.0 *3.6	3.8 11.4 * 4.3
Islander only		* 40.5	* 36.0	* 34.2		* 29.6	* 27.1	* 24.2		* 10.3	* 8.9	* 10.3
Hispanic origin and race ⁴		40.5	30.0	34.2		29.0	27.1	24.2		10.5	0.9	10.5
Hispanic or Latino Mexican Puerto Rican Cuban Other Hispanic or Latino Not Hispanic or Latino White only Black or African American only	34.6 31.6 44.8 42.0 35.3 35.2 34.0 40.6	35.7 32.6 46.1 44.3 38.9 35.7 34.5 41.7	32.2 30.5 42.0 41.4 31.5 32.0 30.7 37.3	33.3 31.8 40.0 42.0 33.2 30.7 29.1 37.8	26.8 24.9 27.9 36.5 28.4 31.1 31.2 29.1	26.3 24.2 29.2 35.3 29.9 30.0 30.0 29.4	25.0 23.0 29.5 37.3 26.6 28.4 28.3 28.0	23.6 21.7 27.4 36.3 25.5 26.2 25.9 26.5	7.7 6.6 16.2 * 6.9 4.1 2.7 11.3	7.8 7.5 14.8 *4.3 5.9 4.0 2.7 10.5	7.2 7.4 12.1 *4.0 4.9 3.6 2.4 9.2	9.7 10.1 12.8 *5.4 7.8 4.5 3.1 11.4
Percent of poverty level ⁵												
Below 100 percent	30.9 26.6 30.3 37.8	30.5 26.6 30.1 38.5	27.0 26.3 27.1 34.3	29.4 27.0 27.6 32.3	9.3 18.7 26.9 36.9	9.9 16.9 24.6 35.5	9.2 17.3 22.5 33.5	8.2 14.8 21.3 31.3	21.3 7.8 3.2 0.8	19.5 9.2 5.4 0.9	17.8 8.8 4.7 0.8	21.3 12.2 6.3 1.0
Geographic region												
Northeast Midwest South West	44.4 29.9 30.7 40.7	46.6 29.6 31.0 41.2	42.8 26.4 26.9 37.3	39.5 25.3 27.4 36.4	39.7 25.8 26.2 35.4	40.8 23.5 25.3 33.8	39.7 22.8 22.6 32.1	35.2 21.0 21.3 30.8	4.8 4.0 4.3 5.1	3.9 3.0 5.1 5.5	3.1 3.6 4.2 5.1	4.3 4.3 6.1 5.5

See footnotes at end of table.

Table 133 (page 2 of 2). Health maintenance organization (HMO) coverage among persons under 65 years of age by private insurance and Medicaid, according to selected characteristics: United States, 1998-2002

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

	Private ¹ and Medicaid ²					Priv	rate ¹		Medicaid ²			
Characteristic	1998	2000	2001	2002	1998	2000	2001	2002	1998	2000	2001	2002
Location of residence		Percent of population										
Within MSA ⁶	38.4 22.9	39.2 22.3	34.8 20.6	33.6 20.6	33.7 18.4	32.5 17.2	30.8 16.3	28.6 14.3	4.5 4.5	4.3 5.1	4.0 4.2	5.0 6.3

^{- - -} Data not available

NOTES: Standard errors for selected years are available in the spreadsheet version of this table. See www.cdc.gov/nchs/hus.htm. Data for additional years are available. See Appendix III.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, Data are from the family core questionnaires.

^{*} 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 of greater than 30 percent.

Persons reporting private health insurance coverage are considered to have health maintenance organization (HMO) coverage if they responded HMO or Individual Practice Association (IPA) when asked their plan type.

²Persons reporting Medicaid coverage are considered to have HMO coverage if they must choose from a book or list of doctors or the doctor is assigned or if they are required to sign up with a certain primary care doctor, group of doctors, or certain clinic for all routine care.

Includes all other races not shown separately.

The race groups, white, black, American Indian and Alaska Native (Al/AN), Asian, Native Hawaiian and Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999 race-specific estimates are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The five single race categories plus multiple race categories shown in the table conform to 1997 Standards. The 1999 and later race-specific estimates are for persons who reported only one racial group; the category "2 or more races" includes persons who reported more than one racial group. Prior to data year 1999, data were tabulated according to 1977 Standards with four racial groups and the category "Asian only" included Native Hawaiian and Other Pacific Islander. Estimates for single race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. The effect of the 1997 Standard on the 1999 estimates can be seen by comparing 1999 data tabulated according to the two Standards. Estimates based on the 1977 Standards of the percent with HMO coverage among those under 65 years are: identical for the white group; 0.1 percentage points higher for the black group; 0.4 percentage points higher for the Asian and Pacific Islander group; and 0.1 percentage points higher for the Al/AN group than estimates based on the 1997 Standards. See Appendix II, Race.

Starting with Health, United States, 2004 a new methodology for imputing family income was used for data years 1997 and beyond. Missing family income data were imputed for 24 percent of persons under 65 years of age in 1997 and 28-31 percent in 1998 to 2002. Therefore, estimates by poverty for 1997-2001 differ from those in previous editions of Health, United States. See Appendix II, Family income; Poverty level. ⁶MSA is metropolitan statistical area.

Table 134. Health maintenance organizations (HMOs) and enrollment, according to model type, geographic region, and Federal program: United States, selected years 1976-2003

[Data are based on a census of health maintenance organizations]

Plans and enrollment	1976	1980	1990	1995	1998	1999	2000	2001	2002	2003
Plans					Nun	nber				
All plans	174	235	572	562	651	643	568	541	500	454
Model type: ¹ Individual practice association ² Group ³ Mixed	41 122	97 138	360 212	332 108 122	317 116 212	309 123 208	278 101 188	257 104 180	229 100 171	203 105 146
Geographic region: Northeast Midwest South West	29 52 23 70	55 72 45 63	115 160 176 121	100 157 196 109	107 185 237 122	110 179 239 115	98 161 203 106	96 190 158 97	87 140 178 95	84 133 149 88
Enrollment ¹				Num	ber of per	sons in mi	llions			
Total	6.0	9.1	33.0	50.9	76.6	81.3	80.9	79.5	76.1	71.8
Model type: ¹ Individual practice association ² Group ³ Mixed	0.4 5.6	1.7 7.4	13.7 19.3	20.1 13.3 17.6	32.6 13.8 30.1	32.8 15.9 32.6	33.4 15.2 32.3	33.1 15.6 30.9	31.6 15.0 29.6	28.0 16.1 27.7
Federal program: ⁴ Medicaid ⁵		0.3 0.4	1.2 1.8	3.5 2.9	7.8 5.7	10.4 6.5	10.8 6.6	11.4 6.1	12.8 5.4	14.5 4.9
				Pe	rcent of H	MO enrolle	ees			
Model type: ¹ Individual practice association ² Group ³ Mixed	6.6 93.4	18.7 81.3	41.6 58.4	39.4 26.0 34.5	42.6 18.0 39.2	40.3 19.6 40.1	41.3 18.9 39.9	41.6 19.5 38.8	41.5 19.4 38.8	38.9 22.4 38.6
Federal program: ⁴ Medicaid ⁵		2.9 4.3	3.5 5.4	6.9 5.7	10.2 7.4	12.7 8.0	13.3 8.1	14.3 7.7	16.9 7.1	20.2 6.9
				Percent c	of population	n enrolled	in HMOs			
Total	2.8	4.0	13.4	19.4	28.6	30.1	30.0	28.3	26.4	24.6
Geographic region: Northeast Midwest South West	2.0 1.5 0.4 9.7	3.1 2.8 0.8 12.2	14.6 12.6 7.1 23.2	24.4 16.4 12.4 28.6	37.8 22.7 21.0 39.1	36.7 23.3 23.9 41.4	36.5 23.2 22.6 41.7	35.1 21.7 21.0 40.7	33.4 20.6 19.8 38.2	31.8 19.7 17.1 35.8

^{- - -} Data not available

NOTES: Data as of June 30 in 1976-80, and January 1 from 1990 onwards. Open-ended enrollment in HMO plans, amounting to 7.6 million on Jan. 1, 2003, is included from 1994 onwards. See Appendix II, Health maintenance organization. HMOs in Guam are included starting in 1994, HMOs in Puerto Rico, starting in 1998. In 2003 HMO enrollment in Guam was 32,000 and in Puerto Rico, 1,726,000. Data for additional years are available. See Appendix III.

SOURCES: The InterStudy Edge, 1990, vol. 2; Competitive Edge, vols. 1–12, 1991–2003; Excelsior, Minnesota (Copyrights 1985–2003: Used with the permission of InterStudy); Office of Health Maintenance Organizations: Summary of the National HMO census of prepaid plans—June 1976 and National HMO Census 1980. Public Health Service. Washington. U.S. Government Printing Office. DHHS Pub. No. (PHS) 80–50159; InterStudy: National HMO Census: Annual Report on the Growth of HMOs in the U.S., 1984–1985 Editions; Population estimates used for calculations of regional percents from the U.S. Bureau of the Census at www.census.gov/popest/states/tables/NST-EST2003-08.xls.

¹Enrollment or number of plans may not equal total because some plans did not report these characteristics.

²An HMO operating under an individual practice association model contracts with an association of physicians from various settings (a mixture of solo and group

practices) to provide health services.

³Group includes staff, group, and network model types. See Appendix II, Health maintenance organization.

⁴Federal program enrollment in HMOs refers to enrollment by Medicaid or Medicare beneficiaries, where the Medicaid or Medicare program contracts directly with the HMO to pay the appropriate annual premium.

⁵Data for 1990 and later include enrollment in managed care health insuring organizations.

Table 135 (page 1 of 2). Medical care benefits for employees of private establishments by size of establishment and occupation: United States, selected years 1990–97

[Data are based on a survey of employers]

		All			sional, ted and related		Clerio	cal and	sales	Blue-co	ollar and	service
Size of establishment and type of benefit	1990	1994	1996	1990	1994	1996	1990	1994	1996	1990	1994	1996
Small private establishments ¹					Pe	rcent of a	all emplo	oyees				
Participation in medical care benefit: Full-time employees Part-time employees	69 6	66 7	64 6	82 6	80 11	76 14	75 7	70 9	69 9	60 6	57 5	56 3
Type of medical care benefit among participating full-time employees				Pe	ercent of p	articipati	ng full-ti	me emp	oloyees			
Fee arrangement	100 74 13 14 0	100 55 24 19 1	100 36 35 27 2	100 69 16 15 0	100 53 27 20 0	100 31 41 27 1	100 77 13 10 0	100 55 24 19 2	100 34 36 28 2	100 73 11 15 0	100 57 23 20 0	100 41 32 25 2
Individual coverage: Employee contributions not required Employee contributions required Family coverage:	58 42	47 53	48 52	56 44	49 51	49 51	53 47	44 56	46 54	62 38	48 52	48 51
Employee contributions not required Employee contributions required	32 68	19 81	24 75	28 72	17 83	21 78	29 71	15 85	20 80	37 63	23 77	29 70
Individual coverage:					Avera	age mon	thly cont	ribution				
Average monthly employee contribution: Total Non-HMO HMO Family coverage: Average monthly employee contribution: Total Non-HMO HMO HMO HMO		\$ 41 39 49 160 151 190	\$ 43 43 41 182 181 182	\$ 24 24 24 24 112 110 118	\$ 47 46 48 181 173 204	\$ 41 40 42 190 192 183	\$ 24 24 27 106 102 134	\$ 41 38 50 160 155 178	\$ 42 43 42 181 181 183	\$ 27 28 25 111 101 145	\$ 38 36 47 149 137 191	\$ 44 45 41 177 175 182

See footnotes at end of table.

Table 135 (page 2 of 2). Medical care benefits for employees of private establishments by size of establishment and occupation: United States, selected years 1990–97

[Data are based on a survey of employers]

	All				sional, ted and related		Clerical and sales			Blue-collar and service		
Size of establishment and type of benefit	1991	1995	1997	1991	1995	1997	1991	1995	1997	1991	1995	1997
Medium and large private establishments ²					Pe	rcent of a	all emplo	oyees				
Participation in medical care benefit: Full-time employees Part-time employees	83	77	76	85	80	79	81	76	78	84	75	74
	28	19	21	42	31	29	26	20	20	26	15	19
Type of medical care benefit among participating full-time employees				Pe	ercent of p	participati	ng full-ti	me emp	oloyees			
Fee arrangement Traditional fee-for-service Preferred provider organization (PPO) Health maintenance organization (HMO) Other	100	100	100	100	100	100	100	100	100	100	100	100
	67	37	27	62	29	20	59	30	22	73	45	33
	16	34	40	19	36	40	21	36	42	12	33	39
	17	27	33	18	33	40	19	32	36	14	21	28
	0	1	1	1	1	0	0	2	0	0	1	0
Individual coverage: Employee contributions not required Employee contributions required Family coverage:	49	33	31	45	21	20	43	24	24	55	44	40
	51	67	69	55	79	80	57	76	76	45	56	60
Employee contributions not required Employee contributions required	31	22	20	25	11	10	27	15	14	37	33	29
	69	78	80	75	89	90	73	85	86	63	67	71
					Aver	age mon	thly cont	ribution				
Individual coverage: Average monthly employee contribution: Total	\$ 27	\$ 34	\$ 39	\$ 26	\$ 35	\$ 37	\$ 28	\$ 36	\$ 39	\$ 26	\$ 32	\$ 40
	26	33	42	26	33	40	27	34	41	25	32	43
	29	36	34	29	38	33	32	39	36	28	32	34
Average monthly employee contribution: Total	97	118	130	96	120	125	108	127	135	91	112	131
	92	112	132	93	116	128	104	120	134	84	106	134
	118	133	126	110	128	120	121	141	138	122	130	124

¹Less than 100 employees in all private nonfarm industries.

NOTE: In 1992–93, 88 percent of full-time employees in private establishments were offered health care plans by their employers (96 percent in medium and large private establishments and 80 percent in small private establishments). In 1999 the National Compensation Survey was redesigned. Starting in 1999, only participation rates in medical care benefits for full-time and part-time employees are available for this table, but not details on type of coverage or employee contributions. In 2000 in medium and large private establishments, the participation rate in health benefits was 67 percent for full-time employees and 28 percent for part-time employees; in small private establishments, 56 percent of full-time and 6 percent of part-time employees received health benefits through their employers.

SOURCES: U.S. Department of Labor, Bureau of Labor Statistics, National Compensation Survey; Employee benefits in small private establishments, 1990 Bulletin 2388, September 1991, 1994 Bulletin 2475, April 1996, and 1996 Bulletin 2507, April 1999. Employee benefits in medium and large private establishments, 1991 Bulletin 2422, May 1993, 1997 Bulletin 2517, Sept. 1999, and news release USDL 97–246. July 25, 1997. Blostin AP and Pfuntner JN. Employee medical care contributions on the rise. Compensation and Working Conditions, Spring 1998.

²100 or more employees in all private nonfarm industries.

Table 136 (page 1 of 2). Medicare enrollees and expenditures and percent distribution, according to type of service: United States and other areas, selected years 1970–2002

Type of service	1970	1980	1990	1995	1998	1999	2000	2001	2002 ¹
Enrollees				Nun	nber in mill	ions			
Total ²	20.4 20.1 19.5	28.4 28.0 27.3	34.3 33.7 32.6	37.6 37.2 35.6	38.9 38.5 36.8	39.2 38.8 37.0	39.7 39.3 37.3	40.1 39.7 37.7	40.5 40.1 38.0
Expenditures				Am	ount in billi	ons			
Total	\$ 7.5	\$ 36.8	\$111.0	\$184.2	\$213.4	\$213.0	\$221.8	\$244.8	\$265.7
Total hospital insurance (HI)	5.3	25.6	67.0	117.6	135.8	130.6	131.1	143.4	152.5
HI payments to managed care organizations ³		0.0	2.7	6.7	19.0	20.9	21.4	20.8	19.2
HI payments for fee-for-service utilization	5.3	25.6	64.3	110.9	116.8	109.8	109.7	122.6	133.3
Inpatient hospital. Skilled nursing facility Home health agency Home health agency transfer ⁴ Hospice Administrative expenses ⁵ .	4.8 0.2 0.1 0.2	24.1 0.4 0.5 0.5	56.9 2.5 3.7 0.3 0.8	82.3 9.1 16.2 1.9 1.2	87.4 13.1 11.6 0.5 2.2 1.8	86.6 10.4 7.6 0.6 2.6 1.9	87.4 10.9 3.8 1.7 3.0 2.6	95.7 13.4 4.2 3.1 3.7 2.2	104.1 15.3 5.1 1.2 4.9 2.6
Total supplementary medical insurance (SMI)	2.2	11.2	44.0	66.6	77.6	82.3	90.7	101.4	113.2
SMI payments to managed care organizations ³ .	0.0	0.2	2.8	6.6	15.3	17.7	18.4	17.6	17.5
SMI payments for fee-for-service utilization ⁶	2.2	11.0	41.2	60.0	62.3	64.6	72.3	83.8	95.7
Physician/supplies ⁷ Outpatient hospital ⁸ Independent laboratory ⁹	1.8 0.1 0.0	8.2 1.9 0.1	29.6 8.5 1.5						
Physician fee schedule Durable medical equipment Laboratory ¹⁰ Other ¹¹ Hospital ¹² Home health agency Home health agency transfer ⁴ Administrative expenses ⁵	0.0	0.2	0.1	31.7 3.7 4.3 9.9 8.7 0.2	32.4 4.0 3.6 12.3 8.7 0.2 -0.5 1.5	33.4 4.3 3.8 12.2 8.8 1.2 -0.6 1.6	37.0 4.7 4.0 13.7 8.5 4.4 -1.7 1.8	42.0 5.4 4.4 16.1 12.8 4.4 -3.1 1.7	44.8 6.6 5.0 19.5 13.5 5.2 -1.2 2.2
			P	ercent dist	ribution of	expenditure	es		
Total hospital insurance (HI)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
HI payments to managed care organizations ³		0.0	4.0	5.7	14.0	16.0	16.4	14.5	12.6
HI payments for fee-for-service utilization	100.0	100.0	96.0	94.3	86.0	84.0	83.7	85.5	87.4
Inpatient hospital. Skilled nursing facility Home health agency Home health agency transfer ⁴ Hospice Administrative expenses ⁵ .	90.6 3.8 1.9 3.8	94.5 1.6 2.0 2.0	85.1 3.7 5.5 0.4 1.1	70.1 7.7 13.8 1.6 1.1	64.5 9.7 8.6 0.4 1.6 1.3	66.3 8.0 5.8 0.5 2.0 1.4	66.8 8.3 2.9 1.3 2.3 2.0	66.9 9.4 2.9 2.2 2.6 1.5	68.4 10.0 3.3 0.8 3.2 1.7

See footnotes at end of table.

Table 136 (page 2 of 2). Medicare enrollees and expenditures and percent distribution, according to type of service: United States and other areas, selected years 1970–2002

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

Type of service	1970	1980	1990	1995	1998	1999	2000	2001	2002 ¹
			Р	ercent dist	ribution of	expenditur	es		
Total supplementary medical insurance (SMI)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
SMI payments to managed care organizations ³ .	0.0	1.8	6.4	9.9	19.7	21.5	20.3	17.4	15.5
SMI payments for fee-for-service utilization ⁶	100.0	98.2	93.6	90.1	80.2	78.5	79.8	82.7	84.5
Physician/supplies ⁷ Outpatient hospital ⁸ Independent laboratory ⁹	85.7 4.8 0.0	73.2 17.0 0.9	67.3 19.3 3.4						
Physician fee schedule Durable medical equipment Laboratory ¹⁰ . Other ¹¹ Hospital ¹² . Home health agency Home health agency transfer ⁴ Administrative expenses ⁵	0.0	1.8	0.2	47.5 5.5 6.4 14.8 13.0 0.3 0.0 2.4	41.8 5.2 4.6 15.9 11.2 0.3 -0.6 1.9	40.5 5.2 4.6 14.8 10.7 1.5 -0.7	40.7 5.2 4.4 15.1 9.4 4.8 -1.9 2.0	41.5 5.3 4.3 15.9 12.7 4.3 –3.1 1.7	39.6 5.8 4.4 17.2 11.9 4.6 -1.0 1.9

^{- - -} Data not available.

NOTES: Percents are calculated using unrounded data. Table includes service disbursements as of February 2004 for Medicare enrollees residing in Puerto Rico, Virgin Islands, Guam, other outlying areas, foreign countries, and unknown residence. Totals do not necessarily equal the sum of rounded components. Some numbers in this table have been revised and differ from previous editions of *Health, United States*.

SOURCE: Centers for Medicare & Medicaid Services, Office of the Actuary, Medicare and Medicaid Cost Estimates Group, Medicare Administrative Data.

^{0.0} Quantity greater than 0 but less than 0.05.

¹Preliminary figures.

²Average number enrolled in the hospital insurance (HI) and/or supplementary medical insurance (SMI) programs for the period. See Appendix II, Medicare.

³Medicare-approved managed care organizations.

⁴Reflects annual home health HI to SMI transfer amounts for 1998 and later.

⁵Includes research, costs of experiments and demonstration projects, and peer review activity.

⁶Type of service reporting categories for fee-for-service reimbursement differ before and after 1991.

Includes payment for physicians, practitioners, durable medical equipment, and all suppliers other than Independent laboratory, which is shown separately through 1990. Beginning in 1991, those physician services subject to the Physician fee schedule are so broken out. Payments for laboratory services paid under the Laboratory fee schedule and performed in a physician office are included under "Laboratory" beginning in 1991. Payments for durable medical equipment are broken out and so labeled beginning in 1991. The remaining services from the "Physician" category are included in "Other."

⁸Includes payments for hospital outpatient department services, for skilled nursing facility outpatient services, for Part B services received as an inpatient in a hospital or skilled nursing facility setting, and for other types of outpatient facilities. Beginning in 1991, payments for hospital outpatient department services, except for laboratory services, are listed under "Hospital." Hospital outpatient laboratory services are included in the "Laboratory" line.

⁹Beginning in 1991 those independent laboratory services that were paid under the laboratory fee schedule (most of Independent lab) are included in the "Laboratory" line; the remaining services are included in "Physician fee schedule" and "Other" lines.

¹ºPayments for laboratory services paid under the laboratory fee schedule performed in a physician office, independent lab, or in a hospital outpatient department.
¹¹Includes payments for physician-administered drugs, free-standing ambulatory surgical center facility services; ambulance services; supplies; free-standing end-stage renal disease (ESRD) dialysis facility services; rural health clinics; outpatient rehabilitation facilities; psychiatric hospitals; and federally qualified health centers.
¹²Includes the hospital facility costs for Medicare Part B services that are predominantly in the outpatient department, with the exception of hospital outpatient laboratory services, which are included on the "Laboratory" line. Physician reimbursement is included on the "Physician fee schedule" line.

Table 137. Medicare enrollees and program payments among fee-for-service Medicare beneficiaries, according to sex and age: United States and other areas, 1994–2001

[Data are compiled from administrative data by the Centers for Medicare & Medicaid Services]

Sex and age	1994	1995	1996	1997	1998	1999	2000	2001
			Fee-	for-service enr	ollees in thous	ands		
Total	34,076	34,062	33,704	33,009	32,349	32,179	32,740	33,860
Sex								
Male Female	14,533 19,543	14,563 19,499	14,440 19,264	14,149 18,860	13,902 18,477	13,872 18,307	14,195 18,545	14,746 19,113
Age								
Under 65 years	4,031 16,713 9,845 3,486	4,239 16,373 9,911 3,540	4,413 15,810 9,915 3,566	4,498 15,099 9,847 3,565	4,617 14,433 9,722 3,577	4,742 14,072 9,748 3,618	4,907 14,230 9,919 3,684	5,172 14,689 10,211 3,787
			Fee-for-	service progra	m payments in	millions		
Total	\$146,549	\$158,980	\$167,063	\$175,423	\$168,164	\$166,687	\$174,261	\$197,505
Sex								
Male Female	63,907 82,642	68,758 90,222	71,011 95,052	75,357 100,066	72,883 95,281	73,171 93,516	76,230 98,031	86,314 111,190
Age								
Under 65 years	18,835 55,147 50,719 21,847	21,029 58,093 55,256 24,602	24,160 58,737 58,058 26,108	25,798 59,687 61,708 28,231	23,746 57,342 59,745 27,331	24,262 56,031 59,518 26,875	25,773 57,494 62,685 28,309	29,720 64,634 70,850 32,300
			Percent distrib	oution of fee-fo	or-service progr	am payments		
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Sex								
MaleFemale	43.6 56.4	43.2 56.8	42.5 56.9	43.0 57.0	43.3 56.7	43.9 56.1	43.7 56.3	43.7 56.3
Age								
Under 65 years	12.9 37.6 34.6 14.9	13.2 36.5 34.8 15.5	14.5 35.2 34.8 15.6	14.7 34.0 35.2 16.1	14.1 34.1 35.5 16.3	14.6 33.6 35.7 16.1	14.8 33.0 36.0 16.2	15.0 32.7 35.9 16.4
			Average	fee-for-service	e payment per	enrollee		
Total	\$ 4,301	\$ 4,667	\$ 4,957	\$ 5,314	\$ 5,198	\$ 5,180	\$ 5,323	\$ 5,833
Sex								
Male Female	4,397 4,229	4,721 4,627	4,918 4,934	5,326 5,306	5,243 5,165	5,275 5,108	5,370 5,286	5,853 5,818
Age								
Under 65 years	4,673 3,300 5,152 6,267	4,960 3,548 5,576 6,950	5,475 3,715 5,856 7,321	5,735 3,953 6,267 7,919	5,143 3,973 6,145 7,641	5,117 3,982 6,106 7,428	5,252 4,040 6,320 7,684	5,746 4,400 6,939 8,529

NOTES: Table includes data for Medicare enrollees residing in Puerto Rico, Virgin Islands, Guam, other outlying areas, foreign countries, and unknown residence. Number of fee-for-service enrollees is based on five-percent annual Denominator File using the Centers for Medicare & Medicaid Services' (CMS) Enrollment Database and Group Health Plan data. Fee-for-service program payments are based on a five-percent annual Denominator File and fee-for-service billing reimbursement for a five-percent sample of Medicare beneficiaries as recorded in CMS' National Claims History using CMS' Enrollment Database, Group Health Plan, and National Claims History data.

SOURCE: Centers for Medicare & Medicaid Services, Office of Research, Development, and Information. Health Care Financing Review: Medicare and Medicaid Statistical Supplements for years 1996 to 2003. Website: www.cms.hhs.gov/review/supp/.

Table 138 (page 1 of 2). Medicare beneficiaries by race and ethnicity, according to selected characteristics: United States, 1992 and 2000

[Data are based on household interviews of a sample of current Medicare beneficiaries and Medicare administrative records]

				Not Hispar	nic or Latino			
	,	All	W	/hite		ck or American	Hispanic	or Latino
Characteristic	1992	2000	1992	2000	1992	2000	1992	2000
			ı	Number of ben	eficiaries in m	illions		
All Medicare beneficiaries	36.8	40.6	30.9	32.4	3.3	3.7	1.9	2.8
			F	Percent distribu	tion of benefic	ciaries		
All Medicare beneficiaries	100.0	100.0	84.2	80.1	8.9	9.1	5.2	7.0
Medical care use			Percent	of beneficiarie	s with at leas	t one service		
All Medicare beneficiaries: Long-term care facility stay	7.7	9.3	8.0	9.7	6.2	8.8	4.2	6.0
Community-only residents: Inpatient hospital Outpatient hospital Physician/supplier Dental Prescription medicine	17.9 57.9 92.4 40.4 85.2	19.2 69.8 94.9 43.5 91.1	18.1 57.8 93.0 43.1 85.5	19.2 70.7 95.4 46.9 91.5	18.4 61.1 89.1 23.5 83.1	22.8 69.0 92.8 24.1 89.5	16.6 53.1 87.9 29.1 84.6	16.2 63.7 92.9 33.9 90.1
Expenditures				Expenditures	s per benefici	ary		
All Medicare beneficiaries: Total health care ² Long-term care facility ³	\$6,716 1,581	\$10,490 2,310	\$6,816 1,674	\$10,475 2,406	\$7,043 1,255	\$12,328 2,438	\$5,784 *758	\$9,089 1,799
Community-only residents: Total personal health care Inpatient hospital Outpatient hospital Physician/supplier¹ Dental	5,054 2,098 504 1,524 142 468	7,911 2,664 875 2,491 258 1,163	4,988 2,058 478 1,525 153 481	7,814 2,605 796 2,503 278 1,182	5,530 2,493 668 1,398 70 417	9,419 3,465 1,523 2,621 101 1,135	4,938 1,999 511 1,587 97 389	6,934 2,133 915 2,234 193 1,014
Long-term care facility residents								
only: Long-term care facility ⁴	23,054	32,442	23,177	31,795	21,272	36,132	*25,026	*39,057
Sex			F	Percent distribu	tion of benefic	ciaries		
Both sexes	100.0 42.9 57.1	100.0 43.4 56.6	100.0 42.7 57.3	100.0 43.3 56.7	100.0 42.0 58.0	100.0 40.0 60.0	100.0 46.7 53.3	100.0 46.9 53.1
Eligibility criteria and age								
All Medicare beneficiaries ⁵ Disabled	100.0 10.2 3.5 6.5	100.0 13.6 3.9 9.8	100.0 8.6 2.9 5.8	100.0 11.5 3.2 8.3	100.0 19.1 7.6 11.5	100.0 23.3 7.5 15.8	100.0 16.5 6.9 9.6	100.0 21.7 5.5 16.3
Aged 65–74 years 75–84 years 85 years and over	89.8 51.5 28.8 9.7	86.4 45.4 30.0 10.9	91.4 52.0 29.5 9.9	88.5 46.7 31.4 11.5	81.0 48.0 24.0 9.0	76.7 41.7 25.9 9.0	83.5 49.4 27.1 6.9	78.3 45.5 22.9 9.9
Living arrangement								
All living arrangements	100.0 27.0 51.2 9.1 7.6 5.1	100.0 29.3 49.0 9.5 7.1 5.1	100.0 27.5 53.3 7.7 6.2 5.3	100.0 29.8 51.0 7.6 6.2 5.4	100.0 27.7 33.3 16.8 18.1 4.0	100.0 32.5 30.0 18.6 13.7 5.2	100.0 20.2 50.4 16.6 10.8 *2.0	100.0 22.9 49.2 14.8 9.9 *3.3

See footnotes at end of table.

Table 138 (page 2 of 2). Medicare beneficiaries by race and ethnicity, according to selected characteristics: United States, 1992 and 2000

[Data are based on household interviews of a sample of current Medicare beneficiaries and Medicare administrative records]

				Not Hispa	anic or Latino			
		A//	W	hite		ck or American	Hispanic	or Latino
Characteristic	1992	2000	1992	2000	1992	2000	1992	2000
Age and limitation of activity ⁶				Percent distr	ribution of bene	eficiaries		
Disabled None. IADL only 1 or 2 ADL. 3–5 ADL	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
	22.7	27.3	21.8	25.2	26.2	35.7	21.2	30.1
	39.0	35.1	38.9	35.5	35.8	33.2	46.1	37.3
	21.2	21.8	21.5	23.2	21.2	17.7	*20.9	*16.8
	17.2	15.9	17.9	16.1	*16.8	*13.5	*11.9	*15.8
65–74 years	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
None	67.0	71.5	68.7	72.6	55.1	64.8	59.2	69.4
IADL only	17.8	15.4	17.0	15.1	22.9	18.0	*20.9	*13.6
1 or 2 ADL	10.4	8.6	9.6	8.2	14.4	10.8	*15.7	*13.2
3–5 ADL	4.8	4.5	4.6	4.2	*7.6	*6.3	*4.2	*4.0
75–84 years	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
None.	46.6	52.2	47.5	53.1	42.0	46.2	44.3	48.3
IADL only	23.9	23.0	23.6	22.7	26.7	20.9	*27.8	29.9
1 or 2 ADL.	16.5	14.3	16.8	13.8	15.3	17.7	*14.9	*18.6
3–5 ADL.	13.0	10.6	12.2	10.4	*15.9	15.2	*13.0	*8.2
85 years and over	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
	19.9	24.9	20.2	25.1	*19.6	*25.9	*19.7	*23.4
	20.9	22.6	20.2	22.4	*22.1	*19.7	*24.7	*24.7
	23.5	22.2	23.5	22.3	*24.3	*19.3	*23.7	*28.1
	35.8	30.4	36.1	30.2	*34.0	35.1	*31.8	*23.8

^{*} Estimates are considered unreliable. Cell is based on 50 persons or fewer or the estimate has a relative standard error of 30 percent or higher.

NOTES: Percents and percent distributions are calculated using unrounded numbers. Data for additional years are available. See Appendix III.

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Health and Health Care of the Medicare Population; www.cms.hhs.gov/mcbs/PubHHC99.asp.

¹Physician/supplier services include medical and osteopathic doctor and health practitioner visits; diagnostic laboratory and radiology services; medical and surgical services; durable medical equipment and nondurable medical supplies.

²Total health care expenditures by Medicare beneficiaries, including expenses paid by Medicare and all other sources of payment for the following services: inpatient hospital, outpatient hospital, physician/supplier, dental, prescription medicine, home health, hospice and long term care facility care. Does not include health insurance premiums.

premiums.

3Expenditures for long-term care in facilities include facility room and board expenses for beneficiaries who resided in a facility for the full year, for beneficiaries who resided in a facility for part of the year and in the community for part of the year, and expenditures for short-term facility stays for full-year or part-year community residents. See Appendix II, Long-term care facility.

⁴Expenditures for long-term care in facilities include facility room and board expenses for beneficiaries who resided in a facility for the full year and for beneficiaries who resided in a facility for part of the year and in the community for part of the year. It does not include expenditures for short-term facility stays for full-year community residents. See Appendix II, Long-term care facility.

⁵Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups "Aged" and "Disabled."

⁶See Appendix II for definitions of Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL). Includes data for both community and long-term care facility residents.

Table 139. Medicaid recipients and medical vendor payments, according to basis of eligibility, and race and ethnicity: United States, selected fiscal years 1972–2001

[Data are compiled by the Centers for Medicare & Medicaid Services from the Medicaid Data System]

Basis of eligibility and race and ethnicity	1972	1980	1990	1995	1997	1998¹	1999 ²	2000	2001
Recipients				N	lumber in n	nillions			
All recipients	17.6	21.6	25.3	36.3 Pe	34.9 ercent of re	40.6	40.1	42.8	46.0
Basis of eligibility: ³									
Aged (65 years and over) Blind and disabled Adults in families with dependent children ⁴ Children under age 21 ⁵ Other Title XIX ⁶	18.8 9.8 17.8 44.5 9.0	15.9 13.5 22.6 43.2 6.9	12.7 14.7 23.8 44.4 3.9	11.4 16.1 21.0 47.3 1.7	11.3 17.6 19.5 45.3 6.3	9.8 16.3 19.5 46.7 7.8	9.4 16.7 18.7 46.9 8.4	8.7 16.1 20.5 46.1 8.6	8.3 15.4 21.1 45.7 9.5
Race and ethnicity: ⁷			40.0	45.5		44.0			40.0
White . Black or African American . American Indian or Alaska Native			42.8 25.1 1.0	45.5 24.7 0.8	44.4 23.5 1.0	41.3 24.2 0.8			40.2 23.1 1.3
Asian or Pacific IslanderHispanic or LatinoUnknown			2.0 15.2 14.0	2.2 17.2 9.6	1.9 14.3 14.9	2.5 15.6 15.5			3.0 17.9 14.6
Vendor payments ⁸				A	Amount in b	oillions			
All payments	\$ 6.3	\$ 23.3	\$ 64.9	\$120.1	\$124.4	\$ 142.3	\$ 153.5	\$ 168.3	\$ 186.3
				Р	ercent disti	ibution			
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Basis of eligibility: Aged (65 years and over). Blind and disabled Adults in families with dependent children ⁴ . Children under age 21 ⁵ Other Title XIX ⁶ .	30.6 22.2 15.3 18.1 13.9	37.5 32.7 13.9 13.4 2.6	33.2 37.6 13.2 14.0 1.6	30.4 41.1 11.2 15.0 1.2	30.3 43.5 9.9 14.1 2.2	28.5 42.4 10.4 16.0 2.6	27.7 42.9 10.3 15.7 3.4	26.4 43.2 10.6 15.9 3.9	25.9 43.1 10.7 16.3 3.9
Race and ethnicity: ⁷ White			53.4 18.3 0.6 1.0 5.3 21.3	54.3 19.2 0.5 1.2 7.3 17.6	55.0 18.5 0.6 0.9 6.8 18.2	54.3 19.6 0.8 1.4 8.2 15.7			54.4 19.8 1.1 2.5 9.4 12.9
Vendor payments per recipient ⁸					Amour	nt			
All recipients	\$ 358	\$1,079	\$2,568	\$3,311	\$3,568	\$ 3,501	\$ 3,819	\$ 3,936	\$ 4,053
Basis of eligibility: Aged (65 years and over). Blind and disabled Adults in families with dependent children ⁴ . Children under age 21 ⁵ Other Title XIX ⁶	580 807 307 145 555	2,540 2,618 662 335 398	6,717 6,564 1,429 811 1,062	8,868 8,435 1,777 1,047 2,380	9,538 8,832 1,809 1,111 1,242	10,242 9,095 1,876 1,203 1,166	11,268 9,832 2,104 1,282 1,532	11,929 10,559 2,030 1,358 1,778	12,725 11,318 2,059 1,448 1,680
Race and ethnicity: ⁷ White			3,207 1,878 1,706 1,257 903 3,909	3,953 2,568 2,142 1,713 1,400 6,099	4,421 2,798 2,500 1,610 1,699 4,356	4,609 2,836 3,297 1,924 1,842 3,531			5,489 3,480 3,452 3,283 2,126 3,576

^{- - -} Data not available

⁸Vendor payments exclude disproportionate share hospital payments (\$15.5 billion in FY2001).

NOTES: 1972 data are for fiscal year ending June 30. All other years are for fiscal year ending September 30. Data for additional years are available. See Appendix III.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services, Enterprise Databases Group, Division of Information Distribution, Medicaid Data System. Before 1999 Medicaid Statistical Report HCFA–2082. From 1999 onwards Medicaid Statistical Information System, MSIS. www.cms.hhs.gov/medicaid/msis/mstats.asp.

¹Prior to 1999 recipient counts exclude those individuals who only received coverage under prepaid health care and for whom no direct vendor payments were made during the year; and vendor payments exclude payments to health maintenance organizations and other prepaid health plans (\$19.3 billion in 1998 and \$18 billion in 1997). The total number of persons who were Medicaid eligible and enrolled was 41.4 million in 1998, 41.6 million in 1997, and 41.2 million in 1996 (HCFA Medicaid Statistics, Program and Financial Statistics FY1996, FY1997, and FY1998, unpublished).

²Starting in 1999, the Medicaid data system was changed. See Appendix I, Medicaid Data System.

³In 1980 and 1985 recipients are included in more than one category. In 1990–96, 0.2–2.5 percent of recipients have unknown basis of eligibility. From 1997 onwards, unknowns are included in Other Title XIX.

⁴Includes adults in the Aid to Families with Dependent Children (AFDC) program. From 1997 onwards includes adults in the Temporary Assistance for Needy Families (TANF) program. From 2001 onwards includes women in the Breast and Cervical Cancer Prevention and Treatment Program.

⁵Includes children in the AFDC program. From 1997 onwards includes children and foster care children in the TANF program.

⁶Includes some participants in the Supplemental Security Income program and other people deemed medically needy in participating States. From 1997 onwards excludes foster care children and includes unknown eligibility.

⁷Race and ethnicity as determined on initial Medicaid application. Categories are mutually exclusive. Starting in 2001, Hispanic category included Hispanic persons regardless of race. Persons indicating more than one race were included in the unknown category.

Table 140 (page 1 of 2). Medicaid recipients and medical vendor payments, according to type of service: United States, selected fiscal years 1972–2001

[Data are compiled by the Centers for Medicare & Medicaid Services from the Medicaid Data System]

Mentally retarded intermediate care facility 0.6 0.6 0.4 0.4 0.3	5 10.6 2 0.2 3 0.3 0 3.7
Percent of recipients Inpatient hospital	5 10.6 2 0.2 3 0.3 0 3.7
Inpatient hospital	2 0.2 3 0.3 0 3.7 7 43.5 8 15.3 1 11.1 9 29.8 9 18.4 6 26.8 3 2.2
Mental health facility. 0.2 0.3 0.4 0.2 0.3 0.3 0.2 0.8 Mentally retarded intermediate care facility. 0.6 0.6 0.4 0.4 0.3 0.3 0.3 Nursing facility. 4.6 4.6 4.0 4.0 4.0 Skilled 3.1 2.8 2.4 <	2 0.2 3 0.3 0 3.7 7 43.5 8 15.3 1 11.1 9 29.8 9 18.4 6 26.8 3 2.2
Mentally retarded intermediate care facility 0.6 0.6 0.4 0.4 0.3	3 0.3 0 3.7
Nursing facility	0 3.7
Intermediate care	7 43.5 8 15.3 1 11.1 9 29.8 9 18.4 6 26.8 3 2.2
Physician 69.8 63.7 67.6 65.6 60.7 45.6 45.7 44.0 Dental 13.6 21.5 18.0 17.6 17.0 12.2 14.0 13.0 Other practitioner 9.1 15.0 15.3 15.2 14.7 10.7 9.9 17.0 Outpatient hospital 29.6 44.9 49.0 46.1 39.1 29.9 30.9 30.0 Clinic 2.8 7.1 11.1 14.7 13.5 13.0 16.8 17.1 Laboratory and radiological 20.0 14.9 35.5 36.0 31.8 23.1 25.4 26.0 Home health 0.6 1.8 2.8 4.5 5.3 3.0 2.0 2.2 26.0 Home health 0.6 6.8 6.5 65.4 60.1 47.6 49.4 48.6 48.5 65.4 60.1 47.6 49.4 44.6 48.5 65.4 60.1 47.6 49.4	7 43.5 8 15.3 1 11.1 9 29.8 9 18.4 6 26.8 3 2.2
Dental 13.6 21.5 18.0 17.6 17.0 12.2 14.0 13.0 Other practitioner 9.1 15.0 15.3 15.2 14.7 10.7 9.9 17.0 Outpatient hospital 29.6 44.9 49.0 46.1 39.1 29.9 30.9 30.0 Clinic 2.8 7.1 11.1 14.7 13.5 13.0 16.8 17. Laboratory and radiological 20.0 14.9 35.5 36.0 31.8 23.1 25.4 26.4 Home health 0.6 1.8 2.8 4.5 5.3 3.0 2.0 2.2 2.2 2.2 6.3 66.4 60.1 47.6 49.4 48.5 2.3 3.0 2.0 2.2 2.2 6.9 6.9 6.0 1.7 4.7 6.4 49.4 48.5 4.8 1.5 1.5 1.5 2.1 1.8 2.8 4.5 5.3 3.0 2.0 2.2 2.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2<	1 11.1 9 29.8 9 18.4 6 26.8 3 2.2
Outpatient hospital 29.6 44.9 49.0 46.1 39.1 29.9 30.9 30.0 Clinic 2.8 7.1 11.1 14.7 13.5 13.0 16.8 17.1 Laboratory and radiological 20.0 14.9 35.5 36.0 31.8 23.1 25.4 26 Home health 0.6 1.8 2.8 4.5 5.3 3.0 2.0 2 Prescribed drugs 63.3 63.4 68.5 65.4 60.1 47.6 49.4 48 Family planning 5.2 6.9 6.9 6.0 4.9	9 29.8 9 18.4 6 26.8 3 2.2
Clinic. 2.8 7.1 11.1 14.7 13.5 13.0 16.8 17.1 Laboratory and radiological 20.0 14.9 35.5 36.0 31.8 23.1 25.4 26 Home health 0.6 1.8 2.8 4.5 5.3 3.0 2.0 2 Prescribed drugs 63.3 63.4 68.5 65.4 60.1 47.6 49.4 48 Family planning 5.2 6.9 6.9 6.0 4.9 Early and periodic screening 11.7 18.2 18.5 15.2 Rural health clinic 0.9 3.4 4.1 49.7 51.5 48 Primary care case management 9.7 13 Personal support 10.1 10 Other care	9 18.4 6 26.8 3 2.2
Home health	3 2.2
Prescribed drugs 63.3 63.4 68.5 65.4 60.1 47.6 49.4 48.5 Family planning 5.2 6.9 6.9 6.0 4.9 Early and periodic screening 11.7 18.2 18.5 15.2 Rural health clinic 0.9 3.4 4.1 49.7 51.5 49 49.7 <	
Early and periodic screening	0 47.6
Rurál health clinic	
Capitated payment services. 49.7 51.5 48 Primary care case management. 9.7 13 Personal support 10.1 10 Other care 14.4 11.9 20.3 31.5 35.5 36.0 21.6 2 Vendor payments³ Amount in billions All payments \$ 6.3 \$ 23.3 \$ 64.9 \$ 120.1 \$ 124.4 \$ 142.3 \$ 153.5 \$ 168 Percent distribution Total 100.0	
Personal support	
Other care 14.4 11.9 20.3 31.5 35.5 36.0 21.6 2 colspan="8">2 colspan="8">2 colspan="8">2 colspan="8">2 colspan="8">2 colspan="8">35.5 36.0 21.6 2 colspan="8">2 colsp	
All payments	
All payments	
Total 100.0	3 \$186.3
Inpatient hospital 40.6 27.5 25.7 21.9 18.6 15.1 14.5 14.5 Mental health facility 1.8 3.3 2.6 2.1 1.6 2.0 1.1 3.1 Mentally retarded intermediate care facility 8.5 11.3 8.6 7.9 6.7 6.1 5.8	
Mental health facility 1.8 3.3 2.6 2.1 1.6 2.0 1.1 Mentally retarded intermediate care facility 8.5 11.3 8.6 7.9 6.7 6.1 5	0 100.0
Mentally retarded intermediate care facility 8.5 11.3 8.6 7.9 6.7 6.1	
	1 1.1 6 5.2
Nursing facility	5 20.0
Okiliod	
intermediate date in the intermediate and intermediate an	0 4.0
Dental 2.7 2.0 0.9 0.8 0.8 0.6 0.8 0	8 1.0
	4 0.4 2 4.0
	7 3.0
Laboratory and radiological	8 0.9
Home health	9 1.9 9 12.7
Family planning	
Early and periodic screening	
Rural health clinic	
Primary care case management 0.3	1 0.1 9 7.0
Personal support	

See footnotes at end of table.

Table 140 (page 2 of 2). Medicaid recipients and medical vendor payments, according to type of service: United States, selected fiscal years 1972–2001

[Data are compiled by the Centers for Medicare & Medicaid Services from the Medicaid Data System]

Type of service	1972	1980	1990	1995	1997	1998 ¹	1999 ²	2000	2001
Vendor payments per recipient ³					Amount				
Total payment per recipient	\$ 358	\$ 1,079	\$ 2,568	\$ 3,311	\$ 3,568	\$ 3,501	\$ 3,819	\$ 3,936	\$ 4,053
Inpatient hospital Mental health facility Mentally retarded intermediate care facility Nursing facility Skilled Intermediate care Physician Dental Other practitioner Outpatient hospital Clinic Laboratory and radiological Home health Prescribed drugs Family planning Early and periodic screening Rural health clinic	903 2,825 2,665 65 71 37 70 82 23 229 46 	1,742 11,742 16,438 5,326 136 99 61 113 209 38 847 96 72	3,630 18,548 50,048 13,356 11,236 235 130 96 269 602 80 4,733 256 151 67 154	4,735 29,847 68,613 17,424 309 160 178 397 804 90 5,740 413 206 177 174	4,877 22,990 72,033 19,029 3333 175 190 453 902 93 6,575 571 200 251 213	5,031 20,701 74,960 19,379 327 182 135 474 742 100 2,206 699 223 216	4,943 18,094 76,443 20,568 357 214 118 491 491 3,571 837 	4,919 17,800 79,330 20,220 356 238 139 533 805 113 3,135 975 	5,313 21,482 83,227 21,894 371 270 149 546 662 131 3,478 1,083
Capitated payment services						955 	1,040 119	1,148 30	1,257 29
Personal support Other care	44	172	465	807	891	1,331	2,583 1,508	2,543 1,600	2,639 1,734

^{- - -} Data not available.

NOTES: 1972 data are for fiscal year ending June 30. All other years are for fiscal year ending September 30. Unknown services are included with Other care (0.1 percent of recipients and 0.2 percent of payments in 2001). Data for additional years are available. See Appendix III.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services, Enterprise Databases Group, Division of Information Distribution, Medicaid Data System. Before 1999 Medicaid Statistical Report HCFA–2082. From 1999 onwards Medicaid Statistical Information System, MSIS.

www.cms.hhs.gov/medicaid/msis/mstats.asp.

^{. .} Category not applicable.

¹Prior to 1999 recipient counts exclude those individuals who only received coverage under prepaid health care and for whom no direct vendor payments were made during the year; and vendor payments exclude payments to health maintenance organizations and other prepaid health plans (\$19.3 billion in 1998 and \$18 billion in 1997). The total number of persons who were Medicaid eligible and enrolled was 41.4 million in 1998, 41.6 million in 1997, and 41.2 million in 1996 (HCFA Medicaid Statistics, Program and Financial Statistics FY1996, FY1997, and FY1998, unpublished).

²Starting in 1999, the Medicaid data system was changed. See Appendix I, Medicaid Data System.

³Payments exclude disproportionate share hospital payments (\$15.5 billion in FY2001).

Table 141. Department of Veterans Affairs health care expenditures and use, and persons treated according to selected characteristics: United States, selected fiscal years 1970-2003

[Data are compiled from patient records, enrollment information, and budgetary data by the Department of Veterans Affairs]

	1970	1980	1990	1995	1999	2000	2001	2002	2003
Health care expenditures				An	nount in mil	lions			
All expenditures ¹	\$1,689	\$ 5,981	\$11,500	\$16,126	\$17,876	\$19,327	\$21,316	\$23,003	\$25,647
				Pe	rcent distrib	ution			
All services	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Inpatient hospital	71.3	64.3 19.1	57.5 25.3	49.0 30.2	38.8 44.0	37.3 45.7	34.7 48.0	33.6 48.8	32.2 49.5
Outpatient care	14.0 5.5	7.1	∠5.3 9.5	10.0	8.5	45.7 8.2	48.0 8.1	48.8 8.0	49.5 8.1
All other ²	9.1	9.6	7.7	10.8	8.7	8.8	9.2	9.6	10.2
	0.1	0.0	7.7				0.2	0.0	10.2
Health care use					nber in thou				
Inpatient hospital stays ³	787	1,248	1,029	879	611	579	584	590	588
Outpatient visits	7,312	17,971	22,602	27,527	36,928	38,370	42,901	46,058	49,760
Nursing home stays ⁴	47	57	75	79	92	91	93	87	93
Inpatients ⁵									
Total			598	527	447	417	426	436	443
				Pei	rcent distrib	ution			
Total			100.0	100.0	100.0	100.0	100.0	100.0	100.0
Veterans with service-connected disability Veterans without service-connected			38.9	39.3	33.8	34.4	34.6	35.2	36.2
disability			60.3	59.9	65.3	64.7	64.5	63.9	62.9
Low income			54.8	56.2	44.8	41.7	41.4	40.9	40.8
catastrophically disabled ⁶ Veterans receiving medical care					12.8	16.0	15.7	13.6	13.5
subject to copayments ⁷			2.8	2.8	4.7	5.2	6.0	7.7	8.0
Other and unknown ⁸			2.7	0.9	3.0	1.8	1.4	1.7	0.6
Nonveterans			0.8	8.0	0.9	0.9	0.9	0.9	0.8
Outpatients ⁵				Num	nber in thou	sands			
Total			2,564	2,790	3,400	3,657	4,072	4,456	4,715
				Pei	rcent distrib	ution			
Total			100.0	100.0	100.0	100.0	100.0	100.0	100.0
Veterans with service-connected disability Veterans without service-connected			38.3	37.5	30.5	30.7	30.0	29.5	30.3
disability			49.8	50.5	60.6	60.8	62.5	63.9	63.4
Low income			41.1	42.2	38.8	37.6	36.6	34.1	32.7
catastrophically disabled ⁶					3.2	3.8	3.7	3.3	3.4
subject to copayments ⁷			3.6	4.2	11.7	15.4	19.9	23.6	26.1
subject to copayments ⁷			5.1	4.1	6.9	4.0	2.3	2.9	1.1
Nonveterans			11.8	12.0	8.9	8.5	7.5	6.6	6.3

⁻ Data not available.

NOTES: Figures may not add to totals due to rounding. In 1970, the fiscal year ended June 30; 1980 and later the fiscal year ended September 30. The veteran population was estimated at 25.2 million at the end of FY 2003, with 38 percent age 65 or over, compared with 11 percent in 1980. Seventeen percent had served during World War II, 14 percent during the Korean conflict, 33 percent during the Vietnam era, 15 percent during the Persian Gulf War, and 25 percent during peacetime. These percentages add to more than 100 due to veterans serving during more than one war. Beginning in fiscal year 1995 categories for health care expenditures and health care use were revised. In fiscal year 1999 a new priority system for reporting data was introduced and starting in 1999, data reflect the new categories. Data for additional years are available. See Appendix III.

SOURCES: Department of Veterans Affairs (VA), Office of the Assistant Deputy Under Secretary for Health, National Patient Care Database, National Enrollment Database, budgetary data, and unpublished data. Veteran population estimates were provided by the VA's Office of the Actuary.

¹Health care expenditures exclude construction, medical administration, and miscellaneous operating expenses at Department of Veterans Affairs headquarters.

² Includes miscellaneous benefits and services, contract hospitals, education and training, subsidies to State veterans hospitals, nursing homes and residential rehabilitation treatment programs (formerly domiciliaries), and the Civilian Health and Medical Program of the Department of Veterans Affairs.

³One-day dialysis patients were included in 1980. Interfacility transfers were included beginning in 1990.

⁴Includes Department of Veterans Affairs nursing home and residential rehabilitation treatment program (formerly domiciliary) stays, and community nursing home care

⁵Individuals. The inpatient and outpatient totals are not additive since almost all inpatients are also treated as outpatients.

⁶Veterans who are receiving aid and attendance or housebound benefits; veterans who have been determined by the Department of Veterans Affairs to be catastrophically disabled.

⁷Financial means-tested veterans who receive medical care subject to copayments according to income level.

⁸Prisoner of war, exposed to Agent Orange, and so forth. Prior to fiscal year 1994, veterans who reported exposure to Agent Orange were classified as exempt. Beginning in fiscal year 1994 those veterans reporting Agent Orange exposure but not treated for it were means tested and placed in the low income or other group depending on income.

Table 142 (page 1 of 2). Personal health care per capita expenditures, by geographic region and State: United States, selected years 1991–98

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

Geographic region and State ¹	1991	1994	1995	1996	1997	1998	1991–98	1998
			Per capita e	expenditures			Average annual percent change	Ratio to U.S. per capita expenditures
United States	\$2,685	\$3,193	\$3,334	\$3,472	\$3,606	\$3,759	4.9	1.00
New England Connecticut Maine Massachusetts New Hampshire Rhode Island Vermont	3,115	3,745	3,945	4,092	4,303	4,540	5.5	1.21
	3,338	3,900	4,138	4,250	4,442	4,656	4.9	1.24
	2,464	3,018	3,256	3,512	3,755	4,025	7.3	1.07
	3,334	4,056	4,200	4,347	4,556	4,810	5.4	1.28
	2,511	3,029	3,264	3,441	3,650	3,840	6.3	1.02
	2,943	3,569	3,867	3,978	4,235	4,497	6.2	1.20
	2,393	2,890	3,133	3,273	3,455	3,654	6.2	0.97
Mideast ² Delaware Maryland New Jersey New York Pennsylvania	3,108	3,748	3,905	4,063	4,209	4,386	5.0	1.17
	2,878	3,565	3,737	3,847	4,083	4,258	5.8	1.13
	2,796	3,291	3,401	3,573	3,696	3,848	4.7	1.02
	2,966	3,622	3,830	4,009	4,080	4,197	5.1	1.12
	3,288	3,997	4,162	4,346	4,486	4,706	5.3	1.25
	2,988	3,547	3,683	3,791	4,003	4,168	4.9	1.11
Great Lakes Illinois Indiana Michigan Ohio Wisconsin	2,666	3,172	3,318	3,467	3,606	3,733	4.9	0.99
	2,743	3,259	3,394	3,535	3,653	3,801	4.8	1.01
	2,508	3,052	3,156	3,196	3,416	3,566	5.2	0.95
	2,643	3,114	3,289	3,457	3,602	3,676	4.8	0.98
	2,709	3,209	3,353	3,542	3,635	3,747	4.7	1.00
	2,610	3,138	3,306	3,476	3,654	3,845	5.7	1.02
Plains. lowa Kansas Minnesota Missouri Nebraska North Dakota South Dakota	2,544	3,115	3,271	3,436	3,592	3,797	5.9	1.01
	2,524	3,014	3,165	3,368	3,519	3,765	5.9	1.00
	2,574	3,067	3,249	3,412	3,573	3,707	5.3	0.99
	2,606	3,246	3,439	3,614	3,791	3,986	6.3	1.06
	2,555	3,159	3,262	3,390	3,531	3,754	5.6	1.00
	2,383	2,947	3,083	3,287	3,407	3,627	6.2	0.96
	2,555	3,155	3,420	3,540	3,680	3,881	6.2	1.03
	2,394	2,880	3,068	3,253	3,453	3,650	6.2	0.97
Southeast Alabama Arkansas Florida Georgia Kentucky Louisiana Mississippi North Carolina South Carolina Tennessee Virginia West Virginia	2,557	3,081	3,241	3,400	3,557	3,686	5.4	0.98
	2,561	3,059	3,234	3,422	3,626	3,630	5.1	0.97
	2,408	2,840	3,012	3,177	3,355	3,540	5.7	0.94
	2,976	3,523	3,632	3,774	3,875	4,046	4.5	1.08
	2,527	3,007	3,170	3,291	3,412	3,505	4.8	0.93
	2,424	2,898	3,098	3,300	3,519	3,711	6.3	0.99
	2,619	3,243	3,376	3,496	3,639	3,742	5.2	1.00
	2,190	2,686	2,933	3,145	3,286	3,474	6.8	0.92
	2,271	2,854	3,040	3,232	3,420	3,535	6.5	0.94
	2,276	2,839	2,985	3,131	3,399	3,529	6.5	0.94
	2,594	3,186	3,415	3,569	3,728	3,808	5.6	1.01
	2,378	2,743	2,858	3,009	3,155	3,284	4.7	0.87
	2,568	3,233	3,442	3,649	3,858	4,044	6.7	1.08
SouthwestArizonaNew MexicoOklahomaTexas	2,373	2,794	2,934	3,075	3,194	3,339	5.0	0.89
	2,407	2,729	2,769	2,862	2,935	3,100	3.7	0.82
	2,211	2,609	2,744	2,943	3,058	3,209	5.5	0.85
	2,336	2,819	3,014	3,188	3,268	3,397	5.5	0.90
	2,387	2,821	2,975	3,117	3,255	3,397	5.2	0.90
Rocky Mountains. Colorado Idaho Montana Utah Wyoming	2,267	2,608	2,751	2,874	3,010	3,145	4.8	0.84
	2,481	2,835	2,977	3,071	3,202	3,331	4.3	0.89
	2,082	2,436	2,580	2,765	2,883	3,035	5.5	0.81
	2,304	2,655	2,876	2,917	3,114	3,314	5.3	0.88
	1,960	2,250	2,349	2,506	2,638	2,731	4.8	0.73
	2,234	2,658	2,850	3,046	3,185	3,381	6.1	0.90

See footnotes at end of table.

Table 142 (page 2 of 2). Personal health care per capita expenditures, by geographic region and State: United States, selected years 1991–98

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

Geographic region and State ¹	1991	1994	1995	1996	1997	1998	1991–98	1998
			Average annual percent change	Ratio to U.S. per capita expenditures				
Far West. Alaska. California. Hawaii. Nevada. Oregon. Washington	\$2,634 2,459 2,690 2,638 2,393 2,337 2,545	\$3,028 2,811 3,071 3,248 2,829 2,780 2,946	\$3,109 3,050 3,132 3,462 2,881 2,924 3,075	\$3,183 3,227 3,200 3,656 2,949 3,019 3,142	\$3,255 3,340 3,265 3,664 3,028 3,160 3,225	\$3,414 3,442 3,429 3,770 3,147 3,334 3,382	3.8 4.9 3.5 5.2 4.0 5.2 4.1	0.91 0.92 0.91 1.00 0.84 0.89 0.90

¹Data are shown for Bureau of Economic Analysis (BEA) regions that are constructed to show economically interdependent states. These BEA geographic regions differ from Bureau of the Census geographic divisions shown in some *Health, United States* tables. See Appendix II, Geographic region and division.

NOTES: Personal health care includes the following types of services: hospital care, physician and other professional services, nursing home care and home health care, drugs and nondurable products, dental services, durable products, and other personal health care not otherwise specified. Per capita expenditures for each category except the last three are shown in tables 141–144. Services not shown separately accounted for 6 percent of personal health care expenditures in 1991 and 10 percent in 1998. Data for additional years are available. See Appendix III.

SOURCE: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group, National Health Accounts, State Health Expenditures. www.cms.hhs.gov/statistics/nhe/state-estimates-residence/.

²The Mideast region includes spending in the District of Columbia (DC), although it is not listed separately. Per capita spending in DC is substantially higher than per capita spending in most states. Most of this higher spending comes from spending on hospital care. One contributing factor to higher spending is the concentration of several higher-cost academic medical centers in a very small geographic area populated with a small number of people. Another factor could be the inability of current data sources and methods to accurately portray spending flows between providers located in DC and beneficiary resident locations. As a result, per capita spending in DC is not shown.

Table 143 (page 1 of 2). Hospital care per capita expenditures, by geographic region and State: United States, selected years 1991–98

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

Geographic region and State ¹	1991	1994	1995	1996	1997	1998	1991–98	1998
			Per capita e	expenditures			Average annual percent change	Ratio to U.S. per capita expenditures
United States	\$1,109	\$1,279	\$1,310	\$1,344	\$1,372	\$1,405	3.4	1.00
New England Connecticut Maine Massachusetts New Hampshire Rhode Island Vermont	1,253	1,438	1,463	1,503	1,562	1,613	3.7	1.15
	1,206	1,345	1,343	1,387	1,423	1,478	2.9	1.05
	1,015	1,204	1,296	1,385	1,441	1,501	5.7	1.07
	1,416	1,636	1,635	1,675	1,738	1,807	3.5	1.29
	987	1,123	1,180	1,187	1,235	1,234	3.2	0.88
	1,191	1,368	1,473	1,498	1,632	1,626	4.5	1.16
	948	1,135	1,244	1,259	1,304	1,328	4.9	0.95
Mideast ² Delaware. Maryland. New Jersey. New York. Pennsylvania.	1,320	1,553	1,575	1,616	1,645	1,656	3.3	1.18
	1,187	1,457	1,513	1,467	1,565	1,581	4.2	1.13
	1,158	1,312	1,360	1,424	1,457	1,486	3.6	1.06
	1,187	1,430	1,424	1,509	1,467	1,481	3.2	1.05
	1,380	1,646	1,672	1,726	1,754	1,769	3.6	1.26
	1,332	1,520	1,548	1,538	1,610	1,599	2.6	1.14
Great Lakes Illinois Indiana Michigan Ohio Wisconsin	1,134	1,317	1,361	1,405	1,455	1,471	3.8	1.05
	1,238	1,416	1,455	1,491	1,531	1,558	3.3	1.11
	1,048	1,239	1,273	1,228	1,365	1,413	4.4	1.01
	1,129	1,318	1,393	1,444	1,474	1,489	4.0	1.06
	1,132	1,325	1,366	1,434	1,459	1,437	3.5	1.02
	998	1,151	1,173	1,266	1,336	1,377	4.7	0.98
Plains. lowa Kansas Minnesota Missouri Nebraska North Dakota South Dakota	1,069	1,269	1,317	1,365	1,415	1,460	4.6	1.04
	1,095	1,269	1,325	1,406	1,455	1,520	4.8	1.08
	1,083	1,278	1,333	1,369	1,412	1,428	4.0	1.02
	933	1,060	1,104	1,156	1,249	1,254	4.3	0.89
	1,170	1,437	1,464	1,476	1,494	1,566	4.3	1.11
	1,043	1,258	1,316	1,419	1,433	1,507	5.4	1.07
	1,062	1,357	1,466	1,532	1,647	1,741	7.3	1.24
	1,106	1,269	1,370	1,436	1,499	1,534	4.8	1.09
Southeast Alabama Arkansas Florida Georgia Kentucky Louisiana Mississippi North Carolina South Carolina Tennessee Virginia West Virginia	1,085	1,253	1,297	1,343	1,378	1,409	3.8	1.00
	1,109	1,284	1,376	1,445	1,473	1,432	3.7	1.02
	1,028	1,167	1,228	1,320	1,354	1,430	4.8	1.02
	1,130	1,267	1,290	1,317	1,322	1,371	2.8	0.98
	1,089	1,249	1,270	1,299	1,309	1,329	2.9	0.95
	1,067	1,220	1,266	1,340	1,411	1,479	4.8	1.05
	1,207	1,453	1,502	1,520	1,563	1,601	4.1	1.14
	1,025	1,231	1,365	1,456	1,443	1,551	6.1	1.10
	972	1,169	1,246	1,306	1,366	1,373	5.1	0.98
	1,073	1,303	1,326	1,345	1,467	1,480	4.7	1.05
	1,122	1,311	1,296	1,346	1,379	1,375	3.0	0.98
	1,016	1,113	1,167	1,212	1,258	1,286	3.4	0.92
	1,186	1,381	1,452	1,562	1,635	1,693	5.2	1.20
Southwest. Arizona New Mexico. Oklahoma Texas Rocky Mountains. Colorado Idaho Montana Utah Wyoming.	992 920 1,051 1,000 1,001 921 986 848 983 781 1,038	1,137 1,000 1,213 1,152 1,159 1,013 1,067 933 1,111 882 1,142	1,157 998 1,218 1,210 1,179 1,067 1,114 978 1,232 917 1,238	1,191 1,012 1,267 1,275 1,211 1,097 1,111 1,073 1,206 978 1,341	1,205 1,022 1,313 1,282 1,225 1,131 1,139 1,094 1,333 995 1,380	1,255 1,085 1,389 1,307 1,274 1,164 1,147 1,163 1,440 1,016 1,439	3.4 2.4 4.1 3.9 3.5 3.4 2.2 4.6 5.6 3.8 4.8	0.89 0.77 0.99 0.93 0.91 0.83 0.82 0.83 1.02

See footnotes at end of table.

Table 143 (page 2 of 2). Hospital care per capita expenditures, by geographic region and State: United States, selected years 1991–98

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

Geographic region and State ¹	1991	1994	1995	1996	1997	1998	1991–98	1998
			Average annual percent change	Ratio to U.S. per capita expenditures				
Far West. Alaska. California. Hawaii. Nevada. Oregon Washington	\$ 974 1,118 998 1,074 879 822 904	\$1,093 1,306 1,106 1,318 1,013 964 1,038	\$1,099 1,447 1,103 1,371 1,001 1,001 1,061	\$1,098 1,496 1,092 1,462 1,021 1,021 1,078	\$1,088 1,502 1,076 1,413 1,027 1,049 1,085	\$1,146 1,496 1,145 1,391 1,033 1,112 1,116	2.3 4.3 2.0 3.8 2.3 4.4 3.1	0.82 1.06 0.81 0.99 0.74 0.79

¹Data are shown for Bureau of Economic Analysis (BEA) regions that are constructed to show economically interdependent states. These BEA geographic regions differ from Bureau of the Census geographic divisions shown in some *Health, United States* tables. See Appendix II, Geographic region and division.

NOTE: Data for additional years are available. See Appendix III.

SOURCE: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group, National Health Accounts, State Health Expenditures. www.cms.hhs.gov/statistics/nhe/state-estimates-residence/.

²The Mideast region includes spending in the District of Columbia (DC), although it is not listed separately. Per capita spending in DC is substantially higher than per capita spending in most states. Most of this higher spending comes from spending on hospital care. One contributing factor to higher spending is the concentration of several higher-cost academic medical centers in a very small geographic area populated with a small number of people. Another factor could be the inability of current data sources and methods to accurately portray spending flows between providers located in DC and beneficiary resident locations. As a result, per capita spending in DC is not shown.

Table 144. Physician and other professional services per capita expenditures, by geographic region and State: United States, selected years 1991–98

Geographic region and State ¹	1991	1994	1995	1996	1997	1998	1991–98	1998
			Per capita e	expenditures			Average annual percent change	Ratio to U.S. per capita expenditures
United States	\$ 795	\$ 932	\$ 972	\$1,003	\$1,043	\$1,095	4.7	1.00
New England Connecticut Maine Massachusetts New Hampshire Rhode Island Vermont	823	980	1,045	1,080	1,163	1,246	6.1	1.14
	945	1,072	1,182	1,188	1,249	1,304	4.7	1.19
	621	736	796	847	929	1,020	7.4	0.93
	845	1,035	1,073	1,117	1,224	1,316	6.5	1.20
	726	881	964	1,039	1,101	1,189	7.3	1.09
	751	890	974	974	1,022	1,128	6.0	1.03
	634	752	796	838	911	988	6.5	0.90
Mideast ² Delaware Maryland New Jersey New York Pennsylvania	812	982	1,027	1,044	1,079	1,136	4.9	1.04
	843	1,002	1,011	1,024	1,084	1,123	4.2	1.03
	871	1,056	1,060	1,080	1,099	1,140	3.9	1.04
	879	1,052	1,153	1,155	1,193	1,225	4.9	1.12
	758	936	982	1,006	1,044	1,112	5.6	1.01
	806	954	980	998	1,034	1,103	4.6	1.01
Great Lakes Illinois Indiana Michigan Ohio Wisconsin	747	882	914	944	963	1,015	4.5	0.93
	751	901	929	970	991	1,046	4.9	0.95
	681	820	828	860	883	944	4.8	0.86
	744	855	889	918	937	973	3.9	0.89
	776	882	911	943	941	992	3.6	0.91
	751	955	1,030	1,033	1,083	1,151	6.3	1.05
Plains . lowa . Kansas . Minnesota . Missouri . Nebraska . North Dakota . South Dakota .	690 662 757 775 649 580 671 590	852 798 879 1,020 781 723 826 733	892 823 940 1,107 787 724 915 764	937 856 969 1,189 822 750 911 815	983 888 993 1,260 869 790 880 908	1,051 956 1,039 1,347 938 839 914 998	6.2 5.4 4.6 8.2 5.4 5.4 7.8	0.96 0.87 0.95 1.23 0.86 0.77 0.83 0.91
Southeast Alabama Arkansas Florida. Georgia Kentucky Louisiana. Mississippi North Carolina South Carolina Tennessee Virginia West Virginia	765	899	936	969	1,018	1,059	4.8	0.97
	777	902	913	941	1,020	1,075	4.7	0.98
	707	808	842	836	903	941	4.2	0.86
	1,033	1,182	1,178	1,201	1,235	1,273	3.0	1.16
	767	883	966	1,007	1,066	1,091	5.2	1.00
	656	783	862	898	935	976	5.8	0.89
	702	829	844	867	917	968	4.7	0.88
	564	661	719	757	838	879	6.5	0.80
	627	782	811	854	891	941	6.0	0.86
	571	705	747	784	846	896	6.7	0.82
	720	877	999	1,052	1,112	1,149	6.9	1.05
	716	822	827	865	894	928	3.8	0.85
	682	862	896	923	983	1,040	6.2	0.95
SouthwestArizona New Mexico. Oklahoma Texas	718	809	856	887	935	989	4.7	0.90
	856	920	918	949	982	1,037	2.8	0.95
	591	689	735	810	843	878	5.8	0.80
	656	765	804	841	886	948	5.4	0.87
	711	803	861	887	941	995	4.9	0.91
Rocky Mountains. Colorado Idaho Montana Utah Wyoming	678	764	796	830	877	925	4.5	0.84
	788	897	929	964	1,007	1,058	4.3	0.97
	618	693	739	767	813	852	4.7	0.78
	609	639	696	730	777	825	4.4	0.75
	557	629	637	675	726	763	4.6	0.70
	594	693	746	760	811	896	6.0	0.82
Far West. Alaska. California. Hawaii. Nevada Oregon Washington	977	1,108	1,148	1,181	1,212	1,261	3.7	1.15
	701	740	792	866	902	953	4.5	0.87
	1,039	1,184	1,221	1,259	1,290	1,340	3.7	1.22
	799	1,012	1,118	1,214	1,235	1,311	7.3	1.20
	898	960	993	1,000	1,035	1,085	2.7	0.99
	737	854	899	911	963	1,001	4.5	0.91
	831	914	957	969	988	1,037	3.2	0.95

¹Data are shown for Bureau of Economic Analysis (BEA) regions that are constructed to show economically interdependent states. These BEA geographic regions differ from Bureau of the Census geographic divisions shown in some *Health, United States* tables. See Appendix II, Geographic region and division.

²The Mideast region includes spending in the District of Columbia (DC), although it is not listed separately.

NOTE: Data for additional years are available. See Appendix III.

SOURCE: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group, National Health Accounts, State Health Expenditures. www.cms.hhs.gov/statistics/nhe/state-estimates-residence/.

Table 145. Nursing home care and home health care per capita expenditures, by geographic region and State: United States, selected years 1991–98

Geographic region and State ¹	1991	1994	1995	1996	1997	1998	1991–98	1998
			Per capita e	expenditures			Average annual percent change	Ratio to U.S. per capita expenditures
United States	\$290	\$374	\$398	\$420	\$430	\$433	5.9	1.00
New England Connecticut Maine Massachusetts New Hampshire Rhode Island Vermont	492	618	656	688	693	702	5.2	1.62
	578	734	780	827	847	860	5.8	1.99
	384	492	516	525	532	538	4.9	1.24
	534	664	702	735	733	739	4.7	1.71
	268	375	419	450	465	470	8.3	1.08
	443	541	571	587	574	606	4.6	1.40
	316	357	378	403	412	411	3.9	0.95
Mideast ² Delaware Maryland New Jersey New York Pennsylvania	447	548	578	609	623	648	5.5	1.50
	328	417	455	492	495	520	6.8	1.20
	247	323	344	354	369	395	7.0	0.91
	309	425	474	499	513	514	7.5	1.19
	628	730	749	784	789	827	4.0	1.91
	353	452	489	530	559	582	7.4	1.34
Great Lakes Illinois Indiana Michigan Ohio Wisconsin	306	381	405	425	442	445	5.5	1.03
	286	359	379	391	403	409	5.2	0.94
	331	426	443	459	470	464	4.9	1.07
	246	295	316	339	374	342	4.8	0.79
	341	438	468	500	511	549	7.1	1.27
	360	424	454	466	480	478	4.2	1.10
Plains. lowa Kansas Minnesota Missouri Nebraska North Dakota South Dakota	327	404	425	453	465	474	5.5	1.09
	326	400	424	461	476	502	6.4	1.16
	289	357	374	404	420	421	5.5	0.97
	412	490	502	505	496	503	2.9	1.16
	285	371	401	443	473	476	7.6	1.10
	289	378	397	431	441	459	6.8	1.06
	378	405	423	442	455	470	3.2	1.09
	274	345	359	387	391	401	5.6	0.93
Southeast Alabama Arkansas Florida. Georgia Kentucky Louisiana. Mississippi North Carolina South Carolina Tennessee Virginia West Virginia	240 213 251 282 201 253 265 210 242 197 286 177 237	340 303 332 404 288 345 389 307 355 274 410 236 329	368 333 359 439 303 377 424 327 381 304 448 247 375	396 357 376 464 311 471 367 413 337 478 271 411	406 369 410 465 308 446 470 382 433 340 491 289 414	404 360 415 471 308 458 431 366 430 349 474 296 414	7.7 7.8 7.4 7.6 6.3 8.8 7.2 8.3 8.5 7.5 7.6 8.3	0.93 0.83 0.96 1.09 0.71 1.06 1.00 0.84 0.99 0.81 1.09 0.68 0.96
SouthwestArizonaNew MexicoOklahomaTexas	205	287	318	346	358	340	7.5	0.79
	162	247	248	257	251	242	5.9	0.56
	149	190	221	239	242	238	6.9	0.55
	257	363	412	440	426	402	6.6	0.93
	209	291	327	361	381	362	8.2	0.84
Rocky Mountains. Colorado Idaho Montana Utah Wyoming	193	248	260	274	283	277	5.3	0.64
	203	254	266	289	307	307	6.1	0.71
	176	254	266	279	281	272	6.4	0.63
	249	336	346	331	322	317	3.5	0.73
	166	189	203	213	218	202	2.9	0.47
	173	266	281	301	308	296	8.0	0.68
Far West. Alaska. California. Hawaii. Nevada Oregon Washington	173	226	236	240	242	245	5.1	0.57
	95	121	127	99	97	90	-0.8	0.21
	155	208	218	224	228	232	5.9	0.54
	160	189	195	206	215	223	4.8	0.51
	143	249	229	218	207	203	5.1	0.47
	246	267	275	288	299	300	2.8	0.69
	256	321	344	329	323	326	3.5	0.75

¹Data are shown for Bureau of Economic Analysis (BEA) regions that are constructed to show economically interdependent states. These BEA geographic regions differ from Bureau of the Census geographic divisions shown in some *Health, United States* tables. See Appendix II, Geographic region and division.

²The Mideast region includes spending in the District of Columbia (DC), although it is not listed separately.

NOTE: Data for additional years are available. See Appendix III.

SOURCE: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group, National Health Accounts, State Health Expenditures. www.cms.hhs.gov/statistics/nhe/state-estimates-residence/.

Table 146. Drugs and other nondurables per capita expenditures, by geographic region and State: United States, selected years 1991–98

Geographic region and State ¹	1991	1994	1995	1996	1997	1998	1991–98	1998
			Per capita e	expenditures			Average annual percent change	Ratio to U.S. per capita expenditures
United States	\$260	\$313	\$337	\$370	\$406	\$451	8.2	1.00
New England Connecticut Maine Massachusetts New Hampshire Rhode Island Vermont	265	323	348	380	418	479	8.8	1.06
	280	344	375	410	448	521	9.3	1.15
	225	277	301	342	398	449	10.4	1.00
	267	323	347	375	410	469	8.4	1.04
	261	314	336	366	402	455	8.2	1.01
	281	343	373	413	451	511	8.9	1.13
	230	277	298	321	351	401	8.2	0.89
Mideast ² Delaware Maryland New Jersey New York Pennsylvania	274	337	365	405	449	506	9.1	1.12
	267	324	349	395	456	524	10.1	1.16
	274	306	319	356	406	449	7.3	0.99
	304	381	416	455	498	562	9.2	1.25
	262	326	356	399	437	492	9.4	1.09
	274	337	366	404	452	513	9.4	1.14
Great Lakes Illinois Indiana Michigan Ohio Wisconsin	261	319	345	381	413	453	8.2	1.00
	255	310	335	368	393	430	7.7	0.95
	264	331	361	389	422	449	7.9	1.00
	279	341	371	418	458	498	8.6	1.10
	260	313	338	371	407	448	8.1	0.99
	245	298	320	352	379	434	8.5	0.96
Plains. lowa Kansas Minnesota Missouri. Nebraska North Dakota South Dakota	246	298	320	348	379	429	8.3	0.95
	240	292	316	348	375	426	8.6	0.94
	245	292	312	344	379	413	7.7	0.92
	233	286	309	340	372	424	8.9	0.94
	263	316	336	355	387	442	7.7	0.98
	257	319	345	380	414	476	9.2	1.06
	237	286	307	332	358	392	7.4	0.87
	220	264	280	302	323	363	7.4	0.81
Southeast Alabama Arkansas Florida. Georgia Kentucky Louisiana. Mississippi North Carolina South Carolina Tennessee Virginia West Virginia	268	328	356	392	434	482	8.8	1.07
	271	327	351	385	432	471	8.2	1.04
	266	322	346	388	418	464	8.3	1.03
	285	359	395	444	488	552	9.9	1.22
	255	308	333	364	403	441	8.1	0.98
	275	335	363	399	444	499	8.9	1.11
	272	330	357	381	415	456	7.6	1.01
	253	304	325	355	396	444	8.4	0.98
	251	305	331	366	411	452	8.8	1.00
	240	298	325	364	412	449	9.4	0.99
	286	348	376	408	453	507	8.5	1.12
	254	307	333	360	393	434	7.9	0.96
	287	357	392	422	477	524	9.0	1.16
Southwest. Arizona New Mexico. Oklahoma Texas	258	309	332	362	392	433	7.7	0.96
	254	313	342	371	400	443	8.3	0.98
	228	268	284	312	332	363	6.9	0.80
	246	304	333	362	384	424	8.1	0.94
	264	313	333	364	397	439	7.5	0.97
Rocky Mountains Colorado Idaho Montana Utah Wyoming	231 231 226 236 236 222	280 281 275 289 282 259	301 304 297 311 302 275	328 325 325 338 336 304	353 347 352 358 369 332	390 389 386 397 394 370	7.7 7.8 7.9 7.7 7.6 7.5	0.86 0.86 0.86 0.88 0.87
Far West. Alaska. California. Hawaii. Nevada. Oregon Washington	243	274	288	308	339	374	6.4	0.83
	228	257	275	301	323	360	6.7	0.80
	239	264	275	292	323	355	5.8	0.79
	314	353	372	388	407	431	4.7	0.96
	256	329	362	391	429	472	9.1	1.05
	238	294	316	349	378	422	8.5	0.94
	252	290	308	335	369	416	7.4	0.92

¹Data are shown for Bureau of Economic Analysis (BEA) regions that are constructed to show economically interdependent states. These BEA geographic regions differ from Bureau of the Census geographic divisions shown in some *Health, United States* tables. See Appendix II, Geographic region and division.

²The Mideast region includes spending in the District of Columbia (DC), although it is not listed separately.

NOTE: Data for additional years are available. See Appendix III.

SOURCE: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group, National Health Accounts, State Health Expenditures. www.cms.hhs.gov/statistics/nhe/state-estimates-residence/.

Table 147. Medicare expenditures as a percent of total personal health care expenditures by geographic region and State: United States, 1991–98

Geographic region and State ¹	1991	1992	1993	1994	1995	1996	1997	1998
				Per	rcent			
United States	17.3	17.9	18.3	19.5	20.5	21.0	21.2	20.6
New England	16.5	17.4	18.1	19.1	20.3	21.2	21.0	20.2
Connecticut	15.5	16.5	17.4	18.5	19.7	20.6	20.5	20.5
Maine	16.4 17.4	16.6 18.4	16.8 19.2	18.2 20.1	19.1 21.7	19.5 22.6	19.6 22.1	19.0 20.7
New Hampshire	13.9	14.5	14.5	15.8	16.4	16.9	16.7	16.6
Rhode Island	17.9	18.5	18.8	20.1	20.5	22.4	22.8	22.0
Vermont	15.0	15.4	15.6	16.5	17.2	17.6	17.3	16.6
Mideast	17.5 15.1	18.2 15.9	18.6 16.0	19.3 16.3	20.1 16.5	20.6 17.4	21.1 16.9	21.1 17.4
District of Columbia	13.1	12.3	12.6	13.2	14.0	15.2	16.1	16.9
Maryland	16.3	17.2	17.4	17.9	18.1	18.3	18.8	19.2
New Jersey	16.8 16.1	18.5 16.6	18.8 17.0	19.1 17.8	19.7 18.9	19.8 19.3	21.1 19.8	21.4 19.6
New York	21.2	21.6	22.3	23.0	24.1	24.9	24.9	24.8
Great Lakes	17.0	17.6	17.7	18.8	19.8	20.0	20.1	20.0
Illinois	16.9	17.3	17.5	18.7	19.4	19.5	19.5	19.2
Indiana	16.8	17.5 18.6	17.6 18.9	18.6 20.2	19.9 21.4	20.5	20.4 21.8	19.8 22.0
Michigan	17.7 17.5	18.1	18.1	20.2 19.1	21.4 20.2	21.7 20.3	20.9	21.1
Wisconsin	15.2	15.6	15.3	16.0	16.6	16.8	16.8	16.2
Plains	17.0	17.4	17.4	17.9	18.7	18.8	18.9	18.1
lowa	17.5	18.0	17.7	18.1	18.7	18.6	18.8	17.8
Kansas	17.4 14.4	17.9 14.6	18.0 14.3	18.8 14.4	19.8 15.0	19.8 15.2	20.4 15.1	19.6 14.7
Missouri	19.1	20.0	20.3	21.2	22.4	22.4	22.4	21.1
Nebraska	15.9	15.7	15.7	16.4	17.2	17.4	18.0	17.2
North Dakota	16.4 16.5	16.4 17.0	16.7 16.7	17.1 17.2	17.3 17.8	17.0 17.8	17.2 17.7	16.7 17.3
	19.3	20.0	20.3	21.8	22.9	23.3	23.3	22.5
Southeast	19.6	20.8	21.3	22.6	23.6	23.7	23.4	22.6
Arkansas	21.8	21.7	21.3	22.7	23.7	23.9	23.8	23.1
Florida	23.3	24.2	25.1	27.2 17.5	28.6	28.8	29.0	28.1
Georgia	15.9 18.8	17.0 19.2	16.6 19.5	17.5 20.8	18.3 21.2	18.5 21.4	18.4 21.2	17.3 20.2
Louisiana	19.4	20.1	20.5	22.9	24.9	26.5	26.9	26.3
Mississippi	21.0	22.5	22.4	24.1	25.4	26.7	27.0	25.1
North Carolina	17.5 15.1	17.4 15.9	17.3 16.3	18.1 18.6	19.4 19.4	19.6 20.2	19.4 19.8	19.3 19.7
Tennessee	18.7	19.4	19.9	21.1	21.7	22.1	21.6	20.6
Virginia	14.9	15.8	15.9	17.1	17.9	18.3	18.5	18.0
West Virginia	20.5	21.3	20.5	21.7	22.5	23.7	23.9	23.1
Southwest	16.4 19.7	16.8 19.6	17.3 19.3	19.4 20.4	21.1 21.7	21.9 22.2	22.3 22.6	21.0 21.1
New Mexico	14.7	14.6	14.6	16.1	17.2	17.4	17.5	16.9
Oklahoma	19.1	19.7	20.0	22.4	24.3	25.0	25.5	24.0
Texas	15.4	15.9	16.6	19.0	20.8	21.6	22.0	20.9
Rocky Mountains	13.9 13.4	14.6 14.0	15.1 14.6	16.2 15.8	17.2 16.9	17.4 17.4	17.2 17.1	16.4 16.5
Idaho	15.1	15.9	15.9	17.3	18.3	18.3	18.6	17.7
Montana	17.1	17.9	18.4	19.1	18.9	19.1	19.1	18.4
Utah	12.4 14.3	13.2 15.2	13.8 16.2	14.7 17.2	16.1 18.1	16.1 17.3	15.8 17.1	14.7 16.1
Far West	16.1	16.2	17.0	18.2	19.2	19.7	20.1	19.3
Alaska	6.5	6.9	7.1	7.8	8.7	9.0	9.3	9.1
California	16.5	16.5	17.5	18.9	20.1	20.7	21.1	20.1
Hawaii	12.1 16.3	12.6 16.7	12.8 18.1	13.0 19.1	13.6 20.2	13.4 20.9	14.3 21.7	14.1 20.7
Nevada	16.3	17.5	18.1 17.4	18.3	20.2 19.0	20.9 19.4	21.7 19.5	20.7 19.1
Washington	15.0	15.3	15.2	15.8	16.3	16.5	17.0	16.7

¹Data are shown for Bureau of Economic Analysis (BEA) regions that are constructed to show economically interdependent states. These BEA geographic regions differ from Bureau of the Census geographic divisions shown in some *Health, United States* tables. See Appendix II, Geographic region and division.

SOURCE: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group, National Health Accounts, State Health Expenditures. www.cms.hhs.gov/statistics/nhe/state-estimates-residence/.

Table 148. Medicaid expenditures as a percent of total personal health care expenditures by geographic region and State: United States, 1991–98

Geographic region and State ¹	1991	1992	1993	1994	1995	1996	1997	1998
				Per	rcent			
United States	13.2	13.7	14.7	15.2	15.6	15.9	15.7	15.7
New England	17.0	16.7	16.6	18.0	18.8	17.8	18.6	18.8
Connecticut	15.7	14.8	15.9	17.0	18.0	17.7	18.5	17.5
Maine	18.3 18.1	19.0 17.3	21.3 16.2	22.1 18.0	21.1 19.2	21.1 17.3	21.9 18.3	21.1 19.3
New Hampshire	11.7	12.4	13.2	14.5	15.6	15.1	15.7	15.6
Rhode Island	18.6	21.5	20.9	21.2	20.7	20.6	21.4	21.6
Vermont	15.6	15.2	15.6	16.7	17.0	17.6	17.3	18.0
Mideast	18.1 10.2	18.5 10.4	19.3 11.0	20.1 11.4	21.0 12.7	21.7 14.3	21.5 12.6	22.2 12.5
District of Columbia	19.2	18.5	20.5	21.7	20.9	20.9	22.5	20.5
Maryland	11.7	12.2	12.5	13.2	13.5	13.5	13.8	12.7
New Jersey	13.1	12.3	13.6	13.9	14.0	13.9	14.6	14.0
New York	26.4 10.4	26.5 12.3	27.5 12.0	28.4 13.3	29.8 14.0	30.7 15.4	29.7 16.1	31.5 16.3
Great Lakes	12.2	13.3	14.4	14.3	14.4	14.8	14.6	14.5
Illinois	9.1	11.8	13.2	13.5	14.2	15.1	15.1	14.8
Indiana	14.0	14.9	16.4	14.0	12.0	13.2	12.1	12.0
Michigan	12.2	12.6	14.2	14.6	15.0	15.1	15.3	14.9
Ohio	14.0 14.1	14.5 14.0	15.0 14.0	15.2 14.0	15.6 13.7	15.4 13.6	15.4 13.5	15.6 13.4
Plains	12.1	13.0	13.4	13.8	13.9	13.9	13.8	14.3
lowa	11.9	12.0	12.5	12.8	12.8	13.0	12.8	15.4
Kansas	9.7	10.3	11.3	11.4	10.7	10.7	10.8	10.8
Minnesota	15.5 10.3	15.2 13.0	16.0 12.7	16.7 13.2	16.9 13.6	16.5 13.5	15.4 14.3	15.4 14.4
Missouri	11.4	11.8	12.7	12.8	12.6	13.2	13.4	14.4
North Dakota	14.9	14.1	14.5	14.0	13.6	14.3	14.2	13.8
South Dakota	12.7	13.0	13.7	13.8	13.7	13.8	13.1	13.4
Southeast	11.7	12.2	13.4	14.0	14.4	14.2	14.1	14.0
Alabama	8.8 13.6	10.1 14.9	10.8 15.4	11.5 15.3	12.2 15.5	12.7 15.6	13.1 15.3	13.0 15.5
Florida	8.5	9.1	9.9	10.2	10.6	10.4	10.7	10.4
Georgia	12.1	11.8	12.8	14.0	13.8	13.5	12.8	12.2
Kentucky	13.8 17.8	15.4 17.7	16.2 22.1	16.6 24.3	16.1 23.1	16.6 20.0	17.7 18.9	16.9 19.1
Louisiana	14.8	14.7	15.4	16.4	16.8	16.8	16.8	15.8
North Carolina	12.9	13.3	14.3	14.8	16.7	17.3	17.2	16.9
South Carolina	14.8	15.3	15.9	16.5	16.7	16.6	16.0	16.6
Tennessee	12.6 8.9	13.9 9.0	14.1 9.8	15.6 9.8	17.1 10.1	16.3 10.1	16.4 10.2	17.4 9.9
West Virginia	15.3	17.5	19.7	19.5	18.6	17.7	17.0	17.3
Southwest	11.1	12.1	13.0	13.7	13.5	13.6	13.2	12.6
Arizona	8.6	11.0	11.3	12.0	11.8	12.2	12.2	12.0
New Mexico Oklahoma	12.1 12.3	13.1 12.5	14.3 12.2	15.5 11.2	16.5 11.0	18.3 10.9	17.9 10.9	17.7 11.8
Texas	11.4	12.2	13.4	14.3	14.1	14.0	13.5	12.5
Rocky Mountains	10.2	10.9	11.4	11.8	11.8	12.2	11.9	11.9
Colorado	9.1	10.1	10.5	11.1	11.3	11.6	11.5	11.4
Idaho	10.7 13.5	11.1 13.7	11.3 15.2	11.3 15.2	11.3 14.4	12.1 15.4	12.2 14.3	12.1 13.8
Utah	10.8	11.3	15.2 11.7	15.2 11.8	14.4	12.0	14.3	11.8
Wyoming	10.1	11.3	11.8	12.7	12.6	12.9	12.7	12.3
Far West	10.9	10.9	12.4	12.8	13.3	14.3	14.0	13.3
Alaska	13.8	14.7	17.3	16.3	15.9	17.1	17.5	16.9
California	10.8 9.1	10.7 8.7	12.3 10.0	12.6 12.5	12.9 16.0	14.1 13.9	13.7 13.4	12.7 14.2
Nevada	7.7	8.7	9.2	8.7	9.2	9.0	9.0	9.1
Oregon	10.4	10.8	11.8	13.2	14.8	15.2	14.5	15.3
Washington	12.9	13.1	14.3	14.8	15.3	16.3	16.3	16.2

¹Data are shown for Bureau of Economic Analysis (BEA) regions that are constructed to show economically interdependent states. These BEA geographic regions differ from Bureau of the Census geographic divisions shown in some *Health, United States* tables. See Appendix II, Geographic region and division.

SOURCE: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group, National Health Accounts, State Health Expenditures. www.cms.hhs.gov/statistics/nhe/state-estimates-residence/.

Table 149 (page 1 of 2). State mental health agency per capita expenditures for mental health services and average annual percent change by geographic region and State: United States, selected fiscal years 1981–2001

[Data are based on reporting by State mental health agencies]

Geographic region and State ¹	1981	1983	1985	1987	1990	1993	1997	2001	1981–90	1990–2001
				Amount p	er capita					je annual it change
United States	\$ 27	\$31	\$35	\$ 38	\$ 48	\$ 54	\$ 64	\$ 81	6.6	4.9
New England: Connecticut ² Maine Massachusetts New Hampshire Rhode Island ² Vermont	32	39	44	56	73	82	99	129	9.6	5.3
	25	32	36	42	67	70	88	107	11.6	4.3
	32	36	46	62	84	83	90	107	11.3	2.2
	35	39	42	36	63	78	99	112	6.7	5.4
	36	32	35	41	50	61	63	88	3.7	5.3
	32	40	44	44	54	74	92	130	6.0	8.3
Mideast: Delaware ² District of Columbia ³ Maryland New Jersey New York Pennsylvania ⁴	44 33 26 67 41	51 23 37 31 74 47	46 28 40 36 90 52	41 130 49 43 99 50	55 268 61 57 118 57	56 315 64 68 131 68	73 337 76 69 113 68	93 398 127 90 176 152	2.5 7.1 9.1 6.5 3.7	4.9 3.7 6.9 4.2 3.7 9.3
Great Lakes: Illinois	18	21	24	25	34	36	51	64	7.3	5.9
	19	23	27	31	47	39	40	65	10.6	3.0
	33	39	49	61	74	75	87	90	9.4	1.8
	25	29	30	34	41	47	52	61	5.7	3.7
	22	27	28	31	37	35	44	72	5.9	6.2
Plains: lowa Kansas Minnesota ⁵ Missouri Nebraska North Dakota South Dakota	8 18 17 24 17 39	10 22 30 25 19 42 21	11 27 32 28 21 36 22	12 28 42 32 21 42 27	17 35 54 35 29 40 25	13 48 69 41 34 43	29 59 87 56 39 48 54	73 60 105 60 51 79 61	8.7 7.7 8.8 4.3 6.1 0.3 4.4	14.2 5.0 6.2 5.0 5.3 6.4 8.4
Southeast: Alabama Arkansas ⁴ Florida ⁴ Georgia Kentucky Louisiana Mississippi North Carolina South Carolina Tennessee Virginia West Virginia	20	24	28	29	38	43	47	57	7.4	3.8
	17	20	24	24	26	30	30	28	4.8	0.7
	20	23	26	25	37	31	44	35	7.1	-0.5
	25	26	23	32	51	49	47	46	8.2	-0.9
	15	17	19	23	23	25	35	49	4.9	7.1
	19	23	26	25	28	39	43	45	4.4	4.4
	14	16	24	22	34	41	56	87	10.4	8.9
	24	29	38	41	46	50	62	76	7.5	4.7
	31	33	33	45	51	56	64	74	5.7	3.4
	18	20	23	24	29	37	23	69	5.4	8.2
	23	29	32	35	45	40	49	65	7.7	3.4
	20	20	22	23	24	22	23	26	2.0	0.7
Southwest: Arizona	10	10	12	16	27	60	68	89	11.7	11.5
	24	25	25	24	23	24	31	33	-0.5	3.3
	22	33	31	30	36	38	41	39	5.6	0.7
	13	16	17	19	23	31	39	38	6.5	4.7
Rocky Mountains: Colorado Idaho Montana Utah ⁴ Wyoming	24	25	28	30	34	41	57	64	3.9	5.9
	13	15	15	17	20	26	29	46	4.9	7.9
	25	28	29	28	28	34	93	124	1.3	14.5
	13	16	17	19	21	25	28	33	5.5	4.2
	23	28	31	30	35	42	43	61	4.8	5.2

See footnotes at end of table.

Table 149 (page 2 of 2). State mental health agency per capita expenditures for mental health services and average annual percent change by geographic region and State: United States, selected fiscal years 1981-2001

[Data are based on reporting by State mental health agencies]

Geographic region and State ¹	1981	1983	1985	1987	1990	1993	1997	2001	1981–90	1990–2001
			Average annual percent change							
Far West: Alaska ⁴ California Hawaii Nevada Oregon Washington	\$38 28 19 22 21 18	\$41 29 22 25 21 24	\$45 34 23 26 25 30	\$50 30 26 28 28 37	\$72 42 38 33 41 43	\$86 50 71 32 60 66	\$79 58 85 45 68 79	\$ 81 92 175 57 97 88	7.4 4.6 8.0 4.6 7.7 10.2	1.1 7.4 14.9 5.1 8.1 6.7

^{- - -} Data not available.

NOTES: Expenditures are for mental illness, excluding mental retardation and substance abuse. Starting in 1990 data for Puerto Rico, and starting in 1993 data for Guam are included in the U.S. total. In 2001, 20 states included funds for mental health services in jails or prisons and 12 states included some part of publicly supported housing expenses for adults and children with mental illness. State data omissions and inclusions are likely to be consistent across years.

SOURCES: National Association of State Mental Health Program Directors and the National Association of State Mental Health Program Directors Research Institute, Inc.: Final Report: Funding sources and expenditures of State mental health agencies: Revenue/expenditure study results, fiscal year 1990. Nov. 1992; Supplemental report fiscal year 1993. March 1996; Fiscal year 1997: Final report. July 1999; Fiscal year 2001: Final report. April 2003; Website: www.nri-inc.org.

Data are shown for Bureau of Economic Analysis (BEA) regions that are constructed to show economically interdependent states. These BEA geographic divisions differ from Bureau of the Census geographic divisions shown in some Health, United States tables. See Appendix II, Geographic region and division.

²In 2001 children's mental health expenditures were not included.

³Transfer of St. Elizabeths Hospital from the National Institute of Mental Health to the District of Columbia Office of Mental Health took place over the years 1985–93. 4in 2001 Medicaid revenues for community programs were not included.
5Data for 1981 not comparable with later years' data for Minnesota. Average annual percent change is for 1983–90.

Table 150 (page 1 of 2). Medicare enrollees, enrollees in managed care, payments per enrollee, and short-stay hospital utilization by geographic region and State: United States, 1994 and 2001

[Data are compiled by the Centers for Medicare & Medicaid Services]

							Short-stay h	ospital utilizatio	n
	Enrollment in thousands ²	enroll	ent of lees in ed care ³	fee-for	ents per -service ollee		narges enrollees ⁴	Average le in d	ngth of stay ays ⁴
Geographic division and State ¹	2001	1994	2001	1994	2001	1994	2001	1994	2001
United States ⁵	39,177	7.9	15.8	\$4,375	\$5,942	345	390	7.5	5.9
New England: Connecticut Maine Massachusetts New Hampshire Rhode Island Vermont	519	2.6	14.4	4,426	6,525	287	313	8.1	6.2
	219	0.1	0.2	3,464	4,861	322	320	7.6	5.6
	959	6.1	23.0	5,147	6,779	350	362	7.6	5.8
	171	0.2	1.1	3,414	4,918	281	283	7.6	5.7
	170	7.0	33.3	4,148	6,274	312	352	8.1	6.4
	91	0.1	0.2	3,182	5,059	283	287	7.6	5.7
Mideast: Delaware	117	0.2	2.7	4,712	6,225	326	344	8.1	6.3
	75	3.9	6.4	5,655	7,202	376	396	10.1	7.7
	655	1.4	3.1	4,997	6,804	362	387	7.5	5.6
	1,215	2.6	12.6	4,531	7,560	354	375	10.2	7.4
	2,707	6.2	17.4	4,855	6,883	334	363	11.2	7.9
	2,092	3.3	24.6	5,212	6,306	379	405	8.0	6.1
Great Lakes: Illinois Indiana Michigan Ohio Wisconsin	1,633	5.5	9.6	4,324	5,884	374	417	7.3	5.6
	852	2.6	3.5	3,945	5,352	345	365	6.9	5.6
	1,412	0.7	5.9	4,307	6,265	328	368	7.6	6.0
	1,711	2.4	15.0	3,982	5,697	350	389	7.1	5.5
	780	2.0	5.7	3,246	4,832	310	329	6.8	5.3
Plains: lowa	475	3.1	3.6	3,080	4,762	322	364	6.6	5.3
	386	3.3	7.9	3,847	5,129	348	386	6.5	5.4
	660	19.6	12.6	3,394	4,756	334	355	5.7	5.0
	866	3.4	14.6	4,191	5,549	349	408	7.3	5.6
	256	2.2	4.1	2,926	4,931	281	297	6.3	5.3
	103	0.6	0.6	3,218	4,454	327	319	6.3	5.0
	118	0.1	0.6	2,952	4,356	356	351	6.1	5.1
Southeast: Alabama Arkansas Florida. Georgia Kentucky Louisiana. Mississippi North Carolina South Carolina Tennessee Virginia West Virginia	698 433 2,865 944 627 605 424 1,157 581 846 912 340	0.8 0.2 13.8 0.4 2.3 0.4 0.1 0.5 0.1 0.3 1.5 8.3	8.0 4.2 23.4 4.5 4.5 11.4 1.8 4.3 0.3 5.0 2.1 7.3	4,454 3,719 5,027 4,402 3,862 5,468 4,189 3,465 3,777 4,441 3,748 3,798	5,530 5,193 6,685 5,568 5,492 7,083 5,896 5,230 5,651 5,511 5,028 5,344	413 366 326 378 396 399 423 314 319 375 348 420	450 406 374 373 422 465 464 366 385 395 350 438	7.0 7.0 7.1 6.9 7.2 7.2 7.4 8.0 8.3 7.1 7.3 7.1	5.5 5.9 5.8 5.7 5.5 6.4 5.9 6.2 5.9 6.7
Southwest: Arizona New Mexico Oklahoma Texas	692	24.8	33.6	4,442	5,077	292	307	5.9	4.9
	238	13.6	14.6	3,110	4,362	301	280	6.0	5.3
	511	2.5	10.1	4,098	5,774	355	420	7.0	5.8
	2,304	4.1	11.3	4,703	6,382	333	389	7.2	5.9
Rocky Mountains: Colorado Idaho Montana Utah Wyoming	480	17.2	32.0	3,935	4,961	302	305	6.0	4.9
	170	2.5	9.6	3,045	4,696	274	300	5.2	4.6
	138	0.4	0.4	3,114	4,572	306	324	5.9	4.7
	211	9.4	3.2	3,443	4,514	238	263	5.4	4.7
	67	3.3	2.6	3,537	4,867	315	334	5.6	4.9

See footnotes at end of table.

Table 150 (page 2 of 2). Medicare enrollees, enrollees in managed care, payments per enrollee, and short-stay hospital utilization by geographic region and State: United States, 1994 and 2001

[Data are compiled by the Centers for Medicare & Medicaid Services]

							Short-stay ho	spital utilizatio	n
	Enrollment in thousands ²	Percent of enrollees in managed care ³		enrollees in fee-for-s		Disch per 1,000	narges enrollees ⁴	Average le in d	ngth of stay lays ⁴
Geographic division and State ¹	2001	1994	2001	1994	2001	1994	2001	1994	2001
Far West: Alaska. California Hawaii. Nevada Oregon Washington	44 3,965 171 258 503 750	0.6 30.0 29.8 19.0 27.7 12.5	0.8 38.8 33.8 32.7 35.6 20.6	3,687 5,219 3,069 4,306 3,285 3,401	5,563 6,679 4,017 5,494 4,820 4,858	269 366 301 291 305 269	300 332 226 288 316 273	6.3 6.1 9.1 7.0 5.2 5.3	6.0 6.1 8.2 6.1 4.6 4.9

¹Data are shown for Bureau of Economic Analysis (BEA) regions that are constructed to show economically interdependent States. These BEA geographic regions differ from Bureau of the Census geographic divisions shown in some *Health, United States* tables.

NOTES: Enrollment and percent of enrollees in managed care are based on a five-percent annual Denominator File using the Centers for Medicare & Medicaid Services' (CMS) Enrollment Database and Group Health Plan data. Payments per fee-for-service enrollee are based on fee-for-service billing reimbursement for a five-percent sample of Medicare beneficiaries as recorded in CMS' National Claims History. Short-stay hospital utilization is based on the Medicare Provider Analysis and Review (MEDPAR) stay records for a 20-percent sample of Medicare beneficiaries.

Figures may not sum to totals due to rounding. Data for additional years are available. See Appendix III.

SOURCE: Centers for Medicare & Medicaid Services, Office of Research, Development, and Information. Health Care Financing Review: Medicare and Medicaid Statistical Supplements for the years 1996 to 2003. Website: www.cms.hhs.gov/review/supp/.

²Total persons enrolled in hospital insurance, supplementary medical insurance, or both, as of July 1. Includes fee-for-service and managed care enrollees.

³Includes enrollees in Medicare-approved managed care organizations.

⁴Data are for fee-for-service enrollees only.

⁵Includes residents of any of the 50 States and the District of Columbia. Excludes Puerto Rico, Guam, Virgin Islands, residence unknown, foreign countries, and other outlying areas not shown separately.

Table 151 (page 1 of 2). Medicaid recipients, recipients in managed care, payments per recipient, and recipients per 100 persons below the poverty level by geographic region and State: United States, selected fiscal years 1989–2001

[Data are compiled from Medicaid administrative records by the Centers for Medicare & Medicaid Services]

		oients usands		recipients ged care		Payments per recipie			er 100 persons poverty level
Geographic region and State ¹	1996 ²	2001	1996²	2001	1990	1996²	2001	1989–90	2000–2001
United States	36,118	45,972	40	57	\$2,568	\$3,369	\$4,053	75	139
New England: Connecticut	329 167 715 100 130 102	685 252 1,055 97 188 150	61 1 70 16 63	72 43 65 8 68 61	4,829 3,248 4,622 5,423 3,778 2,530	6,179 4,321 5,285 5,496 5,280 2,954	4,324 5,808 5,486 7,121 5,823 3,616	167 88 103 53 163 108	236 187 177 134 198 222
Mideast: Delaware District of Columbia Maryland New Jersey New York Pennsylvania	82 143 399 714 3,281 1,168	123 141 656 881 3,591 1,558	78 55 64 43 23 53	82 64 68 60 26 76	3,004 2,629 3,300 4,054 5,099 2,449	3,773 4,955 5,138 5,217 6,811 3,993	4,891 5,900 5,041 5,693 7,725 4,901	68 86 74 83 95 88	190 159 171 126 137 137
Great Lakes: Illinois	1,454 594 1,172 1,478 434	1,658 777 1,353 1,498 637	13 31 73 32 32	9 70 90 21 52	2,271 3,859 2,094 2,566 3,179	3,689 4,130 2,867 3,729 4,384	4,916 4,319 3,930 5,365 5,027	69 45 85 98 95	120 146 141 120 129
Plains: lowa	308 251 455 636 191 61 77	320 273 601 979 243 64 110	41 32 33 35 27 55 65	89 58 64 45 75 58 97	2,589 2,524 3,709 2,002 2,595 3,955 3,368	3,534 3,425 5,342 3,171 3,548 4,889 4,114	5,197 5,026 6,271 3,709 4,487 5,933 3,896	80 71 70 63 61 58 51	152 103 180 191 154 85 164
Southeast: Alabama Arkansas Florida. Georgia Kentucky Louisiana. Mississippi North Carolina South Carolina Tennessee Virginia West Virginia	546 363 1,638 1,185 641 778 510 1,130 503 1,409 623 395	882 532 2,472 1,514 807 805 708 1,310 761 1,602 620 349	11 39 64 32 53 6 7 37 1 100 68 30	54 58 62 84 81 7 51 70 6 100 61 46	1,731 2,267 2,273 3,190 2,089 2,247 1,354 2,531 2,343 1,896 2,596 1,443	2,675 3,375 2,851 2,604 3,014 3,154 2,633 3,255 3,026 2,049 2,849 2,855	3,338 3,250 3,474 2,677 4,031 3,582 3,081 4,201 4,071 2,534 4,383 4,487	43 55 55 64 81 58 67 66 52 67 53 80	112 109 131 145 162 109 146 131 144 195 114
Southwest: Arizona New Mexico Oklahoma Texas	528 318 358 2,572	763 385 589 2,660	86 45 19 4	96 64 68 41	2,120 2,516 1,928	2,757 2,852 2,672	3,214 3,851 3,422 3,626	39 56 47	106 122 108 86
Rocky Mountains: Colorado Idaho Montana Utah Wyoming	271 119 101 152 51	393 157 108 233 51	80 37 59 82 1	92 28 64 93	2,705 2,973 2,793 2,279 2,036	3,815 3,402 3,478 2,775 3,571	4,969 4,541 4,390 4,571 4,755	45 36 47 72 59	107 92 83 102 101

See footnotes at end of table.

Table 151 (page 2 of 2). Medicaid recipients, recipients in managed care, payments per recipient, and recipients per 100 persons below the poverty level by geographic region and State: United States, selected fiscal years 1989–2001

[Data are compiled from Medicaid administrative records by the Centers for Medicare & Medicaid Services]

	Recipients Percent of recipients in thousands in managed care		Payments per recipient			Recipients per 100 persons below the poverty level			
Geographic region and State ¹	1996 ²	2001	1996 ²	2001	1990	1996 ²	2001	1989–90	2000–2001
Far West:									
Alaska	69	105	_	_	3,562	4,027	5,314	70	188
California	5,107	8,583	23	52	1,795	2,178	2,315	88	188
Hawaii	41		80	78	2,252	6,574		73	
Nevada	109	154	41	38	3,161	3,361	3,886	37	91
Oregon	450	582	91	87	2,283	2.915	3,245	74	142
Washington	621	958	100	100	2,128	2,242	2,833	98	151

⁻ Quantity zero.

NOTES: Payments exclude disproportionate share hospital payments (\$15.5 billion in FY2001). Data for additional years are available. See Appendix III.

SOURCES: Centers for Medicare & Medicaid Services, Office of Information Services, Enterprise Databases Group, Division of Information Distribution, Medicaid Data System; Department of Commerce, Bureau of the Census, Housing and Household Economic Statistics Division.

^{- - -} Data not available.

¹Data are shown for Bureau of Economic Analysis (BEA) regions that are constructed to show economically interdependent States. These BEA geographic regions differ from Bureau of the Census geographic divisions shown in some *Health, United States* tables. See Appendix II, Geographic region and division.

²Prior to 1999 recipient counts exclude those individuals who only received coverage under prepaid health care and for whom no direct vendor payments were made during the year; and vendor payments exclude payments to health maintenance organizations and other prepaid health plans (\$15 billion in 1996). The total number of persons who were Medicaid eligible and enrolled was 41.2 million in 1996 (CMS Medicaid Statistics, Program and Financial Statistics FY1996, unpublished).

Table 152. Persons enrolled in health maintenance organizations (HMOs) by geographic region and State: United States, selected years 1980–2003

[Data are based on a census of health maintenance organizations]

Geographic region and State ¹	2003	1980	1985	1990	1995	2000	2001	2002	2003
	Number in thousands				Percent of	population			
United States ²	71,843	4.0	7.9	13.5	19.4	30.0	27.9	26.4	24.6
New England:									
Connecticut	1,306	2.4	7.1	19.9	21.2	44.6	39.7	38.3	37.8
Maine	274	0.4	0.3	2.6	7.0	22.3	27.9	23.9	21.1
Massachusetts	2,489	2.9	13.7	26.5	39.0	53.0	44.3	42.4	38.7
New Hampshire	331	1.2	5.6	9.6	18.5	33.7	39.3	30.3	25.9
Rhode Island	339	3.7	9.1	20.6	19.6	38.1	35.0	34.8	31.7
Vermont	61	_	_	6.4	12.5	4.6	4.2	10.5	9.9
Mideast:	100		0.0	47.5	10.4	00.0	00.0	00.0	15.0
Delaware	123 159	_	3.9	17.5	18.4	22.0 35.2	22.8	23.0 31.2	15.3 27.8
Mandand ⁴		2.0	4.8	14.2		43.9	31.0 38.4	34.7	30.6
Maryland ⁴	1,670 2,323	2.0	4.6 5.6	12.3	29.5 14.7	30.9	31.7	30.9	27.0
New Jersey	6,207	5.5	8.0	15.1	26.6	35.8	35.0	33.6	32.4
Pennsylvania	3,911	1.2	5.0	12.5	21.5	33.9	33.4	31.2	31.7
	3,511		0.0	12.0	21.0	00.0	00.1	01.2	01.7
Great Lakes: Illinois	1,852	1.9	7.1	12.6	17.2	21.0	19.2	18.0	14.7
Indiana	731	0.5	3.6	6.1	8.3	12.4	11.7	10.7	11.9
Michigan	2,613	2.4	9.9	15.2	20.5	27.1	26.7	25.5	26.0
Ohio	2,123	2.2	6.7	13.3	16.3	25.1	23.4	21.6	18.6
Wisconsin	1,582	8.5	17.8	21.7	24.0	30.2	29.6	29.3	29.1
Plains:	•								
lowa	279	0.2	4.8	10.1	4.5	7.4	6.5	5.1	9.5
Kansas	211	-	3.3	7.9	4.7	17.9	16.1	13.2	7.8
Minnesota	1,386	9.9	22.2	16.4	26.5	29.9	28.2	26.9	27.6
Missouri	1,830	2.3	6.0	8.2	18.5	35.2	31.0	31.2	32.3
Nebraska	152	1.1	1.8	5.1	8.6	11.2	9.9	8.7	8.8
North Dakota	2	0.4	2.5	1.7	1.2	2.5	1.3	0.4	0.4
South Dakota	81	_	_	3.3	2.8	6.7	9.7	11.5	10.6
Southeast:									
Alabama	171	0.3	0.9	5.3	7.3	7.2	6.5	4.7	3.8
Arkansas	192	_	0.1	2.2	3.8	10.4	10.5	7.7	7.1
Florida	4,339	1.5	5.6	10.6	18.8	31.4	29.8	29.8	26.0
Georgia	1,151	0.1	2.9	4.8	7.6	17.4	15.9	15.2	13.4
Kentucky	1,278	0.9	1.6	5.7	16.1	31.5	30.4	31.8	31.2
Louisiana	547	0.6	0.9	5.4	7.2	17.0	15.6	14.0	12.2
Mississippi	24	_	-	_	0.7	1.1	0.9	1.4	0.8
North Carolina	963 266	0.6	1.6	4.8	8.3	17.8	16.3	14.8	11.6
South Carolina	1,046	0.2	1.0 1.8	1.9 3.7	5.5 12.2	9.9 33.0	9.5 33.0	8.0 18.6	6.5 18.0
Tennessee Virginia ⁴	1,203	_	1.0	6.1	7.7	18.5	16.2	15.9	16.5
West Virginia ⁴	183	0.7	1.7	3.9	5.8	10.3	10.2	10.0	10.1
		3.,		3.0	3.0	. 5.0	. 5.0	. 5.0	
Southwest: Arizona	1,161	6.0	10.3	16.2	25.8	30.9	32.4	25.8	21.3
New Mexico	562	1.4	2.0	12.7	25.6 15.1	37.7	32.4 27.9	29.0	30.3
Oklahoma	486		2.1	5.5	7.6	14.7	13.9	14.8	13.9
Texas	2,789	0.6	3.4	6.9	12.0	18.5	17.5	14.9	12.8
Rocky Mountains:	,	***		***					
Colorado	1,366	6.9	10.8	20.0	23.3	39.5	36.4	32.9	30.3
Idaho	38	1.2	-	1.8	1.4	7.9	4.3	2.9	2.8
Montana	47	-	_	1.0	2.4	7.0	7.7	5.8	5.2
Utah	600	0.6	8.8	13.9	25.1	35.3	35.5	32.0	25.9
Wyoming	12		_	-	-	1.4	1.7	2.0	2.4
Far West:									
Alaska	_	_	_	_	_	_	_	_	_
California	17,026	16.8	22.5	30.7	36.0	53.5	53.4	50.5	48.5
Hawaii	374	15.3	18.1	21.6	21.0	30.0	31.8	32.8	30.0
Nevada	459	_	5.8	8.5	15.9	23.5	20.4	22.4	21.1
Oregon	851	12.0	14.0	24.7	40.0	41.1	35.5	30.1	24.2
Washington	917	9.4	8.7	14.6	18.7	15.2	15.3	17.4	15.1

⁻ Quantity zero. --- Data not available.

NOTES: Data for 1980–90 are for pure HMO enrollment at midyear. Data for 1994–2003 are for pure and open-ended enrollment as of January 1. In 1990 open-ended enrollment accounted for 3 percent of HMO enrollment compared with 11 percent in 2003. See Appendix II, Health maintenance organization. Data for additional years are available. See Appendix III.

SOURCE: InterStudy National Health Maintenance Organization Census. The InterStudy Edge, Managed care: A decade in review 1980–1990. The InterStudy Competitive Edge, vols 5–13, 1995–2003. St. Paul, Minnesota (Copyrights 1991, 1995–2003: Used with the permission of InterStudy).

¹Data are shown for Bureau of Economic Analysis (BEA) regions that are constructed to show economically interdependent states. These BEA geographic regions differ from Bureau of the Census geographic regions and divisions shown in some *Health, United States* tables. See Appendix II, Geographic region and division.

²HMOs in Guam included starting in 1994; HMOs in Puerto Rico, starting in 1998. In 2003 HMO enrollment in Guam was 32,000 and in Puerto Rico, 1,726,000.

³Data for District of Columbia (DC) not included for 1980–96 because data not adjusted for high proportion of enrollees of DC-based HMOs living in Maryland and Virginia.

⁴Includes partial enrollment for five plans serving the District of Columbia.

Table 153. Persons under 65 years of age without health insurance coverage by State: United States, selected years 1987-2002

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

Geographic region and State ¹	2002	1987	1990	1995	1997 ²	1998	1999 ³	2000	2001	2002
	Number in thousands				Percen	t of pop	oulation			
United States	43,316	14.4	15.7	17.3	18.2	18.4	16.4	16.1	16.5	17.2
New England: Connecticut Maine Massachusetts New Hampshire Rhode Island	355 144 637 125 104	7.4 9.9 7.0 11.4 7.8	8.0 12.6 10.2 11.1 13.1	10.3 15.4 12.5 11.4 15.4	13.8 17.1 14.3 13.3 12.3	14.3 14.6 11.6 12.5 7.6	10.4 12.2 10.6 10.1 7.4	11.3 12.8 9.9 9.6 8.7	11.7 12.3 9.3 11.0 9.0	12.3 13.4 11.3 11.2 11.3
Vermont	66	11.1	10.5	14.5	10.8	11.0	12.2	9.9	10.8	12.2
Mideast: Delaware District of Columbia. Maryland New Jersey New York Pennsylvania	79 73 725 1,181 3,014 1,377	11.9 17.1 10.9 9.0 13.1 8.4	15.6 21.3 14.2 11.3 13.6 11.8	17.2 19.3 17.2 16.2 17.2 11.6	15.1 18.3 14.9 18.4 20.0 11.7	17.1 19.2 18.9 18.0 19.7 12.1	11.2 16.1 12.8 13.7 17.6 9.7	10.6 16.0 11.8 14.0 18.5 10.0	10.5 14.2 13.8 15.1 17.7 10.6	11.2 14.5 15.0 15.8 17.9 13.3
Great Lakes: Illinois	1,758	10.9	12.2	12.3	13.9	16.6	14.8	15.5	15.3	15.9
Indiana Michigan Ohio Wisconsin	794 1,152 1,331 535	15.2 9.4 10.3 7.4	12.3 10.4 11.7 7.8	14.6 11.0 13.5 8.1	12.8 13.2 13.1 9.1	16.1 14.9 11.7 13.2	10.7 11.3 11.6 11.3	12.8 10.3 12.8 8.5	13.6 11.7 12.8 8.8	14.8 13.1 13.5 11.0
Plains:										
lowa Kansas Minnesota Missouri Nebraska North Dakota South Dakota	274 280 397 646 173 69 84	8.3 11.6 7.4 11.8 11.0 8.7 15.4	9.4 12.3 9.9 14.2 9.6 7.2 13.5	12.9 14.2 9.0 16.7 10.3 9.4 10.8	13.6 13.6 10.2 14.7 12.2 11.7	10.9 12.2 10.3 12.1 10.2 16.5 16.3	8.8 13.6 8.3 7.7 11.6 13.8 12.4	10.3 12.6 9.0 10.7 10.3 13.2 12.9	8.7 13.5 8.8 11.6 10.8 11.2 10.9	10.9 11.9 8.8 13.2 11.6 12.7 13.0
Southeast:	•		. 0.0							
Alabama Arkansas Florida Georgia Kentucky Louisiana Mississippi North Carolina South Carolina Tennessee Virginia West Virginia	564 438 2,816 1,354 546 814 464 1,362 496 606 962 254	17.9 23.5 20.5 14.5 16.8 18.9 19.3 15.0 12.4 16.6 11.4 15.9	19.3 20.1 21.5 17.1 15.1 22.1 22.1 15.6 18.1 15.4 17.3 16.0	15.7 20.5 21.7 20.0 16.8 22.9 22.3 16.4 16.0 16.4 15.2 18.3	18.0 28.1 23.6 19.3 16.9 22.0 22.6 17.6 18.7 15.2 14.1 20.5	19.5 21.7 21.1 19.4 16.0 21.3 22.9 17.0 17.4 14.3 15.8 20.8	15.2 16.7 21.8 16.7 14.9 24.2 17.9 16.5 18.0 11.5 14.9	14.9 16.7 21.1 15.7 15.3 20.4 15.5 15.3 13.7 12.2 13.0 16.5	14.9 18.8 20.6 18.1 14.1 21.7 18.4 16.3 14.1 12.6 12.2 15.8	14.8 18.9 20.6 17.6 15.5 20.8 18.7 19.0 14.4 12.0 15.2 17.3
Southwest: Arizona New Mexico Oklahoma Texas	913 385 600 5,515	20.4 25.3 20.4 23.0	18.1 24.6 21.2 23.2	23.2 28.3 22.1 27.0	27.7 25.2 20.2 26.7	26.9 24.0 21.2 26.9	23.2 28.1 19.3 24.9	18.7 27.2 21.9 25.4	20.0 23.9 20.9 25.9	19.4 24.2 19.9 28.4
Rocky Mountains: Colorado Idaho Montana Utah Wyoming	717 233 139 305 86	15.6 17.2 17.3 13.4 12.7	16.3 16.9 15.7 9.8 13.7	15.9 15.9 14.8 13.0 17.6	16.4 19.9 22.0 14.8 17.4	16.4 19.7 21.9 15.1 18.8	17.0 20.8 20.1 14.5 17.0	15.8 17.3 19.2 13.6 17.8	17.2 17.9 15.9 16.0 18.1	17.8 20.2 17.9 14.3 20.0
Far West: Alaska California Hawaii Nevada Oregon Washington	117 6,361 121 417 511 848	17.0 18.5 8.5 17.4 17.2 14.4	16.1 21.1 7.8 18.3 14.6 12.7	12.9 22.6 9.9 21.1 13.9 13.7	18.9 23.7 8.7 19.9 14.8 12.4	17.9 24.4 11.3 23.7 16.0 13.4	19.4 21.4 11.3 20.6 15.8 15.5	20.0 20.4 10.6 18.8 14.4 15.3	16.6 21.3 10.8 17.9 14.2	20.0 20.0 11.4 22.3 16.5 15.7

Data are shown for Bureau of Economic Analysis (BEA) regions that are constructed to show economically interdependent States. These BEA geographic regions Evaluation of Bureau of Economic Analysis (BEA) regions that are constructed to show economically interdependent States. These BEA geographic regions differ from Bureau of the Census geographic divisions shown in some Health, United States tables. See Appendix II, Geographic region and division.

2 Beginning with data for 1997, people with no coverage other than access to the Indian Health Service are no longer considered covered by health insurance. The effect of this change on the number uninsured is negligible.

3 Starting in 1999 estimates reflect the results of follow-up verification questions and implementation of Census 2000-based population controls. In 1999 the use of verification questions decreased the percent uninsured by 1.2 percentage points.

NOTES: Methodology and sample size changed in 1992, 1993, 1994, 1999, and 2000. See Appendix I, Current Population Survey. Data for additional years are available. See Appendix III. These data include revisions for 1999 and differ from previous editions of Health, United States.

SOURCES: U.S. Bureau of the Census, Current Population Survey, March; Health insurance historical table 6. Health insurance coverage status and type of coverage by State—people under 65: 1987–2001. www.census.gov/hhes/hlthins/historic/hihistt6.html. Oct. 23, 2003.

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Appendix I

Data Sources

This report consolidates the most current data on the health of the population of the United States, the availability and use of health resources, and health care expenditures. Information was obtained from data files and published reports of many Federal Government and private and global agencies and organizations. In each case, the sponsoring agency or organization collected data using its own methods and procedures. Therefore, data in this report vary considerably with respect to source, method of collection, definitions, and reference period.

Although a detailed description and comprehensive evaluation of each data source are beyond the scope of this Appendix, users should be aware of the general strengths and weaknesses of the different data collection systems. For example, population-based surveys obtain socioeconomic data, data on family characteristics, and information on the impact of an illness, such as days lost from work or limitation of activity. These data are limited by the amount of information a respondent remembers or is willing to report. A respondent may not know detailed medical information, such as precise diagnoses or the types of operations performed, and therefore cannot report it. Health care providers, such as physicians and hospitals, usually have good diagnostic information but little or no information about the socioeconomic characteristics of individuals or the impact of illnesses on individuals.

The populations covered by different data collection systems may not be the same, and understanding the differences is critical to interpreting the data. Data on vital statistics and national expenditures cover the entire population. Most data on morbidity and utilization of health resources cover only the civilian noninstitutionalized population. Such statistics may not include data for military personnel, who are usually young; for institutionalized people, who may be any age; or for nursing home residents, who are usually old.

All data collection systems are subject to error, and records may be incomplete or contain inaccurate information. People may not remember essential information, a question may not mean the same thing to different respondents, and some institutions or individuals may not respond at all. It is not always possible to measure the magnitude of these errors or their effect on the data. Where possible, table notes describe the universe and method of data collection to enable the user to place his or her evaluation on the data quality.

Some information is collected in more than one survey, and estimates of the same statistic may vary among surveys because of different survey methodologies, sampling frames, questionnaires, definitions, and tabulation categories. For example, cigarette use is measured by the National Health Interview Survey, the National Survey on Drug Use & Health, the Monitoring the Future Survey, and the Youth Risk Behavior Survey, which use slightly different questions for persons of differing ages and interview in different settings (at school versus at home), so estimates will differ.

Overall estimates generally have relatively small sampling errors, but estimates for certain population subgroups may be based on small numbers and have relatively large sampling errors. Numbers of births and deaths from the vital statistics system represent complete counts (except for births in those States where data are based on a 50-percent sample for certain years). Therefore, they are not subject to sampling error. However, when the figures are used for analytical purposes, such as the comparison of rates over a period, the number of events that actually occurred may be considered as one of a large series of possible results that could have arisen under the same circumstances. When the number of events is small and the probability of such an event is rare, estimates may be unstable and considerable caution must be observed in interpreting the statistics. Estimates that are unreliable because of large sampling errors or small numbers of events are noted with asterisks in selected tables. The criteria used to designate unreliable estimates are indicated in notes to the applicable tables.

Government data sources are listed alphabetically by data set name; private and global sources are listed separately. To the extent possible, government data systems are described using a standard format. "Overview" is a brief, general statement about the purpose or objectives of the data system. "Selected Content" lists major data elements that are collected or estimated using interpolation or modeling. "Data Years" gives the years that the survey or data system has existed or been fielded. "Coverage" describes the population that the data system represents; for example, residents of the United States, the noninstitutionalized population, persons in specific population groups, or other entities that comprise the survey. The "Methodology" section presents a short description of methods used to collect data. "Sample Size

and Response Rates" are given for surveys. "Issues Affecting Interpretation" describes major changes in the data collection methodology or other factors that must be considered when analyzing trends—for example, a major survey redesign that may introduce a discontinuity in the trend. For more information about the methodology, data files, and history of a data source, consult the "References" and Web sites at the end of each summary. For more information about private and global organizations' data sources, refer to the organization's Web sites.

Government Sources

Abortion Surveillance

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Overview: The abortion surveillance program documents the number and characteristics of women obtaining legal induced abortions, monitors unintended pregnancy, and assists efforts to identify and reduce preventable causes of morbidity and mortality associated with abortions.

Selected Content: Content includes age, race/ethnicity, marital status, previous live births, period of gestation, and previous induced abortions of women obtaining legal induced abortions.

Data Years: Between 1973 and 1997, the number of abortions is based on reporting from 52 reporting areas: 50 States, the District of Columbia, and New York City. In 1998 and 1999, CDC compiled abortion data from 48 reporting areas: Alaska, California, New Hampshire, and Oklahoma did not report, and data for these areas were not estimated. In 2000, Oklahoma again reported these data, increasing the number of reporting areas to 49.

Coverage: The system includes women of all ages, including adolescents, who obtain legal induced abortions.

Methodology: Beginning with data year 2000, data concerning the number and characteristics of women who obtain legal induced abortions are provided for 49 reporting areas by central health agencies such as State health departments and the health departments of New York City and the District of Columbia, and by hospitals and other medical facilities. In

general, the procedures are reported by the State in which the procedure is performed (i.e., state of occurrence). In 2000, three states (Delaware, Maryland, and Wisconsin) reported characteristics only for women who were residents and who obtained abortions in the State. One State (Iowa) provided numbers and characteristics only for state residents. While the total number of legal induced abortions is available for those 49 reporting areas, not all areas collect information on the characteristics of women who obtain abortions. The number of areas reporting each characteristic and the number of areas with complete data for each characteristic vary from year to year. For example, in 2000, the number of areas reporting different characteristics ranged from 26 areas reporting Hispanic ethnicity and 37 areas reporting race and marital status to 47 areas reporting age. Data from reporting areas with more than 15 percent unknown for a given characteristic are excluded from the analysis of that characteristic.

Issues Affecting Interpretation: Between 1989 and 1997, the total number of abortions reported to CDC was about 10 percent less than the total estimated independently by the Alan Guttmacher Institute (AGI), a not-for-profit organization for reproductive health research, policy analysis, and public education. In 1998–99, the total number of abortions reported to CDC was about 33 percent less than the total estimated by AGI. The four reporting areas (the largest of which was California) that did not report abortions to CDC in 1998 accounted for 18 percent of all abortions tallied by AGI's 1995–96 survey. See Appendix I, Alan Guttmacher Institute Abortion Provider Survey.

Reference:

Centers for Disease Control and Prevention, CDC Surveillance Summaries, November 2003. MMWR 2002;52 (NoSS-12), Abortion Surveillance—United States, 2000.

For More Information: See the NCCDPHP surveillance and research Web site at www.cdc.gov/nccdphp/drh/surveil.htm.

AIDS Surveillance

Centers for Disease Control and Prevention

National Center for HIV, STD, and TB Prevention

Overview: Acquired immunodeficiency syndrome (AIDS) surveillance data are used to detect and monitor cases of human immunodeficiency virus (HIV) disease and AIDS in the United States, identify epidemiologic trends, identify unusual cases requiring follow-up, and inform public health efforts to prevent and control the disease.

Selected Content: Data collected on cases diagnosed with AIDS include age, sex, race/ethnicity, mode of exposure, and geographic region.

Data Years: Reports on AIDS cases are available from the beginning of the epidemic in 1981.

Coverage: All 50 States, the District of Columbia, U.S. dependencies and possessions, and independent nations in free association with the United States report AIDS cases to CDC using a uniform surveillance case definition and case report form.

Methodology: AIDS surveillance is conducted by health departments in each State or territory and the District of Columbia. Although surveillance activities range from passive to active, most areas employ multifaceted active surveillance programs, which include four major reporting sources of AIDS information: hospitals and hospital-based physicians, physicians in nonhospital practice, public and private clinics, and medical record systems (death certificates, tumor registries, hospital discharge abstracts, and communicable disease reports). Using a standard confidential case report form, the health departments collect information that is then transmitted electronically without personal identifiers to CDC.

Issues Affecting Interpretation: Although completeness of reporting of AIDS cases to State and local health departments differs by geographic region and patient population, studies conducted by State and local health departments indicate that the reporting of AIDS cases in most areas of the United States is more than 85 percent complete.

The original definition of AIDS was modified in 1985 and 1987. The case definition for adults and adolescents was modified again in 1993. The revisions incorporated a broader range of AIDS-indicator diseases and conditions and used HIV diagnostic tests to improve the sensitivity and specificity

of the definition. Laboratory and diagnostic criteria for the 1987 pediatric case definition were updated in 1994. Effective January 2000, the surveillance case definition for HIV infection was revised to reflect advances in laboratory HIV virologic tests. The definition incorporates the reporting criteria for HIV infection and AIDS into a single case definition for adults and children.

Decreases in AIDS incidence and in the number of AIDS deaths, first noted in 1996, have been ascribed to the effect of new treatments, which prevent or delay the onset of AIDS and premature death among HIV-infected persons and result in an increase in the number of persons living with HIV and AIDS. A growing number of States require confidential reporting of persons with HIV infection and participate in CDC's integrated HIV/AIDS surveillance system that compiles information on the population of persons newly diagnosed and living with HIV infection.

Reference:

Centers for Disease Control and Prevention, HIV/AIDS Surveillance Report, published annually at www.cdc.gov/hiv/stats/hasrlink.htm.

For More Information: See the NCHSTP Web site at www.cdc.gov/nchstp/od/nchstp.html.

Census of Fatal Occupational Injuries (CFOI)

Bureau of Labor Statistics

Overview: The Census of Fatal Occupational Injuries (CFOI) compiles comprehensive and timely information on fatal work injuries occurring in the 50 States and the District of Columbia to monitor workplace safety and to inform private and public health efforts to improve workplace safety.

Selected Content: Information is collected about each workplace fatality, including occupation and other worker characteristics, equipment involved, and circumstances of the event.

Data Years: Data have been collected annually since 1992.

Coverage: The data cover all 50 States and the District of Columbia.

Methodology: CFOI is administered by the Bureau of Labor Statistics (BLS) in conjunction with participating State

agencies to compile counts that are as complete as possible to identify, verify, and profile fatal work injuries. Key information about each workplace fatality (occupation and other worker characteristics, equipment or machinery involved, and circumstances of the event) is obtained by cross-referencing source records. For a fatality to be included in the census, the decedent must have been employed (that is, working for pay, compensation, or profit) at the time of the event, engaged in a legal work activity, or present at the site of the incident as a requirement of his or her job. These criteria are generally broader than those used by Federal and State agencies administering specific laws and regulations. Fatalities that occur during a person's commute to or from work are excluded from the census counts.

Data for the CFOI are compiled from various Federal, State, and local administrative sources—including death certificates, workers' compensation reports and claims, reports to various regulatory agencies, medical examiner reports, and police reports—as well as news reports. Diverse sources are used because studies have shown that no single source captures all job-related fatalities. Source documents are matched so that each fatality is counted only once. To ensure that a fatality occurred while the decedent was at work, information is verified from two or more independent source documents or from a source document and a follow-up questionnaire.

Issues Affecting Interpretation: The number of occupational fatalities and fatality rates are periodically revised. States have up to 1 year to update their initial published State counts. States may identify additional fatal work injuries after data collection closeout for a reference year. In addition, other fatalities excluded from the published count because of insufficient information to determine work relationship may subsequently be verified as work-related. Increases in the published counts based on additional information have averaged less than 100 fatalities per year, or less than 1.5 percent of the total.

Reference:

Bureau of Labor Statistics. National Census of Fatal Occupational Injuries, 2002. Washington, DC: U.S. Department of Labor. August 2003.

For More Information: See the CFOI Web site at www.bls.gov/iif/oshcfoi1.htm.

Consumer Price Index (CPI)

Bureau of Labor Statistics

Overview: The Consumer Price Index (CPI) is designed to produce a monthly measure of the average change in the prices paid by urban consumers for a fixed market basket of goods and services.

Selected Content: Price indexes are available for the United States, the four census regions, size of city, crossclassifications of regions and size-classes, and 26 local areas. Indexes are available for major groups of consumer expenditures (food and beverages, housing, apparel, transportation, medical care, recreation, education and communications, and other goods and services), for items within each group, and for special categories, such as services. Monthly indexes are available for the United States, the four census regions, and some local areas. More detailed item indexes are available for the United States than for regions and local areas. Indexes are available for two population groups: a CPI for All Urban Consumers (CPI-U) which covers approximately 87 percent of the total population, and a CPI for Urban Wage Earners and Clerical Workers (CPI-W), which covers 32 percent of the population.

Data Years: The index has been constructed annually since 1978.

Coverage: The all-urban index (CPI-U) introduced in 1978 covers residents of metropolitan areas as well as residents of urban parts of nonmetropolitan areas (about 87 percent of the U.S. population in 2000).

Methodology: In calculating the index, price changes for the various items in each location were averaged together with weights that represent their importance in the spending of all urban consumers. Local data were then combined to obtain a U.S. city average.

The index measures price changes from a designated reference date, 1982–84, which equals 100. An increase of 22 percent, for example, is shown as 122. Change can also be expressed in dollars as follows: the price of a base period "market basket" of goods and services bought by all urban consumers has risen from \$100 in 1982–84 to \$184 in 2003.

The current revision of the CPI, completed in 2000, reflects spending patterns based on the Survey of Consumer Expenditures from 1993 to 1995, the 1990 Census of

Population, and the ongoing Point-of-Purchase Survey. Using an improved sample design, prices for the goods and services required to calculate the index are collected in urban areas throughout the country and from retail and service establishments. Data on rents are collected from tenants of rented housing and residents of owner-occupied housing units. Food, fuels, and other goods and services are priced monthly in urban locations. Price information is obtained through visits or calls by trained BLS field representatives using computer-assisted telephone interviews.

Issues Affecting Interpretation: A 1987 revision changed the treatment of health insurance in the cost-weight definitions for medical care items. This change has no effect on the overall index result but provides a clearer picture of the role of health insurance in the CPI. As part of the revision, three new indexes have been created by separating previously combined items, for example, eye care is separated from other professional services, and inpatient and outpatient treatment is separated from other hospital and medical care services.

Effective January 1997 the hospital index was restructured by combining the three categories—room, inpatient services, and outpatient services—into one category: hospital services. In addition new procedures for hospital data collection identify a payor, diagnosis, and the payor's reimbursement arrangement from selected hospital bills.

References:

Bureau of Labor Statistics. Handbook of Methods. BLS Bulletin 2490. Washington, DC: U.S. Department of Labor. April 1997; Revising the Consumer Price Index, Monthly Labor Review, Dec 1996.

U.S. Department of Labor, Bureau of Labor Statistics, Washington, DC; IK Ford and D Ginsburg, Medical Care and the Consumer Price Index, National Bureau of Economic Research, Research Studies in Income and Wealth vol. 62.

For More Information: See the BLS/CPI Web site at www.bls.gov/cpi/home.htm.

Current Population Survey (CPS)

Bureau of the Census

Bureau of Labor Statistics

Overview: The Current Population Survey (CPS) provides current estimates and trends in employment, unemployment, and other characteristics of the general labor force, the population as a whole, and various population subgroups.

Selected Content: Estimates of poverty and health insurance coverage presented in Health, United States are derived from the Annual Social and Economic Supplement (ASEC), formerly called the Annual Demographic Supplement (ADS), or simply the "March Supplement." The ASEC includes a series of questions asked each March in addition to core CPS questions. Information is gathered on more than 50 different sources of income, including noncash income sources such as food stamps, school lunch program, employer-provided group health insurance plan, employer-provided pension plan, personal health insurance, Medicaid, Medicare, CHAMPUS or military health care, and energy assistance. Comprehensive work experience information is given on the employment status, occupation, and industry of persons interviewed.

Data Years: The basic CPS has been conducted since 1945, although some data were collected prior to that time. Collection of income data began in 1948.

Coverage: The CPS sample is located in 754 sample areas, with coverage in every State and the District of Columbia. The adult universe (i.e., population of marriageable age) is composed of persons 15 years of age and over in the civilian noninstitutionalized population for CPS labor force data. The sample for the March CPS supplement is expanded to include members of the Armed Forces who are living in civilian housing or with their family on a military base, as well as additional Hispanic households that are not included in the monthly labor force estimates.

Methodology: The basic CPS sample is selected from multiple frames using multiple stages of selection. Each unit is selected with a known probability to represent similar units in the universe. The sample design is a State-based design, with the sample in each State being independent of the others.

The additional Hispanic sample is from the previous November's basic CPS sample. If a person is identified as

being of Hispanic origin from the November interview and is still residing at the same address in March, that housing unit is eligible for the March survey. This amounts to a near doubling of the Hispanic sample since there is no overlap of housing units between the basic CPS samples in November and March.

For all CPS data files a single weight is prepared and used to compute the monthly labor force status estimates. An additional weight was prepared for the earnings universe that roughly corresponds to wage and salary workers in the two outgoing rotations. The difference in content of the March CPS supplement requires the presentation of additional weights: a household weight, a family weight, and a March supplement weight. The final weight is the product of (1) the basic weight, (2) adjustments for special weighting, (3) noninterview adjustment, (4) first-stage ratio adjustment factor, and (5) second-stage ratio adjustment factor. This final weight should be used when producing estimates from the basic CPS data. Differences in the questionnaire, sample, and data uses for the March CPS supplement result in the need for additional adjustment procedures to produce what is called the March supplement weight.

Sample Size and Response Rate: Beginning with 2001, the State Children's Health Insurance Program (SCHIP) sample expansion was introduced. This included an increase in the basic CPS sample to 60,000 households per month. Prior to 2001 estimates were based on 50,000 households per month. The expansion also included an additional 12,000 households that were allocated differentially across States, based on prior information of the number of uninsured children in each State, to produce statistically reliable current State data on the number of low-income children who do not have health insurance coverage. In an average month the nonresponse rate for the basic CPS is about 6–7 percent.

Issues Affecting Interpretation: Over the years, the number of income questions has expanded, questions on work experience and other characteristics have been added, and the month of interview was moved to March.

In 1994 major changes were introduced, which included a complete redesign of the questionnaire including new health insurance questions and the introduction of computerassisted interviewing for the entire survey. In addition, there were revisions to some of the labor force concepts and definitions. Prior to the redesign, CPS data were primarily collected using a paper-and-pencil form. Beginning in 1994, new population controls were used based on the 1990

census and adjusted for the estimated population undercount. Starting with *Health, United States, 2003*, poverty estimates for 2000 were recalculated based on the expanded SCHIP sample, and beginning with 2000 data, census 2000-based population controls were implemented. Beginning with 2002 data, 1997 race standards were implemented in which people could report more than one race.

References:

U.S. Census Bureau. Technical Paper 63RV. Current Population Survey: Design and Methodology. TP63RV, March 2002 found at www.census.gov/prod/2002pubs/tp63rv.pdf.

For More Information: See the CPS Web site at www.bls.census.gov/cps/cpsmain.htm.

Department of Veterans Affairs National Patient Care Database and National Enrollment Database

Department of Veterans Affairs

Overview: The Department of Veterans Affairs (VA) compiles and analyzes multiple data sets on the health and health care of its clients and other veterans to monitor access and quality of care and to conduct program and policy evaluations.

Selected Content: VA maintains the National Patient Care Database (NPCD) and the National Enrollment Database (NED).

The NPCD is a nationwide system that contains a statistical record for each episode of care provided under VA auspices in VA and non-VA hospitals, nursing homes, VA residential rehabilitation treatment programs (formerly called domiciliaries), and VA outpatient clinics. Three major extracts from the NPCD are the patient treatment file (PTF), the patient census file, and the outpatient clinic file (OPC).

The patient treatment file (PTF) collects data at the time of the patient's discharge on each episode of inpatient care provided to patients at VA hospitals, VA nursing homes, VA residential rehabilitation treatment programs, community nursing homes, and other non-VA facilities. The PTF record contains the scrambled social security number, dates of inpatient treatment, date of birth, State and county of residence, type of disposition, place of disposition after discharge, and ICD-9-CM diagnostic and procedure or operative codes for each episode of care.

The patient census file collects data on each patient remaining in a VA medical facility at midnight at the end of each quarter of the fiscal year. The census record includes information similar to that reported in the PTF record.

The outpatient clinic file (OPC) collects data on each instance of medical treatment provided to a veteran in an outpatient setting. The OPC record includes the age, scrambled social security number, State and county of residence, VA eligibility code, clinic(s) visited, purpose of visit, and date of visit for each episode of care.

The VA also maintains the National Enrollment Database (NED) as the official repository of enrollment information for each veteran enrolled in the VA health care system.

Coverage: U.S. veterans who receive services within the VA medical system are included. Data are available for some nonveterans who receive care at VA facilities.

Methodology: NPCD is the source data for the Veterans Health Administration (VHA) Medical SAS Datasets. NPCD is the VHA's centralized relational database (a data warehouse) that receives encounter data from VHA clinical information systems. It is updated daily. Data are collected locally at each VA medical center and are transmitted electronically to the VA Austin Automation Center for use in providing nationwide statistics, reports, and comparisons.

In all of the medical data sets each patient has a unique identifier, which is a formula-based encryption of the individual's social security number (SSN). The identifier is consistent for a given patient across data sets and fiscal years. An extract containing selected information from the NPCD, the NED, and the cost distribution system is produced by the Austin Automation Center.

Issues Affecting Interpretation: The databases include users of the VA health care system. VA eligibility is a hierarchy based on service-connected disabilities, income, age, and availability of services. Therefore, different VA programs may serve populations with different sociodemographic characteristics than other health care systems.

For More Information: See the VHA Information Systems Web site at www.virec.research.med.va.gov/Support/Training-newUsersToolkit/IntroToVAData.htm.

Drug Abuse Warning Network (DAWN)

Substance Abuse and Mental Health Services Administration

Overview: Drug Abuse Warning Network (DAWN) is a national public health surveillance system that monitors trends in drug-related emergency department visits and deaths. It also collects data on drug-related deaths from medical examiner and coroner (ME/C) jurisdictions throughout the country. It determines drug-abuse patterns and trends, identifies substances associated with drug-abuse episodes, and assesses drug-related consequences and other health hazards.

Selected Content: For each reportable case, limited information—including patient demographics, reason for ED visit, and the drug(s) involved—is abstracted from visit records. DAWN collects detailed data on use of drugs, including illegal drugs, nonmedical use of prescription and over-the-counter medications, dietary supplements, and nonpharmaceutical inhalants.

Data Years: DAWN data have been collected annually since 1988.

Coverage: Hospitals eligible for DAWN are non-Federal, short-stay general hospitals that have a 24-hour emergency department. The DAWN emergency department data have been collected from a representative sample of eligible hospitals located throughout the coterminous United States, including 21 oversampled metropolitan areas.

Methodology: Within each facility, a designated DAWN reporter is responsible for identifying eligible drug-abuse episodes by reviewing emergency department records and abstracting and submitting data on each reportable case. To be included in DAWN, the patient presenting to the ED must meet all of the following four criteria: (a) patient was between ages 6 and 97 years and was treated in the hospital's ED; (b) patient's presenting problem(s) for the ED visit was induced by or related to drug use, regardless of when drug use occurred; (c) episode involved use of an illegal drug or use of a legal drug or other chemical substance contrary to directions; (d) patient's reason for using the substance(s) was dependence, suicide attempt or gesture, and/or psychic effect. DAWN cases include drug abuse and misuse, adverse reactions, accidental ingestion, overmedication, malicious poisoning, suicide attempts, underage drinking, and patients

seeking detoxification or drug abuse treatment. Patients are never interviewed. All data are collected through a retrospective review of patient medical records and decedent case files.

Sample Size and Response Rate: In 2002 the DAWN emergency department sample consisted of 549 eligible hospitals. Of these, 437 (80 percent) participated in DAWN. Response rates in the 21 metropolitan areas ranged from 65 percent to 100 percent, with 7 metropolitan areas having response rates below 75 percent. The 2002 sample of hospitals submitted data on 189,616 drug abuse episodes, with an average of 1.8 drug mentions per episode.

Issues Affecting Interpretation: Estimates reported in this publication are from the hospital ED component of DAWN. Participation in DAWN is voluntary, and there are minor variations in the number of participating hospitals from year to year. The number of ED episodes reported to DAWN is not equivalent to the number of individual patients, because one person may make repeated visits to an ED. DAWN does not measure the frequency or prevalence of drug use.

Reference:

Substance Abuse and Mental Health Services
Administration, Office of Applied Studies. Emergency
Department Trends From the Drug Abuse Warning
Network, Final Estimates 1995–2002. DAWN Series:
D-24, DHHS Pub. No. (SMA) 03–3780. Rockville, MD:
Department of Health and Human Services. 2003.

For More Information: See the DAWN Web site at http://dawninfo.samhsa.gov.

Employee Benefits Survey—See National Compensation Survey

Medicaid Data System

Centers for Medicare & Medicaid Services

Overview: The Centers for Medicare & Medicaid Services (CMS) works with its State partners to collect data on persons served by the Medicaid program to monitor and evaluate access and quality of care, trends in program eligibility, characteristics of enrollees, changes in payment policy, and other program-related issues.

Selected Content: Data collected include medical vendor payments for Medicaid recipients by type of service and information on the characteristics of Medicaid recipients, including race/ethnicity, age, and basis of eligibility.

Data Years: Selected State data are available from 1992 on. Data for the 50 States and the District of Columbia are available from 1999 on.

Coverage: The data include individuals enrolled in the Medicaid program or receiving Medicaid benefits.

Methodology: The primary data sources for Medicaid statistical data are the Medicaid Statistical Information System (MSIS) and the CMS-64 reports.

MSIS is the basic source of State-reported eligibility and claims data on the Medicaid population, and their characteristics, utilization, and payments. Beginning in FY1999, as a result of legislation enacted from the Balanced Budget Act of 1997, States are required to submit individual eligibility and claims data tapes to CMS quarterly through the Medicaid Statistical Information System (MSIS). Prior to FY1999, States were required to submit an annual HCFA-2082 report, designed to collect aggregated statistical data on eligibles, recipients, services, and expenditures during a Federal fiscal year (October 1 through September 30). The data reported for each year represented people on the Medicaid rolls, recipients of Medicaid services, and payments for claims adjudicated during the year. The data reflected bills adjudicated or processed during the year, rather than services used during the year. States summarized and reported the data processed through their own Medicaid claims processing and payment operations, unless they opted to participate in MSIS, in which case the HCFA-2082 report was produced by the Health Care Financing Administration (the predecessor to CMS).

The CMS-64 is a product of the financial budget and grant system. The CMS-64 is a statement of expenditures for the Medicaid program that States submit to CMS 30 days after each quarter. The report is an accounting statement of actual expenditures made by the States for which they are entitled to receive Federal reimbursement under title XIX for that quarter. The amount claimed on the CMS-64 is a summary of expenditures derived from source documents such as invoices, cost reports, and eligibility records.

The CMS-64 shows the disposition of Medicaid grant funds for the quarter being reported and previous years, the recoupments made or refunds received, and income earned

on grant funds. The data on the CMS-64 are used to reconcile the monetary advance made on the basis of States' funding estimates filed prior to the beginning of the quarter on the CMS-37. As such, the CMS-64 is the primary source for making adjustments for any identified overpayments and underpayments to the States. Also incorporated into this process are disallowance actions forwarded from other Federal financial adjustments. Finally, the CMS-64 provides information that forms the basis for a series of Medicaid financial reports and budget analyses. Also included are third-party liability (TPL) collections tables. Third-party liability refers to the legal obligation of certain health care sources to pay the medical claims of Medicaid recipients before Medicaid pays these claims. Medicaid pays only after the TPL sources have met their legal obligation to pay.

Issues Affecting Interpretation: Health, United States Medicaid tables are based on MSIS data. Users of Medicaid data may note apparent inconsistencies in Medicaid data that are primarily a result of the difference in information captured in MSIS versus CMS-64 reports. The most substantive difference is caused by payments made to "disproportionate share hospitals." Payments to disproportionate share hospitals do not appear in MSIS because States directly reimburse these hospitals and there is no fee-for-service billing. Other less significant differences between MSIS and CMS-64 occur because adjudicated claims data are used in MSIS versus actual payments reflected in the CMS-64. Differences also may occur because of internal State practices for capturing and reporting these data through two separate systems. Finally, national totals for the CMS-64 are different because they include other jurisdictions, such as the Northern Mariana Islands and American Samoa.

For More Information: See the CMS Web site at www.cms.hhs.gov/ or the Research Data Assistance Center (ResDAC) Web site at www.resdac.umn.edu/medicaid/data_available.asp. Also see Appendix II, Medicaid.

Medical Expenditure Panel Survey (MEPS)

Agency for Healthcare Research and Quality

Overview: The Medical Expenditure Panel Survey (MEPS) produces nationally representative estimates of health care use, expenditures, sources of payment, insurance coverage, and quality of care for the U.S. civilian noninstitutionalized population.

Selected Content: MEPS data in Health, United States include total health care expenses and prescribed medicine expenses, presented by sociodemographic characteristics, type of health insurance, and sources of payment.

Data Years: The 1977 National Medical Care Expenditure Survey and the 1987 National Medical Expenditure Survey (NMES) are earlier versions of this survey. Since 1996, MEPS has been conducted on an annual basis.

Coverage: U.S. civilian noninstitutionalized population is the primary population represented. The 1987 and 1996 surveys also had an institutionalized population component.

Methodology: MEPS is a national probability survey conducted on an annual basis since 1996. The panel design of the survey features several rounds of interviewing covering 2 full calendar years. The MEPS consists of three components: the Household, the Medical Provider, and the Insurance Components.

The Household Component (HC) is a nationally representative survey of the civilian noninstitutionalized population drawn from a subsample of households that participated in the prior year's National Health Interview Survey conducted by the National Center for Health Statistics. Missing expenditure data are imputed using data collected in the Medical Provider Component whenever possible.

Data are collected in the Medical Provider Component (MPC) to improve the accuracy of expenditure estimates derived solely from the Household Component (HC). The MPC is particularly useful in obtaining expenditure information for persons enrolled in managed care plans and Medicaid recipients. The MPC collects data from hospitals, physicians, and home health providers that were reported in the HC as providing care to MEPS sample persons. Sample sizes for the MPC vary from year to year depending on the HC sample size and the MPC sampling rates for providers.

The Insurance Component (IC) consists of two subcomponent samples: a household sample and list sample. The household sample collects detailed information from employers on the health insurance held by and offered to respondents to the MEPS-HC. The list sample collects data on the types and costs of workplace health insurance from a total of about 40,000 business establishments and governments each year.

The Medical Expenditure Panel Surveys (MEPS) update the 1987 National Medical Expenditure Survey (NMES). The NMES consists of two components: the Household Survey

(HS) and the Medical Provider Survey (MPS). The NMES-HS was designed to provide nationally representative estimates of health insurance status, health insurance coverage, and health care use for the U.S. civilian noninstitutionalized population for the calendar year 1987. Data from the NMES-MPS component were used in conjunction with HS data to produce estimates of health care expenditures. The NMES-HS consisted of four rounds of household interviews. Income was collected in a special supplement administered early in 1988. Events under the scope of the NMES-MPS included medical services provided by or under the direction of a physician, all hospital events, and home health care. The sample of events included in the NMES-MPS was all events for persons covered by Medicaid and for a 25 percent sample of NMES-HS respondents. Missing expenditure data were imputed.

Sample Size and Response Rate: For MEPS first core household interview, 17,500 households were selected. The sample sizes for the MEPS-HC are approximately 10,000 families in 1996 and 1998–2000, 13,500 families in 1997 and 2001, and 15,000 families annually beginning in 2002. The full-year household core response rate has generally been about 66 percent. The 12-month joint core questionnaire/ health questionnaire/access supplement response rate for the household component of the NMES was 80 percent.

Issues Affecting Interpretation: The 1987 estimates are based on the NMES, and 1996–2000 estimates are based on the MEPS. Because expenditures in NMES were based primarily on charges while those for MEPS were based on payments, data for NMES were adjusted to be more comparable to MEPS using estimated charge-to-payment ratios for 1987. For a detailed explanation of this adjustment, see Zuvekas and Cohen, 2002.

References:

National Medical Expenditure Survey: Hahn B and Lefkowitz D. Annual expenses and sources of payment for health care services. National Medical Expenditure Survey Research Findings 14, Agency for Healthcare Research and Quality Pub. No. 93–0007. Rockville, MD: Public Health Service. November 1992.

Medical Expenditure Panel Survey: Cohen SB. Sample design of the 1997 Medical Expenditure Panel Survey Household Component. MEPS Methodology Report No. 11. AHRQ Pub. No. 01–0001. Rockville MD: Agency for Healthcare Research and Quality. 2000.

Zuvekas S, Cohen S. A guide to comparing health care estimates in the 1996 Medical Expenditure Panel Survey to the 1987 National Medical Expenditure Survey. Inquiry 2002;39(1):76–86.

For More Information: See the MEPS Web site at www.meps.ahrq.gov.

Medicare Administrative Data

Centers for Medicare & Medicaid Services

Overview: The Centers for Medicare & Medicaid Services (CMS) collects and synthesizes Medicare enrollment, spending, and claims data to monitor and evaluate access to and quality of care, trends in utilization, changes in payment policy, and other program-related issues.

Selected Content: Data include claims information for services furnished to Medicare beneficiaries and Medicare enrollment data. Claims data include type of service, procedures, diagnoses, dates of service, and claim amount. Enrollment data include date of birth, sex, race/ethnicity, and reason for entitlement.

Data Years: Some data files are available as far back as 1987, but CMS no longer provides technical support for files with data prior to 1996.

Coverage: Enrollment data are for all persons enrolled in the Medicare program. Claims data include data for Medicare beneficiaries who filed claims.

Methodology: The claims and utilization data files contain extensive utilization information at various levels of summarization for a variety of providers and services. There are many types and levels of these files, including the National Claims History (NCH) files, the Standard Analytic Files (SAF), Medicare Provider and Analysis Review (MedPAR) files, Medicare enrollment files, and various other files.

The National Claims History (NCH) 100 Percent Nearline File contains all institutional and noninstitutional claims and provides records of every Medicare claim submitted, including adjustment claims. The Standard Analytical Files (SAFs) contain final action claims data in which all adjustments have been resolved. These files contain information collected by Medicare to pay for health care services provided to a Medicare beneficiary. SAFs are available for each institutional

(inpatient, outpatient, skilled nursing facility, hospice, or home health agency) and noninstitutional (physician and durable medical equipment providers) claim type. The record unit of SAFs is the claim (some episodes of care may have more than one claim). SAF files include the Inpatient SAF, the Skilled Nursing Facility SAF, the Outpatient SAF, the Home Health Agency SAF, the Hospice SAF, the Clinical Laboratory SAF, and the Durable Medical Equipment SAF.

Medicare Provider and Analysis Review (MedPAR) files contain inpatient hospital and skilled nursing facility (SNF) final action stay records. Each MedPAR record represents a stay in an inpatient hospital or SNF. An inpatient "stay" record summarizes all services rendered to a beneficiary from the time of admission to a facility through discharge. Each MedPAR record may represent one claim or multiple claims, depending on the length of a beneficiary's stay and the amount of inpatient services used throughout the stay.

The Denominator File contains demographic and enrollment information about each beneficiary enrolled in Medicare during a calendar year. The information in the Denominator File is "frozen" in March of the following calendar year. Some of the information contained in this file includes the beneficiary unique identifier, State and county codes, ZIP code, date of birth, date of death, sex, race, age, monthly entitlement indicators (for Medicare Part A, Medicare Part B, or Part A and Part B), reasons for entitlement, State buy-in indicators, and monthly managed care indicators (yes/no). The Denominator File is used to determine beneficiary demographic characteristics, entitlement, and beneficiary participation in Medicare Managed Care Organizations.

The Vital Status File contains demographic information about each beneficiary ever entitled to Medicare. Some of the information contained in this file includes the beneficiary unique identifier, State and county codes, ZIP code, date of birth, date of death, sex, race, and age. Often the Vital Status File is used to obtain recent death information for a cohort of Medicare beneficiaries.

The Group Health Plan (GHP) Master File contains data on beneficiaries who are currently enrolled or have ever been enrolled in a Managed Care Organization (MCO) under contract with CMS. Each record represents one beneficiary, and each beneficiary has one record. Some of the information contained in this file includes the Beneficiary Unique Identifier number, date of birth, date of death, State and county, and managed care enrollment information such as dates of

membership and MCO contract number. The GHP Master File is used to identify the exact MCO in which beneficiaries were enrolled.

Issues Affecting Interpretation: Because Medicare managed care programs may not file claims, files based only on claims data will exclude care for persons enrolled in Medicare managed care programs. In addition, to maintain a manageable file size, some files are based on a sample of enrollees, rather than on all Medicare enrollees. Coding changes and interpretation of Medicare coverage rules have also changed over the life of the Medicare program.

For More Information: See the CMS Research Data Assistance Center (ResDAC) Web site at www.resdac.umn.edu/medicare/data_available.asp or the CMS Web site at http://cms.hhs.gov/data/default.asp. Also see Appendix II, Medicare.

Medicare Current Beneficiary Survey (MCBS)

Centers for Medicare & Medicaid Services

Overview: The Medicare Current Beneficiary Survey (MCBS) produces nationally representative estimates of health status, health care use and expenditures, health insurance coverage, and socioeconomic and demographic characteristics of Medicare beneficiaries. It is used to estimate expenditures and sources of payment for all services used by Medicare beneficiaries, including co-payments, deductibles, and noncovered services; to ascertain all types of health insurance coverage and relate coverage to sources of payment; and to trace processes over time, such as changes in health status, spending down to Medicaid eligibility, and the effects of program changes.

Selected Content: The survey collects data on utilization of health services, health and functional status, health care expenditures, and health insurance and beneficiary information (such as income, assets, living arrangement, family assistance, and quality of life).

Data Years: The first round of interviewing was conducted from September through December 1991, and the survey has been continuously in the field since then. The data are designed to support both cross-sectional and longitudinal analyses.

Coverage: The MCBS is a continuous survey of a nationally representative sample of aged, institutionalized, and disabled Medicare beneficiaries.

Methodology: The longitudinal design of the survey allows each sample person to be interviewed three times a year for 4 years, whether he or she resides in the community or a facility or moves between the two settings, using the version of the questionnaire appropriate to the setting. Sample persons in the community are interviewed using computer-assisted personal interviewing (CAPI) survey instruments. Because long-term care facility residents often are in poor health, information about institutionalized patients is collected from proxy respondents such as nurses and other primary caregivers affiliated with the facility. The sample is selected from the Medicare enrollment files, with oversampling among disabled persons under age 65 and among persons 80 years of age and over.

Medicare claims are linked to survey-reported events to produce the Cost and Use file that provides complete expenditure and source of payment data on all health care services, including those not covered by Medicare. The Access to Care file contains information on beneficiaries' access to health care, satisfaction with care, and usual source of care. The sample for this file represents the "always enrolled" population—those who participated in the Medicare program for the entire year. In contrast, the Cost and Use file represents the "ever enrolled" population, including those who enter Medicare during the year and those who died.

Sample Size and Response Rate: Each fall, about one-third of the sample is retired and roughly 6,000 new sample persons are included in the survey—the exact number chosen is based on projections of target samples of 12,000 persons with 3 years of cost and use information distributed appropriately across the sample cells. In the community, percentage response rates for initial interviews range in the mid- to high 80s; once respondents have completed the first interview, their participation in subsequent rounds is 95 percent or more. In recent rounds, data have been collected from approximately 15,000 to 19,000 beneficiaries, with the peaks occurring in Fall rounds because of the annual and HMO samples. Roughly 90 percent of the sample is made up of persons who live in the community, with the remaining persons living in long-term care facilities. Response rates for facility interviews approach 100 percent.

Issues Affecting Interpretation: Because only Medicare enrollees are included in the survey, the survey excludes a small proportion of persons age 65 and over who are not enrolled in Medicare, which should be noted when using the MCBS to make estimates of the entire population 65 and older in the United States.

Reference:

Adler GS. A profile of the Medicare Current Beneficiary Survey. Health Care Financ Rev 1994;15(4):153–163.

For More Information: See the MCBS Web site at www.cms.hhs.gov/mcbs/default.asp.

Monitoring the Future Study (MTF)

National Institute on Drug Abuse

Overview: Monitoring the Future (MTF) is an ongoing study of the behaviors, attitudes, and values of American secondary school students, college students, and young adults.

Selected Content: Data collected include lifetime, annual, and 30-day prevalence of use of specific illegal drugs and substances, inhalants, tobacco, and alcohol. Data are also collected on usage levels, frequency of use, perceived risks associated with use, opinions about whether use is approved or disapproved by others, and opinions about availability of the substances.

Data Years: MTF has been conducted annually since 1975, initially with high school seniors; ongoing panel studies of representative samples from each graduating class have been conducted by mail since 1976; annual surveys of 8th and 10th graders were initiated in 1991.

Coverage: MTF surveys a sample of high school seniors, 10th graders, and 8th graders selected to be representative of all seniors, 10th graders, and 8th graders in public and private high schools in the continental United States.

Methodology: The survey design is a multistage random sample with stage one being selection of particular geographic areas, stage two selection of one or more schools in each area, and stage three selection of students within each school. Data are collected using self-administered questionnaires conducted in the classroom by representatives of the Institute for Social Research. Dropouts and students who are absent on the day of the survey are excluded (about

18 percent of high school seniors, about 12 percent of 10th graders, and about 10 percent of 8th graders in 2001). Recognizing that the dropout population is at higher risk for drug use, this survey was expanded to include similar nationally representative samples of 8th and 10th graders in 1991. Statistics that are published in the *Dropout Rates in the* United States: 2000 (published by the National Center for Educational Statistics, Pub. No. NCES 2002-114) stated that among persons 15-16 years of age, 2.9 percent have dropped out of school, and the dropout rate increases to 3.5 percent for persons 17 years of age, 6.1 percent for persons 18 years of age, and 9.6 percent for persons 19 years of age. Therefore, surveying 8th graders (where dropout rates are much lower than for high school seniors) should be effective for picking up students at higher risk for drug use.

Sample Size and Response Rates: In 2003 approximately 48,500 8th, 10th, and 12th graders in 392 schools were surveyed. The annual senior samples comprised roughly 15,200 seniors in 122 public and private high schools nationwide. The 10th-grade samples involved about 16,200 students in 129 schools, and the 8th-grade samples had approximately 17,000 students in 141 schools. Response rates were 83 percent, 88 percent, and 89 percent for 12th, 10th, and 8th graders and have been relatively constant across time. Absentees constitute virtually all of the nonresponding students.

Issues Affecting Interpretation: Estimates of substance use for youth based on the National Survey on Drug Use & Health (NSDUH) are not directly comparable with estimates based on the MTF and the Youth Risk Behavior Surveillance System (YRBSS). In addition to the fact that the MTF excludes dropouts and absentees, rates are not directly comparable across these surveys because of differences in populations covered, sample design, questionnaires, interview setting, and statistical approaches to make the survey estimates generalizable to the entire population. The NSDUH survey collects data in homes, whereas the MTF and YRBSS collect data in school classrooms. The NSDUH estimates are tabulated by grade, representing different ages as well as different populations.

References:

Johnston LD, O'Malley PM, Bachman JG, Schulenberg JE. Monitoring the Future national results on adolescent

drug use: Overview of key findings, 2003. NIH Pub. No. 04–5506. Bethesda, MD: National Institute on Drug Abuse. 2004.

Johnston LD, O'Malley PM, Bachman JG. Monitoring the Future national survey results on drug use, 1975–2002. Volume I: Secondary school students. NIH Pub. No. 03–5375. Bethesda, MD: National Institute on Drug Abuse. 2003 http://monitoringthefuture.org/pubs/monographs/vol1_2002.pdf.

Cowan CD. Coverage, Sample Design, and Weighting in Three Federal Surveys. Journal of Drug Issues 2001;31(3):595–614.

For More Information: See the NIDA Web site at www.nida.nih.gov or the Monitoring the Future Web site at www.monitoringthefuture.org/.

National Ambulatory Medical Care Survey (NAMCS)

Centers for Disease Control and Prevention

National Center for Health Statistics

Overview: The National Ambulatory Medical Care Survey (NAMCS) is a national survey designed to provide objective, reliable information about the provision and use of medical care services provided in office-based physician practices in the United States.

Selected Content: Data are collected on providers seen; reason for visit; diagnoses; drugs ordered, provided, or continued; and selected procedures and tests ordered or performed during the visit. Patient data include age, sex, race, and expected source of payment. Data are also collected on selected characteristics of physician practices.

Data Years: The NAMCS, which began in 1973, was conducted annually until 1981, once in 1985, and resumed an annual schedule in 1989.

Coverage: The scope of the survey covers patient encounters in the offices of non-Federally employed physicians classified by the American Medical Association or American Osteopathic Association as "office-based, patient care" physicians. Patient encounters with physicians engaged in prepaid practices—health maintenance organizations (HMOs), independent practice organizations (IPAs), and other prepaid practices—

are included in NAMCS. Excluded are visits to hospital-based physicians, visits to specialists in anesthesiology, pathology, and radiology, and visits to physicians who are principally engaged in teaching, research, or administration. Telephone contacts and nonoffice visits are also excluded.

Methodology: A multistage probability design is employed. The first-stage sample consists of 84 primary sampling units (PSUs) in 1985 and 112 PSUs, beginning in 1989, selected from about 1,900 such units into which the United States has been divided. In each sample PSU, a sample of practicing non-Federal office-based physicians is selected from master files maintained by the American Medical Association and the American Osteopathic Association. The final stage involves systematic random samples of office visits during randomly assigned 7-day reporting periods. In 1985 the survey excluded Alaska and Hawaii. Starting in 1989 the survey included all 50 States and the District of Columbia.

The U.S. Census Bureau acts as the data collection agent for the NAMCS. Screening interviews are conducted by Census field representatives to obtain information about physicians' office-based practices and to ensure that the practice is within the scope of the survey. Field representatives visit eligible physicians prior to their participation in the survey to provide them with survey materials and instruct them on how to sample patient visits and complete "Patient Record" forms. Participants are asked to complete forms for a systematic random sample of approximately 30 office visits occurring during a randomly assigned 1-week period, but increasingly Patient Record forms are abstracted by field representatives.

Sample data are weighted to produce national estimates. The estimation procedure used in the NAMCS has three basic components: inflation by the reciprocal of the probability of selection, adjustment for nonresponse, and ratio adjustment to fixed totals.

Sample Size and Response Rate: In 1999 a sample of 2,499 physicians was selected: 1,728 were in scope and 1,087 participated in the survey for a response rate of 63 percent. Data were provided on 20,760 visits. In the 2000 survey a sample of 3,000 physicians was selected: 2,049 were in scope and 1,388 participated for a response rate of 68 percent. Data were provided on 27,369 visits. In the 2002 survey, a sample of 3,150 physicians was selected: 2,095 were in scope and 1,492 participated for a response rate of 71 percent. Data were provided on 28,738 visits.

Issues Affecting Interpretation: Some items included on the survey have changed over time. Some physician practices are out of scope (e.g., single-specialty radiology practices), which affects the generalizability of results. Sample sizes vary by survey year. For some years it is suggested that analysts combine two or more years of data if they wish to examine relatively rare populations or events.

Reference:

Cherry DK, Burt CW, Woodwell DA. National Ambulatory Medical Care Survey: 2001 summary. Advance data from vital and health statistics; no. 337. Hyattsville, MD: National Center for Health Statistics. 2003.

For More Information: See the NHCS section of the NCHS Web site at www.cdc.gov/nchs/nhcs.htm or the Ambulatory Health Care Data Web site at www.cdc.gov/nchs/about/major/ahcd/ahcd1.htm.

National Compensation Survey

Bureau of Labor Statistics

Overview: The National Compensation Survey (NCS) provides comprehensive measures of occupational earnings, compensation cost trends, benefit incidence, and detailed plan provisions.

Selected Content: Detailed occupational earnings are collected for metropolitan and nonmetropolitan areas, and broad geographic regions and on a national basis. The Employment Cost Index (ECI) and Employer Costs for Employee Compensation (ECEC) are compensation measures derived from the NCS. ECI measures changes in labor costs. Average hourly employer cost for employee compensation is presented in the ECEC. National benefits data are presented for three broad occupational groupings: professional, technical, and related; clerical and sales; and blue-collar and service employees. Data are also available by goods- and service-producing occupations, union affiliation, and full- and part-time status.

Data Years: The NCS replaces three existing BLS surveys: Employment Cost Index (ECI), Occupational Compensation Survey Program (OCSP), and Employee Benefits Survey (EBS). The ECI and EBS were fully integrated into the NCS in 1999. Prior to 1999 the EBS were collected for small private establishments (those employing fewer than 100

workers) and from State and local governments (regardless of employment size). In odd-numbered years, data were collected for medium and large private establishments (those employing 100 workers or more). The ECI was created in the mid-1970s. The EBS was added to an existing data collection effort, the National Pay Survey, in the late 1970s. The Employer Cost for Employee Compensation product was developed in 1987.

Coverage: The NCS provides information for the nation, for 81 metropolitan areas and 73 nonmetropolitan counties representing the United States, and for the 9 census divisions (although not all areas have information for all occupations). It includes both full- and part-time workers who are paid a wage or salary. It excludes agriculture, fishing and forestry industries, private household workers, and the Federal government. The NCS only includes establishments with at least 50 workers.

Methodology: Conducted quarterly by The Bureau of Labor Statistics' Office of Compensation and Working Conditions, the sample for the NCS is selected using a three-stage design. The first stage involves the selection of areas. The NCS sample consists of 154 metropolitan and nonmetropolitan areas that represent the Nation's 326 metropolitan statistical areas and the remaining portions of the 50 States. In the second stage, establishments are systematically selected with probability of selection proportionate to their relative employment size within the industry. Use of this technique means that the larger an establishment's employment, the greater its chance of selection.

The third stage of sampling is a probability sample of occupations within a sampled establishment. This step is performed by the BLS field economist during an interview with the respondent establishment in which selection of an occupation is based on probability of selection proportionate to employment in the establishment. Each occupation is classified under its corresponding major occupational group using the Occupational Classification System Manual (OCSM) and the Census Occupation Index, which are based on the 1990 U.S. Census.

Data collection is conducted by BLS field economists. Data are gathered from each establishment on the primary business activity of the establishment, types of occupations, number of employees, wages and salaries and benefits, hours of work, and duties and responsibilities. Wage data obtained by occupation and work level allows NCS to publish

occupational wage statistics for localities, census divisions, and the Nation.

Sample Size and Response Rates: The NCS sample consists of 154 metropolitan and nonmetropolitan areas that represent the Nation's 326 metropolitan statistical areas and the remaining portions of the 50 States. The 2003 NCS benefits incidence survey obtained data from 2,924 private industry establishments, representing nearly 103 million workers; of this number, nearly 79 million were full-time workers, and the remainder were part-time workers.

Issues Affecting Interpretation: Because the NCS merges separate surveys, trend analyses prior to 2000 should be interpreted with care. The industrial coverage, establishment size coverage, and geographic coverage for the EBS survey changed since 1990. All surveys conducted from 1979 to 1989 excluded part-time employees and establishments in Alaska and Hawaii. The surveys conducted from 1979 to 1986 covered only medium and large private establishments and excluded most of the service industries. Establishments that employed at least 50, 100, or 250 workers, depending on the industry, were included. The survey conducted in 1987 consisted of State and local governments with 50 or more employees. The surveys carried out in 1988 and 1989 included all private-sector establishments that employed 100 or more employees.

References:

U.S. Department of Labor, Bureau of Labor Statistics, Employer Costs for Employee Compensation Summary—March, 2004, found at www.bls.gov/news.release/ecec.nr0.htm.

The National Compensation Survey: Compensation Statistics for the 21st Century, found at www.bls.gov/opub/cwc/archive/winter2000art1.pdf.

For More Information: See the National Compensation Survey Web site at www.bls.gov/ncs.

National Health Accounts

Centers for Medicare & Medicaid Services

Overview: National Health Accounts provide estimates of how much money is spent on different types of health care-related services and programs in the United States.

Selected Content: National Health Expenditures measure spending for health care in the United States by type of service delivered (such as hospital care, physician services, nursing home care) and source of funding for those services (such as private health insurance, Medicare, Medicaid, and out-of-pocket spending).

Data Years: Expenditure estimates are available starting from 1960 in data files or in published articles.

Methodology: The American Hospital Association (AHA) data on hospital finances are the primary source for estimates relating to hospital care. The salaries of physicians and dentists on the staffs of hospitals, hospital outpatient clinics, hospital-based home health agencies, and nursing home care provided in the hospital setting are considered to be components of hospital care. Expenditures for home health care and for services of health professionals (for example, doctors, chiropractors, private duty nurses, therapists, and podiatrists) are estimated primarily using a combination of data from the U.S. Bureau of the Census Services Annual Survey and the quinquennial Census of Service Industries.

The estimates of retail spending for prescription drugs are based on household and industry data on prescription drug transactions. Expenditures for other medical nondurables and for vision products and other medical durables purchased in retail outlets are based on estimates of personal consumption expenditures prepared by the U.S. Department of Commerce's Bureau of Economic Analysis, U.S. Bureau of Labor Statistics/Consumer Expenditure Survey; the 1987 National Medical Expenditure Survey and the 1996 Medical Expenditure Panel Survey conducted by the Agency for Healthcare Research and Quality; and spending by Medicare and Medicaid. Those durable and nondurable products provided to inpatients in hospitals or nursing homes, and those provided by licensed professionals or through home health agencies, are excluded here, but they are included with the expenditure estimates of the provider service category.

Nursing home expenditures cover care rendered in establishments providing inpatient nursing and health-related personal care through active treatment programs for medical and health-related conditions. These establishments cover skilled nursing and intermediate care facilities, including those for the mentally retarded. Spending estimates are primarily based on data from the U.S. Bureau of the Census Services

Annual Survey and the quinquennial Census of Service Industries.

Expenditures for construction include those spent on the erection or renovation of hospitals, nursing homes, medical clinics, and medical research facilities, but not for private office buildings providing office space for private practitioners. Expenditures for noncommercial research (the cost of commercial research by drug companies is assumed to be imbedded in the price charged for the product; to include this item again would result in double counting) are developed from information gathered by the National Institutes of Health and the National Science Foundation.

Source of funding estimates likewise come from a multiplicity of sources. Data on the Federal health programs are taken from administrative records maintained by the servicing agencies. Among the sources used to estimate State and local government spending for health are the U.S. Bureau of the Census' Government Finances and the National Academy of Social Insurance reports on State-operated workers' compensation programs. Federal and State and local expenditures for education and training of medical personnel are excluded from these measures where they are separable. For the private financing of health care, data on the financial experience of health insurance organizations come from special Centers for Medicare & Medicaid Services analyses of private health insurers and from the Bureau of Labor Statistics' survey on the cost of employer-sponsored health insurance and on consumer expenditures. Information on out-of-pocket spending from the U.S. Bureau of the Census Services Annual Survey; U.S. Bureau of Labor Statistics Consumer Expenditure Survey; the 1987 National Medical Expenditure Survey and the Medical Expenditure Panel Surveys conducted by the Agency for Healthcare Research and Quality; and from private surveys conducted by the American Hospital Association, American Medical Association, American Dental Association, and IMS Health, an organization that collects data from the pharmaceutical industry, is used to develop estimates of direct spending by customers.

Reference:

Levit K, Smith C, Cowan C, Sensenig A, Catlin A, and the Health Accounts Team. Health Spending Rebound Continues in 2002. Health Aff 2004;23(1):147–159.

For More Information: See the Centers for Medicare & Medicaid Services National Health Accounts Web site at http://cms.hhs.gov/statistics/nhe.

State Health Expenditures

Overview: Estimates of personal health care spending by State are created using the same definitions of health care sectors used in producing the National Health Expenditures (NHE). These estimates are useful in measuring the role of health spending in States' economies.

Selected Content: Health Accounts by State provide estimates of health care spending by type of establishment delivering care (such as hospitals, physicians and clinics, and nursing homes) and by medical products (such as prescription drugs, over-the-counter medicines and sundries, and durable medical products such as eyeglasses and hearing aids) purchased in retail outlets. Source of funding estimates by State are also provided for Medicare and Medicaid.

Data Years: Annual State health expenditures are available for 1980–98.

Methodology: The same data sources used in creating NHE are also used to create State estimates whenever possible. Additional sources are employed when surveys used to create valid national estimates lack sufficient sample size to create valid State-level estimates. State-level data are used to estimate State-by-State distribution of health spending, and NHE national totals for the specific type of service or source of funds are used to control the level of State-by-State distributions. This procedure implicitly assumes that national spending estimates can be created more accurately than State-specific expenditures.

The NHE data that were used as national totals for these State estimates were published in *Health, United States, 2001*, and differ from the sum of State estimates because national totals included expenditures for persons living in U.S. territories and for military and Federal civilian employees and their families stationed overseas. The sum of the State-level expenditures excludes health spending for those groups. Starting with *Health, United States, 2002* NHE reflect new data and benchmark revisions incorporated after completion of the State estimates and incorporate a conceptual revision to exclude spending for persons living in U.S. territories and military and Federal civilian employees and their families living overseas.

Starting in *Health, United States, 2002,* State estimates are based on the location of the beneficiary's residence. This differs from previous estimates published in *Health, United States,* which presented spending based on the health care provider's location. State estimates were first constructed based on the provider's location because data available to estimate spending by State primarily comes from providers and represents the State-of-provider location. However, the most useful unit for analyzing spending trends and differences are per capita units, which are based on spending estimates for the State in which people reside. Therefore, State-of-provider-based expenditures are adjusted to a State-of-residence basis using interstate border-crossing flow patterns that represent travel patterns across State borders for health care.

Data for the interstate border-crossing flow patterns are based on Medicare claims. Medicare is the only comprehensive source on which to base interstate flows of spending between State-of-provider and State-of-beneficiary residence. Data for non-Medicare payers (excluding Medicaid) are also based on Medicare flow patterns but are further adjusted for age-specific service mix variation in hospital and physician services. Medicaid services are not adjusted because it is assumed that care provided to eligible State residents is most often provided by in-State providers and further assumed that spending by Medicaid is identical on a residence and provider basis.

In addition to differences noted earlier, national totals for residence-based State health expenditures may differ slightly from national totals for provider-based expenditures because of inflows and outflows of health care spending to the U.S. territories. Because flow patterns are based on Medicare data, we are able to adjust for services that Medicare beneficiaries receive outside of the United States and for services received by Medicare beneficiaries in the United States who either live in the U.S. territories or in other countries. Similar adjustments for the non-Medicare, non-Medicaid population are not possible.

For More Information: See the Centers for Medicare & Medicaid Services National Health Expenditures Web site at http://cms.hhs.gov/statistics/nhe/#state.

National Health Care Survey (NHCS)

Centers for Disease Control and Prevention

National Center for Health Statistics

Overview: The National Health Care Survey (NHCS) is a family of surveys that collect data from health care providers and establishments about the utilization of health services and characteristics of providers and their patients.

Selected Content: The components of the NHCS represent the major sectors of the U.S. health care system providing data on ambulatory, inpatient, and long-term care settings. This family of surveys includes the following components:

- National Ambulatory Medical Care Survey (NAMCS)
- National Hospital Ambulatory Medical Care Survey (NHAMCS)
- National Hospital Discharge Survey (NHDS)
- National Survey of Ambulatory Surgery (NSAS)
- National Home and Hospice Care Survey (NHHCS)
- National Nursing Home Survey (NHHS)

Methodology: Each survey in the family is based on a multistage sampling design that includes the health care facilities or providers and their records. Data are collected through abstraction of medical records, completion of encounter forms, compilation of data from State and professional associations, purchase of data from commercial abstraction services, and surveys of providers. Data from all survey components are collected from the establishment, and in no case is information received directly from the person receiving care.

For More Information: See the NHCS Web site at www.cdc.gov/nchs/nhcs.htm.

National Health and Nutrition Examination Survey (NHANES)

Centers for Disease Control and Prevention

National Center for Health Statistics

Overview: The National Health and Nutrition Examination Survey (NHANES) program includes a series of crosssectional nationally representative health examination surveys conducted in mobile examination units or clinics (MECs). In the first series of surveys, the National Health Examination Survey (NHES), data were collected on the prevalence of certain chronic diseases, the distributions of various physical and psychological measures, and measures of growth and development. In 1971 a nutrition surveillance component was added and the survey name changed to the National Health and Nutrition Examination Survey.

Selected Content: The NHANES surveys have collected data on chronic disease prevalence and conditions (including undiagnosed conditions) and risk factors such as obesity and smoking, serum cholesterol levels, hypertension, diet and nutritional status, immunization status, infectious disease prevalence, health insurance, and measures of environmental exposures. Other topics addressed include hearing, vision, mental health, anemia, diabetes, cardiovascular disease, osteoporosis, oral health, mental health, pharmaceuticals used, and physical fitness.

NHES I data were collected on the prevalence of certain chronic diseases as well as the distributions of various physical and psychological measures, including blood pressure and serum cholesterol levels. NHES II and NHES III focused on factors related to growth and development in children and youth.

In NHANES I, data were collected on indicators of the nutritional and health status of the American people through dietary intake data, biochemical tests, physical measurements, and clinical assessments for evidence of nutritional deficiency. Detailed examinations were given by dentists, ophthalmologists, and dermatologists, with an assessment of need for treatment. In addition, data were obtained for a subsample of adults on overall health care needs and behavior, and more detailed examination data were collected on cardiovascular, respiratory, arthritic, and hearing conditions. For NHANES II the nutrition component was expanded. In the medical area primary emphasis was placed on diabetes, kidney and liver functions, allergy, and speech pathology. The third National Health and Nutrition Examination Survey (NHANES III) also included data on antibodies, spirometry, and bone health.

Beginning in 1999 with continuous NHANES, new topics include cardiorespiratory fitness, physical functioning, lower extremity disease, full body scan (DXA) for body fat as well as bone density, and tuberculosis infection.

Data Years: Data have been collected from surveys conducted during 1960–62 (NHES I), 1963–65 (NHES II), 1966–70 (NHES III), 1971–74 (NHANES I), 1976–80 (NHANES II), 1982–84 (HHANES), and 1988–94 (NHANES III). Beginning in 1999, the survey has been conducted continuously.

Coverage: With the exception of the Hispanic Health and Nutrition Examination Survey (see Methodology, below), the NHES and NHANES provide estimates of the health status of the civilian, noninstitutionalized population of the United States. NHES II and NHES III examined probability samples of the Nation's noninstitutionalized children ages 6–11 years and 12–17 years, respectively. The NHANES I target population was the civilian noninstitutionalized population 1–74 years of age residing in the coterminous United States, except for people residing on any of the reservation lands set aside for the use of American Indians.

The NHANES II target population was the civilian noninstitutionalized population 6 months-74 years of age residing in the United States, including Alaska and Hawaii.

In Hispanic Health and Nutrition Examination Survey (HHANES) three geographically and ethnically distinct populations were studied: Mexican Americans living in Texas, New Mexico, Arizona, Colorado, and California; Cuban Americans living in Dade County, Florida; and Puerto Ricans living in parts of New York, New Jersey, and Connecticut.

The NHANES III target population was the civilian noninstitutionalized population 2 months of age and over. The sample design provided for oversampling among children 2–35 months of age, persons 70 years of age and over, black Americans, and Mexican Americans.

Beginning in 1999 NHANES oversampled low-income persons, adolescents 12–19 years of age, persons 60 years of age and over, African Americans, and Mexican Americans. The sample is not designed to give a nationally representative sample for the total population of Hispanics residing in the United States.

Methodology: The NHANES includes clinical examinations, selected medical and laboratory tests, and self-reported data. The NHANES and previous surveys interviewed persons in their homes and conducted medical examinations, including laboratory analysis of blood, urine, and other tissue samples. Medical examinations and laboratory tests follow very specific protocols and are as standard as possible to ensure

comparability across sites and providers. In addition to the MEC examinations, a small number of survey participants receive an abbreviated health examination in their homes if they are unable to come to the MEC.

For the first program or cycle of the NHES I, a highly stratified multistage probability sample was selected to represent the 111 million civilian noninstitutionalized adults 18–79 years of age in the United States at that time. The sample areas consisted of 42 primary sampling units (PSUs) from the 1,900 geographic units. NHES II and NHES III were also multistage stratified probability samples of clusters of households in land-based segments. NHES II and III used the same 40 PSUs.

For NHANES I the sample areas consisted of 65 PSUs. A subsample of persons 25–74 years of age was selected to receive the more detailed health examination. Groups at high risk of malnutrition were oversampled.

NHANES II used a multistage probability design that involved selection of PSUs, segments (clusters of households) within PSUs, households, eligible persons, and finally, sample persons. The sample design provided for oversampling among persons 6 months–5 years of age, 60–74 years of age, and those living in poverty areas.

HHANES was similar in content and design to NHANES I and II. The major difference between HHANES and the previous national surveys is that HHANES used a probability sample of three special subgroups of the population living in selected areas of the United States rather than a national probability sample. The three HHANES universes included approximately 84, 57, and 59 percent of the respective 1980 Mexican-, Cuban-, and Puerto Rican-origin populations in the continental United States.

The survey for the NHANES III was conducted from 1988 to 1994 and consisted of two phases of equal length and sample size. Phase 1 and Phase 2 comprised random samples of the U.S. population living in households. About 40,000 persons 2 months of age and over were selected and asked to complete an extensive interview and an examination. Participants were selected from households in 81 counties across the United States. Children aged 2 months to 5 years and persons 60 years of age and over were oversampled to provide precise descriptive information on the health status of selected population groups of the United States

Beginning in 1999, NHANES became a continuous, annual survey, which also allows increased flexibility in survey content. Since April 1999, NHANES collects data every year from a representative sample of the U.S. population, newborns and older, by in-home personal interviews and physical examinations in the MEC. The sample design is a complex, multistage, clustered design using unequal probabilities of selection. The first-stage sample frame for continuous NHANES during 1999-2001 was the list of PSUs selected for the design of the National Health Interview Survey (NHIS). Typically, an NHANES PSU is a county. For 2002, an independent sample of PSUs (based on current Census data) was selected. This independent design will be used for the period 2002-06. For 1999, because of delay in the start of data collection, 12 distinct PSUs were in the annual sample. For each year 2000-02, 15 PSUs were selected. The within-PSU design involves forming secondary sampling units that are nested within census tracts, selecting dwelling units within secondary units, and then selecting sample persons within dwelling units. The final sample person selection involves differential probabilities of selection according to demographic variables sex (male or female), race/ethnicity (Mexican American, black, all others), and age. Because of the differential probabilities of selection, dwelling units are screened for potential sample persons. Sample weights are available and should be used in estimation of descriptive statistics. The complex design features should be used in estimating standard errors for the descriptive estimates.

The estimation procedure used to produce national statistics for all NHANES involved inflation by the reciprocal of the probability of selection, adjustment for nonresponse, and poststratified ratio adjustment to population totals. Sampling errors also were estimated to measure the reliability of the statistics.

Sample Size and Response Rates: NHES I sampled 7,710 adults. The examination response rate was 86.5 percent. NHES II sampled 7,417 children and reported a response rate of 96 percent for the questionnaire sample and 73 percent for the examination sample. NHES III sampled 7,514 youth and reported a response rate of 90 percent.

A sample of 28,043 persons was selected for NHANES I. Household interviews were completed for more than 96 percent of the persons selected, and about 75 percent (20,749) were examined. A sample of 27,801 persons was

selected for NHANES II; 73.1 percent (20,322 persons) were examined.

In the HHANES 9,894 persons in the Southwest were selected (75 percent or 7,462 were examined); in Dade County 2,244 persons were selected (60 percent or 1,357 were examined); and in the Northeast 3,786 persons were selected (75 percent or 2,834 were examined). Over the 6-year survey period of NHANES III, 39,695 persons were selected, the household interview response rate was 86 percent, and the medical examination response rate was 78 percent.

In the sample selection for NHANES 1999–2000, there were 22,839 dwelling units screened. Of these, 6,005 households had at least one eligible sample person identified for interviewing. A total of 12,160 eligible sample persons were identified. The overall response rate in NHANES 1999–2000 for those interviewed was 81.9 percent (9,965 of 12,160), and the response rate for those examined was 76.3 percent (9,282 of 12,160). For NHANES 2001–02 there were 13,156 persons selected in the sample, of which 83.9 percent (11,039) were interviewed and 79.7 percent (10,480) of the 13,156 selected completed the health examination component of the survey.

Issues Affecting Interpretation: Data elements, lab tests performed, and the technological sophistication of medical examination and laboratory equipment have changed over time. Therefore, trend analyses should carefully examine how specific data elements were collected across the different NHANES and NHES surveys.

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For More Information: See the NHANES Web site at www.cdc.gov/nchs/about/major/nhanes/nhanes.htm.

National Health Interview Survey (NHIS)

Centers for Disease Control and Prevention

National Center for Health Statistics

Overview: The National Health Interview Survey (NHIS) monitors the health of the U.S. population through the collection and analysis of data on a broad range of health topics. A major strength of this survey lies in the ability to display health measures by many demographic and socioeconomic characteristics.

Selected Content: The NHIS obtains information on illnesses, injuries, activity limitation, chronic conditions, health insurance coverage, utilization of health care, and other health topics. Demographic data include gender, age, education, race/ethnicity (reported by respondent or proxy), place of birth, income, and place of residence. Other data collected include risk factors such as lack of exercise, smoking, alcohol consumption, and use of prevention services such as vaccinations, mammography, and pap smears. Special

modules and supplements focus on different issues each year and have included topics such as HIV/AIDS, aging, cancer screening, prevention, alternative and complementary medicine, and many other topics.

Data Years: The NHIS has been conducted annually since 1957 with a major redesign every 10–15 years.

Coverage: The NHIS covers the civilian noninstitutionalized population of the United States. Excluded are patients in long-term care facilities, persons on active duty with the Armed Forces (although their dependents are included), and U.S. nationals living in foreign countries.

Methodology: The NHIS is a cross-sectional household interview survey. Sampling and interviewing are continuous throughout each year. The sampling plan follows a multistage area probability design that permits the representative sampling of households. The sampling plan was last redesigned in 1995. Information for only the current sampling plan covering the design years of 1995–2004 is presented. The first stage consists of a sample of 358 primary sampling units (PSUs) drawn from approximately 1,900 geographically defined PSUs that cover the 50 States and the District of Columbia. A PSU consists of a county, a small group of contiguous counties, or a metropolitan statistical area.

Within a PSU, two types of second-stage units are used: area segments and permit area segments. Area segments are defined geographically and contain an expected eight or twelve addresses. Permit area segments cover geographical areas containing housing units built after the 1990 census. The permit area segments are defined using updated lists of building permits issued in the PSU since 1990 and contain an expected four addresses. Within each segment all occupied households at the sample addresses are targeted for interview.

The total NHIS sample of PSUs is subdivided into four separate panels, or subdesigns, such that each panel is a representative sample of the U.S. population. This design feature has a number of advantages, including flexibility for the total sample size. The households selected for interview each week in the NHIS are a probability sample representative of the target population.

The NHIS that was fielded from 1982–96 consisted of two parts: (1) a set of basic health and demographic items (known as the Core questionnaire), and (2) one or more sets of questions on current health topics (known as

Supplements). The Core questionnaire remained the same over that time period whereas the current health topics changed depending on data needs.

The NHIS questionnaire revision first implemented in 1997 has three parts or modules: a Basic module, a Periodic module, and a Topical module. The Basic module corresponds to the core questionnaire before revision. It remains largely unchanged from year to year and allows for trend analysis and for data from more than 1 year to be pooled to increase sample size for analytic purposes. The Basic module contains three components: the Family Core, the Sample Adult Core, and the Sample Child Core. The Family Core component collects information on everyone in the family and allows the NHIS to serve as a sampling frame for additional integrated surveys as needed. Information collected on the Family Core for all family members includes household composition and sociodemographic characteristics, tracking information, information for matches to administrative data bases, health insurance coverage, and basic indicators of health status and utilization of health care services.

From each family in the NHIS, one sample adult and, for families with children under 18 years of age, one sample child are randomly selected to participate in the Sample Adult Core and the Sample Child Core questionnaires. Because some health issues are different for children and adults, these two questionnaires differ in some items but both collect basic information on health status, use of health care services, health conditions, and health behaviors.

Sample Size and Response Rates: Since 1997 the sample numbered about 100,000 persons with about 30,000 persons participating in the sample adult and about 15,000 persons in the sample child questionnaire. The household response rate for the ongoing portion of the survey (Basic module) has been between 94 and 98 percent over the years. In recent years the total household response rate was about 90 percent. Response rates for special health topics (supplements) have generally been lower. For example, the response rate was 80 percent for the 1994 Year 2000 Supplement, which included questions about cigarette smoking and use of such preventive services as mammography. Since 1997 the final response rate for the sample adult supplement was 70–80 percent and 78–84 percent for the sample child supplement.

Issues Affecting Interpretation: In 1997 the questionnaire was redesigned and some basic concepts were changed and

other concepts were measured in different ways. For some questions there was a change in the reference period. Also in 1997 the collection methodology changed from paper and pencil questionnaires to computer-assisted personal interviewing (CAPI). Because of the major redesigns of the questionnaire in 1997, most trend tables in *Health, United States* begin with 1997 data.

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For More Information: See the NHIS Web site at www.cdc.gov/nchs/nhis.htm.

National Health Provider Inventory (NHPI)

Centers for Disease Control and Prevention

National Center for Health Statistics

Overview: The National Health Provider Inventory (NHPI) is an inventory of nursing homes, home health agencies, and hospices. The NHPI and its predecessor inventories served as sampling frames for the NCHS National Nursing Home Survey and National Home and Hospice Care Survey.

Selected Content: Information collected included facility ownership, size, services provided, geographic location, and some resident or client characteristics.

Data Years: The NHPI was conducted in 1991 and has not been repeated.

Coverage: The NHPI included nursing homes, board and care homes, home health agencies, and hospices.

Methodology: The National Master Facility Inventories (NMFIs), forerunners of the National Health Provider Inventory (NHPI), were a series of inventories of inpatient health

facilities in the United States conducted by NCHS. The inventories included hospitals, nursing and related-care homes, and other custodial care facilities. The last NMFI was conducted in 1982. In 1986 the inventory was changed to the Inventory of Long-Term Care Places (ILTCP) and included nursing and related-care homes and facilities for the mentally retarded. In 1991 the inventory was changed to NHPI.

National Home and Hospice Care Survey (NHHCS)

Centers for Disease Control and Prevention

National Center for Health Statistics

Overview: The National Home and Hospice Care Survey (NHHCS) collects data on the characteristics and care provided by home health care agencies and hospices as well as characteristics of patients receiving these services.

Selected Content: The NHHCS provides information on home health and hospice care from two perspectives—that of the provider of services and that of the recipient. Data collected at the home health care and hospice agency level include number of clients served, ownership and affiliations, certification status, and services provided. At the patient level, data are collected on demographic characteristics, diagnoses, living arrangements, caregiver status, enrollment date, discharge disposition (for discharge sample), selected therapies and treatments provided, aids and special devices used, activities of daily living (ADL) assistance received from the agency, vision and hearing impairments, continence, payment source, and care charges.

Data Years: Initiated in 1992, the NHHCS was also conducted in 1993, 1994, 1996, 1998, and 2000.

Coverage: The survey covers agencies and the current patients and discharges from agencies that provide home health and hospice care services in the United States. Agencies may be freestanding health facilities or units of larger organizations, such as hospitals or nursing homes. Agencies providing only durable medical equipment are excluded. Only agencies providing home health or hospice care services to patients at the time of the survey are eligible to participate.

Methodology: The sample design for the 1992 and 1994 NHHCS was a stratified three-stage probability design.

Primary sampling units were selected at the first stage, agencies were selected at the second stage, and up to six current patients and six discharges were selected at the third stage. The sample design for the 1996, 1998, and 2000 NHHCS was a two-stage probability design in which agencies were selected at the first stage and current patients and discharges were selected at the second stage. Current patients were those on the rolls of the agency as of midnight the day before the survey. Discharges were selected to estimate the number of discharges from the agency during the 12 months before the survey. Agency characteristics were obtained through interviews with the agency administrators and staff. Sample patients and discharges were selected, and questionnaires were completed by interviewing the staff member most familiar with the care provided to the patient. Respondents were requested to refer to the medical records for the patient.

Estimates based on the NHHCS are derived by a multistage estimation procedure that produces essentially unbiased national estimates and has three principle components:
(a) inflation by the reciprocals of the probabilities of sample selection; (b) adjustment for nonresponse; and (c) ratio adjustment to fixed totals. The data from the surveys are adjusted for three types of nonresponse: (a) an in-scope sample agency did not respond; (b) an agency did not complete the sampling lists used to select the patient or discharge samples; and (c) the agency did not complete the questionnaire for the sample patient or discharge.

Sample Size and Response Rates: The original sampling frame consisted of all home health care agencies and hospices identified in the 1991 National Health Provider Inventory (NHPI). The 1992 sample contained 1,500 agencies. These agencies were revisited during the 1993 survey (excluding agencies that had been found to be out of scope for the survey). In 1994 in-scope agencies identified in the 1993 survey were revisited, along with 100 newly identified agencies added to the sample. In 1996 the universe was again updated and a new sample of 1,200 agencies was drawn. In 1998 a sample of 1,350 agencies was selected from a universe of home health agencies and hospices obtained from various national organizations and other sources. In 2000, 1,800 agencies were sampled from the universe that was obtained from SMG Home Healthcare Market Database and the membership list of the National Hospice and Palliative Care Organization. The response rates during the 1992-2000 survey years have been greater than

92 percent at the agency level, mid-90 to mid-80 percent for current patients, and low 90 to low 80 percent for discharges.

Issues Affecting Interpretation: Characteristics of agencies and current patients reflect the situation on a given day when the survey was being conducted. Because frequent short-term users are less likely to be enrolled with the agency on any given day than long-term users, the current patient component tends to underestimate those patients with a very short length of service. The discharge component is designed to estimate the number of discharges that occur over a 12-month period. Estimates of discharges may underestimate those patients who tend to receive care for longer periods of time. Caution should be made in comparing estimates from the resident and discharge samples. Finally, various survey items have been added or modified over the survey years, which may preclude comparisons from previous years or trend analyses.

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For More Information: See the National Health Care Survey (NHCS) Web site at www.cdc.gov/nchs/nhcs.htm or the National Home and Hospice Care Survey Web site at www.cdc.gov/nchs/about/major/nhhcsd/nhhcsd.htm.

National Hospital Ambulatory Medical Care Survey (NHAMCS)

Centers for Disease Control and Prevention

National Center for Health Statistics

Overview: The National Hospital Ambulatory Medical Care Survey (NHAMCS) collects data on the utilization and provision of medical care services provided in hospital emergency and outpatient departments.

Selected Content: Data are collected on providers seen; reason for visit; diagnoses; drugs ordered, provided, or continued; and selected procedures and tests performed during the visit. Patient data include age, sex, race, and expected source of payment. Data are also collected on selected characteristics of hospitals included in the survey.

Data Years: Annual data collection began in 1992.

Coverage: The survey is a representative sample of visits to emergency departments (EDs) and outpatient departments (OPDs) of non-Federal, short-stay, or general hospitals. Telephone contacts are excluded.

Methodology: A four-stage probability sample design is used in NHAMCS, involving samples of primary sampling units (PSUs), hospitals within PSUs, clinics within OPDs, and patient visits within clinics. The first stage sample of the NHAMCS consists of 112 PSUs selected from 1,900 such units comprising the United States. Within PSUs, 600 general and short-stay hospitals were sampled and assigned to one of 16 panels. In any given year, 13 panels are included. Each panel is assigned to a 4-week reporting period during the calendar year.

In the NHAMCS outpatient department survey, a clinic is defined as an administrative unit of the OPD in which ambulatory medical care is provided under the supervision of a physician. Clinics where only ancillary services, such as radiology, laboratory services, physical rehabilitation, renal dialysis, and pharmacy, are provided, or other settings in which physician services are not typically provided, are considered out of scope. If a hospital OPD has five or fewer in-scope clinics, all are included in the sample. For hospital OPDs with more than five clinics, a systematic sample of clinics proportional to size is included in the survey.

The U.S. Census Bureau acts as the data collection agent for the NHAMCS. Census field representatives contact sample hospitals to determine whether they have a 24-hour ED and/or an OPD that offers physician services. Visits to eligible EDs and OPDs are systematically sampled over the 4-week reporting period such that about 100 ED encounters and about 200 OPD encounters are selected. Hospital staff are asked to complete "Patient Record" forms for each sampled visit, but Census field representatives typically abstract data for more than half of these visits.

Sample data are weighted to produce national estimates. The estimation procedure used in the NHAMCS has three basic components: inflation by the reciprocal of the probability of selection, adjustment for nonresponse, and ratio adjustment to fixed totals.

Sample Size and Response Rates: In any given year, the hospital sample consists of approximately 500 hospitals, of which 80 percent have EDs and about half have eligible OPDs. Typically, about 900 clinics are selected from participating hospital OPDs. In 1999 the number of patient record forms (PRFs) completed for EDs was 21,103, and for OPDs it was 29,487. In 2000 the number of PRFs completed for EDs was 25,622 and for OPDs 27,510. In 2002 the number of PRFs completed for EDs was 37,337 and for OPDs 35,586. In 1999 the hospital response rate for NHAMCS was 93 percent for EDs and 86 percent for OPDs. In 2000 the hospital response rate was 94 percent for EDs and 88 percent for OPDs. In 2002, the hospital response rate was 94 percent for EDs and 87 percent for OPDs. The participation rate for EDs has ranged from 93 to 97 percent. The participation rate for OPDs has ranged from 86 to 95 percent.

Issues Affecting Interpretation: For analyses that present visit rates per population, the civilian noninstitutionalized population is used as the denominator. However, visits to hospital EDs or OPDs can also include persons who reside in institutional settings.

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McCaig LF, McLemore T. Plan and operation of the National Hospital Ambulatory Medical Care Survey. National Center for Health Statistics. Vital Health Stat 1(34). 1994.

For More Information: See the National Health Care Survey (NHCS) Web site at www.cdc.gov/nchs/nhcs.htm or the

Ambulatory Health Care Web site at www.cdc.gov/nchs/about/major/ahcd/ahcd1.htm.

National Hospital Discharge Survey (NHDS)

Centers for Disease Control and Prevention

National Center for Health Statistics

Overview: The National Hospital Discharge Survey (NHDS) collects and produces national estimates on characteristics of inpatient stays in non-Federal short-stay hospitals in the United States.

Selected Content: Patient information collected includes demographics, length of stay, diagnoses, and procedures. Hospital characteristics collected include region, ownership, and bed size.

Data Years: The NHDS has been conducted annually since 1965.

Coverage: The survey design covers the 50 States and the District of Columbia. Included in the survey are hospitals with an average length of stay of less than 30 days for all inpatients, general hospitals, and children's general hospitals. Excluded are Federal, military, and Department of Veterans Affairs hospitals, as well as hospital units of institutions (such as prison hospitals), and hospitals with fewer than six beds staffed for patient use. All discharged patients from in-scope hospitals are included in the survey; however, newborns are not included in *Health, United States*.

Methodology: The design implemented in 1965 continued through 1987, and a redesign with a new sample of hospitals fielded in 1988 is currently in place. The sample for the 1965 NHDS was selected in 1964 from a frame of short-stay hospitals listed in the National Master Facility Inventory. A two-stage stratified sample design was used, with hospitals stratified according to bed size and geographic region. Sample hospitals were selected with probabilities ranging from certainty for the largest hospitals to 1 in 40 for the smallest hospitals. Within each participating hospital, a systematic random sample was selected from a daily listing sheet of discharges. Within hospital sampling rates for discharges varied inversely with the probability of hospital selection, so the overall probability of selecting a discharge was approximately the same across the sample.

Data collection was conducted by means of manual abstraction of patient information from sampled medical records. Sample selection and transcription of information from inpatient medical records to NHDS survey forms were performed by hospital staff, representatives of NCHS, or both. In 1985, a second data collection procedure was introduced. The procedure involved the purchase of computer data tapes from commercial abstracting services that contained automated discharge data for some hospitals participating in the NHDS. This procedure was used in approximately 17 percent of the sample hospitals for 1985–87. Discharges on these computer files were subjected to the NHDS sampling specifications as well as the computer edits and estimation procedures. Two data collection methods, manual and automated, continue to be used in the NHDS.

A redesign of the NHDS was implemented for the 1988 survey. Under the redesign hospitals were selected using a modified three-stage stratified design. Units selected at the first stage consisted of either hospitals or geographic areas. The geographic areas were Primary Sample Units (PSUs) used for the 1985-94 National Health Interview Survey, which are geographic areas such as counties or townships. Hospitals within PSUs were then selected at the second stage. Strata at this stage were defined by geographic region, PSU size, abstracting service status, and hospital specialty-size groups. Within these strata, hospitals were selected with probabilities proportional to their annual number of discharges. At the third stage, a sample of discharges was selected by a systematic random sampling technique. The sampling rate was determined by the hospital's sampling stratum and the type of data collection system (manual or automated) used. Discharge records from hospitals submitting data via commercial abstracting services and selected State data systems (approximately 40 percent of sample hospitals) were arrayed, by primary diagnoses, patient sex and age group, and date of discharge, before sampling. The NHDS hospital sample is updated every 3 years by continuing the sampling process among hospitals that become eligible for the survey during the intervening years and by deleting hospitals that were no longer eligible. This process was conducted in 1991, 1994, 1997, and 2000.

The basic unit of estimation for NHDS is a sampled discharge. The basic estimation procedure involves inflation by the reciprocal of the probability of selection. There are adjustments for nonresponding hospitals and discharges; a postratio adjustment to fixed totals is employed.

Sample Size and Response Rate: In 2002, 504 hospitals were selected: 474 were within scope, 445 participated (94 percent), and approximately 327,000 medical records were abstracted.

Issues Affecting Interpretation: In 1988 the NHDS was redesigned. Caution is required in interpreting trend data from this period as estimates of change may be an artifact of changes in the design rather than true changes in hospital use. There are also annual modifications to the ICD-9-CM affecting diagnoses data. See related Appendix II, ICD-9-CM.

Hospital utilization rates per 1,000 population were computed using estimates of the civilian population of the United States as of July 1 of each year. Rates for 1990 through 1999 use postcensal estimates of the civilian population based on the 1990 census adjusted for net underenumeration using the 1990 National Population Adjustment Matrix from the U.S. Bureau of the Census. When intercensal estimates of the civilian population become available, discharge rates for 1990–99 will be revised. The estimates for 2000 and beyond that appear in Health, United States, 2003 and later editions were calculated using estimates of the civilian population based on census 2000, and therefore are not strictly comparable with rates calculated for the 1990s. See related Population Census and Population Estimates in Appendix I.

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For More Information: See the National Health Care Survey Web site at www.cdc.gov/nchs/nhcs.htm or the National Hospital Discharge Survey Web site at www.cdc.gov/nchs/about/major/hdasd/nhds.htm.

National Immunization Survey (NIS)

Centers for Disease Control and Prevention

National Center for Health Statistics and National Immunization Program

Overview: The National Immunization Survey (NIS) program is a continuing nationwide telephone sample survey to track vaccination coverage rates for children 19–35 months of age.

Selected Content: Data collected include vaccination status and timing for diphtheria, tetanus toxoids, and pertussis vaccine (DTP/DT/DTaP); Polio vaccine; Measles, mumps, and rubella vaccine (MMR); Haemophilius influenzae type b vaccine (Hib); Hepatitis B vaccine; Varicella vaccine; Pneumococcal conjugate vaccine (PCV); and Combined series (4:3:1:3) by race/ethnicity, poverty status, location of residence, geographic division, State, and selected urban areas.

Data Years: Annual data collection was initiated beginning with data year 1994. Data collection for Varicella began in July 1996; data collection for PCV began in July 2001.

Coverage: Children 19–35 months of age in the civilian noninstitutionalized population are represented in this survey. Estimates of vaccine-specific coverage are available for the Nation, States, and 28 urban areas considered to be high risk for undervaccination.

Methodology: The NIS is a nationwide telephone sample survey of households with age-eligible children. The NIS uses a two-phase sample design. First, a random-digit dialing (RDD) sample of telephone numbers is drawn. When households with age-eligible children are contacted, the interviewer collects information on the vaccinations received by all age-eligible children. In the second phase, the interviewer collects information on the vaccination providers. All vaccination providers are contacted by mail. Providers' responses are combined with information obtained from households to provide a more accurate estimate of vaccination coverage levels. Final estimates are adjusted for households without telephones.

Sample Size and Response Rates: In 2002, vaccination data were collected for 31,693 children aged 19–35 months. In 2002 the overall response rate was 67 percent. Vaccination information from providers was obtained for 69 percent of all children who were eligible for provider follow-up in 2002.

Issues Affecting Interpretation: For the 1998 data year, a new estimation procedure was implemented to obtain vaccination coverage rates from the provider data. For consistency, this procedure was applied to NIS data for the years 1995–97. Published estimates of vaccination coverage based on NIS data for years prior to 1998 (e.g., estimates published in MMWR articles) may differ slightly from estimates published in Health, United States and on the NIS Web site for the same NIS data. All public-use data files include the sampling weight for the new estimation procedure.

References:

National, State, and urban area vaccination levels among children aged 19–35 months—United States, 2002. MMWR 2003;52(31):728.

Zell ER, Ezzati-Rice TM, Battaglia PM, Wright RA. National Immunization Survey: The methodology of a Vaccination Surveillance System. Public Health Rep 2000;15:75–77.

For More Information: See the NIS Web site: www.cdc.gov/nis.

National Medical Expenditure Survey (NMES)—See Medical Expenditure Panel Survey

National Notifiable Disease Surveillance System (NNDSS)

Centers for Disease Control and Prevention

Overview: This system provides weekly provisional information on the occurrence of diseases defined as notifiable by the Council of State and Territorial Epidemiologists.

Selected Content: Data include incidence of reportable diseases using uniform case definitions.

Data Years: The first annual summary of The Notifiable Diseases in 1912 included reports of 10 diseases from 19 States, the District of Columbia, and Hawaii. By 1928, all States, the District of Columbia, Hawaii, and Puerto Rico were participating in national reporting of 29 specified diseases. At their annual meeting in 1950, the State and Territorial Health Officers authorized a conference of State and territorial epidemiologists whose purpose was to determine which diseases should be reported to PHS. In

1961, CDC assumed responsibility for the collection and publication of data concerning nationally notifiable diseases.

Coverage: Notifiable disease reports are received from health departments in the 50 States, five territories, New York City, and the District of Columbia. Policies for reporting notifiable disease cases can vary by disease or reporting jurisdiction, depending on case status classification (i.e., confirmed, probable, or suspect).

Methodology: CDC, in partnership with the Council of State and Territorial Epidemiologists (CSTE), operates the National Notifiable Diseases Surveillance System (NNDSS). Notifiable disease surveillance is conducted by public health practitioners at local, State, and national levels to support disease prevention and control activities. The system also provides annual summaries of the data. CSTE and CDC annually review the status of national infectious disease surveillance and recommend additions or deletions to the list of nationally notifiable diseases based on the need to respond to emerging priorities. For example, Q fever and tularemia became nationally notifiable in 2000. However, reporting nationally notifiable diseases to CDC is voluntary. Reporting is currently mandated by law or regulation only at the local and State level. Therefore, the list of diseases that are considered notifiable varies slightly by State. For example, reporting of cyclosporiasis to CDC is not done by some States in which this disease is not notifiable to local or State authorities.

State epidemiologists report cases of notifiable diseases to CDC, which tabulates and publishes these data in the *Morbidity and Mortality Weekly Report (MMWR)* and the *Summary of Notifiable Diseases, United States* (entitled *Annual Summary* before 1985.

Issues Affecting Interpretation: These data must be interpreted in light of reporting practices. Some diseases that cause severe clinical illness (for example, plague and rabies) are most likely reported accurately if diagnosed by a clinician. However, persons who have diseases that are clinically mild and infrequently associated with serious consequences (for example, salmonellosis) might not seek medical care from a health care provider. Even if these less severe diseases are diagnosed, they are less likely to be reported.

The degree of completeness of data reporting also is influenced by the diagnostic facilities available, the control measures in effect, public awareness of a specific disease, and the interests, resources, and priorities of State and local

officials responsible for disease control and public health surveillance. Finally, factors such as changes in case definitions for public health surveillance, introduction of new diagnostic tests, or discovery of new disease entities can cause changes in disease reporting that are independent of the true incidence of disease.

Reference:

Centers for Disease Control and Prevention. Summary of Notifiable Diseases, United States, 2002. MMWR 2004;51(53).

For More Information: See the NNDSS Web site at www.cdc.gov/epo/dphsi/nndsshis.htm.

National Nursing Home Survey (NNHS)

Centers for Disease Control and Prevention

National Center for Health Statistics

Overview: The National Nursing Home Survey (NNHS) provides information on characteristics of nursing homes and their residents and staff.

Selected Content: The 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 and discharges 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 (for discharges).

Data Years: NCHS conducted six NNHS, the first survey from August 1973 to April 1974; the second from May to December 1977; the third from August 1985 to January 1986; the fourth from July to December 1995; the fifth from July to December 1997; and the sixth from July to December 1999. The next NNHS, which has undergone a major redesign, is scheduled to be conducted during calendar year 2004.

Coverage: The initial NNHS, conducted in 1973–74, included the universe of nursing homes that provided some level of nursing care and excluded homes providing only personal or domiciliary care. The 1977 NNHS encompassed all types of

nursing homes, including personal care and domiciliary care homes. The 1985 NNHS was designed to be similar to the 1973–74 survey in that it excluded personal or domiciliary care homes. However in 1985, an unknown number of residential care facilities were present in the sampling frame. These facilities were identified in the 1986 inventory survey and can be removed from the estimate of facilities and beds for 1985. The 1995, 1997, and 1999 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 1985 and 1973–74 surveys.

Data were collected from nursing homes in all 50 States and the District of Columbia (DC) in the 1995–1999 surveys, but in 1973–74, 1977, and 1985, data were only collected in the 48 contiguous States and the District of Columbia. Data on current residents were collected in all surveys; data on discharges were collected in 1977, 1985, 1997, and 1999. Expense data were collected in 1977, 1985, and 1995. Data on characteristics of staff were collected in 1973–74, 1977, and 1985.

Methodology: The survey uses a stratified two-stage probability design. The first stage is the selection of facilities, and the second stage is the selection of residents and discharges. Up to six current residents and six discharges are selected. Information on the facility is collected through a personal interview with the administrator or staff designated by the administrator. Resident data were provided by staff familiar with the care provided to the resident. Staff relied on the medical record and personal knowledge of the resident. In addition to employee data that were collected during the interview with the administrator, in several years staffing data were collected via a self-administered questionnaire. Discharge data were based on information recorded in the medical record.

Current residents are those on the facility's roster as of the night before the survey. Included are all residents for whom beds are maintained even though they may be away on an overnight leave or in the hospital. Discharges are those who are formally discharged from care by the facility during a designated month randomly selected for each facility before data collection. Both live and deceased discharges are included. Residents were counted more than once if they were discharged more than once during the reference period.

Statistics for the NNHS are derived by a multistage estimation procedure that provides essentially unbiased national

estimates and has three major components: (a) inflation by the reciprocals of the probabilities of sample selection; (b) adjustment for nonresponse; and (c) ratio adjustment to fixed totals. The surveys are adjusted for four types of nonresponse: (1) when an eligible nursing facility did not respond; (2) when the facility failed to complete the sampling lists; (3) when the facility did not complete the facility questionnaire but did complete the questionnaire for residents in the facility; and (4) when the facility did not provide information to complete the questionnaire for the sample resident or discharge.

Sample Size and Response Rates: In 1973–74 the sample of 2,118 homes was selected from the 1971 National Master Facility Inventory (NMFI) and from those that opened for business in 1972. For the 1977 NNHS the sample of 1,698 facilities was selected from nursing homes in the sampling frame, which consisted of all homes listed in the 1973 NMFI and those opening for business between 1973 and December 1976. The sample for the 1985 survey consisted of the 1,220 facilities selected from the 1982 NMFL data for homes identified in the 1982 Complement Survey of the NMFI, data on hospital-based nursing homes obtained from the Health Care Financing Administration (now known as the Centers for Medicare & Medicaid Services), and data on nursing homes open for business between 1982 and June 1, 1984. The 1995 sample of 1,500 homes was selected from a sampling frame consisting of nursing homes from the 1991 National Health Provider Inventory (NHPI) and updated lists from the Agency Reporting System (ARS). ARS was an ongoing system designed to periodically update the NHPI and consisted primarily of lists or directories of facilities from State agencies, Federal agencies, and national voluntary organizations. For the 1997 survey, data were obtained from about 1,488 nursing homes from a sampling frame consisting of nursing homes listed on the 1991 NHPI that was updated with a current listing of nursing facilities supplied by the Health Care Finance Administration and other national organizations. The facility frame for the 1999 NNHS consisted of all nursing homes identified in the 1997 NNHS and updated with current nursing facilities listed by the Centers for Medicare & Medicaid Services and other national organizations. The 1999 sample consisted of 1,496 nursing homes. In 1995, 1997, and 1999, facility-level response rates were over 93 percent

Issues Affecting Interpretation: Samples of discharges and residents contain different populations with different characteristics. The resident sample is more likely to contain

long-term nursing home residents and, conversely, to underestimate short nursing home stays. Because short-term residents are less likely to be on the nursing home rolls on a given night, they are less likely to be sampled. Estimates of discharges underestimate long nursing home stays. In addition, analysts should ensure that the underlying populations are similar across survey years—for example, whether the survey includes personal or domiciliary care homes.

References:

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For More Information: See the National Health Care Survey Web site at www.cdc.gov/nchs/nhcs.htm and the NNHS Web site at www.cdc.gov/nchs/about/major/nnhsd/nnhsd.htm.

National Survey on Drug Use & Health (NSDUH)

Substance Abuse and Mental Health Services Administration

Overview: The National Survey on Drug Use & Health (NSDUH), formerly called the National Household Survey on Drug Abuse (NHSDA), collects data on substance abuse and dependence, mental health problems, and receipt of substance abuse and mental health treatment.

Selected Content: NSDUH reports on the prevalence, patterns and consequences of drug and alcohol use and abuse in the general U.S. civilian noninstitutionalized population age 12 and over. Data are collected on the use of illicit drugs, the nonmedical use of licit drugs, and use of alcohol and tobacco products. The survey is conducted annually and is designed to produce drug and alcohol use incidence and prevalence estimates. Data are also collected periodically on special topics of interest such as criminal behavior, treatment, mental health, and attitudes about drugs.

Data Years: The NHSDA survey has been conducted since 1971. In 1999 the NHSDA underwent a major redesign affecting the method of data collection, sample design, sample size, and oversampling. In 2002 the survey underwent a name change to NSDUH as well as additional improvements and modifications to the survey.

Coverage: The survey is representative of persons 12 years of age and over in the civilian noninstitutionalized population in the United States. This includes civilians living on military bases and persons living in noninstitutionalized group quarters, such as college dormitories, rooming houses, and shelters. Persons excluded from the survey include homeless people who do not use shelters, active military personnel, and residents of institutional group quarters, such as jails and hospitals.

Methodology: The data collection method is in-person interviews conducted with a sample of individuals at their place of residence. Prior to 1999, the NSDUH used a paper-and-pencil interviewing (PAPI) methodology. Since 1999, the interview has been carried out with computer assisted interviewing (CAI) methodology. The survey uses a combination of computer-assisted personal-interviewing (CAPI), conducted by the interviewer for some basic demographic information, and audio computer-assisted

self-interviewing (ACASI), for most of the questions. ACASI provides a highly private and confidential means of responding to questions to increase the level of honest reporting of illicit drug use and other sensitive behavior. The 2002 NSDUH employed a 50-State sample design with an independent, multistage area probability sample for each of the 50 States and the District of Columbia to support the development of both national and State-level estimates. Each State was stratified into regions (48 regions in each of 8 large States, 12 regions in each of 42 small States and the District of Columbia). At the first stage of sampling, 8 area segments were selected in each region, for a total of 7,200 sample units nationally. Approximately one-third of the total sample was dedicated to youths aged 12-17 years, one-third to young adults aged 18-25 years, and one-third to adults aged 26 years and over.

Sample Size and Response Rate: Nationally, 136,349 addresses were screened for the 2002 survey, and 68,126 completed interviews were obtained. The survey was conducted from January to December 2002. Weighted response rates for household screening and for interviewing were 90.7 and 78.9 percent, respectively.

Issues Affecting Interpretation: Several improvements to the survey were implemented in 2002. In addition to the name change, respondents were offered a \$30 incentive payment for participation in the survey starting in 2002, and quality control procedures for data collection were enhanced in 2001 and 2002. Because of these improvements and modifications, estimates from the 2002 NSDUH should not be compared with estimates from the 2001 or earlier versions of the survey to examine changes over time. The data collected in 2002 represent a new baseline for tracking trends in substance use and other measures. Estimates of substance use for youth based on the NSDUH are not directly comparable with estimates based on Monitoring the Future (MTF) and Youth Risk Behavior Surveillance System (YRBSS). In addition to the fact that the MTF excludes dropouts and absentees, rates are not directly comparable across these surveys, because of differences in populations covered, sample design, questionnaires, interview setting, and statistical approaches to make the survey estimates generalizable to the entire population. The NSDUH survey collects data in homes, whereas the MTF and YRBSS collect data in school classrooms. The NSDUH estimates are tabulated by age, while the MTF and YRBSS estimates are tabulated by grade, representing different ages as well as different populations.

References:

Substance Abuse and Mental Health Services
Administration. 2003 Results from the 2002 National
Survey on Drug Use and Health: National Findings.
NHSDA Series: H-22, DHHS Pub. No. (SMA) 03–3836.
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Services. 2003.

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For More Information: See the SAMHSA Web site at www.samhsa.gov.

National Survey of Family Growth (NSFG)

Centers for Disease Control and Prevention

National Center for Health Statistics

Overview: The National Survey of Family Growth (NSFG) provides national data on factors affecting birth and pregnancy rates, adoption, and maternal and infant health.

Selected Content: Data elements include sexual activity, marriage, divorce and remarriage, unmarried cohabitation, contraception and sterilization, infertility, breastfeeding, pregnancy loss, low birthweight, and use of medical care for family planning and infertility.

Data Years: Five cycles of the survey have been completed: 1973, 1976, 1982, 1988, and 1995.

Coverage: Data from the National Survey of Family Growth (NSFG) are based on samples of women ages 15–44 years in the civilian noninstitutionalized population of the United States. The first and second cycles (1973 and 1976) excluded most women who had never been married. The third, fourth, and fifth cycles (1982, 1988, and 1995) included all women ages 15–44 years

Methodology: Interviews are conducted in person by professional female interviewers using a standardized questionnaire. In all cycles black women were sampled at higher rates than white women so that detailed statistics for black women could be produced.

In order to make national estimates from the sample for the millions of women ages 15–44 years in the United States,

data for the interviewed sample women were (a) inflated by the reciprocal of the probability of selection at each stage of sampling (for example, if there was a 1 in 5,000 chance that a woman would be selected for the sample, her sampling weight was 5,000); (b) adjusted for nonresponse; and (c) poststratified, or forced to agree with benchmark population values based on data from the Current Population Survey of the U.S. Bureau of the Census .

Sample Size and Response Rates: For Cycle 1, from 101 PSUs, 10,879 women 15–44 years of age were selected, 9,797 of these were interviewed. In Cycle 2, from 79 PSUs, 10,202 eligible women were identified; of these, 8,611 were interviewed. In Cycle 3 household screener interviews were completed in 29,511 households (95.1 percent). Of the 9,964 eligible women identified, 7,969 were interviewed. In Cycle 4, 10,566 eligible women ages 15–44 years were sampled. Interviews were completed with 8,450 women. The response rate for the 1990 telephone reinterview was 68 percent of those responding to the 1988 survey and still eligible for the 1990 survey. In Cycle 5, of the 13,795 eligible women in the sample, 10,847 were interviewed.

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For More Information: See the NCHS Web site at www.cdc.gov/nchs/nsfq.htm.

National Survey of Substance Abuse Treatment Services (N-SSATS)

Substance Abuse and Mental Health Services Administration

Overview: The National Survey of Substance Abuse Treatment Services (N-SSATS) collects data on the location, characteristics, and use of alcoholism and drug abuse treatment facilities and services throughout the 50 States, the District of Columbia, and other U.S. jurisdictions.

Selected Content: N-SSATS solicits data concerning facility and client characteristics for a specific reference day (October 1 in 1998 and 2000, March 29 in 2002, and March 31 in 2003) including number of individuals in treatment, substance of abuse (alcohol, drugs, or both), and types of services. In 1979 the National Institute on Alcohol Abuse and Alcoholism began cosponsoring the survey and began to cover alcohol treatment as well as drug treatment.

Data Years: The N-SSATS has evolved over time, going through various redesigns and changes in the responsible agency. The first survey to include most of the data elements that form the core of the N-SSATS was conducted by the National Institute on Drug Abuse in 1976. The survey has been conducted annually with a few exceptions. In 1992 the survey became the purview of the newly created Substance Abuse and Mental Health Services Administration. SAMHSA conducted the survey from 1995 to 1999 under the name the Uniform Facility Data Set survey. In 2000 the survey was redesigned and named the N-SSATS. The N-SSATS was conducted in 2000 and 2002–03. In 1999 a more limited version was conducted that collected information only about facilities and not about clients.

Coverage: Treatment facilities contacted through N-SSATS are identified from the Inventory of Substance Abuse Treatment Services (I-SATS) that lists all known substance abuse treatment facilities. The N-SSATS includes facilities that treat only substance abuse, as well as specialty substance abuse units operating within larger mental health facilities (for example, community mental health centers), general health (for example, hospitals), social service (for example, family assistance centers), and criminal justice (for example, probation departments) agencies. Public and private facilities are included.

Methodology: SAMHSA mails facility survey forms directly to the facilities and conducts follow-up interviews by telephone. Data collection was centralized in 1996. Since 1997, advance notification of facilities, improved methods to update contact information, and aggressive telephone follow-up has resulted in high response rates. In 1999 the survey was conducted entirely by telephone. In 2002 and 2003 respondents also were offered the option of completing the survey via the Internet.

Sample Size and Response Rate: The N-SSATS is a census of all known substance abuse treatment facilities. Response rates to the surveys were 91, 94, 95, and 97 percent in 1998, 2000, 2002, and 2003, respectively.

Issues Affecting Interpretation: More intense efforts at locating facilities and different exclusions in various years have contributed to fluctuations in numbers of facilities and clients. In 1999 enhanced reporting resulted in a 13 percent increase in facilities. In 2000 solo practitioners were excluded, contributing to a 12 percent decline in facilities and a 4 percent decline in clients. In 2002 enhanced reporting resulted in a 2 percent increase in facilities and a 14 percent increase in clients. Solo practitioners continued to be excluded in 2002 and 2003. Facilities located in jails, prisons, and detention centers, that is, facilities treating only incarcerated clients, have been excluded since 1999.

For More Information: See the OAS statistical information section of the SAMHSA Web site at www.oas.samhsa.gov.

National Vital Statistics System (NVSS)

Centers for Disease Control and Prevention

National Center for Health Statistics

Overview: The National Vital Statistics System (NVSS) collects and publishes official national statistics on births, deaths, fetal deaths, and prior to 1996, marriages and divorces occurring in the United States based on U.S. Standard Certificates. Fetal deaths are classified and tabulated separately from other deaths. Detailed descriptions of the five Vital Statistics files (birth file, mortality file, multiple cause of death file, linked birth/infant death data set, and compressed mortality file) are presented separately below.

Data Years: The death registration area for 1900 consisted of 10 States, the District of Columbia, and a number of cities located in nonregistration States; it covered 40 percent of the continental U.S. population. The birth registration area was established in 1915 with 10 States and the District of Columbia. The birth and death registration areas continued to expand until 1933, when they included all 48 States and the District of Columbia. Alaska and Hawaii were added to both registration areas in 1959 and 1960, the years in which they gained statehood.

Coverage: The NVSS collects and presents U.S. resident data for the aggregate of 50 States, New York City, and the District of Columbia, as well as for each individual State and the District of Columbia. Vital events occurring in the United States to non-U.S. residents and vital events occurring abroad to U.S. residents are excluded.

Methodology: NCHS's 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, American Samoa, and Northern Mariana Islands. Until 1972 microfilm copies of all death certificates and a 50 percent sample of birth certificates were received from all registration areas and processed by NCHS. In 1972 some States began sending their data to NCHS through the Cooperative Health Statistics System (CHSS). States that participated in the CHSS program processed 100 percent of their death and birth records and sent the entire data file to NCHS on computer tapes. Currently, data are sent to NCHS through the Vital Statistics Cooperative Program (VSCP), following the same procedures as CHSS. The number of participating States

grew from 6 in 1972 to 46 in 1984. Starting in 1985 all 50 States and the District of Columbia participated in VSCP.

U.S. Standard Certificates—U.S. Standard Live Birth and Death Certificates and Fetal Death Reports are revised periodically, allowing evaluation and addition, modification, and deletion of items. Beginning with 1989 revised standard certificates replaced the 1978 versions. The 1989 revision of the birth certificate included items to identify the Hispanic parentage of newborns and to expand information about maternal and infant health characteristics. The 1989 revision of the death certificate included items on educational attainment and Hispanic origin of decedents, as well as changes to improve the medical certification of cause of death. Standard certificates recommended by NCHS are modified in each registration area to serve the area's needs. However, most certificates conform closely in content and arrangement to the standard certificate, and all certificates contain a minimum data set specified by NCHS. Following 1989, the next revisions of vital records went into effect in some States beginning in 2003, but full implementation in all States will be phased in over several years.

Birth File

Overview: Vital statistics natality data are a fundamental source of demographic, geographic, and medical and health information on all births occurring in the United States. This is one of the few sources of comparable health-related data for small geographic areas over an extended time period. The data are used to present the characteristics of babies and their mothers, track trends such as birth rates for teens, and compare natality trends with other countries.

Selected Content: The natality file includes characteristics about the baby such as sex, birth weight, weeks of gestation; demographic information about the parents such as age, race, Hispanic origin, parity, educational attainment, marital status, and State of residence; medical and health information such as prenatal care based on hospital records; and behavioral risk factors for the birth such as mother's tobacco use during pregnancy.

Data Years: The birth registration area began in 1915 with 10 States and the District of Columbia.

Methodology: In the United States, State laws require birth certificates to be completed for all births. The registration of births is the responsibility of the professional attendant at

birth, generally a physician or midwife. The birth certificate must be filed with the local registrar of the district in which the birth occurs. Each birth must be reported promptly—the reporting requirements vary from State to State, ranging from 24 hours after the birth to as much as 10 days.

Federal law mandates national collection and publication of birth and other vital statistics data. The National Vital Statistics System is the result of cooperation between NCHS and the States to provide access to statistical information from birth certificates. Standard forms for the collection of the data and model procedures for the uniform registration of the events are developed and recommended for State use through cooperative activities of the States and NCHS. NCHS shares the costs incurred by the States in providing vital statistics data for national use.

Issues Affecting Interpretation: The number of States reporting information on maternal education, Hispanic origin, marital status, and tobacco use during pregnancy has increased over the years. Interpretation of trend data should take into consideration expansion of reporting areas and immigration. See Appendix II for methodological and reporting area changes for the following birth certificate items: Age (maternal age); Education (maternal education); Hispanic origin; Marital status; Prenatal care; Race; and Tobacco use.

Reference:

National Center for Health Statistics, Vital Statistics of the United States, Vol. I Natality, Technical Appendix.

For More Information: See the Birth Data Web site at www.cdc.gov/nchs/births.htm.

Mortality File

Overview: Vital statistics mortality data are a fundamental source of demographic, geographic, and cause-of-death information. This is one of the few sources of comparable health-related data for small geographic areas over an extended time period. The data are used to present the characteristics of those dying in the United States, to determine life expectancy, and to compare mortality trends with other countries.

Selected Content: The mortality file includes demographic information on age, sex, race, Hispanic origin, State of residence, and educational attainment, and medical information on cause of death.

Data Years: The death registration area began in 1900 with 10 States and the District of Columbia.

Methodology: By law, the registration of deaths is the responsibility of the funeral director. The funeral director obtains demographic data for the death certificate from an informant. The physician in attendance at the death is required to certify the cause of death. Where death is from other than natural causes, a coroner or medical examiner may be required to examine the body and certify the cause of death. Data for the entire United States refer to events occurring within the United States; data for geographic areas are by place of residence. See Appendix II for methodological and reporting area changes for the following death certificate items: Education; Hispanic origin; and Race.

Issues Affecting Interpretation: International Classification of Diseases (ICD), by which cause of death is coded and classified, is revised approximately every 10 to 15 years. Revisions of the ICD may cause discontinuities in trend data by cause of death. Comparing death rates by cause of death across ICD revisions should be conducted with caution and with reference to the comparability ratio. (See Appendix II, Comparability ratio.) The death certificate has been revised periodically. A revised U.S. Standard Certificate of Death was recommended for State use beginning on January 1, 1989. Among the changes were the addition of a new item on educational attainment and Hispanic origin of decedent and changes to improve the medical certification of cause of death.

References:

Grove RD, Hetzel AM. Vital statistics rates in the United States, 1940–60. Washington, DC: Government Printing Office. 1968.

National Center for Health Statistics, Vital Statistics of the United States, Vol. II Mortality Part A, Technical Appendix, available at www.cdc.gov/nchs/datawh/statab/pubd/ta.htm.

For More Information: See the Mortality Data Web site at www.cdc.gov/nchs/about/major/dvs/mortdata.htm.

Multiple Cause-of-Death File

Overview: Multiple cause-of-death data reflect all medical information reported on death certificates and complement traditional underlying cause-of-death data. Multiple-cause data give information on diseases that are a factor in death whether

or not they are the underlying cause of death; on associations among diseases; and on injuries leading to death.

Selected Content: In addition to the same demographic variables listed for the mortality file, the multiple cause-of-death file includes record axis and entity axis cause-of-death data (see Methodology section).

Data Years: Multiple cause-of-death data files are available for every data year since 1968.

Methodology: NCHS is responsible for compiling and publishing annual national statistics on causes of death. In carrying out this responsibility, NCHS adheres to the World Health Organization Nomenclature Regulations. These Regulations require that (1) cause of death be coded in accordance with the applicable revision of the International Classification of Diseases (ICD) (see Appendix II, table IV and ICD); and (2) underlying cause of death be selected in accordance with international rules. Traditionally, national mortality statistics have been based on a count of deaths, with one underlying cause assigned for each death.

Starting with data year 1968, electronic files exist with multiple cause-of-death information. These files contain codes for all diagnostic terms and related codable information recorded on the death certificate. These codes make up the entity axis and are the input for a software program called TRANSAX. The TRANSAX program eliminates redundant entity axis codes and combines other entity axis codes to create the best set of ICD codes for a record. The output of the TRANSAX program is the record axis. Record axis data are generally used for research and analysis of multiple or nonunderlying cause of death. Because the function of the TRANSAX program is not to select a single underlying cause of death, record axis data may or may not include the underlying cause. Tabulations of underlying and nonunderlying cause of death in table 48 (selected occupational diseases) are compiled by searching both underlying cause of death and record axis data.

Reference:

Multiple Causes of Death in the United States. Monthly Vital Statistics Report. Vol. 32, No. 10 Supplement (2). February 17, 1984.

For More Information: See the mortality multiple cause-of-death data file page at www.cdc.gov/nchs/products/elec_prods/subject/mortmcd.htm.

Linked Birth/Infant Death Data Set

Overview: National linked files of live births and infant deaths are used for research on infant mortality.

Selected Content: The linked birth/infant death data set includes all variables on the natality file, including racial and ethnic information, as well as variables on the mortality file, including cause of death and age at death.

Data Years: National linked files of live births and infant deaths were first produced for the 1983 birth cohort. Birth cohort linked file data are available for 1983–91 and period linked file data for 1995–2001. National linked files do not exist for 1992–94.

Methodology: To create the linked data files, death certificates are linked with corresponding birth certificates for infants who die in the United States before their first birthday. Linkage is about 97–98 percent complete. The linkage makes available for analysis of infant mortality extensive information from the birth certificate about the pregnancy, maternal risk factors, infant characteristics, and health items at birth.

Starting with data year 1995, more timely linked file data are produced in a period data format preceding the release of the corresponding birth cohort format. Other changes to the data set starting with 1995 data include addition of record weights to correct for the 2.2–2.5 percent of records that could not be linked and for the addition of an imputation for not stated birthweight. The 1995–2001 weighted mortality rates are from less than 1 percent to 4.1 percent higher than unweighted rates for the same period. The 1995–2001 weighted mortality rates with imputed birthweight are less than 1 percent to 6.3 percent higher than unweighted rates with imputed birthweight for the same period.

Issues Affecting Interpretation: Period linked file data starting with 1995 are not strictly comparable with birth cohort data for 1983–91. While birth cohort linked files have methodological advantages, their production incurs substantial delays in data availability, since it is necessary to wait until the close of a second data year to include all infant deaths to the birth cohort.

Reference:

Mathews TJ, Menacker F, MacDorman MF. Infant mortality statistics from the 2001 period linked birth/infant death data set. Natl Vital Stat Rep 2003;52(2):1–28.

For More Information: See the NCHS Linked Birth and Infant Death Data Web site at www.cdc.gov/nchs/linked.htm.

Compressed Mortality File

Overview: The Compressed Mortality File (CMF) is a county-level national mortality and population database.

Selected Content: The Compressed Mortality database contains mortality data derived from the detailed mortality files of the National Vital Statistics System and U.S. Census Bureau estimates of U.S. national, State, and county resident populations. Number of deaths, crude death rates, and age-adjusted death rates can be obtained by place of residence (total U.S., State, and county), age group, race (white, black, and other), sex, year of death, and underlying cause of death.

Data Years: The CMF spans the years 1968–2001. On CDC WONDER, data are available starting with 1979, corresponding with the initial year that ICD–9 was used for coding cause of death.

Methodology: In Health, United States, the CMF is used to compute death rates by urbanization level of decedent's county of residence. Counties are categorized according to level of urbanization based on an NCHS-modified version of the 1993 rural-urban continuum codes for metropolitan and nonmetropolitan counties developed by the Economic Research Service, U.S. Department of Agriculture. See Appendix II, Urbanization.

For More Information: Contact D. Ingram, Office of Analysis and Epidemiology, National Center for Health Statistics, 3311 Toledo Road, Room 6226, Mailstop P-08, Hyattsville, MD 20782; or see the CDC Wonder Web site at http://wonder.cdc.gov/mortSQL.html.

Online Survey Certification and Reporting Database (OSCAR)

Centers for Medicare & Medicaid Services

Overview: The Online Survey Certification and Reporting (OSCAR) is an administrative database containing detailed information on all Medicare and Medicaid certified institutional health care providers, including all currently and previously certified Medicare and Medicaid nursing homes in the United States and Territories. (Data for the Territories are not shown

in this report). The purpose of the nursing home survey certification process is to ensure that nursing facilities meet the current Centers for Medicare & Medicaid Services (CMS) care requirements and thus can be reimbursed for services furnished to Medicare and Medicaid beneficiaries.

Selected Content: OSCAR contains information on facility and patient characteristics and health deficiencies issued by the government during State surveys.

Data Years: OSCAR has been maintained by CMS, formerly the Health Care Financing Administration (HCFA), since 1992. OSCAR is an updated version of the Medicare and Medicaid Automated Certification System that had been in existence since 1972.

Coverage: All nursing homes in the United States that receive Medicare or Medicaid payments are included. Nursing homes that are intermediate care facilities for the mentally retarded and Department of Veterans Affairs nursing homes are excluded.

Methodology: Information on the number of beds and other facility characteristics comes from HCFA form 671, and information on residents and resident characteristics is collected on HCFA form 672. A nursing home representative fills out the forms, and they are submitted to CMS. The information provided on HCFA forms 671 and 672 can be audited at any time.

All certified nursing homes are inspected by representatives of the State survey agency (generally the department of health) at least once every 15 months. Therefore, a complete census must be based on a 15-month reporting cycle rather than a 12-month cycle. Some nursing homes are inspected twice or more often during any given reporting cycle. To avoid overcounting, the data must be edited and duplicates removed. Data editing and compilation were performed by Cowles Research Group and published in the group's *Nursing Home Statistical Yearbook* series.

References:

Cowles CM, 1995; 1996; 1997 Nursing Home Statistical Yearbook. Anacortes, WA: Cowles Research Group (CRG). 1995; 1997; 1998.

Cowles CM, 1998; 1999; 2000; 2001 Nursing Home Statistical Yearbook. Washington, DC: American Association of Homes and Services for the Aging (AAHSA). 1999; 2000; 2001; 2002.

HCFA: OSCAR Data Users Reference Guide, 1995, available from CMS, Health Standards and Quality Bureau, HCFA/HSQB S2 11–07, 7500 Security Boulevard, Baltimore, MD 21244.

For More Information: See the CMS Web site at www.cms.hhs.gov or the CRG Web site at www.longtermcareinfo.com/crg or the AAHSA Web site at www.aahsa.org.

Population Census and Population Estimates

Bureau of the Census

Decennial Census

The census of population (decennial census) has been held in the United States every 10 years since 1790. The decennial census has enumerated the resident population as of April 1 of the census year ever since 1930. Data on sex, race, age, and marital status are collected from 100 percent of the enumerated population. More detailed information such as income, education, housing, occupation, and industry are collected from a representative sample of the population.

Race Data on the 1990 Census

The question on race on the 1990 census was based on the Office of Management and Budget's (OMB) "1977 Statistical Policy Directive 15, Race and Ethnicity Standards for Federal Statistics and Administrative Reporting." This document specified rules for the collection, tabulation, and reporting of race and ethnicity data within the Federal statistical system. The 1977 standards required Federal agencies to report race-specific tabulations using four single-race categories: American Indian or Alaska Native, Asian or Pacific Islander, black, and white. Under the 1977 standards, race and ethnicity were considered to be two separate and distinct concepts. Thus, persons of Hispanic origin may be of any race.

Race Data on the 2000 Census

The question on race on the 2000 census was based on OMB's 1997 "Revisions of the Standards for the Classification of Federal Data on Race and Ethnicity" (see Appendix II, *Race*). The 1997 Standards incorporated two major changes in the collection, tabulation, and presentation of race data.

First, the 1997 standards increased from four to five the minimum set of categories to be used by Federal agencies for identification of race: American Indian or Alaska Native, Asian, black or African American, Native Hawaiian or Other Pacific Islander, and white. Second, the 1997 standards included the requirement that Federal data collection programs allow respondents to select one or more race categories when responding to a query on their racial identity. This provision means that there are potentially 31 race groups, depending on whether an individual selects one, two, three, four, or all five of the race categories. The 1997 standards continue to call for use, when possible, of a separate question on Hispanic or Latino ethnicity and specify that the ethnicity question should appear before the question on race. Thus, under the 1997 standards, as under the 1977 standards, Hispanics may be of any race.

Modified Decennial Census Files

For several decades the Census Bureau has produced modified decennial census files. These modified files incorporate adjustments to the 100 percent April 1 count data for 1) errors in the census data discovered subsequent to publication, 2) misreported age data, and 3) nonspecified race.

For the 1990 census, the Census Bureau modified the age, race, and sex data on the census and produced the Modified Age Race Sex (MARS) file. The differences between the population counts on the original census file and the MARS file are primarily a result of modification of the race data. Of the 248.7 million persons enumerated in 1990, 9.8 million persons did not specify their race (over 95 percent were of Hispanic origin). For the 1990 MARS file, these persons were assigned the race reported by a nearby person with an identical response to the Hispanic origin question.

For the 2000 census, the Census Bureau modified the race data on the census and produced the Modified Race Data Summary File. For this file, persons who reported "Some other race" as part of their race response were assigned to one of the 31 race groups, which are the single- and multiple-race combinations of the five race categories specified in the 1997 race and ethnicity standards. Persons who did not specify their race were assigned to one of the 31 race groups using imputation. Of the 18.5 million persons who reported "Some other race" as part of their race response, or who did not specify their race, 16.8 million (90.4 percent) were of Hispanic origin.

Bridged-Race Population Estimates for Census 2000

Race data on the 2000 census are not comparable with race data on other data systems that are continuing to collect data using the 1977 standards on race and ethnicity during the transition to full implementation of the 1997 standards. For example, most of the States in the Vital Statistics Cooperative Program will revise their birth and death certificates to conform to the 1997 standards after 2000. Thus, population estimates for 2000 and beyond with race categories comparable to the 1977 categories are needed so that race-specific birth and death rates can be calculated. To meet this need, NCHS, in collaboration with the U.S. Census Bureau, developed methodology to bridge the 31 race groups in Census 2000 to the four single-race categories specified under the 1977 standards.

The bridging methodology was developed using information from the 1997–2000 National Health Interview Survey (NHIS) The NHIS provides a unique opportunity to investigate multiple-race groups because since 1982, the NHIS has allowed respondents to choose more than one race but has also asked respondents reporting multiple races to choose a "primary" race. The bridging methodology developed by NCHS involved the application of regression models relating person-level and county-level covariates to the selection of a particular primary race by the multiple-race respondents. Bridging proportions derived from these models were applied by the U.S. Census Bureau to the Census 2000 Modified Race Data Summary File. This application resulted in bridged counts of the April 1, 2000, resident single-race populations for four racial groups, American Indian or Alaska Native, Asian or Pacific Islander, black, and white.

For More Information about bridged-race population estimates, see Ingram DD, Parker JD, Schenker N, et al. United States Census 2000 population with bridged race categories.

National Center for Health Statistics. Vital Health Stat 2(135). 2003; and the NCHS Web site for U.S. Census Populations with Bridged Race Categories www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm.

Postcensal Population Estimates

Postcensal population estimates are estimates made for the years following a census, before the next census has been taken. National postcensal population estimates are derived by updating the resident population enumerated in the decennial census using a components of population change

approach. The following formula is used to update the decennial census counts:

- (1) decennial census enumerated resident population
- (2) + births to U.S. resident women,
- (3) deaths to U.S. residents,
- (4) + net international migration,
- (5) + net movement of U.S. Armed Forces and U.S. civilian citizens

State postcensal estimates are based on similar data and on a variety of other data series, including school statistics from State departments of education and parochial school systems. The postcensal estimates are consistent with official decennial census figures and do not reflect estimated decennial census underenumeration.

The Census Bureau has produced a postcensal series of estimates of the July 1 resident population of the United States based on Census 2000 by applying the components of change methodology to the Modified Race Data Summary File. These postcensal estimates have race data for 31 race groups, in accordance with the 1997 race and ethnicity standards. So that the race data for the 2000-based postcensal estimates would be comparable with race data on vital records, the Census Bureau applied the NHIS bridging methodology to the 31-race group postcensal population estimates to obtain postcensal estimates for the four single-race categories (American Indian or Alaska Native, Asian or Pacific Islander, black, and white). Bridged-race postcensal population estimates are available at www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm.

Note that before the bridged-race April 1, 2000, population counts and the bridged-race 2000-based postcensal estimates were available, the Census Bureau extended their postcensal series of estimates based on the 1990 census (with the four single-race categories needed to compute vital rates) to July 1, 2001. NCHS initially calculated vital rates for 2000 using 1990-based July 1, 2000 postcensal population estimates and vital rates for 2001 using 1990-based July 1, 2001 postcensal estimates. Vital rates for 2000 have been revised using the bridged-race April 1, 2000, population counts, and vital rates for 2001 have been revised using the 2000-based bridged-race July 1, 2001, postcensal population estimates.

Intercensal Population Estimates

The further from the census year on which the postcensal estimates are based, the less accurate are the postcensal estimates. With the completion of the decennial census at the end of the decade, intercensal estimates for the preceding decade were prepared to replace the less accurate postcensal estimates. Intercensal population estimates take into account the census of population at the beginning and end of the decade. Thus intercensal estimates are more accurate than postcensal estimates as they correct for the "error of closure" or difference between the estimated population at the end of the decade and the census count for that date. The "error of closure" at the national level was quite small for the 1960s (379,000). However, for the 1970s it amounted to almost 5 million; for the 1980s, 1.5 million; and for the 1990s, about 6 million. The error of closure differentially affects age, race, sex, and Hispanic origin subgroup populations as well as the rates based on these populations. Vital rates that were calculated using postcensal population estimates are routinely revised when intercensal estimates become available because the intercensal estimates correct for the error of closure.

Intercensal estimates for the 1990s with race data comparable to the 1977 standards have been derived so that vital rates for the 1990s could be revised to reflect census 2000. Calculation of the intercensal population estimates for the 1990s was complicated by the incomparability of the race data on the 1990 and 2000 censuses. The Census Bureau, in collaboration with National Cancer Institute and NCHS, derived race-specific intercensal population estimates for the 1990s using the 1990 MARS file as the beginning population base and the bridged-race population estimates for April 1, 2000, as the ending population base. Bridged-race intercensal population estimates are available at www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm.

Special Population Estimates

Special population estimates are prepared for the education reporting area for mortality statistics because educational attainment of decedent is not reported by all 50 States. The Housing and Household Economics Statistics Division of the U.S. Bureau of the Census currently produces unpublished estimates of populations by age, race, sex, and educational attainment for NCHS. These population estimates are based on the Current Population Survey, adjusted to resident

population controls. The control totals used for July 1, 1994–96 are 1990-based population estimates for 45 reporting States and the District of Columbia (DC); for July 1, 1997–2000, 1990-based postcensal population estimates for 46 reporting States and DC; and for July 1, 2001–02, 2000-based postcensal population estimates for 47 reporting States and DC. See Appendix II, *Education*.

For More Information: See the U.S. Bureau of the Census Web site at www.census.gov/.

Sexually Transmitted Disease (STD) Surveillance

Centers for Disease Control and Prevention

National Center of HIV, STD, and TB Prevention

Overview: Surveillance information on incidence and prevalence of sexually transmitted diseases (STDs) is used to inform public and private health efforts to control these diseases.

Selected Content: Case reporting data are available for nationally notifiable chanchroid, chlamydia, gonorrhea, and syphilis; surveillance of other STDs, such as genital herpes simplex virus (HSV), genital warts or other human papillomavirus infections, and trichomoniasis are based on estimates of office visits in physicians' office practices provided by the National Disease and Therapeutic Index (NDTI).

Data Years: STD national surveillance data have been collected since 1941.

Coverage: Case reports of STDs are reported to CDC by STD surveillance systems operated by State and local STD control programs and health departments in 50 States, the District of Columbia, selected cities, 3,139 U.S. counties, outlying areas comprised of U.S. dependencies and possessions, and independent nations in free association with the United States. Data from outlying areas are not included in Health, United States.

Methodology: Information is obtained from the following sources of data: (1) case reports from STD project areas; (2) prevalence data from the Regional Infertility Prevention Program, the National Job Training Program (formerly the Job Corps), the Jail STD Prevalence Monitoring Projects, the adolescent Women Reproductive Health Monitoring Project,

the Men Who Have Sex With Men (MSM) Prevalence Monitoring Project, and the Indian Health Service; (3) sentinel surveillance of gonococcal antimicrobial resistance from the Gonococcal Isolate Surveillance Project (GISP); and (4) national sample surveys implemented by federal and private organizations. STD data are submitted to CDC on a variety of hard-copy summary reporting forms (monthly, quarterly, and annually) and in electronic summary or individual case-specific (line-listed) formats via the National Electronic Telecommunications System for Surveillance (NETSS).

Issues Affecting Interpretation: Because of incomplete diagnosis and reporting, the number of STD cases reported to CDC undercounts the actual number of cases occurring among the U.S. population.

Reference:

Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance, 2002. Atlanta, GA: Department of Health and Human Services. 2003.

For More Information: See the STD Prevention Web site at: www.cdc.gov/std/stats/.

Surveillance, Epidemiology, and End Results Program (SEER)

National Cancer Institute

Overview: The Surveillance, Epidemiology, and End Results (SEER) program tracks incidence of persons diagnosed with cancer during the year as well as follow-up information on all previously diagnosed patients until death.

Selected Content: SEER registries routinely collect data on patient demographics, primary tumor site, morphology, stage at diagnosis, first course of treatment, and follow-up for vital status.

Data Years: Case ascertainment for SEER began on January 1, 1973, and has continued for more than 30 years.

Coverage: SEER cancer registries were initiated in 1973 in Connecticut, Iowa, New Mexico, Utah, Hawaii, and Detroit and San Francisco-Oakland. Registries were added as follows: in 1974–75, Atlanta and Seattle-Puget Sound; in 1978, 10 predominantly black rural counties in Georgia; in 1980, American Indians in Arizona; New Orleans, Louisiana (1974–77, rejoined 2001); New Jersey (1979–89, rejoined

2001); and Puerto Rico (1973–89); in 1992, Alaska Native populations in Alaska and Hispanics in Los Angeles County and San Jose-Monterey; in 2001, Kentucky, Greater California, New Jersey, and Louisiana. The SEER Program currently collects and publishes cancer incidence and survival data from 14 population-based cancer registries and three supplemental registries covering approximately 26 percent of the U.S. population.

The following combination of SEER registries are commonly used for statistical analyses and are used for analysis of cancer survival rates in *Health, United States*: the SEER 9 registries of Atlanta, Connecticut, Detroit, Hawaii, Iowa, New Mexico, San Francisco-Oakland, Seattle-Puget Sound, and Utah. Analysis of cancer incidence covers residents in the following SEER 12 registries: the SEER 9 registries plus Los Angeles, San Jose-Monterey, and the Alaska Native Tumor Registry.

Methodology: A cancer registry (or tumor registry) collects and stores data on cancers diagnosed in a specific hospital or medical facility (hospital-based registry) or in a defined geographic area (population-based registry). A population-based registry is generally composed of a number of hospital-based registries. In SEER registry areas, trained coders abstract medical records using the International Classification of Diseases for Oncology, Third Edition (ICD-O-3), which provides a coding system for onset and stage of specific cancers. The third edition, implemented in 2001, is the first complete review and revision of the text and quidelines since its original publication in 1988.

Population estimates used to calculate incidence rates are obtained from the U.S. Bureau of the Census. NCI uses estimation procedures as needed to obtain estimates for years and races not included in data provided by the U.S. Bureau of the Census. Life tables used to determine normal life expectancy when calculating relative survival rates were obtained from NCHS and in-house calculations. Separate life tables are used for each race-sex-specific group included in the SEER Program.

Issues Affecting Interpretation: Because of the addition of registries over time, analysis of long-term incidence and survival trends is limited to those registries that have been in SEER for similar lengths of time. Analysis of Hispanic, American Indian and Alaska Native data is limited to shorter trends. Rates presented in this report may differ somewhat from previous reports because of revised population estimates and the addition and deletion of small numbers of incidence cases.

Reference:

Ries LAG, Eisner MP, Kosary CL, et al. (eds). SEER Cancer Statistics Review 1975–2001. Bethesda, MD: National Cancer Institute. 2004 available at http://seer.cancer.gov/csr/1975_2001.

For More Information: See the SEER Web site at www.seer.cancer.gov.

Survey of Mental Health Organizations (SMHO)

Substance Abuse and Mental Health Services Administration (SAMHSA)

Overview: The Survey of Mental Health Organizations and General Hospital Mental Health Services (SMHO/GHMHS) collects data on number and characteristics of specialty mental health organizations in the United States.

Selected Content: The inventory collects basic information such as types of mental health organizations, ownership, number of additions and residents, and number of beds. The sample survey is a more detailed questionnaire that covers types of services provided, revenues and expenditures, staffing, and many items addressed to managed behavioral health care.

Data Years: The Inventory of Mental Health Organizations (IMHO/GHMHS) was conducted biannually from 1986 until 1994. The SMHO replaced the IMHO/GHMHS in 1998. The SMHO and the inventory used as its sampling frame have been conducted biannually starting in 1998.

Coverage: Organizations included are State and county mental hospitals, private psychiatric hospitals, non-Federal general hospitals with separate psychiatric services, Department of Veterans Affairs medical centers, residential treatment centers for emotionally disturbed children, freestanding outpatient psychiatric clinics, partial care organizations, freestanding day-night organizations, and multiservice mental health organizations not elsewhere classified.

Methodology: The IMHO was an inventory of all mental health organizations. Its core questionnaire included versions designed for specialty mental health organizations and another for non-Federal general hospitals with separate psychiatric services. The data system was based on questionnaires mailed every other year to mental health

organizations in the United States. In 1998 the IMHO was replaced by the SMHO. The SMHO is made up of two parts. A complete inventory is done by postcard gathering a limited amount of information. The inventory is used as a sampling frame for the SMHO, which contains most of the information from the IMHO core questionnaire as well as new items about managed behavioral health care.

Sample Size and Response Rate: In Phase 1, all 10,083 organizations were inventoried. A complete enumeration was needed to define the sampling frame for the Sample Survey. In Phase II, general hospitals without separate mental health units, community residential organizations and managed behavioral health care organizations were dropped from the sampling frame, which leaves 4,659 organizations. From this number, approximately 1,602 organizations were drawn to permit both national and State estimates. The response rate was over 90 percent.

Issues Affecting Interpretation: Revisions to definitions of providers include phasing out Community Mental Health Centers as a category after 1981–82; increasing the number of multiservice mental health organizations from 1981 to 1986; increasing the number of psychiatric outpatient clinics in 1981–82, but decreasing the number in 1983–84, 1986, 1990, and 1992; and increasing the number of partial care services in 1983-84. These changes should be noted when interyear comparisons for the affected organizations and service types are made. The increase in the number of general hospitals with separate psychiatric services was partially a result of a more concerted effort to identify these organizations. Forms had been sent only to those hospitals previously identified as having a separate psychiatric service. Beginning in 1980–81, a screener form was sent to general hospitals not previously identified as providing a separate psychiatric service to determine whether they had such a service.

Reference:

Center for Mental Health Services. Mental Health, United States, 2000. Manderscheid R, Henderson MJ, eds. DHHS Pub. No. (SMA) 01–3537. Washington, DC: Department of Health and Human Services. 2001.

For More Information: See the Center for Mental Health Services Web site at www.samhsa.gov/centers/cmhs/cmhs.html.

Survey of Occupational Injuries and Illnesses (SOII)

Bureau of Labor Statistics

Overview: The Survey of Occupational Injuries and Illnesses (SOII) is a Federal/State program that collects statistics used to identify problems with workplace safety and develop programs to improve workplace safety.

Selected Content: Data include the number of injuries and illnesses by industry. The case and demographic data provide additional details on workers injured, the nature of the disabling condition, and the event and source producing that condition for those cases that involve one or more days away from work.

Data Years: The Bureau of Labor Statistics (BLS) has conducted an annual survey since 1971.

Coverage: The data represent persons employed in private industry establishments in the United States. The survey excludes the self-employed, farms with fewer than 11 employees, private households, Federal government agencies, and State and local government agencies.

Methodology: Survey estimates of occupational injuries and illnesses are based on a scientifically selected probability sample of establishments, rather than a census of all establishments. An independent sample is selected for each State and the District of Columbia that represents industries in that jurisdiction. BLS includes all the State samples in the national sample.

Establishments included in the survey are instructed in a mailed questionnaire to provide summary totals of all entries for the previous calendar year to its Log and Summary of Occupational Injuries and Illnesses (OSHA No. 200 form). In addition, from the selected establishments, approximately 550,000 injuries and illnesses with days away from work are sampled to obtain demographic and detailed case characteristic information. An occupational injury is any injury such as a cut, fracture, sprain, or amputation that results from a work-related event or from a single instantaneous exposure in the work environment. An occupational illness is any abnormal condition or disorder other than one resulting from an occupational injury, caused by exposure to factors associated with employment. It includes acute and chronic illnesses or diseases that may be caused by inhalation, absorption, ingestion, or direct contact. Prior to 2002, injury

and illness cases involved days away from work, days of restricted work activity, or both (lost workday cases). Starting in 2002, injury and illness cases may involve days away from work, job transfer, or restricted work activity. Restriction may involve shortened hours, a temporary job change, or temporary restrictions on certain duties (for example, no heavy lifting) of a worker's regular job.

Sample Size and Response Rates: Employer reports were collected from about 182,800 private industry establishments in 2002. The response rate is about 92 percent.

Issues Affecting Interpretation: The number of injuries and illnesses reported in any given year can be influenced by the level of economic activity, working conditions and work practices, worker experience and training, and number of hours worked. Long-term latent illnesses caused by exposure to carcinogens are believed to be understated in the survey's illness measures. In contrast, new illnesses such as contact dermatitis and carpal tunnel syndrome are easier to relate directly to workplace activity.

Effective January 1, 2002, the Occupational Safety and Health Administration (OSHA) revised its requirement for recording occupational injuries and illnesses. Because of the revised recordkeeping rule, the estimates from the 2002 survey are not comparable with those from previous years. See www.osha-slc.gov/recordkeeping/index.html for details about the revised recordkeeping requirements.

Data for the mining industry and for railroad activities are provided by Department of Labor's Mine Safety and Health Administration and Department of Transportation's Federal Railroad Administration. Neither of these agencies adopted the revised OSHA recordkeeping requirements for 2002. Therefore, estimates for these industries for 2002 are not comparable with estimates for other industries but are comparable with estimates for prior years. Excluded from the survey are self-employed individuals; farmers with fewer than 11 employees; private households; Federal Government agencies; and employees in State and local government agencies. Starting in 1988, establishments were classified in industry categories based on the 1987 Standard Industrial Classification (SIC) Manual, as defined by the Office of Management and Budget. Prior to 1988, establishments were classified according to the 1972 edition, 1977 supplement. See Appendix II, Industry.

Reference:

Bureau of Labor Statistics. Workplace Injuries and Illnesses in 2002, Washington, DC: Department of Labor. December 2003.

For More Information: See the BLS occupational safety and health Web site at www.bls.gov/iiif/home.htm.

Youth Risk Behavior Survey (YRBS)

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Overview: The national Youth Risk Behavior Survey (YRBS) monitors health risk behaviors among students in grades 5–12 that contribute to morbidity and mortality in both adolescence and adulthood.

Selected Content: Data are collected on tobacco use, dietary behaviors, physical activity, alcohol and other drug use, sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases including HIV infection, and behaviors that contribute to unintentional injuries and violence.

Data Years: The national YRBS of high school students was conducted in 1990, 1991, 1993, 1995, 1997, 1999, 2001, and 2003.

Coverage: Data are representative of high school students in public and private schools in the United States.

Methodology: The national YRBS school-based surveys employ a three-stage cluster sample design to produce a nationally representative sample of students in grades 5–12 attending public and private high schools. The first-stage sampling frame contains primary sampling units (PSUs) consisting of large counties or groups of smaller, adjacent counties. The PSUs are then stratified based on degree of urbanization and relative percentage of black and Hispanic students in the PSU. The PSUs are selected from these strata with probability proportional to school enrollment size. At the second sampling stage, schools are selected with probability proportional to school enrollment size. To enable separate analysis of data for black and Hispanic students, schools with substantial numbers of black and Hispanic students are sampled at higher rates than all other schools. The third stage of sampling consists of randomly selecting one or two intact classes of a required subject from grades

5–12 at each chosen school. All students in the selected classes are eligible to participate in the survey. A weighting factor is applied to each student record to adjust for nonresponse and for the varying probabilities of selection, including those resulting from the oversampling of black and Hispanic students.

Sample Size and Response Rate: The sample size for the 2001 YRBS was 13,601. The school response rate was 75 percent and the student response rate was 83 percent, for an overall response rate of 63 percent.

Issues Affecting Interpretation: National YRBS data are subject to at least two limitations. First, these data apply only to adolescents who attend regular high school. These students may not be representative of all persons in this age group because those who have dropped out of high school or attend an alternative high school are not surveyed. Second, the extent of underreporting or overreporting cannot be determined, although the survey questions demonstrate good test-retest reliability.

Estimates of substance use for youth based on the YRBS differ from the National Survey on Drug Use & Health (NSDUH) and Monitoring the Future (MTF). Rates are not directly comparable across these surveys because of differences in populations covered, sample design, questionnaires, interview setting, and statistical approaches to make the survey estimates generalizable to the entire population. The NSDUH survey collects data in homes, whereas the MTF and YRBS collect data in school classrooms. The NSDUH estimates are tabulated by age, while the MTF and YRBS estimates are tabulated by grade, representing different ages as well as different populations.

References:

CDC. Youth risk behavior surveillance—United States, 1999. CDC surveillance summaries, MMWR 2000;49 (SS-05).

CDC. Youth risk behavior surveillance—United States, 2001. CDC surveillance summaries, MMWR 2002;51 (SS-04).

Cowan CD. Coverage, Sample Design, and Weighting in Three Federal Surveys. Journal of Drug Issues 2001;1(3):595–614.

For More Information: See the Division of Adolescent and School Health Web site at www.cdc.gov/nccdphp/dash/.

Private and Global Sources

Alan Guttmacher Institute Abortion Provider Survey

The Alan Guttmacher Institute, a not-for-profit organization focused on reproductive health research, policy analysis, and public education, conducts periodic surveys of abortion providers to provide nationally representative statistics on abortion incidence.

Number of induced abortions; number, types, and locations of providers; and types of procedures performed are presented by State and region. Health, United States presents the total for each data year. Thirteen provider surveys have been conducted for selected data years 1973 to midyear 2001. Data were collected from clinics, physicians, and hospitals identified as potential providers of abortion services. Mailed questionnaires were sent to all potential providers, with two additional mailings and telephone follow-up for nonresponse. No surveys were conducted in 1983, 1986, 1989, 1990, 1993, 1994, 1997, or 1998. For 1999–2000, a version of the survey questionnaire was created for each of the three major categories of providers, modeled on the survey questionnaire used for AGI's data collection in 1997. All surveys asked the number of induced abortions performed at the provider's location. State health statistics agencies were contacted, requesting all available data reported by providers to each State health agency on the number of abortions performed in the survey year. For States that provided data to AGI, the health agency figures were used for providers who did not respond to the survey. Estimates of the number of abortions performed by some providers were ascertained from knowledgeable sources in the community.

Of the 2,442 potential providers surveyed for 1999–2000, 1,931 performed abortions between January 1999 and June 2001. Of abortions reported for data year 2000, 77 percent were reported by providers, 10 percent came from health department data, 11 percent were estimated by knowledgeable sources, and 2 percent were projections or other estimates.

The number of abortions estimated by AGI through the midto late-1980s was about 20 percent higher than the number reported to the Centers for Disease Control and Prevention (CDC). Between 1989 and 1997 the AGI estimates were about 12 percent higher than those reported by CDC.

Beginning in 1998, health departments of four States did not report abortion data to CDC. The four reporting areas (the largest of which is California) that did not report abortions to CDC in 1998 accounted for 18 percent of all abortions tallied by AGI's 1995–96 survey. FDA approval of Mifepristone (medical abortion) in September of 2000 accounted for a small proportion (approx 6 percent) of abortions performed in nonhospital facilities during the first half of 2001.

Reference:

Finer LB, Henshaw SK. Abortion incidence and services in the United States in 2000. Perspect Sex Reprod Health 2003;35(1):6–15.

For More Information: See the AGI Web site at www.guttmacher.org. The Agency address is The Alan Guttmacher Institute, 120 Wall Street, New York, NY 10005.

American Association of Colleges of Pharmacy

The American Association of Colleges of Pharmacy (AACP) compiles data on the Colleges of Pharmacy, including information on student enrollment and types of degrees conferred. Data are collected through an annual survey; the response rate is 100 percent.

For More Information: See Profile of Pharmacy Students. The American Association of Colleges of Pharmacy, 1426 Prince Street, Alexandria, VA; or the AACP Web site at www.aacp.org.

American Association of Colleges of Podiatric Medicine

The American Association of Colleges of Podiatric Medicine (AACPM) compiles data on the Colleges of Podiatric Medicine, including information on the schools and enrollment. Data are collected annually through written questionnaires. The response rate is 100 percent.

For More Information: Write to The American Association of Colleges of Podiatric Medicine, 1350 Piccard Drive, Suite 322, Rockville, MD 20850–4307; or see the AACPM Web site at www.aacpm.org.

American Dental Association

The Division of Educational Measurement of the American Dental Association (ADA) conducts annual surveys of predoctoral dental educational institutions. The questionnaire, mailed to all dental schools, collects information on student characteristics, financial management, and curricula.

For More Information: See the American Dental Association, 1999–2000 Survey of Predoctoral Dental Educational Institutions or the ADA Web site at www.ada.org.

American Hospital Association Annual Survey of Hospitals

Data from the American Hospital Association (AHA) annual survey are based on questionnaires sent to all AHA-registered and nonregistered hospitals in the United States and its associated areas. U.S. Government hospitals located outside the United States are excluded. Overall, the average response rate over the past 5 years has been approximately 83 percent. For nonreporting hospitals and for the survey questionnaires of reporting hospitals on which some information was missing, estimates are made for all data except those on beds, bassinets, and facilities. Data for beds and bassinets of nonreporting hospitals are based on the most recent information available from those hospitals. Data for facilities and services are based only on reporting hospitals.

Estimates of other types of missing data are based on data reported the previous year, if available. When unavailable, estimates are based on data furnished by reporting hospitals similar in size, control, major service provided, length of stay, and geographic and demographic characteristics.

For More Information: Write to the AHA Annual Survey of Hospitals, Health Forum, LLC, an American Hospital Association Company, One North Franklin Street, Chicago, IL 60606; or see the AHA Web site at www.aha.org.

American Medical Association Physician Masterfile

A masterfile of physicians has been maintained by the American Medical Association (AMA) since 1906. The Physician Masterfile contains data on almost every physician in the United States, both members and nonmembers of the

AMA, and on those graduates of American medical schools temporarily practicing overseas. The file also includes graduates of international medical schools who are in the United States and who meet education standards for primary recognition as physicians.

A file is initiated on each individual upon entry into medical school or, in the case of international graduates, upon entry into the United States. Between 1965 and 1985 a mail questionnaire survey was conducted every 4 years to update the file information on professional activities, self-designated area of specialization, and present employment status. Since 1985 approximately one-third of all physicians are surveyed each year.

For More Information: See Division of Survey and Data Resources, American Medical Association, *Physician Characteristics and Distribution in the U.S., 2002–2003* ed. Chicago, IL. 2002; or the AMA Web site at www.ama-assn.org.

Association of American Medical Colleges

The Association of American Medical Colleges (AAMC) collects information on student enrollment in medical schools through the annual Liaison Committee on Medical Education questionnaire, the fall enrollment questionnaire, and the American Medical College Application Service (AMCAS) data system. Other data sources are the institutional profile system, the premedical students questionnaire, the minority student opportunities in medicine questionnaire, the faculty roster system, data from the Medical College Admission Test, and one-time surveys developed for special projects.

For More Information: See the Association of American Medical Colleges, Statistical Information Related to Medical Education, Washington, DC. 2001; or the AAMC Web site at www.aamc.org.

Association of Schools and Colleges of Optometry

The Association of Schools and Colleges of Optometry (ASCO) compiles data on various aspects of optometric education including data on schools and enrollment. Questionnaires are sent annually to all schools and colleges of optometry. The response rate is 100 percent.

For More Information: Write to Annual Survey of Optometric Educational Institutions, Association of Schools and Colleges of Optometry, 6110 Executive Blvd., Suite 510, Rockville, MD 20852; or see the ASCO Web site at www.opted.org.

Association of Schools of Public Health

The Association of Schools of Public Health (ASPH) compiles data on schools of public health in the United States and Puerto Rico. Questionnaires are sent annually to all member schools. The response rate is 100 percent.

Unlike health professional schools that emphasize specific clinical occupations, schools of public health offer study in specialty areas such as biostatistics, epidemiology, environmental health, occupational health, health administration, health planning, nutrition, maternal and child health, social and behavioral sciences, and other population-based sciences.

For More Information: Write to Association of Schools of Public Health, 1101 15th Street, NW, Suite 910, Washington, DC 20005; or see the ASPH Web site at www.asph.org.

European Health for All Database

World Health Organization Regional Office for Europe

The WHO Regional Office for Europe (WHO/Europe) provides country-specific and topic-specific health information via the Internet for people who influence health policy in the WHO European Region and the media.

WHO/Europe collects statistics on health and makes them widely available through

- The European health for all database (HFA-DB), which contains data on about 600 health indicators collected from national counterparts in 51 European countries, and data from other WHO technical programs and some international organizations.
- Highlights on health in countries in the WHO European Region that give an overview of the health situation in each country in comparison with other countries. Highlights complement the public health reports produced by a number of member States in the region.

■ Health status overview for countries of central and eastern Europe that are candidates for accession to the European Union (Bulgaria, the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia, and Slovenia).

WHO/Europe helps countries strengthen their national health information systems, particularly by supporting

- the development of national health indicator databases
- the exchange of experience on national public health reports between countries; a database of public health reports is maintained and available for consultation and networking
- implementation of international classifications and definitions in countries
- regional networks of health information professionals

For More Information: See the European health for all database at http://hfadb.who.dk/hfa/.

InterStudy National Health Maintenance Organization Census

From 1976 to 1980 the Office of Health Maintenance Organizations conducted a census of health maintenance organizations (HMOs). Since 1981 InterStudy has conducted the census. A questionnaire is sent to all HMOs in the United States asking for updated enrollment, profit status, and Federal qualification status. New HMOs are also asked to provide information on model type. When necessary, information is obtained, supplemented, or clarified by telephone. For nonresponding HMOs State-supplied information or the most current available data are used.

In 1985 a large increase in the number of HMOs and enrollment was partly attributable to a change in the categories of HMOs included in the census: Medicaid-only and Medicare-only HMOs have been added. Component HMOs, which have their own discrete management, can be listed separately, whereas previously the oldest HMO reported for all of its component or expansion sites, even when the components had different operational dates or were different model types.

For More Information: See The InterStudy Competitive Edge. InterStudy Publications, St. Paul, MN. 2002; or the InterStudy Web site at www.hmodata.com.

National League for Nursing

The division of research of the National League for Nursing (NLN) conducts The Annual Survey of Schools of Nursing in October of each year. Questionnaires are sent to all graduate nursing programs (master's and doctoral), baccalaureate programs designed exclusively for registered nurses, basic registered nursing programs (baccalaureate, associate degree, and diploma), and licensed practical nursing programs. Data on enrollments, first-time admissions, and graduates are completed for all nursing education programs. Response rates of approximately 80 percent are achieved for other areas of inquiry.

For More Information: See the National League for Nursing, Nursing Data Review 1997, New York, NY. 1997; or the NLN Web site at www.nln.org.

Organization for Economic Cooperation and Development Health Data

The Organization for Economic Cooperation and Development (OECD) provides annual data on statistical indicators on health and economic policies collected from 30 member countries since the 1960s. The international comparability of health expenditure estimates depends on the quality of national health accounts in OECD member countries. In recent years the OECD health accounts have become an informal standard for reporting on health care systems. Additional limitations in international comparisons include differing boundaries between health care and other social care, particularly for the disabled and elderly, and underestimation of private expenditures on health.

The OECD was established in 1961 with a mandate to promote policies to achieve the highest sustainable economic growth and a rising standard of living among member countries. The Organization now comprises 30 member countries: Australia, Austria, Belgium, Canada, Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Japan, Korea, Luxembourg, Mexico, Netherlands, New Zealand, Norway, Poland, Portugal, Slovak Republic, Spain, Sweden, Switzerland, Turkey, the United Kingdom, and the United States.

As part of its mission, the OECD has developed a number of activities in relation to health and health care systems. The main aim of OECD work on health policy is to conduct cross-national studies of the performance of OECD health

systems and to facilitate exchanges between member countries of their experiences of financing, delivering, and managing health services. To support this work, each year the OECD compiles cross-country data in OECD Health Data, one of the most comprehensive sources of comparable health-related statistics. OECD Health Data is an essential tool to carry out comparative analyses and draw lessons from international comparisons of diverse health care systems. This international database now incorporates the first results arising from the implementation of the OECD manual, A System of Health Accounts (2000), which provide a standard framework for producing a set of comprehensive, consistent, and internationally comparable data on health spending. The OECD collaborates with other international organizations such as the WHO.

For More Information: See the OECD Web site at www.oecd.org/health.

United Nations Demographic Yearbook

The Statistical Office of the United Nations prepares the *Demographic Yearbook*, a comprehensive collection of international demographic statistics.

Questionnaires are sent annually and monthly to more than 220 national statistical services and other appropriate government offices. Data forwarded on these questionnaires are supplemented, to the extent possible, by data taken from official national publications and by correspondence with the national statistical services. To ensure comparability, rates, ratios, and percents have been calculated in the statistical office of the United Nations.

Lack of international comparability among estimates arises from differences in concepts, definitions, and time of data collection. The comparability of population data is affected by several factors, including (a) definitions of the total population, (b) definitions used to classify the population into its urban and rural components, (c) difficulties relating to age reporting, (d) extent of over- or underenumeration, and (e) quality of population estimates. The completeness and accuracy of vital statistics data also vary from one country to another.

Differences in statistical definitions of vital events may also influence comparability.

International demographic trend data are available on a CD-ROM entitled United Nations, 2000. Demographic Yearbook—Historical Supplement 1948–97. CD-ROM Special Issue. United Nations publication sales number E/F.99.XIII.12.

For More Information: See the United Nations, Demographic Yearbook 2000, United Nations, New York, 2002; or the United Nations Web site at www.un.org or their Web site locator at www.unsystem.org.

World Health Statistics Annual

World Health Organization

The World Health Organization (WHO) prepares the *World Health Statistics Annual*, an annual volume of information on vital statistics and causes of death designed for use by the medical and public health professions. Each volume is the result of a joint effort by the national health and statistical administrations of many countries, the United Nations, and WHO. United Nations estimates of vital rates and population size and composition, where available, are reprinted directly in the *Statistics Annual*. For those countries for which the United Nations does not prepare demographic estimates, primarily smaller populations, the latest available data reported to the United Nations and based on reasonably complete coverage of events are used.

Information published on infant mortality is based entirely on official national data either reported directly or made available to WHO.

Selected life table functions are calculated from the application of a uniform methodology to national mortality data provided to WHO, to enhance their value for international comparisons. The life table procedure used by WHO may often lead to discrepancies with national figures published by countries, because of differences in methodology or degree of age detail maintained in calculations.

The international comparability of estimates published in the *World Health Statistics Annual* is affected by the same problems as is the United Nations *Demographic Yearbook*. Cross-national differences in statistical definitions of vital events, in the completeness and accuracy of vital statistics data, and in the comparability of population data are the primary factors affecting comparability.

For More Information: See the World Health Organization, World Health Statistics Annual 2000, World Health Organization, Geneva, 2002; World Health Statistics 1997–99 at www.who.int/whosis; or the WHO Web site at www.who.int.

Appendix II

Definitions and Methods

Appendix II is an alphabetical listing of terms used in *Health*, United States. It includes cross-references to related terms and synonyms. It also describes the methods used for calculating age-adjusted rates, average annual rate of change, relative standard error, birth rates, death rates, and years of potential life lost. Appendix II includes standard populations used for age adjustment (tables I, II, and III); International Classification of Diseases (ICD) codes for cause of death from the Sixth through Tenth Revisions and the years when the Revisions were in effect (tables IV and V); comparability ratios between ICD-9 and ICD-10 for selected causes (table VI); ICD-9-CM codes for external cause of injury, diagnostic, and procedure categories (tables VII, IX, and X); classification of generic analgesic drugs (table XI); and industry codes from the Standard Industrial Classification Manual (table VIII). New standards for presenting Federal data on race and ethnicity are described under Race, and sample tabulations of National Health Interview Survey (NHIS) data comparing the 1977 and 1997 Standards for Federal data on race and Hispanic origin are presented in tables XII and XIII.

Acquired immunodeficiency syndrome (AIDS)—All 50 States and the District of Columbia report AIDS cases to CDC using a uniform surveillance case definition and case report form. The case reporting definitions were expanded in 1985 (MMWR 1985; 34:373–375); 1987 (MMWR 1987; 36 (No. SS-1):1S-15S); 1993 for adults and adolescents (MMWR 1992; 41 (no. RR-17):1–19); and 1994 for pediatric cases (MMWR 1994; 43 (no. RR-12):1–19). The revisions incorporated a broader range of AIDS-indicator diseases and conditions and used HIV diagnostic tests to improve the sensitivity and specificity of the definition. The 1993 expansion of the case definition caused a temporary distortion of AIDS incidence trends. In 1995 new treatments (protease inhibitors) for HIV and AIDS were approved. These therapies have prevented or delayed the onset of AIDS and premature death among many HIV-infected persons, which should be considered when interpreting trend data. AIDS surveillance data are published annually by CDC in the HIV/AIDS Surveillance Report at www.cdc.gov/hiv/stats/hasrlink.htm. See related Human immunodeficiency virus (HIV) infection.

Active physician—See Physician.

Activities of daily living (ADL)—Activities of daily living are activities related to personal care and include bathing or showering, dressing, getting in or out of bed or a chair, using the toilet, and eating. In the National Health Interview Survey respondents were asked about needing the help of another person with personal care because of a physical, mental, or emotional problem. Respondents are considered to have an ADL limitation if any condition causing the respondent to need help with the specific activities was chronic.

In the Medicare Current Beneficiary Survey (table 138), if a sample person had any difficulty performing an activity by him or herself and without special equipment, or did not perform the activity at all because of health problems, the person was categorized as having a limitation in that activity. The limitation may have been temporary or chronic at the time of the interview. In the Chartbook on Trends in Health of Americans, a sample person was categorized as having a limitation in their activities of daily living if, in addition to having any difficulty performing an activity or not performing the activity because of health problems, the sample person also received help or supervision with at least one of the following six activities: bathing or showering, dressing, eating, getting in or out of bed or chairs, walking, and using the toilet. Sample persons who were administered a community interview answered health status and functioning questions themselves, if able to do so. A proxy such as a nurse answered questions about the sample person's health status and functioning for those in a long-term care facility. Beginning in 1997, interview questions for persons in long-term care facilities were changed slightly from those administered to persons in the community to differentiate residents who were independent from those who received supervision or assistance with transferring, locomotion on unit, dressing, eating, toilet use, and bathing. See related Condition; Instrumental activities of daily living (IADL); Limitation of activity.

Addition—An addition to a mental health organization is defined by the Substance Abuse and Mental Health Services Administration's Center for Mental Health Services as a new admission, a readmission, a return from long-term leave, or a transfer from another service of the same organization or another organization. See related *Mental health organization; Mental health service type*.

Admission—The American Hospital Association defines admissions as persons, excluding newborns, accepted for inpatient services during the survey reporting period. See related; *Days of care; Discharge; Inpatient.*

Age—Age is reported as age at last birthday, that is, age in completed years, often calculated by subtracting date of birth from the reference date, with the reference date being the date of the examination, interview, or other contact with an individual.

Mother's (maternal) age is reported on the birth certificate by all States. Birth statistics are presented for mother's age 10-49 years through 1996 and 10-54 years starting in 1997, based on mother's date of birth or age as reported on the birth certificate. The age of mother is edited for upper and lower limits. When the age of the mother is computed to be under 10 years or 55 years or over (50 years or over in 1964–96), it is considered not stated and imputed according to the age of the mother from the previous birth record of the same race and total birth order (total of fetal deaths and live births). Before 1963 not stated ages were distributed in proportion to the known ages for each racial group. Beginning in 1997 the birth rate for the maternal age group 45-49 years includes data for mother's age 50-54 years in the numerator and is based on the population of women 45-49 years in the denominator.

Age adjustment—Age adjustment is used to compare risks of two or more populations at one point in time or one population at two or more points in time. Age-adjusted rates should be viewed as relative indexes rather than actual measures of risk. Age-adjusted rates are computed by the direct method by applying age-specific rates in a population of interest to a standardized age distribution, to eliminate differences in observed rates that result from age differences in population composition.

Age-adjusted rates are calculated by the direct method as follows:

$$\sum_{i=1}^{n} r_i \times (p_i/P)$$

 p_i = standard population in age group i

$$P = \sum_{i=1}^{n} p_i$$

Table I. United States standard population and proportion distribution by age for age adjusting death rates

Age	Population	Proportion distribution (weights)	Standard million
Total	274,634,000	1.000000	1,000,000
Under 1 year	3,795,000	0.013818	13,818
1–4 years	15,192,000	0.055317	55,317
5–14 years	39,977,000	0.145565	145,565
15–24 years	38,077,000	0.138646	138,646
25-34 years	37,233,000	0.135573	135,573
35–44 years	44,659,000	0.162613	162,613
45–54 years	37,030,000	0.134834	134,834
55–64 years	23,961,000	0.087247	87,247
65–74 years	18,136,000	0.066037	66,037
75–84 years	12,315,000	*0.044842	44,842
85 years and over	4,259,000	0.015508	15,508

^{*}Figure is rounded up instead of down to force total to 1.0.

SOURCE: Anderson RN, Rosenberg HM. Age Standardization of Death Rates: Implementation of the Year 2000 Standard. National vital statistics reports; vol 47 no 3. Hyattsville, Maryland: National Center for Health Statistics. 1998.

Table II. Numbers of live births and mother's age groups used to adjust maternal mortality rates to live births in the United States in 1970

Mother's age	Number
All ages	3,731,386
Under 20 years	656,460
20–24 years	1,418,874
25–29 years	994,904
30–34 years	427,806
35 years and over	233,342

SOURCE: U.S. Bureau of the Census: Population estimates and projections. *Current Population Reports*. Series P-25, No. 499. Washington, D.C.: U.S. Government Printing Office, May 1973.

n = total number of age groups over the age range of the age-adjusted rate

Age adjustment by the direct method requires use of a standard age distribution. The standard for age adjusting death rates and estimates from surveys in *Health, United States* is the projected year 2000 U.S. resident population. Starting with *Health, United States, 2001*, the year 2000 U.S. standard population replaces the 1940 U.S. population for age adjusting mortality statistics. The U.S. standard population also replaces the 1970 civilian noninstitutionalized population and 1980 U.S. resident population, which previously had been used as standard age distributions for age adjusting estimates from NCHS surveys.

Changing the standard population has implications for racial and ethnic differentials in mortality. For example, the mortality ratio for the black to white populations is reduced from 1.6 using the 1940 standard to 1.4 using the 2000 standard, reflecting the greater weight that the 2000 standard gives to the older population where race differentials in mortality are smaller.

Age-adjusted estimates from any data source presented in *Health, United States* may differ from age-adjusted estimates based on the same data presented in other reports if different age groups are used in the adjustment procedure.

For more information on implementing the new population standard for age adjusting death rates, see Anderson RN, Rosenberg HM. Age Standardization of Death Rates: Implementation of the Year 2000 Standard. National vital statistics reports; vol 47 no 3. Hyattsville, Maryland: National Center for Health Statistics. 1998. For more information on the derivation of age adjustment weights for use with NCHS survey data, see Klein RJ, Schoenborn CA. Age Adjustment Using the 2000 Projected U.S. Population. Healthy People Statistical Notes no 20. Hyattsville, Maryland: National Center for Health Statistics. 2001. Both reports are available through the NCHS home page at www.cdc.gov/nchs. The U.S. standard population is available through the Bureau of the Census home page at www.census.gov/prod/1/pop/p25-1130/, table 2.

Mortality data—Death rates are age adjusted to the year 2000 U.S. standard population (table I). Age-adjusted rates are calculated using age-specific death rates per 100,000 population rounded to one decimal place. Adjustment is based on 11 age groups with two exceptions. First, age-adjusted death rates for black males and black females in 1950 are based on nine age groups, with under 1 year and 1–4 years of age combined as one group and 75–84 years and 85 years of age combined as one group. Second, age-adjusted death rates by educational attainment for the age group 25–64 years are based on four 10-year age groups (25–34 years, 35–44 years, 45–54 years, and 55–64 years).

Age-adjusted rates for years of potential life lost (YPLL) before age 75 years also use the year 2000 standard population and are based on eight age groups (under 1 year, 1–14 years, 15–24 years, and 10-year age groups through 65–74 years).

Maternal mortality rates for pregnancy, childbirth, and the puerperium are calculated as the number of deaths per 100,000 live births. These rates are age adjusted to the 1970 distribution of live births by mother's age in the United States as shown in table II. See related *Rate:* Death and related rates; Years of potential life lost.

National Health and Nutrition Examination Survey—Estimates based on the National Health Examination Survey (NHES) and the National Health and Nutrition Examination Survey (NHANES) are age adjusted to the year 2000 U.S. standard population using five age groups: 20–34 years, 35–44 years, 45–54 years, 55–64 years, and 65–74 years (see table III). Prior to Health, United States, 2000, these estimates were age adjusted to the 1980 U.S. resident population.

National Health Care Surveys—Estimates based on the National Hospital Discharge Survey (NHDS), the National Ambulatory Medical Care Survey (NAMCS), the National Hospital Ambulatory Medical Care Survey (NHAMCS), the National Nursing Home Survey (NNHS) (resident rates table), and the National Home and Hospice Care Survey (NHHCS) are age adjusted to the year 2000 U.S. standard population (table III). Information on the age groups used in the age adjustment procedure is contained in the footnotes to the relevant tables.

National Health Interview Survey—Estimates based on the National Health Interview Survey (NHIS) are age adjusted to the year 2000 U.S. standard population (table III). Prior to the 2000 edition of *Health, United States* NHIS estimates were age adjusted to the 1970 civilian noninstitutionalized population. Information on the age groups used in the age adjustment procedure is contained in the footnotes on the relevant tables.

AIDS—See *Acquired immunodeficiency syndrome*.

Alcohol abuse treatment clients—See *Substance abuse* treatment clients.

Alcohol consumption—Alcohol consumption is measured differently in various data systems.

Monitoring the Future Study—This school-based survey of secondary school students collects information on alcohol use using self-completed questionnaires. Information on consumption of alcoholic beverages, defined as beer, wine, wine coolers, and liquor, is based

on the following question: "On how many occasions (if any) have you had alcohol to drink—more than just a few sips—in the last 30 days?" Students responding affirmatively are then asked "How many times have you had five or more drinks in a row in the last two weeks?" For this question, a "drink" means a 12-ounce can (or bottle) of beer, a 4-ounce glass of wine, a 12-ounce bottle (or can) of wine cooler, or a mixed drink or shot of liquor.

National Health Interview Survey (NHIS)—Starting with the 1997 NHIS, information on alcohol consumption is collected in the sample adult questionnaire. Adult respondents are asked two screening questions about lifetime alcohol consumption: "In any one year, have you had at least 12 drinks of any type of alcoholic beverage? In your entire life, have you had at least 12 drinks of any type of alcoholic beverage?" Persons who report at least 12 drinks in a lifetime are then asked a series of questions about alcohol consumption in the past year: "In the past year, how often did you drink any type of alcoholic beverage? In the past year, on those days that you drank alcoholic beverages, on the average, how many drinks did you have? In the past year, on how many days did you have 5 or more drinks of any alcoholic beverage?"

National Survey on Drug Use & Health (NSDUH)— Starting in 1999 NSDUH information about the frequency of the consumption of alcoholic beverages in the past 30 days has been obtained for all persons surveyed who are 12 years of age and over. An extensive list of examples of the kinds of beverages covered was given to respondents prior to the question administration. A "drink" is defined as a can or bottle of beer, a glass of wine or a wine cooler, a shot of liquor, or a mixed drink with liquor in it. Those times when the respondent had only a sip or two from a drink are not considered consumption. Alcohol use is based on the following questions: "During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?" "On the days that you drank during the past 30 days, how many drinks did you usually have?" And "During the past 30 days, on how many days did you have 5 or more drinks on the same occasion?"

Table III. United States standard population and age groups used to age adjust survey data

Survey and age	Number in thousands
NHIS, NAMCS, NHAMCS, NHHCS, NNHS, and NHDS	
All ages	274,634
18 years and over	203,851
25 years and over	117,593
40 years and over	118,180
65 years and over	34,710
Jnder 18 years	70,783
2–17 years	63,229
18–44 years	108,150
18–24 years	26,258
25–34 years	37,233
35–44 years	44,659
45–64 years	60,991
45–54 years	37,030
55–64 years	23,961
65–74 years	18,136
75 years and over	16,574
	,
18–49 years	127,956
40-64 years:	
40–49 years	42,285
50–64 years	41,185
NHES and NHANES	
20 years and over	195,850
20–74 years	179,276
20–34 years	55,490
35–44 years	44,659
45–54 years	37,030
55–64 years	23,961
65–74 years	18,136
65 years and over	34,710
NHANES (Table 86 only)	
Under 18 years	70,783
18–44 years	108,150
45–64 years	60,991
55 years and over	34,710
SAMHSA's DAWN	
6 years and over	251,751
6–11 years	24,282
12–17 years	23,618
18–25 years	29,679
26–34 years	33,812
35 years and over	140,360

SOURCE: U.S. Bureau of Census: Current Population Reports. P25–1130. Population Projections of the United States by Age, Sex, Race, and Hispanic Origin, table 2. U.S. Government Printing Office, Washington, DC, 1996.

Average annual rate of change (percent change)—In *Health, United States* average annual rates of change or growth rates are calculated as follows:

$$[(P_n/P_0)^{1/N}-1] \times 100$$

where P_n = later time period

 P_o = earlier time period

N = number of years in interval.

This geometric rate of change assumes that a variable increases or decreases at the same rate during each year between the two time periods.

Average length of stay—In the National Health Interview Survey, average length of stay per discharged inpatient is computed by dividing the total number of hospital days for a specified group by the total number of discharges for that group. Similarly, in the National Hospital Discharge Survey, average length of stay is computed by dividing the total number of days of care, counting the date of admission but not the date of discharge, by the number of patients discharged. The American Hospital Association computes average length of stay by dividing the number of inpatient days by the number of admissions. See related *Days of care; Discharge; Inpatient*.

Bed—For the American Hospital Association the bed count is the number of beds, cribs, and pediatric bassinets that are set up and staffed for use by inpatients on the last day of the reporting period. In the Center for Medicare & Medicaid Service's Online Survey Certification and Reporting (OSCAR) database, all beds in certified facilities are counted on the day of certification inspection. The World Health Organization defines a hospital bed as one regularly maintained and staffed for the accommodation and full-time care of a succession of inpatients and situated in a part of the hospital where continuous medical care for inpatients is provided. The Center for Mental Health Services counts the number of beds set up and staffed for use in inpatient and residential treatment services on the last day of the survey reporting period. See related *Hospital; Mental health organization;* Mental health service type; Occupancy rate.

Birth cohort—A birth cohort consists of all persons born within a given period of time, such as a calendar year.

Birth rate—See Rate: Birth and related rates.

Birthweight—The first weight of the newborn obtained after birth. Low birthweight is defined as less than 2,500 grams or 5 pounds 8 ounces. Very low birthweight is defined as less than 1,500 grams or 3 pounds 4 ounces. Before 1979 low birthweight was defined as 2,500 grams or less and very low birthweight as 1,500 grams or less.

Body mass index (BMI)—BMI is a measure that adjusts bodyweight for height. It is calculated as weight in kilograms divided by height in meters squared. Overweight for children and adolescents is defined as BMI at or above the sex- and age-specific 95th percentile BMI cut points from the 2000 CDC Growth Charts (www.cdc.gov/growthcharts/). Healthy weight for adults is defined as a BMI of 18.5 to less than 25; overweight, as greater than or equal to a BMI of 25; and obesity, as greater than or equal to a BMI of 30. BMI cut points are defined in the Report of the Dietary Guidelines Advisory Committee on the Dietary Guidelines for Americans, 2000. U.S. Department of Agriculture, Agricultural Research Service, Dietary Guidelines Advisory Committee, p. 23, or on the Internet at www.health.gov/dietaryguidelines/dgac/; NHLBI Obesity Education Initiative Expert Panel on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults. Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults—The Evidence Report. Obes Res 1998;6:51S-209S or on the Internet at www.nhlbi.nih.gov/quidelines/obesity/ob_gdlns.htm; and in U.S. Department of Health and Human Services. *Tracking* Healthy People 2010. Washington, DC: U.S. Government Printing Office, November 2000. Objectives 19.1, 19.2, and 19.3, or on the Internet at www.health.gov/healthypeople/ document/html/volume2/19nutrition.htm.

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 underlying cause is defined by the World Health Organization (WHO) as the disease or injury that initiated the train of events leading directly to death, or the circumstances of the accident or violence, which produced the fatal injury. Generally more medical information is reported on death certificates than is directly reflected in the underlying cause of death. The conditions that are not selected as underlying cause of death constitute the nonunderlying cause of death, also known as multiple cause of death.

Table IV. Revision of the *International Classification of Diseases (ICD)* according to year of conference by which adopted and years in use in the United States

Revision of the International Classification of Diseases	Year of conference by which adopted	Years in use in United States
First	1900	1900–1909
Second	1909	1910-1920
Third	1920	1921-1929
Fourth	1929	1930-1938
Fifth	1938	1939-1948
Sixth	1948	1949-1957
Seventh	1955	1958-1967
Eighth	1965	1968-1978
Ninth	1975	1979-1998
Tenth	1992	1999–

Cause of death is coded according to the appropriate revision of the *International Classification of Diseases* (ICD) (see table IV). Effective with deaths occurring in 1999, the United States began using the Tenth Revision of the ICD (ICD–10); during the period 1979–98, causes of death were coded and classified according to the Ninth Revision (ICD–9). Table V lists ICD codes for the Sixth through Tenth Revisions for causes of death shown in *Health, United States*.

Each of these revisions has produced discontinuities in cause-of-death trends. 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 on the NCHS Web site at www.cdc.gov/nchs/about/major/dvs/mortdata.htm. See related Comparability ratio; International Classification of Diseases (ICD); Appendix I, National Vital Statistics System, Multiple Cause-of-Death-File.

Cause-of-death ranking—Selected causes of death of public health and medical importance comprise tabulation lists and are ranked according to the number of deaths assigned to these causes. The top-ranking causes determine the leading causes of death. Certain causes on the tabulation lists are not ranked if, for example, the category title represents a group title (such as Major cardiovascular diseases and Symptoms, signs, and abnormal clinical and laboratory findings, not elsewhere classified); or the category title begins with the words "Other" and "All other." In addition when one of the titles that represents a subtotal (such as Malignant neoplasms) is ranked, its component parts are not ranked. The tabulation lists used for ranking in the *Tenth Revision of*

the International Classification of Diseases (ICD) include the List of 113 Selected Causes of Death, which replaces the ICD-9 List of 72 Selected Causes, HIV infection and Alzheimer's disease; and the ICD-10 List of 130 Selected Causes of Infant Death, which replaces the ICD-9 List of 60 Selected Causes of Infant Death and HIV infection. Causes that are tied receive the same rank; the next cause is assigned the rank it would have received had the lower-ranked causes not been tied, that is, skip a rank. See related International Classification of Diseases (ICD).

Chronic condition—See Condition.

Cigarette smoking—Cigarette smoking and related tobacco use are measured in several different data systems.

Birth File—Information on cigarette smoking by the mother during pregnancy is based on Yes/No responses to the birth certificate item "Other risk factors for this pregnancy: Tobacco use during pregnancy." This information became available for the first time in 1989 with revision of the U.S. Standard Birth Certificate. In 1989, 43 States and the District of Columbia collected data on tobacco use. The following States did not require the reporting of tobacco use in the standard format on the birth certificate: California, Indiana, Louisiana, Nebraska, New York, Oklahoma, and South Dakota. In 1990 information on tobacco use became available from Louisiana and Nebraska, increasing the number of reporting States to 45 and the District of Columbia. In 1991–93, with the addition of Oklahoma to the reporting area, information on tobacco use was available for 46 States and the District of Columbia; in 1994–98, 46 States, the District of Columbia, and New York City reported tobacco use; in 1999 information on tobacco use became available from Indiana and New York, increasing the number of reporting States to 48 and the District of Columbia; starting in 2000, with the addition of South Dakota, the reporting area includes 49 States and the District of Columbia. During 1989–2002 California did not require the reporting of tobacco use. The areas reporting tobacco use comprised 87 percent of U.S. births in 1999-2002.

Monitoring the Future Survey—Information on current cigarette smoking is obtained for high school seniors (starting in 1975) and 8th and 10th graders (starting in

Table V. Cause-of-death codes, according to applicable revision of International Classification of Diseases (ICD)

	Sixth and			
Cause of death (Tenth Revision titles)	Seventh Revisions	Eighth Revision	Ninth Revision	Tenth Revision
Communicable diseases			001–139, 460–466, 480–487, 771.3	A00-B99, J00-J22
Chronic and noncommunicable diseases			140–459, 470–478, 490–799	C00-I99, J30-R99
njuries ¹		• • •	E800–E869, E880–E929, E950–E999	*U01-*U03, V01-Y34, Y85-Y87, Y89
Meningococcal Infection			036	A39
Septicemia			038	A40-A41
luman immunodeficiency virus (HIV) disease ²			*042-*044	B20-B24
Malignant neoplasms	140–205	140–209	140–208	C00-C97
Colon, rectum, and anus	153–154	153–154	153, 154	C18–C21
Trachea, bronchus, and lung	162–163	162	162	C33-C34
Breast	170	174	174–175	C50
Prostate	177	185	185	C61
n situ neoplasms and benign neoplasms	:::		210–239	D00-D48
Diabetes mellitus	260	250	250	E10-E14
nemias			280–285	D50-D64
Meningitis			320–322	G00, G03
Alzheimer's disease			331.0	G30
Diseases of heart	6th: 410–443 7th: 400–402, 410–443	390–398, 402, 404, 410–429	390–398, 402, 404, 410–429	100–109, 111, 113, 120–151
Ischemic heart disease			410 414 420 2	120-125
Cerebrovascular diseases	220 224	430–438	410–414, 429.2	160–169
therosclerosis	330–334		430–434, 436–438 440	170
ifluenza and pneumonia	480–483, 490–493	470–474, 480–486	480–487	J10–J18
Chronic lower respiratory diseases	241, 501, 502, 527.1	490–493, 519.3	490–494, 496	J40-J47
Chronic liver disease and cirrhosis	581	571	571	K70, K73-K74
lephritis, nephrotic syndrome, and nephrosis			580–589	N00–N07, N17–N19, N25–N27
Pregnancy, childbirth, and the puerperium	640–689	630–678	630–676	A34, O00–O95, O98–O99
Congenital malformations, deformations, and				
chromosomal abnormalities			740–759	Q00-Q99
period			760–779	P00-P96
of pregnancy	• • •		761	P01
cord, and membranes			762	P02
low birthweight, not elsewhere classified			765	P07
Birth trauma			767	P10-P15
Intrauterine hypoxia and birth asphyxia			768	P20-P21
Respiratory distress of newborn			769	P22
udden infant death syndrome			798.0	R95
Inintentional injuries ³	E800-E936, E960-E965	E800-E929, E940-E946	E800-E869, E880-E929	V01-X59, Y85-Y86
Motor vehicle-related injuries ³	E810-E835	E810-E823	E810-E825	V02–V04, V09.0, V09.2, V12–V14, V19.0–V19.2, V19.4–V19.6, V20–V79, V80.3–V80.5, V81.0–V8 V82.0–V82.1, V83–V86, V87.0–V87.8, V88.0–V8 V89.0, V89.2
Suicide ¹	E963, E970–E979 E964, E980–E983	E950-E959 E960-E969 E922, E955, E965, E970, E985	E950-E959 E960-E969 E922, E955.0-E955.4, E965.0-E965.4, E970, E985.0-E985.4	*U03, X60–X84, Y87.0 *U01–*U02, X85–Y09, Y8 W32–W34, X72–X74, X93–X95, Y22–Y24, Y35

^{...} Cause-of-death code numbers are not provided for causes not shown in *Health, United States*.

1Beginning with 2001 data, NCHS introduced categories *U01-*U03 for classifying and coding deaths due to acts of terrorism. The * indicates codes are not part of the Tenth Revision.

2Categories for coding human immunodeficiency virus infection were introduced in 1987. The * indicates codes are not part of the Ninth Revision.

3In the public health community, the term "unintentional injuries" in performed to "received to "coding human".

³In the public health community, the term "unintentional injuries" is preferred to "accidents" and "motor vehicle-related injuries" to "motor vehicle accidents."

1991) based on the following question: "How frequently have you smoked cigarettes during the past 30 days?"

National Health Interview Survey (NHIS)—Information about cigarette smoking is obtained for adults 18 years of age and over. Starting in 1993 current smokers are identified based on the following two questions: "Have you smoked at least 100 cigarettes in your entire life?" and "Do you now smoke cigarettes every day, some days, or not at all?" Persons who smoked 100 cigarettes and who now smoke every day or some days are defined as current smokers. Before 1992 current smokers were identified based on positive responses to the following two questions: "Have you smoked 100 cigarettes in your entire life?" and "Do you smoke now?" (traditional definition). In 1992 the definition of current smoker in the NHIS was modified to specifically include persons who smoked on "some days" (revised definition). In 1992 cigarette smoking data were collected for a half-sample with half the respondents (one-quarter sample) using the traditional smoking questions and the other half of respondents (one-quarter sample) using the revised smoking question ("Do you smoke every day, some days, or not at all?"). An unpublished analysis of the 1992 traditional smoking measure revealed that the crude percent of current smokers 18 years of age and over remained the same as 1991. The statistics for 1992 combine data collected using the traditional and the revised questions.

In 1993–95 estimates of cigarette smoking prevalence were based on a half-sample. Smoking data were not collected in 1996. Starting in 1997 smoking data were collected in the sample adult questionnaire. For further information on survey methodology and sample sizes pertaining to the NHIS cigarette smoking data for data years 1965–92 and other sources of cigarette smoking data available from the National Center for Health Statistics, see: National Center for Health Statistics, Bibliographies and Data Sources, Smoking Data Guide, no. 1, DHHS pub. no. (PHS) 91-1308-1, Public Health Service. Washington, DC: U.S. Government Printing Office. 1991.

National Survey on Drug Use & Health (NSDUH)— Information on current cigarette smoking is obtained for all persons surveyed who are 12 years of age and over based on the following question: "During the past 30 days, have you smoked part or all of a cigarette?" Youth Risk Behavior Survey—Information on current cigarette smoking is obtained from high school students (starting in 1991) based on the following question: "During the past 30 days, on how many days did you smoke cigarettes?"

Civilian noninstitutionalized population; Civilian population—See *Population*.

Cocaine-related emergency department episodes—The Drug Abuse Warning Network monitors selected adverse medical consequences of cocaine and other drug abuse episodes by measuring contacts with hospital emergency departments. Contacts may be for drug overdose, unexpected drug reactions, chronic abuse, detoxification, or other reasons in which drug use is known to have occurred.

Cohort fertility—Cohort fertility refers to the fertility of the same women at successive ages. Women born during a 12-month period constitute a birth cohort. Cohort fertility for birth cohorts of women is measured by central birth rates, which represent the number of births occurring to women of an exact age divided by the number of women of that exact age. Cumulative birth rates by a given exact age represent the total childbearing experience of women in a cohort up to that age. Cumulative birth rates are sums of central birth rates for specified cohorts and show the number of children ever born up to the indicated age. For example, the cumulative birth rate for women exactly 30 years of age as of January 1, 1960, is the sum of the central birth rates for the 1930 birth cohort for the years 1944 (when its members were age 14) through 1959 (when they were age 29). Cumulative birth rates are also calculated for specific birth orders at each exact age of woman. The percentage of women who have not had at least one live birth by a certain age is found by subtracting the cumulative first birth rate for women of that age from 1,000 and dividing by 10. For method of calculation, see Heuser RL. Fertility tables for birth cohorts by color: United States, 1917–73. Rockville, MD: NCHS. 1976. See related Rate: Birth and related rates.

Community hospitals—See *Hospital*.

Comparability ratio—About every 10–20 years the *International Classification of Diseases* (ICD) is revised to stay abreast of advances in medical science and changes in medical terminology. Each of these revisions produces breaks in the continuity of cause-of-death statistics. Discontinuities

across revisions are caused by changes in classification and rules for selecting underlying cause of death. Classification and rule changes affect cause-of-death trend data by shifting deaths away from some cause-of-death categories and into others. Comparability ratios measure the effect of changes in classification and coding rules. For causes shown in table VI, comparability ratios range between 0.9754 and 1.0588, except for influenza and pneumonia, with a comparability ratio of 0.6982, indicating that influenza and pneumonia is about 30 percent less likely to be selected as the underlying cause of death in ICD–10 than in ICD–9; and HIV disease with a comparability ratio of 1.1448, indicating that HIV disease is more than 14 percent more likely to be selected as the underlying cause using ICD–10 coding.

Another factor also contributes to discontinuities in death rates across revisions. For selected causes of death, the ICD–9 codes used to calculate death rates for 1980 through 1998 differ from the ICD–9 codes most nearly comparable with the corresponding ICD–10 cause-of-death category. Examples of these causes are ischemic heart disease, cerebrovascular diseases, trachea, bronchus and lung cancer, unintentional injuries, and homicide. To address this source of discontinuity, mortality trends for 1980–98 were recalculated, using ICD–9 codes that are more comparable with codes for corresponding ICD–10 categories. Table V shows the ICD–9 codes used for these causes. While this modification may lessen the discontinuity between the Ninth and Tenth Revisions, the effect on the discontinuity between the Eighth and Ninth Revisions is not measured.

Preliminary comparability ratios shown in table VI are based on a comparability study in which the same deaths were coded by both the Ninth and Tenth Revisions. The comparability ratio was calculated by dividing the number of deaths classified by ICD–10 by the number of deaths classified by ICD–9. The resulting ratios represent the net effect of the Tenth Revision on cause-of-death statistics and can be used to adjust mortality statistics for causes of death classified by the Ninth Revision to be comparable with cause-specific mortality statistics classified by the Tenth Revision.

The application of comparability ratios to mortality statistics helps to make the analysis of change between 1998 and 1999 more accurate and complete. The 1998 comparability-modified death rate is calculated by multiplying the comparability ratio by the 1998 death rate. Comparability-

Table VI. Comparability of selected causes of death between the Ninth and Tenth Revisions of the *International* Classification of Diseases (ICD)

Cause of death ¹	Preliminary comparability ratio ²
Human immunodeficiency virus (HIV) disease	1.1448
Malignant neoplasms	1.0068
Colon, rectum, and anus	0.9993
Trachea, bronchus, and lung	0.9837
Breast	1.0056
Prostate	1.0134
Diabetes mellitus	1.0082
Diseases of heart	0.9858
Ischemic heart diseases	0.9990
Cerebrovascular diseases	1.0588
Influenza and pneumonia	0.6982
Chronic lower respiratory diseases	1.0478
Chronic liver disease and cirrhosis	1.0367
Pregnancy, childbirth, and the puerperium	*
Unintentional injuries	1.0305
Motor vehicle-related injuries	0.9754
Suicide	0.9962
Homicide	0.9983
Injury by firearms	0.9973
Chronic and noncommunicable diseases	1.0100
Injuries	1.0117
Communicable diseases	0.8536
HIV disease	1.1448
Other communicable diseases	0.8023

^{*}Figure does not meet standards of reliability or precision.

SOURCE: Anderson RN, Miniño AM, Hoyert DL, Rosenberg HM. Comparability of cause-of-death classification between ICD-9 and ICD-10: Preliminary estimates. National Vital Statistics Reports. Vol 49 No 2. Hyattsville, Maryland: National Center for Health Statistics. 2001.

modified rates should be used to estimate mortality change between 1998 and 1999.

Caution should be taken when applying the comparability ratios presented in table VI to age-, race-, and sex-specific mortality data. Demographic subgroups may sometimes differ with regard to their cause-of-death distribution, and this would result in demographic variation in cause-specific comparability ratios.

For more information, see Anderson RN, Minino AM, Hoyert DL, Rosenberg HM. Comparability of cause of death between ICD–9 and ICD–10: Preliminary estimates; and Kochanek KD, Smith BL, Anderson RN. Deaths: Preliminary data for 1999. National vital statistics reports. Vol 49 no 2 and vol 49 no 3. Hyattsville, MD: National Center for Health Statistics. 2001. See related *Cause of death; International Classification of Diseases (ICD); tables IV, V, and VI.*

¹See table V for ICD-9 and ICD-10 cause-of-death codes.

²Ratio of number of deaths classified by ICD-10 to number of deaths classified by ICD-9.

Compensation—See *Employer costs for employee compensation*.

Condition—A health condition is a departure from a state of physical or mental well-being. In the National Health Interview Survey, each condition reported as a cause of an individual's activity limitation has been classified as "chronic," "not chronic," or "unknown if chronic," based on the nature of the condition and/or the duration of the condition. Conditions that are not cured once acquired (such as heart disease, diabetes, and birth defects in the original response categories, and amputee and "old age" in the ad hoc categories) are considered chronic, while conditions related to pregnancy are always considered not chronic. In addition, other conditions must have been present 3 months or longer to be considered chronic. An exception is made for children less than 1 year of age who have had a condition "since birth," as these conditions are always considered chronic. The National Nursing Home Survey uses a specific list of chronic conditions, disregarding time of onset.

Consumer Price Index (CPI)—The CPI is prepared by the U.S. Bureau of Labor Statistics. It is a monthly measure of the average change in the prices paid by urban consumers for a fixed market basket of goods and services. The medical care component of CPI shows trends in medical care prices based on specific indicators of hospital, medical, dental, and drug prices. A revision of the definition of CPI has been in use since January 1988. See related *Gross domestic product* (GDP); Health expenditures, national; Appendix I, Consumer Price Index.

Crude birth rate; Crude death rate—See Rate: Birth and related rates; Rate: Death and related rates.

Days of care—Days of care is defined similarly in different data systems. See related *Admission; Average length of stay; Discharge; Hospital; Hospital Utilization; Inpatient.*

American Hospital Association—Days, hospital days, or inpatient days are the number of adult and pediatric days of care rendered during the entire reporting period. Days of care for newborns are excluded.

National Health Interview Survey (NHIS)—Hospital days during the year refer to the total number of hospital days occurring in the 12-month period before the interview week. A hospital day is a night spent in the hospital for persons admitted as inpatients. Starting in 1997

hospitalization data from NHIS are for all inpatient stays, whereas estimates for prior years published in *Health*, *United States* excluded hospitalizations for deliveries and newborns.

National Hospital Discharge Survey—Days of care refers to the total number of patient days accumulated by inpatients at the time of discharge from non-Federal short-stay hospitals during a reporting period. All days from and including the date of admission but not including the date of discharge are counted.

Death rate—See Rate: Death and related rates.

Dental caries—Dental caries is evidence of dental decay on any surface of a tooth. Dental caries were determined by an oral examination conducted by a trained dentist as part of the National Health and Nutrition Examination Survey (NHANES). Study participants 2 years of age and over were eligible for the examination, as long as they did not meet other exclusion criteria. Both permanent and primary (or baby) teeth were evaluated.

Dental visit—Starting in 1997 National Health Interview
Survey respondents were asked "About how long has it been
since you last saw or talked to a dentist? Include all types of
dentists, such as orthodontists, oral surgeons, and all other
dental specialists as well as hygienists." Starting in 2001 the
question was modified slightly to ask respondents how long
has it been since they last saw a dentist. Questions about
dental visits were not asked for children under 2 years of age
for years 1997–99 and under 1 year of age for 2000 and
beyond. Estimates are presented for persons with a dental
visit in the past year. Prior to 1997 dental visit estimates were
based on a 2-week recall period.

Diagnosis—See First-listed diagnosis.

Diagnostic and other nonsurgical procedures—See *Procedure.*

Discharge—The National Health Interview Survey defines a hospital discharge as the completion of any continuous period of stay of 1 night or more in a hospital as an inpatient. According to the National Hospital Discharge Survey, a discharge is a completed inpatient hospitalization. A hospitalization may be completed by death or by releasing the patient to the customary place of residence, a nursing

home, another hospital, or other locations. See related *Admission; Average length of stay; Days of care; Inpatient.*

Domiciliary care homes—See *Long-term care facility; Nursing home.*

Drug abuse—See Illicit drug use.

Drug abuse treatment clients—See *Substance abuse treatment clients.*

Drug Class, Major—Major drug class is a general therapeutic or pharmacological classification scheme for drug products reported to the FDA under the provisions of the Drug Listing Act. The classification scheme used was based on the AMA DRUG EVALUATIONS SUBSCRIPTION and generally follows the organization of material in that publication. The drug class for each product was determined by the labeled indication(s). See related *National Drug Code (NDC) Directory therapeutic class*.

Drugs—Drugs are pharmaceutical agents—by any route of administration—for prevention, diagnosis, or treatment of medical conditions or diseases. Data on specific drug use are collected in three NCHS surveys.

National Ambulatory Medical Care Survey (NAMCS) and National Hospital Ambulatory Medical Care Survey (NHAMCS)—Data collection in the NAMCS and NHAMCS is from the medical record of the physician office or hospital outpatient department visit, rather than from the patient. Generic and/or brand name drugs are abstracted from the medical record, including prescription and over-the-counter drugs, immunizations, allergy shots, and anesthetics that were prescribed, ordered, supplied, administered, or continued during the visit. Prior to 1995, up to five drugs per visit could be reported on the Patient Record Form; in data years 1995 through 2002 up to six drugs could be reported.

For more information on drugs collected by the NAMCS and NHAMCS, see the NAMCS drug database at www.cdc.gov/nchs/about/major/ahcd/ambulatory.htm, or ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc01.pdf.
For more information on how drugs are classified into therapeutic use categories, see *National Drug Code* (NDC) Directory. See related Appendix I, National

Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey.

National Health and Nutrition Examination Survey (NHANES)—Data collection in the NHANES III and 1999–2000 NHANES was by questionnaire. Participants were asked whether they had taken a medication in the past month for which they needed a prescription. Those who answered "yes" were asked to produce the prescription medication containers for the interviewer. For each medication reported, the interviewer entered the product's complete name from the container. If no container was available, the interviewer asked the participant to verbally report the name of the medication. In addition, participants were asked how long they had been taking the medication and the main reason for use.

All reported medication names were converted to their standard generic ingredient name. For multi-ingredient products, the ingredients were listed in alphabetical order and counted as one drug (e.g., Tylenol #3 was listed as Acetaminophen; Codeine). No trade or proprietary names are provided on the data file.

For more information on prescription drug data collection and coding in the NHANES 1999–2000, see www.cdc.gov/nchs/data/nhanes/frequency/rxq_rxdoc.pdf. For more information on NHANES III prescription drug data collection and coding, see www.cdc.gov/nchs/data/nhanes/nhanes3/PUPREMED-acc.pdf. See related Appendix I, National Health and Nutrition Examination Survey.

Education—Several approaches to defining educational categories are used in this report. In survey data educational categories are based on information about educational credentials, such as diplomas and degrees. In vital statistics educational attainment is based on years of school completed.

Birth File—Information on educational attainment of mother is based on number of years of school completed, as reported by the mother on the birth certificate. Between 1970 and 1992 the reporting area for maternal education expanded.

Mother's education was reported on the birth certificate by 38 States in 1970. Data were not available from Alabama, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Maryland, New

Mexico, Pennsylvania, Texas, and Washington. In 1975 these data became available from four additional States, Connecticut, Delaware, Georgia, Maryland, and the District of Columbia, increasing the number of States reporting mother's education to 42 and the District of Columbia. Between 1980 and 1988 only three States, California, Texas, and Washington, did not report mother's education. In 1988 mother's education was also missing from New York State outside New York City. In 1989–91 mother's education was missing only from Washington and New York State outside New York City. Starting in 1992 mother's education was reported by all 50 States and the District of Columbia.

Mortality File—Information on educational attainment of decedent became available for the first time in 1989 because of a revision of the U.S. Standard Certificate of Death. Decedent's educational attainment is reported on the death certificate by the funeral director based on information provided by an informant such as next of kin. Mortality data by educational attainment for 1989 were based on data from 20 States and, by 1994-96, increased to 45 States and the District of Columbia. In 1994–96 either the following States did not report educational attainment on the death certificate or the information was more than 20 percent incomplete: Georgia, Kentucky, Oklahoma, Rhode Island, and South Dakota. In 1997-2000 information on decedent's education was available from Oklahoma, increasing the reporting area to 46 States and the District of Columbia (DC). With the addition of Kentucky, the reporting area increased to 47 States and DC in 2001 and 2002.

Calculation of unbiased death rates by educational attainment based on the National Vital Statistics System requires that the reporting of education on the death certificate be complete and consistent with the reporting of education on the Current Population Survey, the source of population estimates for denominators for death rates. Death records that are missing information about decedent's education are not included in the calculation of rates. Therefore the levels of death rates by educational attainment shown in this report are underestimated by approximately the percentage with not stated education, which ranges from 3 to 9 percent.

The validity of information about the decedent's education was evaluated by comparing self-reported education obtained in the Current Population Survey with

education on the death certificate for decedents in the National Longitudinal Mortality Survey (NLMS). (Sorlie PD, Johnson NJ. Validity of education information on the death certificate. *Epidemiology* 1996; 7(4):437–9.) Another analysis compared self-reported education collected in the first National Health and Nutrition Examination Survey (NHANES I) with education on the death certificate for decedents in the NHANES I Epidemiologic Followup Study. (Makuc DM, Feldman JJ, Mussolino ME. Validity of education and age as reported on death certificates, American Statistical Association. 1996 Proceedings of the Social Statistics Section 1997; 102-6.) Results of both studies indicated that there is a tendency for some people who did not graduate from high school to be reported as high school graduates on the death certificate. This tendency results in overstating the death rate for high school graduates and understating the death rate for the group with less than 12 years of education. The bias was greater among older than younger decedents and somewhat greater among black than white decedents.

In addition, educational gradients in death rates based on the National Vital Statistics System were compared with those based on the NLMS, a prospective study of persons in the Current Population Survey. Results of these comparisons indicate that educational gradients in death rates based on the National Vital Statistics System were reasonably similar to those based on NLMS for white persons 25–64 years of age and black persons 25–44 years of age. The number of deaths for persons of Hispanic origin in NLMS was too small to permit comparison for this ethnic group. For further information on measurement of education, see: Kominski R and Siegel PM. Measuring education in the Current Population Survey. *Monthly Labor Review* September 1993; 34–38.

National Health Interview Survey (NHIS)—Beginning in 1997 the NHIS questionnaire was changed to ask "What is the highest level of school ____ has completed or the highest degree received?" Responses were used to categorize individuals according to educational credentials (for example, no high school diploma or general educational development (GED) high school equivalency diploma; high school diploma or GED; some college, no bachelor's degree; bachelor's degree or higher).

Prior to 1997 the education variable in NHIS was measured by asking, "What is the highest grade or year of regular school ____ has ever attended?" and "Did ___ finish the grade/year?" Responses were used to categorize individuals according to years of education completed (for example, less than 12 years, 12 years, 13–15 years, and 16 or more years).

Data from the 1996 and 1997 NHIS were used to compare distributions of educational attainment for adults 25 years of age and over using categories based on educational credentials (1997) with categories based on years of education completed (1996). A larger percentage of persons reported "some college" than "13–15 years" of education and a correspondingly smaller percentage reported "high school diploma or GED" than "12 years of education." In 1997, 19 percent of adults reported no high school diploma, 31 percent a high school diploma or GED, 26 percent some college, and 24 percent a bachelor's degree or higher. In 1996, 18 percent of adults reported less than 12 years of education, 37 percent 12 years of education, 20 percent 13-15 years, and 25 percent 16 or more years of education.

Emergency department—According to the National Hospital Ambulatory Medical Care Survey (NHAMCS), an emergency department is a hospital facility that provides unscheduled outpatient services to patients whose conditions require immediate care and is staffed 24 hours a day. Off-site emergency departments open less than 24 hours are included if staffed by the hospital's emergency department. See related Emergency department/emergency room visit; Outpatient department.

Emergency department/emergency room visit—Starting with the 1997 National Health Interview Survey, respondents to the sample adult and sample child questionnaires were asked about the number of visits to hospital emergency rooms during the past 12 months, including visits that resulted in hospitalization. In the National Hospital Ambulatory Medical Care Survey an emergency department visit is a direct personal exchange between a patient and a physician or other health care providers working under the physician's supervision, for the purpose of seeking care and receiving personal health services. See related *Emergency department; Injury-related visit*.

Employer costs for employee compensation—This is a measure of the average cost per employee hour worked to employers for wages and salaries and benefits. Wages and salaries are defined as the hourly straight-time wage rate, or for workers not paid on an hourly basis, straight-time earnings divided by the corresponding hours. Straight-time wage and salary rates are total earnings before payroll deductions, excluding premium pay for overtime and for work on weekends and holidays, shift differentials, nonproduction bonuses, and lump-sum payments provided in lieu of wage increases. Production bonuses, incentive earnings, commission payments, and cost-of-living adjustments are included in straight-time wage and salary rates. Benefits covered are paid leave-paid vacations, holidays, sick leave, and other leave; supplemental pay—premium pay for overtime and work on weekends and holidays, shift differentials, nonproduction bonuses, and lump-sum payments provided in lieu of wage increases; insurance benefits—life, health, and sickness and accident insurance; retirement and savings benefits—pension and other retirement plans and savings and thrift plans; legally required benefits—social security, railroad retirement and supplemental retirement, railroad unemployment insurance, Federal and State unemployment insurance, workers' compensation, and other benefits required by law, such as State temporary disability insurance; and other benefits—severance pay and supplemental unemployment plans. See related Appendix I, National Compensation Survey.

Ethnicity—See Hispanic origin.

Expenditures—See Health expenditures, national; Appendix I, National Health Accounts.

Family income—For purposes of the National Health Interview Survey (NHIS) and National Health and Nutrition Examination Survey (NHANES), all people within a household related to each other by blood, marriage, or adoption constitute a family. Each member of a family is classified according to the total income of the family. Unrelated individuals are classified according to their own income. In the NHIS (in years prior to 1997) and NHANES, family income was the total income received by members of a family (or by an unrelated individual) in the 12 months before the interview. Starting in 1997 the NHIS collected family income data for the calendar year prior to the interview (for example, 1997 family income data were based on 1996 calendar year information). Family income includes wages,

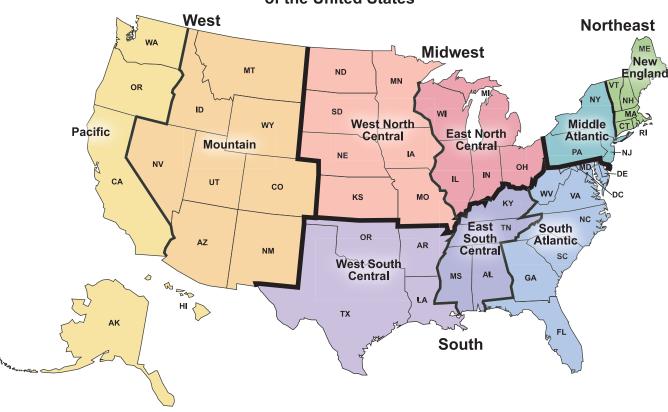


Figure I. Census Bureau: Four Geographic Regions and 9 Divisions of the United States

salaries, rents from property, interest, dividends, profits and fees from their own businesses, pensions, and help from relatives. Family income data are used in the computation of poverty level. To handle the problem of missing data on family income in the NHIS, multiple imputations were performed for survey years 1997–2002 with five sets of imputed values created to allow for the assessment of variability due to imputation. Family income was imputed for 25 percent of families in 1997, 29 percent in 1998, and

Table VII. Codes for first-listed external causes of injury from the *International Classification of Diseases, Ninth Revision, Clinical Modification*

External cause of injury category	E-Code numbers
Unintentional	E800-E869, E880-E929
Motor vehicle traffic	E810-E819
Falls	E880-E886, E888
Struck by or against objects or persons	E916-E917
Caused by cutting and piercing instruments or objects	E920 E950–E969

31–32 percent in 1999–2002. A detailed description of the multiple imputation procedure as well as data files for 1997–2002 are available from NCHS on the NHIS Web site (www.cdc.gov/nchs/nhis.htm), via the Imputed Income Files link under that year. For data years 1990–96, about 16–18 percent of persons had missing data on poverty level. Missing values were imputed for family income using a sequential hot deck within matrix cells imputation approach. A detailed description of the imputation procedure as well as data files with imputed annual family income for 1990–96 is available from NCHS on CD-ROM NHIS Imputed Annual Family Income 1990–96, series 10, no 9A. See related *Poverty level*.

Federal hospitals—See Hospital.

Federal physicians—See Physician.

Fee-for-service health insurance—This is private (commercial) health insurance that reimburses health care providers on the basis of a fee for each health service

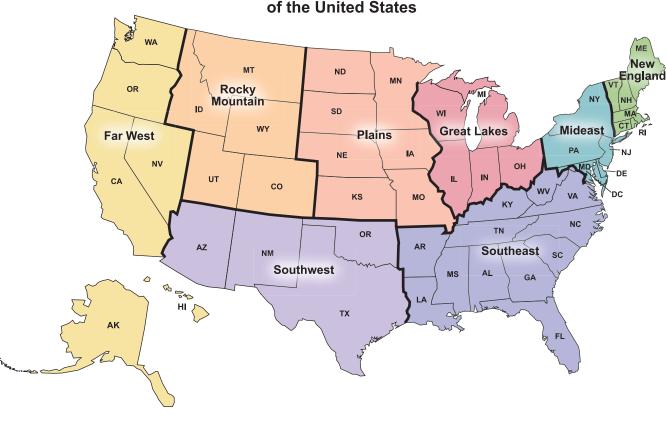


Figure II. Bureau of Economic Analysis: Eight Geographic Regions of the United States

provided to the insured person. It is also known as indemnity health insurance. Medicare Parts A and B are sometimes referred to as "Medicare fee-for-service." See related *Health insurance coverage; Medicare*.

Fertility rate—See Rate: Birth and related rates.

First-listed diagnosis—In the National Hospital Discharge Survey, this is the first recorded diagnosis on the medical record face sheet (summary sheet).

First-listed external cause of injury—In the National Hospital Ambulatory Medical Care Survey, this is the first-listed external cause of injury coded from the Patient Record Form (PRF). Up to three causes of injury can be reported on the PRF. Injuries are coded by NCHS to the International Classification of Diseases, Ninth Revision, Clinical Modification Supplementary Classification of External Causes of Injury and Poisoning. See table VII for a listing of injury categories and codes. See related Injury-related visit.

General hospitals—See Hospital.

General hospitals providing separate psychiatric services—See *Mental health organization*.

Geographic region and division—The U.S. Bureau of the Census groups the 50 States and the District of Columbia for statistical purposes into four geographic regions—Northeast, Midwest, South, and West—and nine divisions, based on geographic proximity. See figure I.

The Department of Commerce's Bureau of Economic Analysis (BEA) groups States into eight regions based on their homogeneity with respect to income characteristics, industrial composition of the employed labor force, and such noneconomic factors as demographic, social, and cultural characteristics. See figure II.

Three Census Bureau divisions—West North Central, East North Central, and New England—and three BEA regions—Plains, Great Lakes, and New England—are composed of the same States. The States composing the remaining Census Bureau divisions differ from those composing the corresponding BEA regions.

Gestation—For the National Vital Statistics System and the Centers for Disease Control and Prevention's Abortion Surveillance, the period of gestation is defined as beginning with the first day of the last normal menstrual period and ending with the day of birth or day of termination of pregnancy.

Gross domestic product (GDP)—GDP is the market value of the goods and services produced by labor and property located in the United States. As long as the labor and property are located in the United States, the suppliers (that is, the workers and, for property, the owners) may be U.S. residents or residents of other countries. See related Consumer Price Index (CPI); Health expenditures, national.

Health care contact—Starting in 1997 the National Health Interview Survey has been collecting information on health care contacts with doctors and other health care professionals using the following questions: "During the past 12 months, how many times have you gone to a hospital emergency room about your own health?" "During the past 12 months, did you receive care at home from a nurse or other health care professional? What was the total number of home visits received?" "During the past 12 months, how many times have you seen a doctor or other health care professional about your own health at a doctor's office, a clinic, or some other place? Do not include times you were hospitalized overnight, visits to hospital emergency rooms, home visits, or telephone calls." Beginning in 2000 this question was amended to exclude dental visits also. For each question respondents were shown a flashcard with response categories of 0, 1, 2-3, 4-9, 10-12, or 13 or more visits in 1997-99. Starting in 2000 response categories were expanded to 0, 1, 2-3, 4-5, 6-7, 8-9, 10-12, 13-15, or 16 or more. Analyses of the percentage of persons with health care visits were tabulated as follows: For tabulation of the 1997-99 data, responses of 2-3 were recoded to 2 and responses of 4-9 were recoded to 6. Starting in 2000 tabulation of responses of 2–3 were recoded to 2 and other responses were recoded to the midpoint of the range. A summary measure of health care visits was constructed by adding recoded responses for these questions and categorizing the sum as none, 1–3, 4–9, or 10 or more health care visits in the past 12 months.

Analyses of the percent of children without a health care visit are based upon the following question: "During the past 12 months, how many times has ____ seen a doctor or other health care professional about (his/her) health at a doctor's

office, a clinic, or some other place? Do not include times ____ was hospitalized overnight, visits to hospital emergency rooms, home visits, or telephone calls." See related Emergency department/emergency room visit; Home visit.

Health expenditures, national—National Health Expenditures are estimated by the Centers for Medicare & Medicaid Services (CMS) and measure spending for health care in the United States by type of service delivered (e.g., hospital care, physician services, nursing home care) and source of funding for those services (e.g., private health insurance, Medicare, Medicaid, out-of-pocket spending). CMS produces both historical and projected estimates of health expenditures by category. See related *Consumer price index (CPI); Gross domestic product (GDP)*.

Health services and supplies expenditures—These are outlays for goods and services relating directly to patient care plus expenses for administering health insurance programs and government public health activities. This category is equivalent to total national health expenditures minus expenditures for research and construction.

National health expenditures—This measure estimates the amount spent for all health services and supplies and health-related research and construction activities consumed in the United States during the calendar year. Detailed estimates are available by source of expenditures (for example, out-of-pocket payments, private health insurance, and government programs) and by type of expenditures (for example, hospital care, physician services, and drugs) and are in current dollars for the year of report. Data are compiled from a variety of sources.

Nursing home expenditures—These cover care rendered in establishments primarily engaged in providing inpatient nursing and rehabilitative services and continuous personal care services to persons requiring nursing care (skilled nursing and intermediate care facilities, including those for the mentally retarded) and continuing care retirement communities with on-site nursing care facilities. The costs of long-term care provided by hospitals are excluded.

Personal health care expenditures—These are outlays for goods and services relating directly to patient care. The expenditures in this category are total national health

expenditures minus expenditures for research and construction, expenses for administering health insurance programs, and government public health activities.

Private expenditures—These are outlays for services provided or paid for by nongovernmental sources—consumers, insurance companies, private industry, philanthropic, and other nonpatient care sources.

Public expenditures—These are outlays for services provided or paid for by Federal, State, and local government agencies or expenditures required by governmental mandate (such as workmen's compensation insurance payments).

Health insurance coverage—The term "health insurance" is broadly defined to include both public and private payors who cover medical expenditures incurred by a defined population in a variety of settings.

National Health Interview Survey (NHIS)—NHIS respondents were asked about their health insurance coverage in the previous month in 1993–96 and at the time of the interview in other years. Questions on health insurance coverage were expanded starting in 1993 compared with previous years. In 1997 the entire questionnaire was redesigned and data were collected using a computer-assisted personal interview (CAPI).

Respondents are covered by private health insurance if they indicate private health insurance or if they are covered by a single-service hospital plan, except in 1997 and 1998, when no information on single-service plans was obtained. Private health insurance includes managed care such as health maintenance organizations (HMOs).

Until 1996 persons were defined as having Medicaid or other public assistance coverage if they indicated that they had either Medicaid or other public assistance or if they reported receiving Aid to Families with Dependent Children (AFDC) or Supplemental Security Income (SSI). After welfare reform in late 1996, Medicaid was delinked from AFDC and SSI. Starting in 1997 persons have been considered to be covered by Medicaid if they report Medicaid or a State-sponsored health program. Starting in 1998 persons are considered covered by Medicaid if they report being covered by the State Children's Health Insurance Program (SCHIP). Medicare or military health plan coverage is also determined in the interview, and

starting in 1997, other government-sponsored program coverage is determined as well.

If respondents do not report coverage under one of the above types of plans and they have unknown coverage under either private health insurance or Medicaid, they are considered to have unknown coverage.

The remaining respondents are considered uninsured. The uninsured are persons who do not have coverage under private health insurance, Medicare, Medicaid, public assistance, a State-sponsored health plan, other government-sponsored programs, or a military health plan. Persons with only Indian Health Service coverage are considered uninsured. Estimates of the percent of persons who are uninsured based on the NHIS (table 129) may differ slightly from those based on the March Current Population Survey (CPS) (table 153) because of differences in survey questions, recall period, and other aspects of survey methodology.

In 2001 in the NHIS 1.3 percent of persons age 65 years and over had no health insurance but the small sample size precludes the presentation of separate estimates for this population. Therefore, the term "uninsured" refers only to the population under age 65.

See related Fee-for-service health insurance; Health maintenance organization (HMO); Managed care; Medicaid; Medicare; State Children's Health Insurance Program (SCHIP); Uninsured.

Health maintenance organization (HMO)—An HMO is a health care system that assumes or shares both the financial risks and the delivery risks associated with providing comprehensive medical services to a voluntarily enrolled population in a particular geographic area, usually in return for a fixed, prepaid fee. Pure HMO enrollees use only the prepaid capitated health services of the HMO panel of medical care providers. Open-ended HMO enrollees use the prepaid HMO health services but, in addition, may receive medical care from providers who are not part of the HMO panel. There is usually a substantial deductible, copayment, or coinsurance associated with use of nonpanel providers.

HMO model types are:

Group model HMO—An HMO that contracts with a single multispecialty medical group to provide care to the HMO's membership. The group practice may work

exclusively with the HMO, or it may provide services to non-HMO patients as well. The HMO pays the medical group a negotiated per capita rate, which the group distributes among its physicians, usually on a salaried basis.

Staff model HMO —A type of closed-panel HMO (where patients can receive services only through a limited number of providers) in which physicians are employees of the HMO. The providers see members in the HMO's own facilities.

Network model HMO—An HMO model that contracts with multiple physician groups to provide services to HMO members; may involve large single and multispecialty groups.

Individual practice association (IPA)—A type of healthcare provider organization composed of a group of independent practicing physicians who maintain their own offices and band together for the purpose of contracting their services to HMOs, PPOs (preferred provider organizations), and insurance companies. An IPA may contract with and provide services to both HMO and non-HMO plan participants.

Mixed model HMO—An HMO that combines features of more than one HMO model.

See related Managed care; Point-of-service (POS) plan; Preferred provider organization (PPO).

Health services and supplies expenditures—See *Health* expenditures, national.

Health status, respondent-assessed—Health status was measured in the National Health Interview Survey by asking the respondent "Would you say ______'s health is excellent, very good, good, fair, or poor?"

Hispanic origin—Hispanic or Latino origin includes persons of Mexican, Puerto Rican, Cuban, Central and South American, and other or unknown Latin American or Spanish origins. Persons of Hispanic origin may be of any race.

National Health Interview Survey (NHIS) and National Health and Nutrition Examination Survey (NHANES)—
Questions on Hispanic origin are self-reported in the NHANES III and subsequent years, and all years of the

NHIS, and precede questions on race. The NHANES sample was designed to provide estimates specifically for persons of Mexican origin and not for all Hispanic-origin persons in the United States. Persons of Hispanic origin other than Mexicans were entered into the sample with different selection probabilities that are not nationally representative of the total U.S. Hispanic population.

Birth File—The reporting area for an Hispanic-origin item on the birth certificate expanded between 1980 and 1993. Trend data on births of Hispanic and non-Hispanic parentage in this report are affected by expansion of the reporting area and by immigration. These two factors affect numbers of events, composition of the Hispanic population, and maternal and infant health characteristics.

In 1980 and 1981 information on births of Hispanic parentage was reported on the birth certificate by the following 22 States: Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Illinois, Indiana, Kansas, Maine, Mississippi, Nebraska, Nevada, New Jersey, New Mexico, New York, North Dakota, Ohio, Texas, Utah, and Wyoming. In 1982 Tennessee, and in 1983 the District of Columbia began reporting this information. Between 1983 and 1987 information on births of Hispanic parentage was available for 23 States and the District of Columbia. In 1988 this information became available for Alabama, Connecticut, Kentucky, Massachusetts, Montana, North Carolina, and Washington, increasing the number of States reporting information on births of Hispanic parentage to 30 States and the District of Columbia. In 1989 this information became available from an additional 17 States, increasing the number of Hispanic-reporting States to 47 and the District of Columbia. In 1989 only Louisiana, New Hampshire, and Oklahoma did not report Hispanic parentage on the birth certificate. With the inclusion of Oklahoma in 1989 and Louisiana in 1990 as Hispanic-reporting States, 99 percent of birth records included information on mother's origin. Hispanic origin of the mother was reported on the birth certificates of 49 States and the District of Columbia in 1991 and 1992; only New Hampshire did not provide this information. Starting in 1993 Hispanic origin of mother was reported by all 50 States and the District of Columbia.

Mortality File—The reporting area for an Hispanic-origin item on the death certificate expanded between 1985

and 1997. In 1985 mortality data by Hispanic origin of decedent were based on deaths to residents of the following 17 States and the District of Columbia whose data on the death certificate were at least 90 percent complete on a place-of-occurrence basis and of comparable format: Arizona, Arkansas, California, Colorado, Georgia, Hawaii, Illinois, Indiana, Kansas, Mississippi, Nebraska, New York, North Dakota, Ohio, Texas, Utah, and Wyoming. In 1986 New Jersey began reporting Hispanic origin of decedent, increasing the number of reporting States to 18 and the District of Columbia in 1986 and 1987. In 1988 Alabama, Kentucky, Maine, Montana, North Carolina, Oregon, Rhode Island, and Washington were added to the reporting area, increasing the number of States to 26 and the District of Columbia. In 1989 an additional 18 States were added, increasing the Hispanic reporting area to 44 States and the District of Columbia. In 1989 only Connecticut, Louisiana, Maryland, New Hampshire, Oklahoma, and Virginia were not included in the reporting area. Starting with 1990 data in this book, the criterion was changed to include States whose data were at least 80 percent complete. In 1990 Maryland, Virginia, and Connecticut, in 1991 Louisiana, and in 1993 New Hampshire were added, increasing the reporting area for Hispanic origin of decedent to 47 States and the District of Columbia in 1990, 48 States and the District of Columbia in 1991 and 1992, and 49 States and the District of Columbia in 1993–96. Only Oklahoma did not provide this information in 1993-96. Starting in 1997 Hispanic origin of decedent was reported by all 50 States and the District of Columbia. Based on data from the U.S. Bureau of the Census, the 1990 reporting area encompassed 99.6 percent of the U.S. Hispanic population. In 1990 more than 96 percent of death records included information on Hispanic origin of decedent.

See related Race.

HIV—See Human immunodeficiency virus (HIV) disease.

Home health care—Home health care as defined by the National Home and Hospice Care Survey is care provided by a home health care agency to individuals and families in their place of residence for promoting, maintaining, or restoring health; or for minimizing the effects of disability and illness including terminal illness.

Home visit—Starting in 1997 the National Health Interview Survey has been collecting information on home visits received during the past 12 months. Respondents are asked "During the past 12 months, did you receive care at home from a nurse or other health care professional? What was the total number of home visits received?" These data are combined with data on visits to doctors' offices, clinics, and emergency departments to provide a summary measure of health care visits. See related *Emergency department/*emergency room visit; Health care contact.

Hospice care—Hospice care as defined by the National Home and Hospice Care Survey 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—According to the American Hospital Association, hospitals are licensed institutions with at least six beds whose primary function is to provide diagnostic and therapeutic patient services for medical conditions by an organized physician staff, and have continuous nursing services under the supervision of registered nurses. The World Health Organization considers an establishment to be a hospital if it is permanently staffed by at least one physician, can offer inpatient accommodation, and can provide active medical and nursing care. Hospitals may be classified by type of service, ownership, size in terms of number of beds, and length of stay. In the National Hospital Ambulatory Medical Care Survey, hospitals include all those with an average length of stay for all patients of less than 30 days (short-stay) or hospitals whose specialty is general (medical or surgical) or children's general. Federal hospitals and hospital units of institutions and hospitals with fewer than six beds staffed for patient use are excluded. See related Average length of stay: Bed; Days of care; Emergency department; Inpatient; Outpatient department.

Community hospitals based on the American Hospital Association definition includes all non-Federal short-term general and special hospitals whose facilities and services are available to the public. Special hospitals include obstetrics and gynecology; eye, ear, nose, and throat; rehabilitation; orthopedic; and other specialty services. Short-term general and special childrens hospitals are also considered to be community hospitals.

A hospital may include a nursing-home-type unit and still be classified as short-term, provided that the majority of its patients are admitted to units where the average length of stay is less than 30 days. Hospital units of institutions such as prisons and college infirmaries that are not open to the public and are contained within a nonhospital facility are not included in the category of community hospitals. Traditionally the definition included all non-Federal short-stay hospitals except facilities for the mentally retarded. In a revised definition the following additional sites were excluded: hospital units of institutions, and alcoholism and chemical dependency facilities.

Federal hospitals are operated by the Federal Government.

For-profit hospitals are operated for profit by individuals, partnerships, or corporations.

General hospitals provide diagnostic, treatment, and surgical services for patients with a variety of medical conditions. According to the World Health Organization, these hospitals provide medical and nursing care for more than one category of medical discipline (for example, general medicine, specialized medicine, general surgery, specialized surgery, and obstetrics). Excluded are hospitals, usually in rural areas, that provide a more limited range of care.

Nonprofit hospitals are controlled by nonprofit organizations, including religious organizations, fraternal societies, and others.

Psychiatric hospitals are ones whose major type of service is psychiatric care. See related *Mental health organization*.

Registered hospitals are hospitals registered with the American Hospital Association. About 98 percent of hospitals are registered.

Short-stay hospitals in the National Hospital Discharge Survey are those in which the average length of stay is less than 30 days. The National Health Interview Survey defines short-stay hospitals as any hospital or hospital department in which the type of service provided is general; maternity; eye, ear, nose, and throat; childrens; or osteopathic.

Specialty hospitals, such as psychiatric, tuberculosis, chronic disease, rehabilitation, maternity, and alcoholic or narcotic, provide a particular type of service to the majority of their patients.

Hospital-based physician—See Physician.

Hospital days—See Days of care.

Hospital utilization—Estimates of hospital utilization (such as hospital discharge rate, days of care rate, and average length of stay) presented in Health, United States are based on data from two different sources—the National Health Interview Survey (NHIS) and the National Hospital Discharge Survey (NHDS). Estimates of hospital utilization from these two surveys may differ because NHIS data are based on household interviews of the civilian noninstitutionalized population whereas NHDS data are based on hospital discharge records of all persons. Starting in 1997 hospital utilization data from the NHIS are for all hospital discharges whereas estimates for prior years excluded hospitalizations for delivery and newborns. NHDS includes hospital discharge records for all persons discharged alive or deceased and institutionalized persons, and excludes data for newborn infants. Differences in hospital utilization estimated by the two surveys are particularly evident for children and the elderly. For children NHIS estimates are higher than NHDS estimates due to inclusion of data for newborns. For the elderly NHDS estimates are higher than NHIS estimates because of inclusion of data for institutionalized persons and persons who died while hospitalized. See related Average length of stay; Days of care; Discharge; Appendix I, National Health Interview Survey, National Hospital Discharge Survey.

Human immunodeficiency virus (HIV) disease—Mortality and morbidity coding for HIV disease are similar and have evolved over time.

Mortality coding—Starting with data year 1999 and the introduction of the Tenth Revision of the International Classification of Diseases (ICD–10), the title for this cause of death was changed to "HIV disease" from "HIV infection" and the ICD codes changed to B20–B24. Beginning with data for 1987, NCHS introduced category numbers *042-*044 for classifying and coding HIV infection as a cause of death in ICD–9. The asterisk before the category numbers indicates that these codes were not part of the original ICD–9. HIV infection was

formerly referred to as human T-cell lymphotropic virus-III/lymphadenopathy-associated virus (HTLV-III/LAV) infection. Before 1987 deaths involving HIV infection were classified to Deficiency of cell-mediated immunity (ICD-9 279.1) contained in the title All other diseases; to Pneumocystosis (ICD-9 136.3) contained in the title All other infectious and parasitic diseases; to Malignant neoplasms, including neoplasms of lymphatic and hematopoietic tissues; and to a number of other causes. Therefore, before 1987, death statistics for HIV infection are not strictly comparable with data for 1987 and later years, and are not shown in this report.

Morbidity coding—The National Hospital Discharge Survey codes diagnosis data using the *International* Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM). Discharges with diagnosis of HIV as shown in Health, United States have at least one HIV diagnosis listed on the face sheet of the medical record and are not limited to the first-listed diagnosis. During 1984 and 1985 only data for AIDS (ICD-9-CM 279.19) were included. In 1986–94 discharges with the following diagnoses were included: acquired immunodeficiency syndrome (AIDS), human immunodeficiency virus (HIV) infection and associated conditions, and positive serological or viral culture findings for HIV (ICD-9-CM 042-044, 279.19, and 795.8). Beginning in 1995 discharges with the following diagnoses were included: human immunodeficiency virus (HIV) disease and asymptomatic human immunodeficiency virus (HIV) infection status (ICD-9-CM 042 and V08).

See related Acquired immunodeficiency syndrome (AIDS); Cause of death; International Classification of Diseases (ICD); International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM).

ICD; ICD codes—See Cause of death; International Classification of Diseases (ICD).

Illicit drug use—Illicit drug use refers to use and misuse of illegal and controlled drugs.

Monitoring the Future Study—In this school-based survey of secondary school students, information on marijuana use is collected using self-completed questionnaires. The information is based on the following questions: "On how many occasions (if any) have you used marijuana in the

last 30 days?" and "On how many occasions (if any) have you used hashish in the last 30 days?" Questions on cocaine use include the following: "On how many occasions (if any) have you taken "crack" (cocaine in chunk or rock form) during the last 30 days?" and "On how many occasions (if any) have you taken cocaine in any other form during the last 30 days?"

National Survey on Drug Use & Health (NSDUH)— Information on illicit drug use is collected for all persons 12 years of age and over. Information on any illicit drug use, including marijuana or hashish, cocaine, heroin, hallucinogens, and nonmedical use of prescription drugs is based on the following question: "During the past 30 days, on how many days did you use (specific illicit drug)?" See related Substance use.

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 5–15 years of age during a specified year). Incidence is a measure of morbidity or other events that occur within a specified period of time. See related *Prevalence*.

Income—See Family Income.

Individual practice association (IPA)—See *Health* maintenance organization (HMO).

Industry of employment—Industries are classified according to the *Standard Industrial Classification (SIC) Manual* of the Office of Management and Budget. Two editions of the SIC are used for coding industry data in *Health, United States*: the 1977 supplement to the 1972 edition and the 1987 edition. The changes between versions include a few detailed titles created to correct or clarify industries or to recognize changes within the industry. Codes for major industry divisions (table VIII) were not changed between versions.

Health data by industry shown in *Health, United States* are from two different surveys conducted by the Bureau of Labor Statistics, the Census of Fatal Occupational Injuries (CFOI) and the Survey of Occupational Injuries and Illnesses (SOII). Establishments engaged in the same kind of economic activity are classified by the same industry code, regardless of whether ownership is by corporations or sole proprietorships in the private sector, or government agencies. The category "private sector" includes all industry divisions except public

Table VIII. Codes for industries, according to the Standard Industrial Classification (SIC) Manual

Industry	Code numbers
Agriculture, forestry, and fishing	01–09 10–14 15–17 20–39 40–49 50–51
Retail trade Finance, insurance, and real estate Services Public administration	52–59 60–67 70–89 91–97

administration and military, which are in the public sector. The category "not classified" is used when there is insufficient information to determine a specific industry classification. Data from CFOI are presented separately for private sector and government. Data from SOII are presented for the private sector only and exclude the self-employed.

Infant death—An infant death is the death of a live-born child before his or her first birthday. Age at death may be further classified according to neonatal and postneonatal. Neonatal deaths are those that occur before the 28th day of life; postneonatal deaths are those that occur between 28 and 365 days of age. See related *Rate: Death and related rates*.

Injury—See First-listed external cause of injury.

Injury-related visit—In the National Hospital Ambulatory Medical Care Survey an emergency department visit was considered injury related if, on the Patient Record Form (PRF), the checkbox for injury was indicated. In addition, injury visits were identified if the physician's diagnosis was injury related (ICD-9-CM code of 800-999), an external cause-of-injury code was present (ICD-9-CM E800-E999), or the patient's reason for visit code was injury related. See related *Emergency department/emergency room visit;* First-listed external cause of injury.

Inpatient—An inpatient is a person who is formally admitted to the inpatient service of a hospital for observation, care, diagnosis, or treatment. See related *Admission; Average length of stay; Days of care; Discharge; Hospital.*

Inpatient care—See Mental health service type.

Inpatient days—See Days of care.

Instrumental activities of daily living (IADL)—Instrumental activities of daily living are activities related to independent living and include preparing meals, managing money, shopping for groceries or personal items, performing light or heavy housework, and using a telephone. In the Medicare Current Beneficiary Survey if a sample person had any difficulty performing an activity by him or herself and without special equipment, or did not perform the activity at all because of health problems, the person was categorized as having a limitation in that activity. The limitation may have been temporary or chronic at the time of the interview. Sample persons in the community answered health status and functioning questions themselves, if able to do so. For sample persons in a long-term care facility, a proxy such as a nurse answered questions about the sample person's health status and functioning.

In the National Health Interview Survey (NHIS) respondents are asked about needing the help of another person for handling routine IADL needs because of a physical, mental, or emotional problem. Persons are considered to have an IADL limitation in the NHIS if any causal condition is chronic.

See related Activities of daily living (ADL); Limitation of activity.

Insured—See *Health insurance coverage*.

Intermediate care facilities—See Nursing home.

International Classification of Diseases (ICD)—The ICD provides the ground rules for coding and classifying cause-of-death data. The ICD is developed collaboratively between the World Health Organization (WHO) and 10 international centers, one of which is housed at NCHS. The purpose of the ICD is to promote international comparability in the collection, classification, processing, and presentation of health statistics. Since the beginning of the century, the ICD has been modified about once every 10 years, except for the 20-year interval between ICD-9 and ICD-10 (see table IV). The purpose of the revisions is to stay abreast with advances in medical science. New revisions usually introduce major disruptions in time series of mortality statistics (see tables V and VI). For more information, see www.cdc.gov/nchs/about/ major/dvs/icd10des.htm. See related Cause of death; Comparability ratio; International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM).

International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)—The ICD-9-CM is based on and is compatible with the World Health Organization's *International Classification of Diseases, Ninth Revision* (ICD-9). The United States currently uses ICD-9-CM to code morbidity diagnoses and inpatient procedures. ICD-9-CM consists of three volumes. Volumes 1 and 2 contain the diagnosis tabular list and index. Volume 3 contains the procedure classification (tabular and index combined).

ICD-9-CM is divided into 17 chapters and 2 supplemental classifications. The chapters are arranged primarily by body system. In addition there are chapters for infectious and parasitic diseases; neoplasms; endocrine, nutritional, and metabolic diseases; mental disorders; complications of pregnancy, childbirth and puerperium; certain conditions originating in the perinatal period; congenital anomalies; and symptoms, signs and ill-defined conditions. The two supplemental classifications are for factors influencing health status and contact with health service and external causes of injury and poisoning.

In *Health, United States* morbidity data are classified using ICD-9-CM. Diagnostic categories and codes for ICD-9-CM are shown in table IX; ICD-9-CM procedure categories and codes are shown in table X. For additional information about ICD-9-CM, see www.cdc.gov/nchs/icd9.htm. See related *International Classification of Diseases (ICD)*.

Late fetal death rate—See Rate: Death and related rates.

Leading causes of death—See Cause-of-death ranking.

Length of stay—See Average length of stay.

Life expectancy—Life expectancy is the average number of years of life remaining to a person at a particular age and is based on a given set of age-specific death rates, generally the mortality conditions existing in the period mentioned. Life expectancy may be determined by race, sex, or other characteristics using age-specific death rates for the population with that characteristic. See related *Rate: Death and related rates*.

Limitation of activity—In the National Health Interview Survey limitation of activity refers to a long-term reduction in a person's capacity to perform the usual kind or amount of activities associated with his or her age group as result of a chronic condition. Limitation of activity is assessed by asking respondents a series of questions about limitations in their ability to perform activities usual for their age group because of a physical, mental, or emotional problem. Respondents are asked about limitations in activities of daily living, instrumental activities of daily living, play, school, work, difficulty walking or remembering, and any other activity limitations. For reported limitations, the causal health conditions are determined and respondents are considered limited if one or more of these conditions is chronic. See related *Activities of daily living; Condition; Instrumental activities of daily living.*

Live-birth order—In the National Vital Statistics System this item from the birth certificate refers to the total number of live births the mother has had, including the present birth as recorded on the birth certificate. Fetal deaths are excluded.

Long-term care facility—A long-term care facility is a residence that provides a specific level of personal or medical care or supervision to residents. In the Medicare Current Beneficiary Survey, a residence is considered a long-term care facility if is has three or more long-term care beds and provides personal care services to residents, continuous supervision of residents, or long-term care services throughout the facility or in a separately identifiable unit. Types of long-term care facilities include licensed nursing homes, skilled nursing homes, intermediate care facilities, retirement homes (that provide services), domiciliary or personal care facilities, distinct long-term care units in a hospital complex, mental health facilities and centers, assisted and foster care homes, and institutions for the mentally retarded and developmentally disabled. See related Nursing home.

Low birthweight—See Birthweight.

Mammography—Mammography is an x-ray image of the breast used to detect irregularities in breast tissue. In the National Health Interview Survey questions concerning use of mammography differed slightly 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

Table IX. Codes for diagnostic categories from the International Classification of Diseases, Ninth Revision, Clinical Modification

Diagnostic category	Code numbers	
Females with delivery	V27	
Human immunodeficiency virus (HIV) (1984–85)	279.19	
(1986–94)	042-044, 279.19, 795.8	
(Beginning in 1995)	042, V08	
Malignant neoplasms	140–208	
Large intestine and rectum	153–154, 197.5	
Trachea, bronchus, and lung	162, 197.0, 197.3	
Breast	174–175, 198.81	
Prostate	185	
Diabetes	250	
Alcohol and drug	291–292, 303–305	
Serious mental illness	295–298	
Diseases of the nervous system and sense organs	320–389	
Diseases of the circulatory system	390-459	
Diseases of heart	391-392.0, 393-398, 402, 404, 410-416, 420-429	
Ischemic heart disease	410–414	
Acute myocardial infarction	410	
Congestive heart failure	428.0	
Cerebrovascular diseases	430–438	
Diseases of the respiratory system	460–519	
Pneumonia	466.1, 480–487.0	
Asthma	493	
Hyperplasia of prostate	600	
Decubitus ulcers	707.0	
Diseases of the musculoskeletal system and connective tissue	710–739	
Osteoarthritis	715	
Intervertebral disc disorders	722	
njuries and poisoning	800–999	
Fracture, all sites	800–829	
Fracture of neck of femur (hip)	820	

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 women were asked when they had their most recent mammogram (give month and year). Women who did not respond were given a follow-up question that used the 1999 wording and women who did not answer the follow-up question were asked a second follow-up question that used the 1998 wording. In 2000, 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 may be slightly overestimated in comparison with estimates for years prior to 1999.

Managed care—A term originally used to refer to the prepaid health care sector (for example, health maintenance organizations or HMOs) where care is provided under a fixed

budget and costs are therein capable of being "managed." Increasingly, the term is being used to include preferred provider organizations (PPOs) and even forms of indemnity insurance coverage (or fee-for-service insurance) that incorporate preadmission certification and other utilization controls. See related *Health maintenance organization (HMO)*; *Preferred provider organization (PPO)*.

Marital status—Marital status is classified through self-reporting into the categories married and unmarried. The term married encompasses all married people including those separated from their spouses. Unmarried includes those who are single (never married), divorced, or widowed. The abortion surveillance program classified separated people as unmarried before 1978.

Birth File—In 1970, 39 States and the District of Columbia (DC) and in 1975, 38 States and DC included a direct question about mother's marital status on the birth certificate. Since 1980 national estimates of births to unmarried women have been based on two methods

Table X. Codes for procedure categories from the International Classification Diseases, Ninth revision, Clinical Modification

Procedure category	Code numbers	
Operations on vessels of heart	36	
Removal of coronary artery obstruction and insertion of stent(s)	36.0	
Insertion of coronary artery stent(s)	36.06	
Coronary artery bypass graft	36.1	
Cardiac catheterization	37.21–37.23	
nsertion, replacement, removal, and revision of pacemaker leads or device	37.7–37.8	
ncision, excision, and occlusion of vessels	38	
Diagnostic procedures on small intestine	45.1	
Diagnostic procedures on large intestine	45.2	
Cholecystectomy	51.2	
Laparoscopic cholecystectomy	51.23	
Repair of hernia	53	
Lysis of peritoneal adhesions	54.5	
Fransurethral prostatectomy	60.2	
Total abdominal hysterectomy	68.4	
/aginal hysterectomy	68.5	
Dilation and curettage of uterus	69	
Forceps, vacuum, and breech delivery	72	
Other procedures inducing or assisting delivery	73	
Desarean section and removal of fetus	74	
Reduction of fracture and dislocation	79	
Excision or destruction of intervertebral disc	80.5	
Joint replacement of lower extremity	81.5	
Total hip replacement	81.51	
Partial hip replacement	81.52	
Total knee replacement	81.54	
Diagnostic Radiology	87	
Computerized axial tomography	87.03, 87.41, 87.71, 88.01, 88.38	
Angiocardiography using contrast material	88.5	
Diagnostic ultrasound	88.7	

for determining marital status, a direct question in the birth registration process and inferential procedures. In 1980–96 marital status was reported on the birth certificates of 41–45 States and DC; with the addition of California in 1997, 46 States and DC; and in 1998–2001, 48 States and DC. In 1997, all but four States (Connecticut, Michigan, Nevada, and New York) and in 1998, all but two States (Michigan and New York) included a direct question about mother's marital status on their birth certificates. In 1998–2001, marital status was imputed as "married" on those 0.03–0.05 percent of birth records with missing information in the 48 States and DC, where this information was obtained by a direct question.

For States lacking a direct question, marital status was inferred. Before 1980 the incidence of births to unmarried women in States with no direct question on marital status was assumed to be the same as the incidence in reporting States in the same geographic division. Starting in 1980 for States without a direct question, marital status was inferred by comparing the parents' and child's surnames. Inferential procedures in current use depend on the presence of a paternity acknowledgment or missing information on the father. Changes in reporting procedures by some States in 1995 and 1997 had little effect on national totals, but they did affect trends for age groups and some State trends. Details of the changes in reporting procedures are described in Ventura SJ, Bachrach CA. Nonmarital Childbearing in the United States, 1940–99. National vital statistics reports;

vol. 48 no. 16. Hyattsville, MD: National Center for Health Statistics. 2000, available at www.cdc.gov/nchs/births.htm.

Maternal age—See Age.

Maternal death—Maternal death is defined by the World Health Organization as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes. A maternal death is one for which the certifying physician has designated a maternal condition as the underlying cause of death. Maternal conditions are those assigned to pregnancy, childbirth, and the puerperium, ICD-10 codes A34, O00-O95, O98–O99 (see table V). Changes have been made in the classification and coding of maternal deaths between ICD-9 and ICD-10, effective with mortality data for 1999. ICD-10 changes pertain to indirect maternal causes and timing of death relative to pregnancy. If only indirect maternal causes of death (that is, a previously existing disease or a disease that developed during pregnancy which was not caused by direct obstetric causes but was aggravated by physiologic effects of pregnancy) are reported in Part I of the death certificate and pregnancy is reported in either Part I or Part II, ICD-10 classifies this as a maternal death. ICD-9 only classified the death as maternal if pregnancy was reported in Part I. Some State death certificates include a separate question regarding pregnancy status. A positive response to the question is interpreted as "pregnant" being reported in Part II of the cause-of-death section of the death certificate. If the medical certifier did not specify when death occurred relative to the pregnancy, it is assumed that the pregnancy terminated 42 days or less prior to death. Under ICD-10 a new category has been added for deaths from maternal causes that occurred more than 42 days after delivery or termination of pregnancy (O96–O97). In 1999 there were 15 such deaths and in 2000, there were 8. See related Rate: Death and related rates.

Maternal education—See *Education*.

Maternal mortality rate—See Rate: Death and related rates.

Medicaid—Medicaid was authorized by Title XIX of the Social Security Act in 1965 as a jointly funded cooperative venture between the Federal and State Governments to assist States in the provision of adequate medical care to eligible needy persons. Within broad Federal guidelines, each of the States establishes its own eligibility standards; determines the type, amount, duration, and scope of services; sets the rate of payment for services; and administers its own program.

Medicaid is the largest program providing medical and health-related services to America's poorest people. However, Medicaid does not provide medical assistance for all poor persons. Under the broadest provisions of the Federal statute, Medicaid does not provide health care services even for very poor childless adults under age 65 years unless they are disabled. Except as noted, all States must provide Medicaid coverage to

- Individuals who meet the requirements for the Aid to Families with Dependent Children (AFDC) program that were in effect in their State on July 16, 1996, or, at State option, more liberal criteria (with some exceptions).
- Children under age 6 whose family income is at or below 133 percent of the Federal poverty level.
- Pregnant women whose family income is below 133 percent of the Federal poverty level (services to these women are limited to those related to pregnancy, complications of pregnancy, delivery, and postpartum care).
- Supplemental Security Income (SSI) recipients in most States (some States use more restrictive Medicaid eligibility requirements that predate SSI).
- Recipients of adoption or foster care assistance under Title IV of the Social Security Act.
- Special protected groups (typically individuals who lose their cash assistance due to earnings from work or from increased Social Security benefits, but who may keep Medicaid for a period of time).
- All children under age 19 in families with incomes at or below the Federal poverty level.
- Certain Medicare beneficiaries (low income is only one test for Medicaid eligibility for those within these groups; their resources also are tested against threshold levels, as determined by each State within Federal guidelines).

States also have the option of providing Medicaid coverage for other groups.

Medicaid operates as a vendor payment program. States may pay health care providers directly on a fee-for-service basis, or States may pay for Medicaid services through various prepayment arrangements, such as health maintenance

organizations (HMOs) or other forms of managed care. Within Federally imposed upper limits and specific restrictions, each State for the most part has broad discretion in determining the payment methodology and payment rate for services. Thus, the Medicaid program varies considerably from State to State, as well as within each State over time. See related Health expenditures, national; Health insurance coverage; Health maintenance organization (HMO); Managed care; Appendix I, Medicaid Data System.

Medical specialties—See Physician specialty.

Medical vendor payments—Under the Medicaid program, medical vendor payments are payments (expenditures) to medical vendors from the State through a fiscal agent or to a health insurance plan. Adjustments are made for Indian Health Service payments to Medicaid, cost settlements, third party recoupments, refunds, voided checks, and other financial settlements that cannot be related to specific provided claims. Excluded are payments made for medical care under the emergency assistance provisions, payments made from State medical assistance funds that are not federally matchable, disproportionate share hospital payments, cost sharing or enrollment fees collected from recipients or a third party, and administration and training costs.

Medicare—This is a nationwide health insurance program providing health insurance protection to people 65 years of age 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. From its inception, it has included two separate but coordinated programs: hospital insurance (Part A) and supplementary medical insurance (Part B). In 1999, additional choices were allowed for delivering Medicare Part A and Part B benefits. Medicare+Choice (Part C) is an expanded set of options for the delivery of health care under Medicare, created in the Balanced Budget Act passed by Congress in 1997. The term Medicare+Choice refers to options other than original Medicare. While all Medicare beneficiaries can receive their benefits through the original fee-for-service (FFS) program, most beneficiaries enrolled in both Part A and Part B can choose to participate in a Medicare+Choice plan instead. Organizations that seek to contract as Medicare+Choice plans must meet specific organizational, financial, and other requirements. Most Medicare+Choice

plans are coordinated care plans, which include health maintenance organizations (HMOs), provider-sponsored organizations (PSOs), preferred provider organizations (PPOs), and other certified coordinated care plans and entities that meet the standards set forth in the law. The Medicare+Choice program also includes Medical savings account (MSA) plans, which provide benefits after a single high deductible is met, and private, unrestricted FFS plans, which allow beneficiaries to select certain private providers. These programs are available in only a limited number of States. For those providers who agree to accept the plan's payment terms and conditions, this option does not place the providers at risk, nor does it vary payment rates based on utilization. Only the coordinated care plans are considered "managed care" plans. Except for MSA plans, all Medicare+Choice plans are required to provide at least the current Medicare benefit package, excluding hospice services. Plans may offer additional covered services and are required to do so (or return excess payments) if plan costs are lower than the Medicare payments received by the plan.

In the National Health Interview Survey (NHIS), the category "Medicare HMO" is defined as persons who are age 65 years or over and who responded "yes" when asked whether they were under a Medicare managed care arrangement such as an HMO. This is a subset of Medicare Part C. Respondents who stated they had Medicare coverage but did not answer yes to the "managed care arrangement such as an HMO" are included in the Medicare fee-for-service category. "Medicare fee-for-service" is defined as Medicare Part A and/or Part B. The majority of these people had coverage from another source, primarily employer-sponsored retiree health insurance.

See related Fee-for-service health insurance; Health insurance coverage; Health maintenance organization (HMO); Managed care; Appendix I, Medicare Administrative Data.

Mental health organization—The Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration defines a mental health organization as an administratively distinct public or private agency or institution whose primary concern is provision of direct mental health services to the mentally ill or emotionally disturbed. Excluded are private office-based practices of psychiatrists, psychologists, and other mental health providers; psychiatric services of all types of hospitals or outpatient clinics operated by Federal agencies other than the Department of Veterans Affairs (for example, Public Health Service, Indian Health

Service, Department of Defense, and Bureau of Prisons); general hospitals that have no separate psychiatric services but admit psychiatric patients to nonpsychiatric units; and psychiatric services of schools, colleges, halfway houses, community residential organizations, local and county jails, State prisons, and other human service providers. The major types of mental health organizations are described below.

Freestanding psychiatric outpatient clinics provide only outpatient mental health services on either a regular or emergency basis. A psychiatrist generally assumes the medical responsibility for services.

Psychiatric hospitals (public or private) primarily provide 24-hour inpatient care and treatment in a hospital setting to persons with mental illnesses. Psychiatric hospitals may be under State, county, private for profit, or private nonprofit auspices.

General hospital psychiatric services provide psychiatric services with assigned staff for 24-hour inpatient or residential care and/or less than 24-hour outpatient care in a separate ward, unit, floor, or wing of the hospital.

Department of Veterans Affairs medical centers are hospitals operated by the Department of Veterans Affairs (formerly Veterans Administration) and include Department of Veterans Affairs general hospital psychiatric services (including large neuropsychiatric units) and Department of Veterans Affairs psychiatric outpatient clinics.

Residential treatment centers for emotionally disturbed children must meet all of the following criteria: (a) provide 24-hour residential services; (b) are not licensed as a psychiatric hospital and have the primary purpose of providing individually planned mental health treatment services in conjunction with residential care; (c) include a clinical program directed by a psychiatrist, psychologist, social worker, or psychiatric nurse with a graduate degree; (d) serve children and youth primarily under the age of 18; and (e) have the primary diagnosis as mental illness, classified as other than mental retardation, developmental disability, or substance-related disorders, according to DSM-II/ICDA-8 or DSM-IIIR/ICD-9-CM codes, for the majority of admissions.

Multiservice mental health organizations provide services in both 24-hour and less than 24-hour settings and are not classifiable as a psychiatric hospital, general hospital, or residential treatment center for emotionally disturbed children. (The classification of a psychiatric or general hospital or residential treatment center for emotionally disturbed children takes precedence over a multiservice classification, even if two or more services are offered.)

Partial care organizations provide a program of ambulatory mental health services or rehabilitation, habitation, or education programs.

See related Addition; Mental health service type.

Mental health service type—This term refers to the following types of mental health services:

24-hour mental health care, formerly called inpatient care, provides care in a mental health hospital setting.

Less than 24-hour care, formerly called outpatient or partial care treatment, provides mental health services on an ambulatory basis.

Residential treatment care provides overnight mental health care in conjunction with an intensive treatment program in a setting other than a hospital. Facilities may offer care to emotionally disturbed children or mentally ill adults.

See related Addition; Mental health organization.

Metropolitan statistical area (MSA)—The Office of Management and Budget (OMB) defines metropolitan areas according to published standards that are applied to Census Bureau data. A metropolitan statistical area (MSA) is a county or group of contiguous counties that contains at least one urbanized area of 50,000 or more population. In addition to the county or counties that contain all or part of the urbanized area, an MSA may contain other counties that are metropolitan in character and that are economically and socially integrated with the main city. In New England, cities and towns, rather than counties, are used to define MSAs. Counties that are not within an MSA are considered to be nonmetropolitan.

For National Health Interview Survey (NHIS) data before 1995, metropolitan population is based on MSAs as defined

by OMB in 1983 using the 1980 Census. Starting with the 1995 NHIS, metropolitan population is based on MSAs as defined by OMB in 1993 using the 1990 Census. For further information on metropolitan areas, see U.S. Department of Commerce, Bureau of the Census, *State and Metropolitan Area Data Book*. See related *Urbanization*.

Micropolitan statistical area—The Office of Management and Budget (OMB) defines micropolitan areas based on published standards that are applied to Census Bureau data. A micropolitan statistical area is a nonmetropolitan county or group of contiguous nonmetropolitan counties that contains an urban cluster of 10,000 to 49,999 persons. A micropolitan statistical area may include surrounding counties if there are strong economic ties between the counties, based on commuting patterns. In New England, cities and towns, rather than counties, are used to define micropolitan statistical areas. Nonmetropolitan counties that are not classified as part of a micropolitan statistical area are considered nonmicropolitan. See related *Urbanization*.

Multiservice mental health organizations—See *Mental health organization*.

National Drug Code (NDC) Directory therapeutic class—The NDC system was originally established as an essential part of an out-of-hospital drug reimbursement program under Medicare. The NDC serves as a universal product identifier for human drugs. The current edition of the National Drug Code Directory is limited to prescription drugs and a few selected over-the-counter (OTC) products. The directory consists of prescription and selected OTC insulin, domestic, and foreign drug products that are in commercial distribution in the United States. The products have been listed in accordance with the Drug Listing Act and applicable Code of Federal Regulations for submitting drug product information to the FDA. NDC therapeutic class codes are used to identify each of 20 major drug classes to which the drug entry may belong, adapted from Standard Drug Classifications in the National Drug Code (NDC) Directory, 1995. The two-digit categories are general and represent all subcategories (e.g., Antimicrobial agents), and the specific four-digit categories represent the breakouts of the general category (e.g., Penicillin). The general two-digit codes include medications that do not fit into any of the subcategories (four-digit codes). Starting in 1995, the NDC four-digit classes were changed to include more classes than the previous classification in 1985. Therefore some drugs switched from

a general two-digit class into a more specific four-digit class. In addition, drugs may be approved for several different therapeutic classes. Some drugs receive approval for additional therapeutic uses after their initial approval, so the same drug can change classes because of new uses.

Numerous drug products have many uses and/or indications. In an effort to categorize the vast number of the broad "analgesic" or pain-relief individual products in the marketplace into manageable and nonoverlapping categories, all four-digit categories within the "analgesic" two-digit therapeutic class were recoded by staff of the Food and Drug Administration's Center for Drug Evaluation and Research (CDER). Thus the codes presented in Health, United States do not match the published NDC codes for analgesic therapeutic categories. The NDC contains the following four-digit analgesic therapeutic categories: 1720—general analgesic, 1721—narcotic analgesic, 1722—nonnarcotic analgesic, 1724—antiarthritics, 1723—antimigraine/headache, 1726—central pain syndrome, 1727—Nonsteroidal anti-inflammatory drugs (NSAID), 1728—antipyretic, and 1729—menstrual products. These categories were collapsed into broader and mutually exclusive categories of narcotic analgesics, nonnarcotic analgesics, and NSAIDs. Under the NDC system aspirin is coded as an NSAID because of its anti-inflammatory properties, but also as an analgesic, an antiarthritic, and an antipyretic. In this report aspirin has been recoded into the non-narcotic analgesic category. Aspirin was not included as an NSAID because of its common use for cardiac therapy and its many other indications.

Table XI shows how generic analgesic drugs were reclassified for *Health, United States*. Analgesic drugs were reclassified based on the product's main ingredients and/or indication of use. For example, Robitussin AC contains several ingredients, one of which is codeine, a narcotic. However, its main use is not for pain but for cough suppression, and it is therefore categorized as a cough and cold product as opposed to a narcotic analgesic product. Another example is methotrexate, which is used for treating certain neoplastic diseases and severe psoriasis in some formulations but is also used to treat rheumatoid arthritis and therefore appears in the list of nonnarcotic analgesic drugs, which include previously defined "antiarthritic" drugs in table XI.

Neonatal mortality rate—See Rate: Death and related rates.

Non-Federal physicians—See Physician.

Title XI. National Drug Code (NDC) therapeutic class analgesic drug recodes

Narcotic analgesics	Nonnarcotic analgesics	Nonsteroidal anti-inflammatory drugs (NSAIDs)
Alfentanil Hydrochloride	Acetaminophen	Bromfenac Sodium
Alphaprodine	Acetylsalicylic Acid	Celecoxib
Bupernorphine	Aminobenzoic Acid	Diclofenac Potassium
Butorphanol	Aspirin	Diclofenac Sodium
Codeine	Auranofin	Difunisal
Dihydrocodeine	Aurothioglucose	Etodolac
Fentanyl	Butalbital	Fenoprofen
Hydrocodone Bitartrate	Capsaicin	Flurbiprofen Sodium
Hydromorphone	Carbaspirin Calcium	Ibuprofen
Levorphanol	Choline Salicylate	Indomethacin
Meperidine	Etanercept	Ketoprofen
Meperidine HCI	Fluprednisolone	Ketorolac Tromethamine
Methadone	Gold Sodium Thiomalate	Meclofenamate
Morphine	Gold Sodium Thiosulfate	Meclofenamic Acid
Morphine Sulfate	Hyaluronic Acid	Mefenamic Acid
Nalbuphine	Leflunomide	Meloxicam
Opium	Magnesium Salicylate	Nabumetone
Oxycodone	Menthol	Naproxen
Oxycodone HCI	Methotrexate	Oxaprozin
Pentazocine	Methylprednisolone	Piroxicam
Propoxyphene	Methylsulfonylmethane	Rofecoxib
Remifentanyl	Oxyphenbutazone	Sulindac
	Phenyl Salicylate	Suprofen
	Phenylbutazone	Tolmetin
	Prednisolone	Valdecoxib
	Salicylamide	
	Salsalate	
	Sodium Hyaluronate	
	Sodium Salicylate	
	Sodium Thiosalicylate	
	Tramadol	
	Triamcinilone	
	Zomepirac	

NOTE: Drugs originally classified as National Drug Code (NDC) therapeutic category 1720 (general analgesics); 1721 (narcotic analgesics); 1722 (non-narcotic analgesics); 1724 (antiarthritics); 1727 (NSAIDs); 1728 (antipyretics); and 1729 (menstrual products) were recoded into the three mutually exclusive categories shown above. NDC codes for the analgesic categories 1723 (antimigraine) and 1725 (antigout) were not recoded.

Nonpatient revenues—Nonpatient revenues are those revenues received for which no direct patient care services are rendered. The most widely recognized source of nonpatient revenues is philanthropy. Philanthropic support may be direct from individuals or may be obtained through philanthropic fund raising organizations such as the United Way. Support may also be obtained from foundations or corporations. Philanthropic revenues may be designated for direct patient care use or may be contained in an endowment fund where only the current income may be tapped.

Nonprofit hospitals—See *Hospital*.

Notifiable disease—A notifiable disease is one that, when diagnosed, health providers are required, usually by law, to report to State or local public health officials. Notifiable diseases are those of public interest by reason of their contagiousness, severity, or frequency.

Nurse supply estimates—Nurse supply estimates are based on a model developed by Health Resources and Services Administration's (HRSA's) Bureau of Health Professions to meet the requirements of Section 951, P.L. 94–63. The model

estimates for each State (a) population of nurses currently licensed to practice; (b) supply of full- and part-time practicing nurses (or available to practice); and (c) full-time equivalent supply of nurses practicing full time plus one-half of those practicing part time (or available on that basis). The three estimates are divided into three levels of highest educational preparation—associate degree or diploma, baccalaureate, and master's and doctorate. Among the factors considered are new graduates, changes in educational status, nursing employment rates, age, migration patterns, death rates, and licensure phenomena. The base data for the model are derived from the National Sample Surveys of Registered Nurses, conducted by the Division of Nursing, Bureau of Health Professions, HRSA. Other data sources include National League for Nursing for data on nursing education and National Council of State Boards of Nursing for data on licensure. For further information, see HRSA's Division of Nursing Web site at www.bhpr.hrsa.gov/nursing.

Nursing care—The following definition of nursing care applies to data collected in National Nursing Home Surveys through 1977. Nursing care is provision of any of the following services: application of dressings or bandages; bowel and bladder retraining; catheterization; enema; full bed bath; hypodermic, intramuscular, or intravenous injection; irrigation; nasal feeding; oxygen therapy; and temperature-pulse-respiration or blood pressure measurement. See related *Nursing home*.

Nursing care homes—See *Nursing home*.

Nursing home—In the Online Survey Certification and Reporting database, a nursing home is a facility that is certified and meets the Center for Medicare & Medicaid Services' long-term care requirements for Medicare and Medicaid eligibility.

In the National Master Facility Inventory (NMFI), which provided the sampling frame for 1973–74, 1977, and 1985 National Nursing Home Surveys, a nursing home was an establishment with three or more beds that provided nursing or personal care services to the aged, infirm, or chronically ill. The following definitions of nursing home types applied to facilities listed in the NFMI. The 1977 National Nursing Home Survey included personal care homes and domiciliary care homes while the National Nursing Home Surveys of 1973–74, 1985, 1995, 1997, and 1999 excluded them.

Nursing care homes employ one or more full-time registered or licensed practical nurses and provide nursing care to at least one-half the residents.

Personal care homes with nursing have fewer than one-half the residents receiving nursing care. In addition, such homes employ one or more registered or licensed practical nurses or provided administration of medications and treatments in accordance with physicians' orders, supervision of self-administered medications, or three or more personal services.

Personal care homes without nursing have no residents who receive nursing care. These homes provide administration of medications and treatments in accordance with physicians' orders, supervise self-administered medications, or provide three or more personal services.

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

The following definitions of certification levels apply to data collected in National Nursing Home Surveys of 1973–74, 1977, and 1985:

Skilled nursing facilities provide the most intensive nursing care available outside a hospital. Facilities certified by Medicare provide posthospital care to eligible Medicare enrollees. Facilities certified by Medicaid as skilled nursing facilities provide skilled nursing services on a daily basis to individuals eligible for Medicaid benefits.

Intermediate care facilities are certified by the Medicaid program to provide health-related services on a regular basis to Medicaid eligibles who do not require hospital or skilled nursing facility care but do require institutional care above the level of room and board.

Not certified facilities are not certified as providers of care by Medicare or Medicaid.

Beginning with the 1995 through 1999 National Nursing Home Surveys, nursing homes have been defined as facilities that routinely provide nursing care services and have three or more beds set up for residents. Facilities may be certified by Medicare or Medicaid or not certified but licensed by the

State as a nursing home. The facilities may be freestanding or a distinct unit of a larger facility.

After October 1, 1990, long-term care facilities that met the Omnibus Budget Reconciliation Act of 1987 (OBRA 87) nursing home reform requirements that were formerly certified under the Medicaid program as skilled nursing, nursing home, or intermediate care facilities were reclassified as "nursing facilities." The Medicare program continues to certify skilled nursing facilities, but not intermediate care facilities. State Medicaid programs can certify intermediate care facilities for the mentally retarded or developmentally disabled. Nursing facilities must also be certified to participate in the Medicare program to be certified for participation in Medicaid, with the exception of those facilities that have obtained waivers. Thus most nursing home care is now provided in skilled care facilities.

See related Long-term care facility; Nursing care; Resident.

Nursing home expenditures—See *Health expenditures*, *national*.

Obesity—See Body mass index (BMI).

Occupancy rate—In American Hospital Association statistics, hospital occupancy rate is calculated as the average daily census divided by the number of hospital beds, cribs, and pediatric bassinets set up and staffed on the last day of the reporting period, expressed as a percentage. Average daily census is calculated by dividing the total annual number of inpatients, excluding newborns, by 365 days to derive the number of inpatients receiving care on an average day during the annual reporting period. The occupancy rate for facilities other than hospitals is calculated as the number of residents at the facility reported on the day of the interview divided by the number of reported beds. In the Online Survey Certification and Reporting database, occupancy is determined as of the day of certification inspection as the total number of residents on that day divided by the total number of beds on that day.

Office—In the National Ambulatory Medical Care Survey, a physician's ambulatory practice (office) can be in any location other than in a hospital, nursing home, other extended care facility, patient's home, industrial clinic, college clinic, or family planning clinic. Offices in health maintenance organizations and private offices in hospitals are included. See related Office visit; Outpatient visit; Physician.

Office-based physician—See Physician.

Office visit—In the National Ambulatory Medical Care Survey, an office visit is any direct personal exchange between an ambulatory patient and a physician or members of his or her staff for the purposes of seeking care and rendering health services. See related *Outpatient visit*.

Operations—See *Procedure*.

Outpatient department—According to the National Hospital Ambulatory Medical Care Survey (NHAMCS), an outpatient department (OPD) is a hospital facility where nonurgent ambulatory medical care is provided. The following types of OPDs are excluded from the NHAMCS: ambulatory surgical centers, chemotherapy, employee health services, renal dialysis, methadone maintenance, and radiology. See related *Emergency department; Outpatient visit*.

Outpatient surgery—According to the American Hospital Association, outpatient surgery is a surgical operation, whether major or minor, performed on patients who do not remain in the hospital overnight. Outpatient surgery may be performed in inpatient operating suites, outpatient surgery suites, or procedure rooms within an outpatient care facility. A surgical operation involving more than one surgical procedure is considered one surgical operation. See related *Procedure*.

Outpatient visit—The American Hospital Association defines outpatient visits as visits for receipt of medical, dental, or other services at a hospital by patients who are not lodged in the hospital. Each appearance by an outpatient to each unit of the hospital is counted individually as an outpatient visit, including all clinic visits, referred visits, observation services, outpatient surgeries, and emergency department visits. In the National Hospital Ambulatory Medical Care Survey an outpatient department visit is a direct personal exchange between a patient and a physician or other health care provider working under the physician's supervision for the purpose of seeking care and receiving personal health services. See related *Emergency department/emergency room visit; Outpatient department.*

Overweight—See Body mass index (BMI).

Pap smear—A Pap smear (also known as a Papanicolaou smear or Pap test) is a microscopic examination of cells scraped from the cervix that is used to detect cancerous or precancerous conditions of the cervix or other medical

conditions. In the National Health Interview Survey questions concerning use of Pap smear differed slightly across the years for which data are shown. In 1987 women were asked to report when they had their most recent Pap smear in days, weeks, months, or years. Women who did not respond were asked a follow-up question, "Was it 3 years ago or less, between 3 and 5 years, or 5 years or more ago?" In 1993 and 1994 women were asked whether they had a Pap smear within the past year, between 1 and 3 years ago, or more than 3 years ago. In 1998 women were asked whether they had a Pap smear 1 year ago or less, more than 1 year but not more than 2 years, more than 2 years but not more than 3 years, more than 3 years but not more than 5 years, or more than 5 years ago. In 1999 women were asked when they had their most recent Pap smear in days, weeks, months, or years. In 1999, 4 percent of women in the sample responded "3 years ago." In this analysis these women were coded as "within the past 3 years," although a response of "3 years ago" may include women whose last Pap smear was more than 3 but less than 4 years ago. Thus estimates for 1999 are overestimated to some degree in comparison with estimates for previous years. In 2000 women were asked when they had their most recent Pap smear (give month and year). Women who did not respond were given a follow-up question that used the 1999 wording and women who did not answer the follow-up question were asked a second follow-up question that used the 1998 wording. In 2000 less than 1 percent of women in the sample answered "3 years ago" using the 1999 wording and they were coded as "within the past 3 years." Thus estimates for 2000 may be slightly overestimated in comparison with estimates for years prior to 1999.

Partial care organization—See *Mental health organization*.

Partial care treatment—See Mental health service type.

Patient—See Home health care; Hospice care; Inpatient; Office visit; Outpatient visit.

Percent change—See Average annual rate of change.

Perinatal mortality rate; ratio—See *Rate: Death and related rates*.

Personal care homes with or without nursing—See *Nursing home*.

Personal health care expenditures—See *Health expenditures, national.*

Physician—Data on physician characteristics are obtained through physician self-report for the American Medical Association's Physician Masterfile. The AMA tabulates data only for doctors of medicine (MDs), but some tables in *Health, United States* include data for both MDs and doctors of osteopathy (DOs).

Active (or professionally active) physicians are currently engaged in patient care or other professional activity for a minimum of 20 hours per week. Other professional activity includes administration, medical teaching, research, and other activities, such as employment with insurance carriers, pharmaceutical companies, corporations, voluntary organizations, medical societies, and the like. Physicians who are retired, semiretired, working part-time, or not practicing are classified as inactive and are excluded. Also excluded are physicians with address unknown and physicians who did not provide information on type of practice or present employment (not classified).

Federal physicians are those employed full time by the Federal Government, including the Army, Navy, Air Force, Veterans' Administration, Public Health Service, and other federally funded agencies. The majority of U.S. physicians are employed outside the Federal Government (97.4 percent).

Hospital-based physicians are employed under contract with hospitals to provide direct patient care and include physicians in residency training (including clinical fellows) and full-time members of the hospital staff.

Office-based physicians are engaged in seeing patients in solo practice, group practice, two-physician practice, other patient care employment, or inpatient services such as those provided by pathologists and radiologists.

Data for physicians are presented by type of education (doctors of medicine and doctors of osteopathy); place of education (U.S. medical graduates and international medical graduates); activity status (professionally active and inactive); employment setting (Federal and non-Federal); area of specialty; and geographic area. See related *Office; Physician specialty*.

Physician specialty—A physician specialty is any specific branch of medicine in which a physician may concentrate. Data are based on physician self-reports of their primary area of specialty. Physician data are broadly categorized into two areas of practice: generalists and specialists.

Primary care generalists practice in the general fields of family and general practice, general internal medicine, and general pediatrics. They specifically exclude primary care specialists.

Primary care specialists practice in the subspecialties of general and family practice, internal medicine, and pediatrics. Family practice subspecialties include geriatric medicine and sports medicine. Internal medicine subspecialties include diabetes, endocrinology and metabolism, hematology, hepatology, cardiac electrophysiology, infectious diseases, diagnostic laboratory immunology, geriatric medicine, sports medicine, nephrology, nutrition, medical oncology, and rheumatology. Pediatric subspecialties include adolescent medicine, critical care pediatrics, neonatal-perinatal medicine, pediatric allergy, pediatric cardiology, pediatric endocrinology, pediatric pulmonology, pediatric emergency medicine, pediatric gastroenterology, pediatric hematology/oncology, diagnostic laboratory immunology, pediatric nephrology, pediatric rheumatology, and sports medicine.

Specialist physicians practice in the primary care specialties, in addition to all other specialist fields not included in the generalist definition. Specialist fields include allergy and immunology, aerospace medicine, anesthesiology, cardiovascular diseases, child and adolescent psychiatry, colon and rectal surgery, dermatology, diagnostic radiology, forensic pathology, gastroenterology, general surgery, medical genetics, neurology, nuclear medicine, neurological surgery, obstetrics and gynecology, occupational medicine, ophthalmology, orthopedic surgery, otolaryngology, psychiatry, public health and general preventive medicine, physical medicine and rehabilitation, plastic surgery, anatomic and clinical pathology, pulmonary diseases, radiation oncology, thoracic surgery, urology, addiction medicine, critical care medicine, legal medicine, and clinical pharmacology.

See related *Physician*.

Point-of-service (POS) plan—A health plan that allows members to choose to receive services from a participating or non-participating network provider, usually with a financial disincentive for going outside the network. More of a product than an organization, POS plans can be offered by HMOs, PPOs, or self-insured employers. See related *Health maintenance organization (HMO); Managed care; Preferred provider organization (PPO)*.

Population—The U.S. Bureau of the Census collects and publishes data on populations in the United States according to several different definitions. Various statistical systems then use the appropriate population for calculating rates. See also *Appendix I, Population Census and Population Estimates*.

Total population is the population of the United States, including all members of the Armed Forces living in foreign countries, Puerto Rico, Guam, and the U.S. Virgin Islands. Other Americans abroad (for example, civilian Federal employees and dependents of members of the Armed Forces or other Federal employees) are not included.

Resident population includes persons whose usual place of residence (that is, the place where one usually lives and sleeps) is in one of the 50 States or the District of Columbia. It includes members of the Armed Forces stationed in the United States and their families. It excludes international military, naval, and diplomatic personnel and their families located in this country and residing in embassies or similar quarters. Also excluded are international workers and international students in this country and Americans living abroad. The resident population is the denominator for calculating birth and death rates and incidence of disease.

Civilian population is the resident population excluding members of the Armed Forces. However, families of members of the Armed Forces are included. This population is the denominator in rates calculated for the National Hospital Discharge Survey, the National Home and Hospice Care Survey, and the National Nursing Home Survey.

Civilian noninstitutionalized population is the civilian population not residing in institutions such as correctional institutions, detention homes, and training schools for juvenile delinquents; homes for aged and dependent

persons (for example, nursing homes and convalescent homes); homes for dependent and neglected children; homes and schools for mentally or physically handicapped persons; homes for unwed mothers; psychiatric, tuberculosis, and chronic disease hospitals; and residential treatment centers. Census Bureau estimates of the civilian noninstitutionalized population are used to calculate sample weights for the National Health Interview Survey, National Health and Nutrition Examination Survey, and National Survey of Family Growth, and as denominators in rates calculated for the National Ambulatory Medical Care Survey and the National Hospital Ambulatory Medical Care Survey.

Introduction of census 2000 population estimates—Health United States, 2003 marked the transition to the use of year 2000 resident population estimates based on the 2000 census for calculation of rates. Previously 1991–2000 rates were based on post-1990 population estimates. Birth rates and death rates for 1991–99 were revised using intercensal population estimates based on the 2000 census. Rates for 2000 were revised using census 2000 counts. Data systems and surveys that use civilian and civilian noninstitutionalized population estimates as denominators for computation of rates for the period 1991–99 may be updated in future Health, United States reports, but have not been updated in the 2004 report. See Appendix I, Population Census and Population Estimates.

Postneonatal mortality rate—See *Rate: Death and related rates*.

Poverty level—Poverty statistics are based on definitions originally developed by the Social Security Administration. These include a set of money income thresholds that vary by family size and composition. Families or individuals with income below their appropriate thresholds are classified as below the poverty level. These thresholds are updated annually by the U.S. Bureau of the Census to reflect changes in the Consumer Price Index for all urban consumers (CPI-U). For example, the average poverty threshold for a family of four was \$17,603 in 2000 and \$13,359 in 1990. For more information, see U.S. Bureau of the Census: Consumer Income and Poverty 2003. Series P-60. Washington, DC: U.S. Government Printing Office. 2003. Also see www.census.gov/hhes/www/poverty.html.

National Health Interview Survey—Poverty level, for years prior to 1997, was based on family income and family size using Bureau of the Census poverty thresholds. Beginning in 1997 poverty status is based on family income, family size, number of children in the family, and for families with two or fewer adults, the age of the adults in the family. See related Consumer Price Index (CPI); Family income; Appendix I, Current Population Survey; National Health Interview Survey.

Preferred provider organization (PPO)—A PPO is a type of medical plan where coverage is provided to participants through a network of selected health care providers (such as hospitals and physicians). The enrollees may go outside the network, but they would pay a greater percentage of the cost of coverage than within the network. See related *Health maintenance organization (HMO); Managed care; Point-of-service (POS) plan.*

Prenatal Care—Prenatal care is medical care provided to a pregnant woman to prevent complications and decrease the incidence of maternal and prenatal mortality. Information on when pregnancy care began is recorded on the birth certificate. Between 1970 and 1980 the reporting area for prenatal care expanded. In 1970, 39 States and the District of Columbia reported prenatal care on the birth certificate. Data were not available from Alabama, Alaska, Arkansas, Connecticut, Delaware, Georgia, Idaho, Massachusetts, New Mexico, Pennsylvania, and Virginia. In 1975 these data were available from three additional States, Connecticut, Delaware, and Georgia, increasing the number of States reporting prenatal care to 42 and the District of Columbia. Starting in 1980 prenatal care information was available for the entire United States.

Prevalence—Prevalence is the number of cases of a disease, infected persons, or persons with some other attribute present during a particular interval of time. It is often expressed as a rate (for example, the prevalence of diabetes per 1,000 persons during a year). See related *Incidence*.

Primary admission diagnosis—In the National Home and Hospice Care Survey the primary admission diagnosis is the first-listed diagnosis at admission on the patient's medical record as provided by the agency staff member most familiar with the care provided to the patient.

Primary care specialties—See *Physician specialty*.

Private expenditures—See Health expenditures, national.

Procedure—The National Hospital Discharge Survey (NHDS) defines a procedure as a surgical or nonsurgical operation, diagnostic procedure, or therapeutic procedure (such as respiratory therapy) recorded on the medical record of discharged patients. A maximum of four procedures per discharge is recorded in NHDS. Procedures are coded according to the International Classification of Diseases, Ninth Revision, Clinical Modification (see table X). See related Outpatient surgery.

Proprietary hospitals—See *Hospital*.

Psychiatric hospitals—See Hospital; Mental health organization.

Public expenditures—See Health expenditures, national.

Public health activities—Public health activities may include any of the following essential services of public health—surveillance, investigations, education, community mobilization, workforce training, research, and personal care services delivered or funded by governmental agencies.

Race—In 1977 the Office of Management and Budget (OMB) issued Race and Ethnicity Standards for Federal Statistics and Administrative Reporting to promote comparability of data among Federal data systems. The 1977 Standards called for the Federal Government's data systems to classify individuals into the following four racial groups: American Indian or Alaska Native, Asian or Pacific Islander, black, and white. Depending on the data source, the classification by race was based on self-classification or on observation by an interviewer or other person filling out the questionnaire.

In 1997 new standards were announced for classification of individuals by race within the Federal Government's data systems (*Federal Register*, 62FR58781–58790). The 1997 Standards have five racial groups: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White. These five categories are the minimum set for data on race in Federal statistics. The 1997 Standards also offer an opportunity for respondents to select more than one of the five groups, leading to many possible multiple-race categories. As with the single-race groups, data for the multiple-race groups are to be reported when estimates meet agency requirements for reliability and confidentiality. The 1997 Standards allow for observer or

proxy identification of race but clearly state a preference for self-classification. The Federal Government considers race and Hispanic origin to be two separate and distinct concepts. Thus Hispanics may be of any race. Federal data systems were required to comply with the 1997 Standards by 2003.

National Health Interview Survey (NHIS)—Starting with Health, United States, 2002, race-specific estimates based on the NHIS were tabulated using the 1997 Standards for data year 1999 and beyond and are not strictly comparable with estimates for earlier years. The 1997 Standards specify five single-race categories plus multiple-race categories. Estimates for specific race groups are shown when they meet requirements for statistical reliability and confidentiality. The race categories "White only," "Black or African American only," "American Indian and Alaska Native only," "Asian only," and "Native Hawaiian and Other Pacific Islander only" include persons who reported only one racial group; the category "2 or more races" includes persons who reported more than one of the five racial groups in the 1997 Standards or one of the five racial groups and "Some other race." Prior to data year 1999, data were tabulated according to the 1977 Standards with four racial groups and the category "Asian only" included Native Hawaiian and Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Differences between estimates tabulated using the two Standards for data year 1999 are discussed in the footnotes for each NHIS table.

Tables XII and XIII illustrate NHIS data tabulated by race and Hispanic origin according to the 1997 and 1977 Standards for two health statistics (cigarette smoking and private health insurance coverage). In these illustrations, three separate tabulations using the 1997 Standards are shown: 1) Race: mutually exclusive race groups, including several multiple-race combinations; 2) Race, any mention: race groups that are not mutually exclusive because each race category includes all persons who mention that race; and 3) Hispanic origin and race: detailed race and Hispanic origin with a multiple-race total category. Where applicable, comparison tabulations by race and Hispanic origin are shown based on the 1977 Standards. Because there are more race groups with the 1997 Standards, the sample size of each race

Table XII. Current cigarette smoking by persons 18 years of age and over, according to race and Hispanic origin under the 1977 and 1997 Standards for Federal data on race and ethnicity: United States, average annual 1993–95

1997 Standards	Sample size	Percent	Standard error	1977 Standards	Sample size	Percent	Standard error
			Ra	ace			
White only	46,228	25.2	0.26	White	46,664	25.3	0.26
Black or African American only	7,208	26.6	0.64	Black	7,334	26.5	0.63
American Indian and Alaska Native only	416	32.9	2.53	American Indian and Alaska Native	480	33.9	2.38
Asian only	1,370	15.0	1.19	Asian and Pacific Islander	1,411	15.5	1.22
2 or more races total	786	34.5	2.00				
Black or African American; White American Indian and Alaska Native;	83	*21.7	6.05				
White	461	40.0	2.58				
			Race, an	y mention			
White, any mention	46,882	25.3	0.26				
Black or African American, any mention American Indian and Alaska Native, any	7,382	26.6	0.63				
mention	965	36.3	1.71				
Asian, any mention	1,458	15.7	1.20				
any mention	53	*17.5	5.10				
			Hispanic ori	gin and race			
Not Hispanic or Latino:				Non-Hispanic:			
White only	42,421	25.8	0.27	White	42,976	25.9	0.27
Black or African American only	7,053	26.7	0.65	Black	7,203	26.7	0.64
American Indian and Alaska Native only	358	33.5	2.69	American Indian and Alaska Native	407	35.4	2.53
Asian only	1,320	14.8	1.21	Asian and Pacific Islander	1,397	15.3	1.24
2 or more races total	687	35.6	2.15				
Hispanic or Latino	5,175	17.8	0.65	Hispanic	5,175	17.8	0.65

^{*}Relative standard error 20-30 percent

NOTES: The 1997 Standards for Federal data on race and ethnicity set five single-race groups (White, Black, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander) and allow respondents to report one or more race groups. Estimates for single-race and multiple-race groups not shown above do not meet standards for statistical reliability or confidentiality (relative standard error greater than 30 percent). Race groups under the 1997 Standards were based on the question, "What is the group or groups which represents ______ race?" For persons who selected multiple groups, race groups under the 1977 Standards were based on the additional question, "Which of those groups would you say best represents _____ race?" Race-specific estimates in this table were calculated after excluding respondents of other and unknown race. Other published race-specific estimates are based on files in which such responses have been edited. Percents are age adjusted to the year 2000 standard using three age groups: Under 18 years, 18–44 years, and 45–64 years of age. See Appendix II, Age adjustment.

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

group under the 1997 Standards is slightly smaller than the sample size under the 1977 Standards. Only those few multiple-race groups with sufficient numbers of observations to meet standards of statistical reliability are shown. Tables XII and XIII also illustrate changes in labels and group categories in the 1997 Standards. The race designation of Black was changed to Black or African American and the ethnicity designation of Hispanic was changed to Hispanic or Latino.

Data systems included in *Health, United States,* other than the National Health Interview Survey (NHIS) and the National Survey of Drug Use & Health (NSDUH), generally do not permit tabulation of estimates for the detailed race and ethnicity categories shown in tables XII and XIII, either because race data based on the 1997

standard categories are not yet available or because there are insufficient numbers of observations to meet statistical reliability or confidentiality requirements.

National Health and Nutrition Examination Survey (NHANES)—Starting with Health, United States, 2003 race-specific estimates based on NHANES were tabulated using the 1997 Standards for data years 1999 and beyond. Prior to data year 1999, the 1977 Standards were used. Because of the differences between the two Standards, the race-specific estimates shown in trend tables based on the NHANES for 1999–2000 are not strictly comparable with estimates for earlier years. Each trend table based on the NHANES includes a footnote that discusses differences between estimates tabulated using the two Standards for survey

Table XIII. Private health care coverage for persons under 65 years of age, according to race and Hispanic origin under the 1977 and 1997 Standards for Federal data on race and ethnicity: United States, average annual 1993–95

1997 Standards	Sample size	Percent	Standard error	1977 Standards	Sample size	Percent	Standard error
			Race				
White only	168,256	76.1	0.28	White	170,472	75.9	0.28
Black or African American only	30,048	53.5	0.63	Black	30,690	53.6	0.63
American Indian and Alaska Native only	2,003	44.2	1.97	American Indian and Alaska Native	2,316	43.5	1.85
Asian only	6,896	68.0	1.39	Asian and Pacific Islander	7,146	68.2	1.34
Native Hawaiian and Other Pacific Islander							
only	173	75.0	7.43				
2 or more races total	4,203	60.9	1.17				
Black or African American; White	686	59.5	3.21				
American Indian and Alaska Native; White	2,022	60.0	1.71				
Asian; White	590	71.9	3.39				
Native Hawaiian and Other Pacific Islander;							
White	56	59.2	10.65				
		F	Race, any n	nention			
White, any mention	171,817	75.8	0.28				
Black or African American, any mention	31,147	53.6	0.62				
American Indian and Alaska Native, any	01,117	00.0	0.02				
mention	4,365	52.4	1.40				
Asian, any mention	7.639	68.4	1.27				
Native Hawaiian and Other Pacific Islander, any	.,000	00					
mention	283	68.7	6.23				
		His	panic origin	and race			
Not Hispanic or Latino:				Non-Hispanic:			
White only	146,109	78.9	0.27	White	149,057	78.6	0.27
Black or African American only	29,250	53.9	0.64	Black	29,877	54.0	0.63
American Indian and Alaska Native only	1,620	45.2	2.15	American Indian and Alaska Native	1,859	44.6	2.05
Asian only	6,623	68.2	1.43	Asian and Pacific Islander	6,999	68.4	1.40
Native Hawaiian and Other Pacific Islander	0,023	00.2	1.73	ASIAN AND I AUTO ISIANGE	0,555	00.4	1.70
only	145	76.4	7.79				
2 or more races total	3,365	62.6	1.18				
Hispanic or Latino	31,040	48.8	0.74	Hispanic	31,040	48.8	0.74
i iispailie oi Latiile	31,040	40.0	0.74	i iiopailio	31,040	40.0	0.74

NOTES: The 1997 Standards for Federal data on race and ethnicity set five single-race groups (White, Black, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander) and allow respondents to report one or more race groups. Estimates for single-race and multiple-race groups not shown above do not meet standards for statistical reliability or confidentiality (relative standard error greater than 30 percent). Race groups under the 1997 Standards were based on the question, "What is the group or groups which represents ______ race?" For persons who selected multiple groups, race groups under the 1977 Standards were based on the additional question, "Which of those groups would you say best represents _____ race?" Race-specific estimates in this table were calculated after excluding respondents of other and unknown race. Other published race-specific estimates are based on files in which such responses have been edited. Percents are age adjusted to the year 2000 standard using three age groups: Under 18 years, 18–44 years, and 45–64 years of age. See Appendix II, Age adjustment.

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

years 1999–2000. Race in NHANES I and II was determined primarily by interviewer observation; starting with NHANES III, race was self-reported by survey participants.

The NHANES sample was designed to provide estimates specifically for persons of Mexican origin and not for all Hispanic-origin persons in the United States. Persons of Hispanic origin other than Mexicans were entered into the sample with different selection probabilities that are not nationally representative of the total U.S. Hispanic population. Estimates are shown for non-Hispanic white, non-Hispanic black, and Mexican. Although data were

collected according to the 1997 Standards, there are insufficient numbers of observations to meet statistical reliability or confidentiality requirements for reporting estimates for additional race categories.

National Survey on Drug Use & Health (NSDUH)—Racespecific estimates based on NSDUH are tabulated using the 1997 Standards. Estimates in the NSDUH trend table begin with the data year 1999. Estimates for specific race groups are shown when they meet requirements for statistical reliability and confidentiality. The race categories "White only," "Black or African American only," "American Indian and Alaska Native only," "Asian only,"

and "Native Hawaiian and Other Pacific Islander only" include persons who reported only one racial group; and the category "2 or more races" includes persons who reported more than one of the five racial groups in the 1997 Standards or one of the five racial groups and "Some other race."

National Vital Statistics System—Most of the States in the Vital Statistics Cooperative Program are still revising their birth and death records to conform to the 1997 standards on race and ethnicity. During the transition to full implementation of the 1997 standards, vital statistics data will continue to be presented for the four major race groups, white, black or African American, American Indian or Alaska Native, and Asian or Pacific Islander, in accordance with 1977 standards.

Birth File—Information about the race and Hispanic ethnicity of the mother and father are provided by the mother at the time of birth and recorded on the birth certificate and fetal death record. Since 1980, birth rates, birth characteristics, and fetal death rates for live-born infants and fetal deaths are presented in this report according to race of mother. Before 1980 data were tabulated by race of newborn and fetus, taking into account the race of both parents. If the parents were of different races and one parent was white, the child was classified according to the race of the other parent. When neither parent was white, the child was classified according to father's race, with one exception: if either parent was Hawaiian, the child was classified Hawaiian. Before 1964, if race was unknown, the birth was classified as white. Beginning in 1964 unknown race was classified according to information on the previous birth record.

Mortality File—Information about the race and Hispanic ethnicity of the decedent is reported by the funeral director as provided by an informant, often the surviving next of kin, or, in the absence of an informant, on the basis of observation. Death rates by race and Hispanic origin are based on information from death certificates (numerators of the rates) and on population estimates from the Census Bureau (denominators). Race and ethnicity information from the census is by self-report. To the extent that race and Hispanic origin are inconsistent between these two data sources, death rates will be biased. Studies have shown that persons self-reported as American Indian, Asian, or Hispanic on census and

survey records may sometimes be reported as white or non-Hispanic on the death certificate, resulting in an underestimation of deaths and death rates for the American Indian, Asian, and Hispanic groups. Bias also results from undercounts of some population groups in the census, particularly young black and young white males and elderly persons, resulting in an overestimation of death rates. The net effects of misclassification and undercoverage result in overstated death rates for the white population and black population estimated to be 1 percent and 5 percent, respectively; and understated death rates for other population groups estimated as follows: American Indians, 21 percent; Asian or Pacific Islanders, 11 percent; and Hispanics, 2 percent. For more information, see Rosenberg HM, Maurer JD, Sorlie PD, Johnson NJ, et al. Quality of death rates by race and Hispanic origin: A summary of current research, 1999. National Center for Health Statistics. Vital Health Stat 2(128). 1999.

Denominators for infant and maternal mortality rates are based on number of live births rather than population estimates. Race information for the denominator is supplied from the birth certificate. Before 1980, race of child for the denominator took into account the races of both parents. Starting in 1980, race information for the denominator was based solely on race of mother. Race information for the numerator is supplied from the death certificate. For the infant mortality rate, race information for the numerator is race of the deceased child; for the maternal mortality rate, it is race of the mother.

Vital event rates for the American Indian or Alaska Native population shown in this book are based on the total U.S. resident population of American Indians and Alaska Natives, as enumerated by the U.S. Bureau of Census. In contrast the Indian Health Service calculates vital event rates for this population based on U.S. Bureau of Census county data for American Indians and Alaska Natives who reside on or near reservations. Interpretation of trends for the American Indian and Alaska Native population should take into account that population estimates for these groups increased by 45 percent between 1980 and 1990, partly because of better enumeration techniques in the 1990 decennial census and the increased tendency for people to identify themselves as American Indian in 1990.

Interpretation of trends for the Asian population in the United States should take into account that this population more than doubled between 1980 and 1990, primarily because of immigration.

For more information on coding race using vital statistics, see: National Center for Health Statistics, Technical Appendix, *Vital Statistics of the United States*, Vol I, Natality, and Vol II, Mortality, Part A available on the NCHS home page at www.cdc.gov/nchs/nvss.htm. See related *Hispanic origin; Appendix I, Population Census and Population Estimates*.

Rate—A rate is a measure of some event, disease, or condition in relation to a unit of population, along with some specification of time. See related *Age adjustment; Population*.

Birth and related rates

Birth rate is calculated by dividing the number of live births in a population in a year by the midyear resident population. For census years, rates are based on unrounded census counts of the resident population, as of April 1. For the noncensus years 1981-89, rates were based on national estimates of the resident population, as of July 1, rounded to 1,000s. Rounded population estimates for 5-year age groups were calculated by summing unrounded population estimates before rounding to 1,000s. Starting in 1991 rates were based on unrounded national population estimates. Beginning in 1997 the birth rate for the maternal age group 45-49 years includes data for mother's age 50-54 years in the numerator and is based on the population of women 45–49 years in the denominator. Birth rates are expressed as the number of live births per 1,000 population.

The rate may be restricted to births to women of specific age, race, marital status, or geographic location (specific rate), or it may be related to the entire population (crude rate). See related *Cohort fertility*.

Fertility rate is the total number of live births, regardless of age of mother, per 1,000 women of reproductive age, 15–44 years.

Death and related rates

Death rate is calculated by dividing the number of deaths in a population in a year by the midyear resident

population. For census years, rates are based on unrounded census counts of the resident population, as of April 1. For the noncensus years 1981-89, rates were based on national estimates of the resident population, as of July 1, rounded to 1,000s. Rounded population estimates for 10-year age groups were calculated by summing unrounded population estimates before rounding to 1,000s. Starting in 1991 rates were based on unrounded national population estimates. Rates for the Hispanic and non-Hispanic white populations in each year are based on unrounded State population estimates for States in the Hispanic reporting area. Death rates are expressed as the number of deaths per 100,000 population. The rate may be restricted to deaths in specific age, race, sex, or geographic groups or from specific causes of death (specific rate) or it may be related to the entire population (crude rate).

Fetal death rate is the number of fetal deaths with stated or presumed gestation of 20 weeks or more divided by the sum of live births plus fetal deaths, per 1,000 live births plus fetal deaths. Late fetal death rate is the number of fetal deaths with stated or presumed gestation of 28 weeks or more divided by the sum of live births plus late fetal deaths, per 1,000 live births plus late fetal deaths. See related Gestation.

Infant mortality rate based on period files is calculated by dividing the number of infant deaths during a calendar year by the number of live births reported in the same year. It is expressed as the number of infant deaths per 1,000 live births. Neonatal mortality rate is the number of deaths of children under 28 days of age, per 1,000 live births. Postneonatal mortality rate is the number of deaths of children that occur between 28 days and 365 days after birth, per 1,000 live births. See related Infant death.

Birth cohort infant mortality rates are based on linked birth and infant death files. In contrast to period rates in which the births and infant deaths occur in the same period or calendar year, infant deaths constituting the numerator of a birth cohort rate may have occurred in the same year as, or in the year following, the year of birth. The birth cohort infant mortality rate is expressed as the number of infant deaths per 1,000 live births. See related Birth cohort.

Perinatal relates to the period surrounding the birth event. Rates and ratios are based on events reported in a calendar year. Perinatal mortality rate is the sum of late fetal deaths plus infant deaths within 7 days of birth divided by the sum of live births plus late fetal deaths, per 1,000 live births plus late fetal deaths. Perinatal mortality ratio is the sum of late fetal deaths plus infant deaths within 7 days of birth divided by the number of live births, per 1,000 live births.

Maternal mortality rate is defined as the number of maternal deaths per 100,000 live births. The maternal mortality rate is a measure of the likelihood that a pregnant woman will die from maternal causes. The number of live births used in the denominator is a proxy for the population of pregnant women who are at risk of a maternal death. See related Maternal death.

Region—See Geographic region and division.

Registered hospitals—See Hospital.

Registered nursing education—Registered nursing data are shown by level of educational preparation. Baccalaureate education requires at least 4 years of college or university; associate degree programs are based in community colleges and are usually 2 years in length; and diploma programs are based in hospitals and are usually 3 years in length.

Registration area—The United States has separate registration areas for birth, death, marriage, and divorce statistics. In general, registration areas correspond to States and include two separate registration areas for the District of Columbia and New York City. All States have adopted laws that require registration of births and deaths and reporting of fetal deaths. It is believed that more than 99 percent of births and deaths occurring in this country are registered.

The *death registration area* was established in 1900 with 10 States and the District of Columbia, and the *birth registration area* was established in 1915, also with 10 States and the District of Columbia. Beginning with 1933, all States were included in the birth and death registration areas. The specific States added year by year are shown in "History and Organization of the Vital Statistics System." Reprinted from *Vital Statistics of the United States Vol I, 1950*, chapter 1. National Center for Health Statistics. 1978. Currently, Puerto Rico, U.S. Virgin Islands, and Guam each constitutes a separate registration area, although their data are not

included in statistical tabulations of U.S. resident data. See related *Reporting area*.

Relative standard error—The relative standard error (RSE) is a measure of an estimate's reliability. The RSE of an estimate is obtained by dividing the standard error of the estimate (SE(r)) by the estimate itself (r). This quantity is expressed as a percent of the estimate and is calculated as follows: RSE = $100 \times (SE(r)/r)$. Estimates with large RSEs are considered unreliable. In *Health, United States* most statistics with large RSEs are preceded by an asterisk or not presented.

Relative survival rate—The relative survival rate is the ratio of the observed survival rate for the patient group to the expected survival rate for persons in the general population similar to the patient group with respect to age, sex, race, and calendar year of observation. The 5-year relative survival rate is used to estimate the proportion of cancer patients potentially curable. Because over one-half of all cancers occur in persons 65 years of age and over, many of these individuals die of other causes with no evidence of recurrence of their cancer. Thus, because it is obtained by adjusting observed survival for the normal life expectancy of the general population of the same age, the relative survival rate is an estimate of the chance of surviving the effects of cancer.

Reporting area—In the National Vital Statistics System, the reporting area for such basic items on the birth and death certificates as age, race, and sex, is based on data from residents of all 50 States in the United States and the District of Columbia (DC). The reporting area for selected items such as Hispanic origin, educational attainment, and marital status, is based on data from those States that require the item to be reported, whose data meet a minimum level of completeness (such as 80 or 90 percent), and are considered to be sufficiently comparable to be used for analysis. In 1993–96 the reporting area for Hispanic origin of decedent on the death certificate included 49 States and DC. Starting in 1997 the Hispanic reporting area includes all 50 States and DC. See related *Registration area; Appendix I, National Vital Statistics System*.

Resident—In the Online Survey Certification and Reporting database, all residents in certified facilities are counted on the day of certification inspection. In the National Nursing Home Survey, a resident is a person on the roster of the nursing

home as of the night before the survey. Included are all residents for whom beds are maintained even though they may be on overnight leave or in a hospital. See related *Nursing home*.

Resident population—See Population.

Residential treatment care—See *Mental health service type*.

Residential treatment centers for emotionally disturbed children—See *Mental health organization*.

Rural—See Urbanization.

Self-assessment of health—See *Health status, respondent-assessed.*

Serious psychological distress—The serious psychological distress scale (K6) is a six-item scale developed to measure serious mental illness. The K6 was asked of adults 18 years of age and older. The answers were self-reported and no proxies were allowed. The K6 is designed to identify persons with serious psychological distress using as few questions as possible. The six items included in the K6 are:

During the past 30 days, how often did you feel so sad that nothing could cheer you up?

- nervous?
- restless or fidgety?
- —— hopeless?
- —— that everything was an effort?
- --- worthless?

Possible answers are all of the time (4 points), most of the time (3 points), some of the time (2 points), a little of the time (1 point), and none of the time (0 points).

To score the K6, the points are added together yielding a possible total of 0 to 24 points. A threshold of 13 or more is used to define serious mental illness. Persons answering "some of the time" to all six questions would not reach the threshold for serious mental illness, since to achieve a score of 13 they would need to answer "most of the time" to at least one item.

For more information, see Kessler RC, Barker PR, Colpe LJ, Epstein JF, Gfroerer JC, Hiripi E, Howes MJ, Normand S-L T, Manderscheid RW, Walters EE, Zaslavasky AM. Screening for serious mental illness in the general population. *Arch Gen Psychiatry* 2003; 60:184–189.

Short-stay hospital—See *Hospital*.

Skilled nursing facility—See *Nursing home*.

Smoker—See Cigarette smoking; Tobacco use.

Specialty hospital—See Hospital.

State health agency—The agency or department within State government headed by the State or territorial health official. Generally, the State health agency is responsible for setting statewide public health priorities, carrying out national and State mandates, responding to public health hazards, and assuring access to health care for underserved State residents.

State Children's Health Insurance Program (SCHIP)—Title XXI of the Social Security Act, known as the State Children's Health Insurance Program (SCHIP), is a program initiated by the Balanced Budget Act of 1997 (BBA). SCHIP provides more Federal funds for States to provide health care coverage to low-income, uninsured children. SCHIP gives States broad flexibility in program design while protecting beneficiaries through Federal standards. Funds from SCHIP may be used to expand Medicaid or to provide medical assistance to children during a presumptive eligibility period for Medicaid. This is one of several options from which States may select to provide health care coverage for more children, as prescribed within the BBA's Title XXI program. See related Health insurance coverage; Medicaid.

Substance use—refers to the use of selected substances including alcohol, tobacco products, drugs, inhalants, and other substances that can be consumed, inhaled, injected, or otherwise absorbed into the body with possible detrimental effects.

The Monitoring the Future Study (MTF)—The MTF collects information on use of selected substances using self-completed questionnaires to a school-based survey of secondary school students. MTF has tracked 12th-graders' illicit drug use and attitudes towards drugs since 1975. In 1991, 8th and 10th graders were added to the study. The survey includes questions on abuse of substances including (but not limited to) marijuana, inhalants, illegal drugs, alcohol, cigarettes, and other tobacco products. A standard set of three questions is used to assess use of the substances in the past month. "Past month" refers to an individual's use of a substance

at least once during the month preceding their response to the survey. See related *Appendix I, Monitoring the Future Study.*

National Survey on Drug Use & Health (NSDUH)—The NSDUH conducts in-person interviews of a sample of individuals 12 years of age and older at their place of residence. For illicit drug use, alcohol use, and tobacco use, information is collected about use in past month. For information on illicit drug use, respondents in the NSDUH are asked about use of marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, and prescription-type drugs used nonmedically (pain relievers, tranquilizers, stimulants, and sedatives). A series of questions is asked about each substance: "Have you ever, even once, used [e.g., Ecstasy, also known as MDMA/substance]?" "Think specifically about the past 30 days, from [date] up to and including today. During the past 30 days, on how many days did you use [substance]?" Numerous probes and checks are included in the computer-assisted interview system. Nonprescription medications and legitimate uses under a doctor's supervision are not included in the survey. Summary measures such as "any illicit drug use" are produced. See related Appendix I, National Survey on Drug Use & Health.

See related Alcohol consumption; Cigarette smoking; Illicit drug use.

Substance abuse treatment clients—In the Substance Abuse and Mental Health Services Administration's National Survey of Substance Abuse Treatment Services, substance abuse treatment clients have been admitted to treatment and have been seen on a scheduled appointment basis at least once in the month before the survey reference date or were inpatients on the survey reference date. Types of treatment include 24-hour detoxification, 24-hour rehabilitation or residential care, and outpatient care.

Suicidal ideation—Suicidal ideation is having thoughts of suicide or of taking action to end one's own life. Suicidal ideation includes all thoughts of suicide, both when the thoughts include a plan to commit suicide and when they do not include a plan. Suicidal ideation is measured in the Youth Risk Behavior Survey by the question "During the past 12 months, did you ever seriously consider attempting suicide?"

Surgical operation—See Procedure.

Surgical specialty—See Physician specialty.

Tobacco use—See *Cigarette smoking*.

Uninsured—In the Current Population Survey (CPS) persons are considered uninsured if they do not have coverage through private health insurance, Medicare, Medicaid, State Children's Health Insurance Program, military or Veterans coverage, another government program, a plan of someone outside the household, or other insurance. In addition, if the respondent has missing Medicaid information but has income from certain low-income public programs, then Medicaid coverage is imputed. The questions on health insurance are administered in March and refer to the previous calendar year.

In the National Health Interview Survey (NHIS), the uninsured are persons who do not have coverage under private health insurance, Medicare, Medicaid, public assistance, a State-sponsored health plan, other government-sponsored programs, or a military health plan. Persons with only Indian Health Service coverage are considered uninsured. Estimates of the percentage of persons who are uninsured based on the NHIS (table 129) may differ slightly from those based on the March CPS (table 151) because of differences in survey questions, recall period, and other aspects of survey methodology. In 2001 in the NHIS, 1.3 percent of persons age 65 years and over had no health insurance but the small sample size precludes the presentation of separate estimates for this population. Therefore the term "uninsured" refers only to the population under age 65.

See related *Health insurance coverage; Appendix I, Current Population Survey.*

Urbanization—Urbanization is the degree of urban (city-like) character or nature of a particular geographic area. In this report death rates are presented according to the urbanization level of the decedent's county of residence. Counties and county equivalents were assigned to one of five urbanization levels using Office of Management and Budget's (OMB) standards for metropolitan and micropolitan statistical areas and the Rural-Urban Continuum code system to differentiate among metropolitan areas based on population.

There are three major categories of counties. OMB classifies counties as metropolitan or nonmetropolitan micropolitan. Counties not categorized by OMB are neither metropolitan nor micropolitan.

OMB's classification of metropolitan counties are further differentiated in *Health, United States* by population size using the Rural-Urban Continuum code system (August 2003 Revision) developed by the Economic Research Service, U.S. Department of Agriculture. Metropolitan counties are classified by the population size of their metropolitan area to one of three metropolitan urbanization levels:

- (a) large—counties in MSAs with 1 million or more population;
- (b) *medium*—counties MSAs with 250,000 to 1 million population; and
- (c) *small*—counties in MSAs with less than 250,000 population.

See *Metropolitan statistical area (MSA)* for definitions of metropolitan and nonmetropolitan counties.

Nonmetropolitan counties are categorized using the OMB's classification of nonmetropolitan micropolitan statistical areas (February 2004 Revision). Nonmetropolitan counties are classified into two categories:

- (a) *micropolitan*—counties defined by OMB as micropolitan based on population criteria; and
- (b) *nonmicropolitan*—nonmetropolitan counties that do not meet the population criteria for micropolitan.

See *Micropolitan statistical area* for definitions of micropolitan and nonmicropolitan counties.

Usual source of care—Usual source of care was measured in the National Health Interview Survey (NHIS) in 1993 and 1994 by asking the respondent "Is there a particular person or place that ____ usually goes to when ____ is sick or needs advice about ____ health?" In the 1995 and 1996 NHIS, the respondent was asked "Is there one doctor, person, or place that ____ usually goes to when ____ is sick or needs advice about ____ health?" Starting in 1997 the respondent was asked "Is there a place that ____ usually goes when he/she is sick or you need advice about (his/her) health?" Persons who report the emergency department as their usual source of care are defined as having no usual source of care in this report.

Wages and salaries—See *Employer costs for employee compensation*.

Years of potential life lost—Years of potential life lost (YPLL) is a measure of premature mortality. Starting with Health, United States, 1996–97, YPLL is presented for persons under 75 years of age because the average life expectancy in the United States is over 75 years. YPLL-75 is calculated using the following eight age groups: under 1 year, 1-14 years, 15-24 years, 25-34 years, 35-44 years, 45-54 years, 55-64 years, and 65-74 years. The number of deaths for each age group is multiplied by years of life lost, calculated as the difference between age 75 years and the midpoint of the age group. For the eight age groups, the midpoints are 0.5, 7.5, 19.5, 29.5, 39.5, 49.5, 59.5, and 69.5. For example, the death of a person 15-24 years of age counts as 55.5 years of life lost. Years of potential life lost is derived by summing years of life lost over all age groups. In Health, *United States, 1995* and earlier editions, YPLL was presented for persons under 65 years of age. For more information, see Centers for Disease Control. MMWR 35(2S):suppl. 1986.

Appendix III

Additional Data Years Available

For trend tables spanning many years of data, only selected data years are shown in the printed book to highlight major trends. Additional years of data are available for some trend tables in spreadsheet files through the Internet and on a CD-ROM. In addition spreadsheet files with National Health Interview Survey data also include standard errors starting with data year 1997.

To access spreadsheet files on the Internet, go to the *Health*, *United States* Web site at www.cdc.gov/nchs/hus.htm and

scroll down to "Spreadsheet files." Spreadsheet files in Excel are presently available starting with *Health, United States,* 1995 through the current edition, *Health, United States,* 2004.

Excel spreadsheet files are also available on a CD-ROM. A limited supply of CD-ROMs is available from the National Center for Health Statistics upon request, while supplies last. CD-ROMs also may be purchased from the Government Printing Office.

The following list by table number and table topic specifies the additional data years, beyond those shown in the printed book, that are available in Excel spreadsheet files.

Table number	Table topic	Additional data years available
1	Resident population	1981–89, 1991–99
2	Poverty	1986–89, 1991–93, 1996–98
3	Fertility rates and birth rates	1981–84, 1986–89, 1991–94, 1996
4	Live births	1971–74, 1976–79, 1981–84, 1986–89, 1991–94, 1996–99
6	Prenatal care	1981–84, 1986–89, 1991–94, 1996
8	Teenage childbearing	1981–84, 1986–89, 1991–94, 1996
9	Nonmarital childbearing	1981–84, 1986–89, 1991–94, 1996
10	Maternal education	1981–84, 1986–89, 1991–94, 1996
11	Maternal smoking	1991–94, 1996
12	Low birthweight	1981–84, 1986–89, 1991–94, 1996
13	Low birthweight	1991–94, 1996
16	Abortions	1981–84, 1986–89, 1991–94
19	Infant mortality rates	1984, 1986–89, 1991, 1996–97
20	Infant mortality rates	1984, 1985–89, 1991, 1996–99
21	Infant mortality rates	1984, 1986–89, 1992–94, 1996
22	Infant mortality rates	1981–84, 1986–89, 1991–94
27	Life expectancy	1975, 1981–84, 1986–89
29	Age-adjusted death rates for selected causes	1981–89, 1991–94, 1996–99
30	Years of potential life lost	1991-94, 1996-97, 1999; Crude 1999-2000
35	Death rates for all causes	1981–89, 1991–94, 1996–97
36	Diseases of heart	1981–89, 1991–94, 1996–99
37	Cerebrovascular diseases	1981–89, 1991–94, 1996–99
38	Malignant neoplasms	1981–89, 1991–94, 1996–99
39	Malignant neoplasms of trachea, bronchus, and lung	1981–89, 1991–94, 1996–99
40	Malignant neoplasm of breast	1981–89, 1991–94, 1996–99
41	Chronic lower respiratory diseases	1981–89, 1991–94, 1996–97
42	Human immunodeficiency virus (HIV) disease	1988–89, 1991–94, 1996–97
43	Maternal mortality	1981–89, 1991–94, 1996–98
44	Motor vehicle-related injuries	1981–89, 1991–94, 1996–99
45	Homicide	1981–89, 1991–94, 1996–99
46	Suicide	1981–89, 1991–94, 1996–99

47	Firearm-related injuries	1981–89, 1991–94, 1996–99
48	Occupational diseases	1981–84, 1986–89, 1991–94, 1996–98
49	Occupational injury deaths	1983, 1994
50	Occupational injuries	1981-84, 1986-89, 1991-94, 1996
51	Notifiable diseases	1985, 1988–89, 1991–94, 1996–98
56	Limitation of activity	2000
57	Respondent-assessed health status	1998
60	Cigarette smoking	1983, 1987–88, 1991–94
61	Cigarette smoking	1983, 1987–88, 1991–94
62	Cigarette smoking	1993–95, 1994–97, 1999–2001
64	Use of selected substances	1981-89, 1992-94, 1996-98
65	Cocaine-related emergency department episodes	1992–94, 1996
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71	Health care visits	1998, 2000–2001
75	No usual source of health care	1995–96, 1997–98
76	Emergency department visits for children	1998, 2000–2001
78	Emergency department visits for adults	1998, 2000
79	Dental visits	1998, 2000–2001
83	Ambulatory care visits	1997–99
84	Injury-related visits	1997–98, 1999–2000, 2000–2001
85	Ambulatory care visits	1980, 1997–2001
89	Additions to mental health organizations	1992
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93	Discharges	1991–94, 1996, 1999
95	Rates of discharges	1995–99, 2001
96	Discharges	1995–99, 2001
98	Hospital admissions	1985, 1991–94, 1996–98
99	Nursing home residents	1997
100	Nursing home residents	1997
103	Physicians	1970, 1980, 1987, 1989, 1990, 1992–94, 1996–97
104	Primary care doctors of medicine	1994, 1996–98
106	Health professions schools	1996, 2000
109	Hospitals	1985, 1991–94, 1996–98
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145	Nursing home care per capita expenditures	1992–93
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