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Trends in Health Status and Health Care Use Among Older Men

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Abstract

Objectives—This report examines trends in health status and risk factors, health care utilization, and health care expenditures among older men in the United States.

Methods—The estimates in this report are based on data from the National Vital Statistics System, National Health Interview Survey, National Health and Nutrition Examination Survey, National Health Care Surveys, Medicare Current Beneficiary Survey, and Current Population Survey. Trends in death rates, prevalence of chronic conditions, risk factors, vaccinations, health care utilization, and expenditures are summarized. Major differences in these indicators are described for older men and women and by age, race, and Hispanic origin.

Results—The difference in life expectancy between older men and women has narrowed since 1980, but a gap remains. Older men have lower hypertension and cholesterol levels and exercise regularly at higher rates than older women; however, the rates of obesity and cigarette smoking are similar in older men and women. Although health status has improved for all racial and ethnic groups, racial and

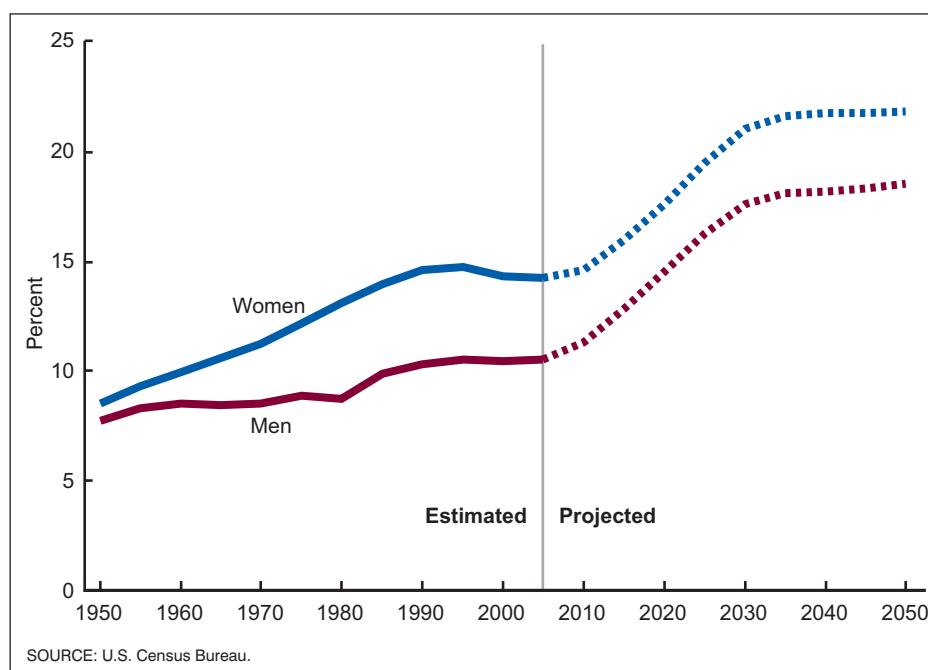


Figure 1. Estimated and projected percentages of persons aged 65 and over, by sex: United States, 1950–2050

ethnic disparities remain for many indicators. Older men and women have similar rates of hospital admissions and visits to emergency departments and physician offices.

Keywords: older men's health • aging • health behaviors • risk factors

Introduction

Although life expectancy in the United States has steadily increased for men and women since 1900, life expectancy for men at any age remains lower than that



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for women. In 2006, men at age 65 were expected to live 2.7 years fewer than women, and at age 85 men were expected to live 1.1 years fewer than women (1).

Awareness of the differences in health indicators among older men and women may help address the health care needs of both and explain differences in life expectancy (2). Identifying major health disparities among older men and examining health indicators among men approaching older age (near-elderly) also is important to understanding possible challenges in the health care needs of older men in the near future.

This report presents trends in older men's health status, functional status, mortality, health care utilization, and health care expenditures. It complements a previous report on the health status and health care use of older women (3).

Methods

The estimates in this report are based on data from the National Vital Statistics System, National Health Interview Survey, National Health and Nutrition Examination Survey, National Health Care Surveys, Medicare Current Beneficiary Survey, and Current Population Survey. These data sources are briefly described in the "Technical Notes" section. Many of the estimates from these data systems were obtained from the NCHS Health Data Interactive website (<http://www.cdc.gov/nchs/hdi.htm>). Multiple years of data were combined for some indicators to increase the reliability of estimates. In this report, the terms "older" and "elderly" refer to persons aged 65 and over, and the term "oldest old" refers to persons aged 85 and over. Where available, standard errors (SEs) for the estimates are reported. Trends and differences between estimates were tested for statistical significance using two-tailed *z*- and *t*-tests with a level of significance of 0.05. Terms such as "higher than" and "lower than" indicate a statistically significant difference. Additional details regarding definitions and methods can be found in the references cited throughout the report.

Results

Sociodemographic characteristics

More than 10% of men were aged 65 and over in 2007.

The percentage of men aged 65 and over has risen from 8% in 1950 to 11% in 2007 (Figure 1, Table 1). At the same time, the percentage of the older population that is male has declined, because the female population in this age group has grown even faster. Among the oldest old, women outnumber men by a ratio of more than 2 to 1. The elderly population is projected to grow rapidly until 2030, by which time one in five people will be aged 65 and over; in 2007, it was 13%.

More than 80% of older men were non-Hispanic white in 2007 (4). That share is projected to decline to 72% by 2030 and to 59% by 2050 (5).

Older men are much less likely to live alone than older women, and much more likely to live with a spouse.

In 2006, 20% of noninstitutionalized older men lived alone and 71% lived with a spouse. By contrast, more than one-third of older women lived alone and less than one-half lived with a spouse. Those differences become even more striking at the oldest ages. More than one-half of men aged 85 and over residing in the community were still living with a spouse, compared with just 15% of women in that age group (Table 2).

The proportion of older men living with a spouse varies widely among racial and ethnic groups (Table 2). Older white (73%) and Hispanic (68%) men are much more likely to live with a spouse than older black men (51%) (6).

Education and income levels of older men have increased among all racial and ethnic groups, but wide disparities remain.

In 2007, three in four older men had graduated from high school compared with just one in four in 1970. About one-half of older black men and

less than one-half of older Hispanic men had attained at least a high school education compared with more than three-fourths of older white men (7). Real median income among older men has increased steadily over the past three decades. But in 2007, older black (17%) and Hispanic (13%) men were about three times as likely to be poor as older white men (5%) (8).

Health status

Life expectancy at birth and at age 65 among males has increased steadily in recent decades, and the disparity between males and females has narrowed since 1980.

In 2006, life expectancy at birth for males was 5.1 years fewer than for females, compared with an almost 8-year difference at the end of the 1970s (1). At age 65, males could expect to live 2.7 years fewer than females in 2006 (Figure 2, Table 3).

White males have a higher life expectancy (75.7 years) than black males (69.7 years) at birth and at age 65 (17.1 compared with 15.1 years, respectively). At age 85, however, black males have a slightly greater life expectancy (5.9 years) than white males (5.7 years) (1).

Death rates among older men have declined since 1970 due in large part to declines in mortality from heart disease and stroke.

Heart disease and cancer are the leading causes of death for older men in all racial and ethnic groups (Figure 3), accounting for 55% of all deaths among older men in 2006 (1). Although older men are more likely to die from heart disease than older women, the gap in heart disease death rates between older men and women has narrowed from 53% greater mortality among older men in 1975 to 39% in 2006 (Figure 4, Table 4).

Racial differences in heart disease mortality among men vary with age. Among adult men aged 18–64, the heart disease death rate for non-Hispanic black men (141.7 per 100,000) is about 50% higher than the rate for non-Hispanic white men (95.6 per

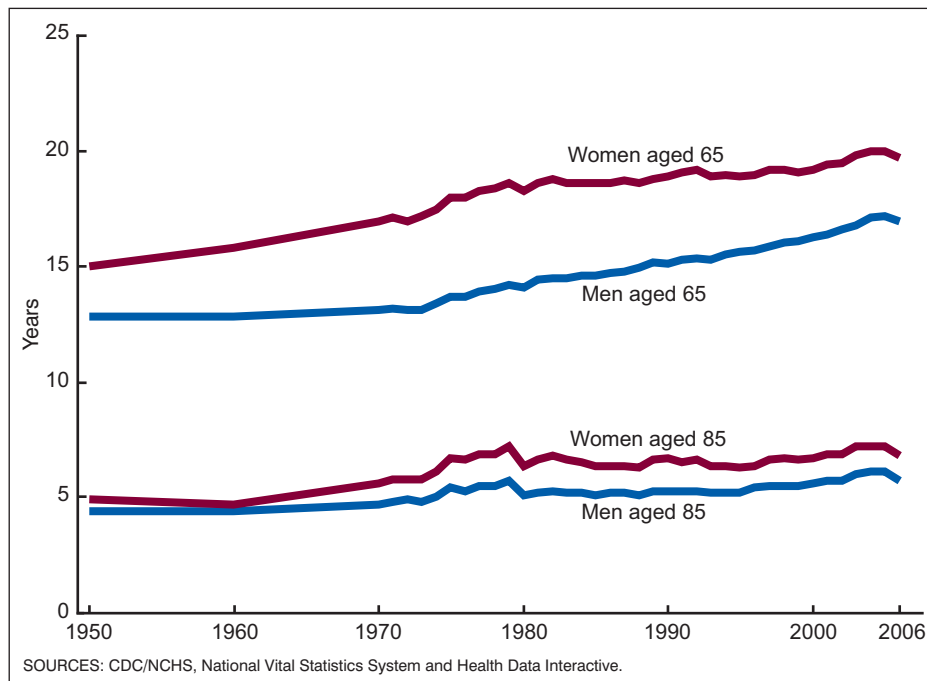


Figure 2. Life expectancy at ages 65 and 85, by sex: United States, 1950–2006

100,000). This difference decreases with age and ultimately reverses; by age 85, non-Hispanic white men (5,032.8 per 100,000) are about 25% more likely to die from heart disease than non-Hispanic black men (4,129.6 per 100,000) (9).

Older men are much more likely than older women to die from injuries.

Unintentional falls are the leading cause of injury death among older people (10). Death rates from unintentional falls have been rising among both older men and women since

the mid-1990s. In 2006, older men (age adjusted 52.0 per 100,000) were 1.5 times as likely to die from an unintentional fall as older women (35.9 per 100,000). Death rates from unintentional falls also vary by race, with rates being twice as high among older white men (age adjusted 54.5 per 100,000) compared with older black men (27.8 per 100,000) (11).

Although suicide rates among older men are declining, older white men (age adjusted 31.4 per 100,000) were three times as likely as older black men (10.8 per 100,000) and more than twice as likely as older Hispanic men (12.9 per 100,000) to die from suicide in 2006. Moreover, suicide rates among older men increase with age (9).

Racial and ethnic disparities in homicide rates among older men have narrowed considerably since the 1990s—when homicide rates among older black men were seven times the rates among older white men—reflecting the rapid decline in homicide rates among older black men over the decade. That decline has leveled off in recent years, and homicide rates in 2006 remain higher for older black men (age adjusted 9.6 per 100,000) than older white men (2.2 per 100,000) (9).

Diabetes prevalence is increasing among older men and women, with men having slightly higher prevalence rates than women.

More than one-quarter of older men had diabetes (diagnosed or undiagnosed) in 2003–2006, an increase of 5 percentage points since 1988–1994 (Figure 5). Diabetes was undiagnosed in almost one-third of cases in 2003–2006 (12).

In 1988–1994, diabetes rates among non-Hispanic black and non-Hispanic white older men were essentially the same—about 20%. Since that time, however, diabetes prevalence rates have risen almost three times faster among non-Hispanic black older men, resulting in a considerable difference in rates by race in 2003–2006. In those years, about one-third of non-Hispanic black older

	White	Black	American Indian or Alaska Native	Asian or Pacific Islander	Hispanic
1.	Heart disease	Heart disease	Heart disease	Heart disease	Heart disease
2.	Cancer	Cancer	Cancer	Cancer	Cancer
3.	Chronic lower respiratory disease	Stroke	Diabetes	Stroke	Stroke
4.	Stroke	Diabetes	Chronic lower respiratory disease	Chronic lower respiratory disease	Diabetes
5.	Diabetes	Chronic lower respiratory disease	Stroke	Influenza and pneumonia	Chronic lower respiratory disease

NOTE: Race groups include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race.
SOURCES: CDC/NCHS, National Vital Statistics System and Health Data Interactive.

Figure 3. Leading causes of death for men aged 65 and over, by race and Hispanic origin: United States, 2006

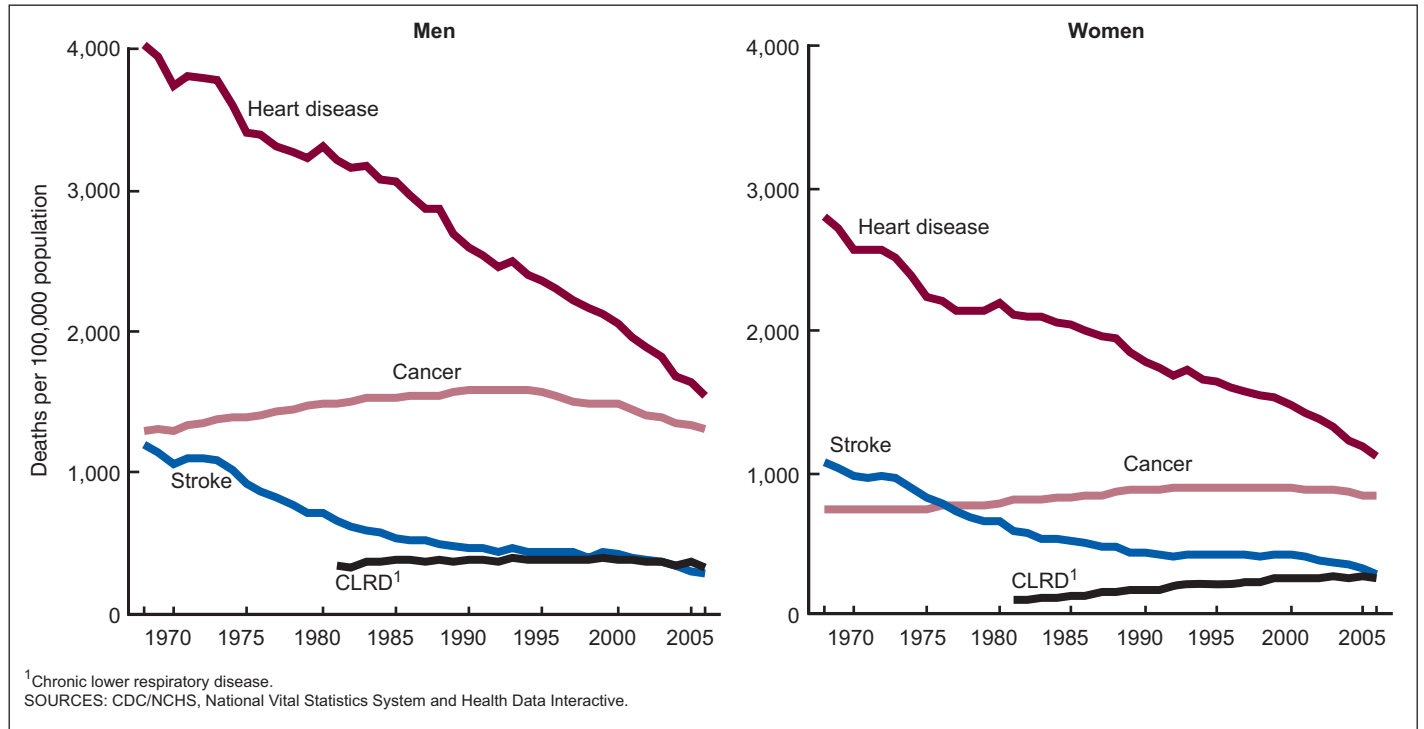


Figure 4. Death rates for leading causes of death among persons aged 65 and over (age adjusted), by sex: United States, 1968–2006

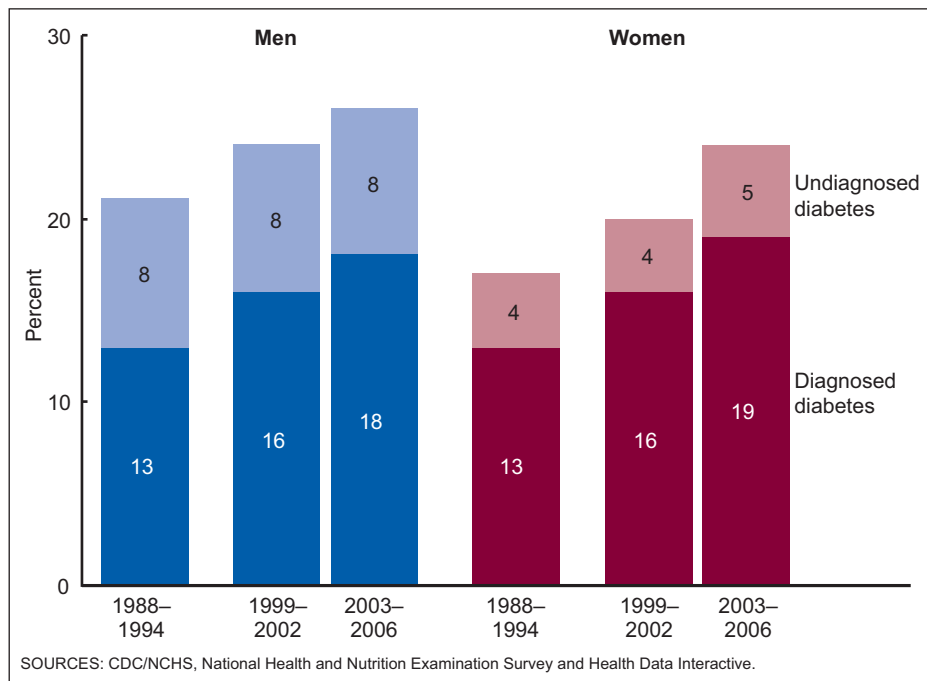


Figure 5. Diabetes rates among persons aged 65 and over (age adjusted), by sex: United States, 1988–1994 and 1999–2006

men had diabetes compared with about one-quarter of non-Hispanic white older men (Table 5) (12).

Older men are more likely than older women to have been diagnosed with heart disease.

Prevalence of heart disease among older men has not changed since the mid-1990s (13), and was 39% for 2006–2008 compared with 27% among older women (14). Prevalence of heart disease increases with age among older men, from about one-third of men aged 65–74 to more than one-half of men aged 85 and over (Table 6). In 2006–2008, the proportion of older men who reported a previous heart attack was 17.4% (age adjusted, SE 0.7)—twice the rate for older women (8.1%, age adjusted, SE 0.7) (14).

Two-fifths of older non-Hispanic white men reported being diagnosed with heart disease in 2006–2008, a considerably higher rate than for non-Hispanic black and Hispanic older men (Figure 6).

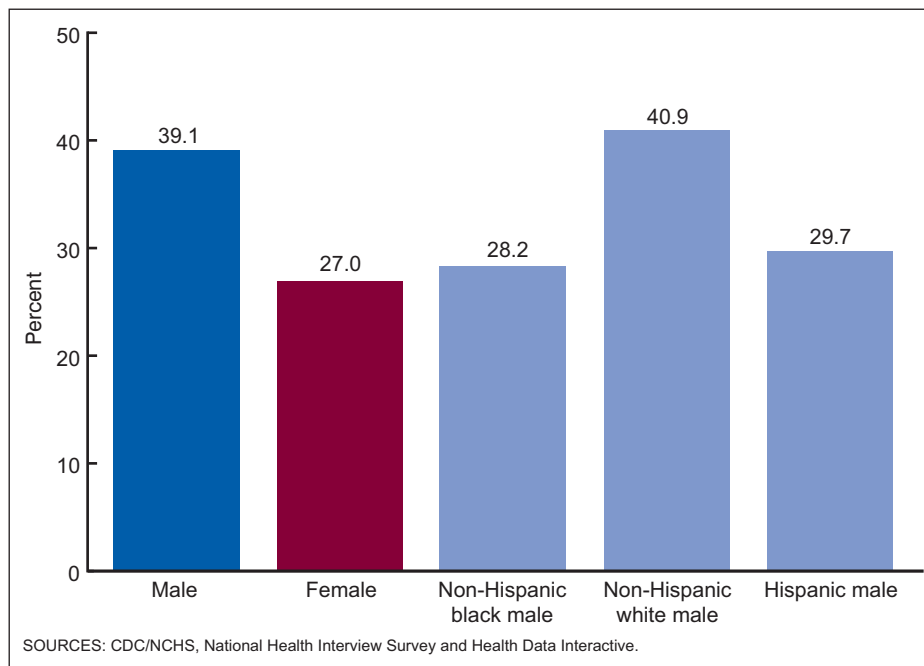


Figure 6. Prevalence of diagnosed heart disease among persons aged 65 and over (age adjusted), by sex and race and Hispanic origin: United States, 2006–2008

Older men are more likely than older women to have ever had cancer, to be newly diagnosed with cancer, and to die from cancer.

In 2006–2008, almost one in four older men (24.5%, age adjusted, SE 0.7) reported that they had ever been diagnosed with cancer (regardless of how long ago the diagnosis was, or if

the cancer was still under treatment or is considered cured), a rate that is about 4 percentage points higher than for older women (14). Cancer incidence rates (the number of new cases in each year per 100,000, age adjusted) were 2,787 per 100,000 among older men and 1,668 per 100,000 among older women in 2002–2006 (15). In 2006, the death rates for cancer were almost 60% higher for

older men than for older women (Table 4). However, the 5-year relative survival rates for men (64%) diagnosed in 1999–2005 at age 65 and over were 10 percentage points higher than for women (54%) (15).

In 2006–2008, more than one-quarter of non-Hispanic white older men (26.8%, SE 0.8) reported ever being diagnosed with cancer, a considerably higher rate than for non-Hispanic black (15.8%, SE 1.9) and Hispanic older men (12.4%, SE 2.2) (14). Among adult men of all ages, cancer death rates are higher for non-Hispanic black men than for non-Hispanic white men. In the 45–64 age group, the death rate for non-Hispanic black men (326 per 100,000) was 45% higher than for non-Hispanic white men (225 per 100,000); the difference declined to about 12% at age 85 and over (2,577 compared with 2,300 per 100,000, respectively) (9).

Although almost two-thirds of older men have hypertension, rates are even higher among older women.

Hypertension rates among older men and women rose between 1988–1994 and 2003–2006, reaching 65% among men and 75% among women (16). Older non-Hispanic black men (80%) were much more likely to have hypertension than older non-Hispanic white men (64%) in 2003–2006 (Table 7).

Respondent-perceived health status among noninstitutionalized older men and women has improved over the past two decades.

In 2008, three-fourths of noninstitutionalized older men reported themselves to be in good, very good, or excellent health—an increase of 10 percentage points since 1982 (Figure 7, Table 8) (17). Much of the change has occurred among men aged 65–74, among whom the share reporting fair or poor health fell from 34.8% in 1982 to 22.5% in 2008 (Table 9). The percentages in fair and poor health did not differ between older men and women in 2008 (Table 8).

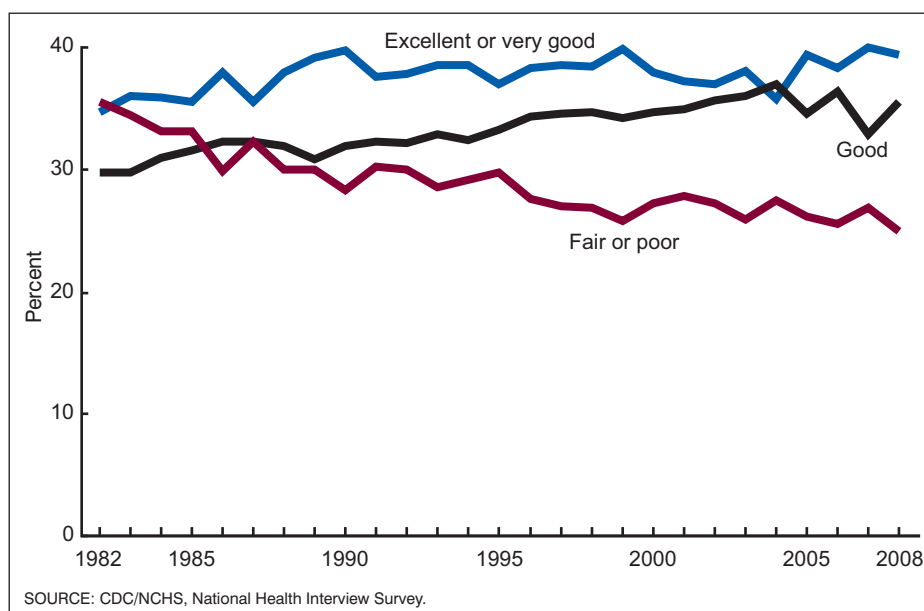


Figure 7. Respondent-perceived health status among noninstitutionalized men aged 65 and over (age adjusted): United States, 1982–2008

Respondent-perceived health status among older men improved for both non-Hispanic white men and non-Hispanic black men, but did not change significantly for Hispanic men (17). Non-Hispanic black and Hispanic older men were considerably more likely than non-Hispanic white older men to report being in fair or poor health in 2006–2008 (Table 10).

In 2008, 5% of noninstitutionalized older men reported needing assistance with activities of daily living—a lower percentage than among older women.

The percentage of both older men and women in need of assistance with activities of daily living is greatest at the oldest ages (18). Among the noninstitutionalized population aged 85 and over, 22% of women reported needing assistance in 2008 compared with 15% of men (Figure 8, Table 11).

Health risk factors and behaviors

Drinking among men declines dramatically with age.

In 2008, only 10% of older men reported having five or more drinks in a day on at least 1 day in the past year, compared with 43% of men aged 18–24. The rate among older men, however, was still four times the rate among older women (Table 12).

About 10% of older men and 9% of older women were current smokers in 2008, but older men were much more likely than older women to be former smokers.

Smoking rates among older men have declined steadily, from 27% in 1965 to 10% in 2008 (13). Among older women, by contrast, smoking rates increased from the mid-1960s to the mid-1980s, reaching 13% in 1983, and subsequently declined to 9% in 2008 (Figure 9).

In 2008, more than 60% of older men had smoked at some time in their lives—and, thus, faced the risks

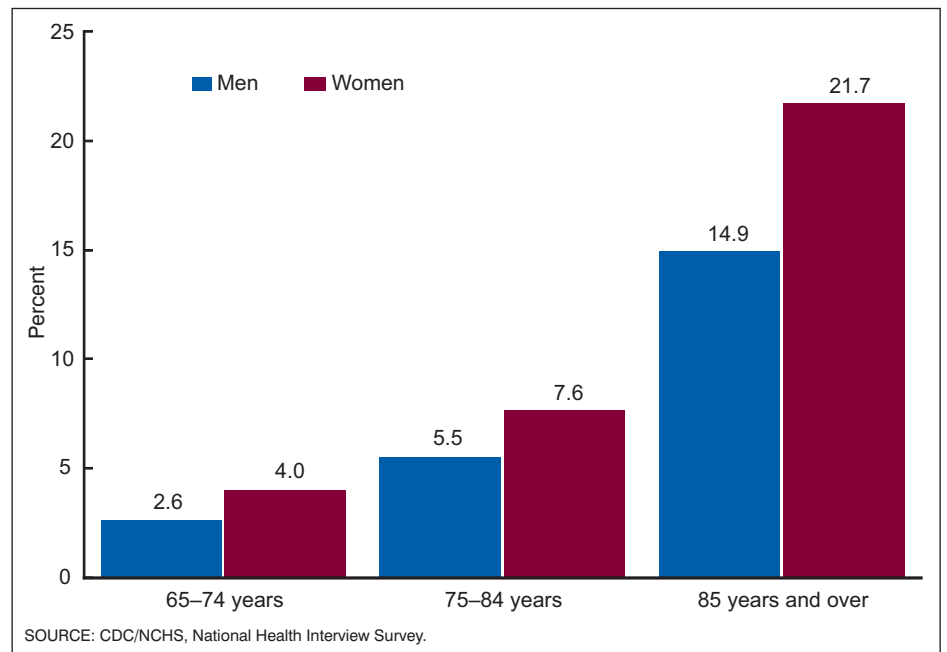


Figure 8. Noninstitutionalized persons needing help with activities of daily living, by age and sex: United States, 2008

associated with ever smoking—compared with less than 40% of older women (Table 13).

Older Hispanic men were more likely than older non-Hispanic white and

black men never to have smoked. Older non-Hispanic black men were more likely to be current smokers than non-Hispanic white or Hispanic men (Table 13).

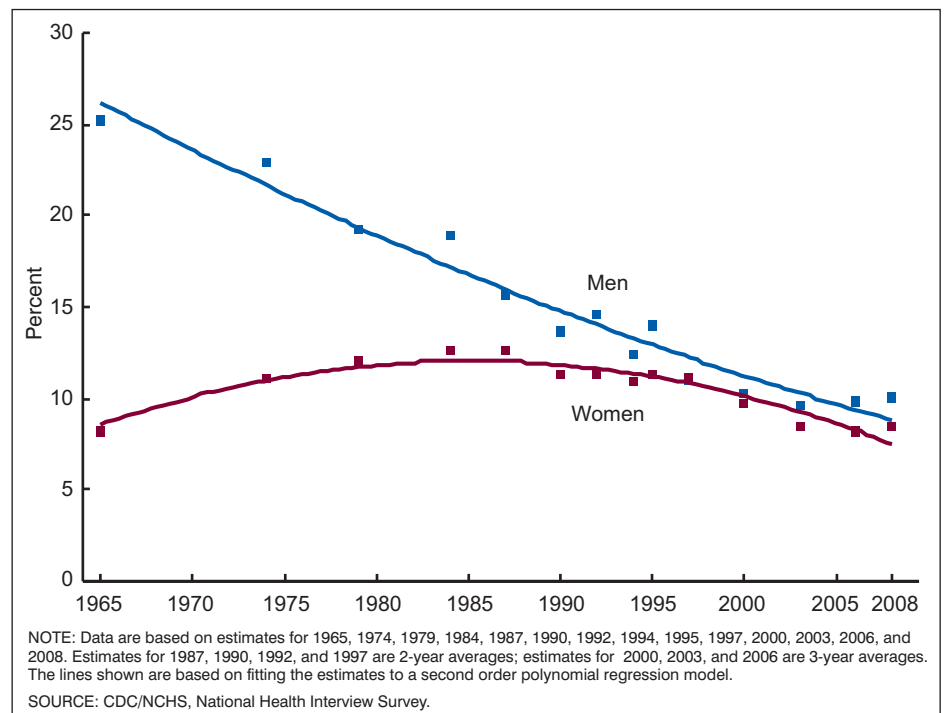


Figure 9. Current smoking rates among persons aged 65 and over (age adjusted), by sex: United States, 1965–2008

Obesity rates among older men are catching up to those of older women, reaching 29% in 2003–2006.

Almost three-fourths of older men were overweight or obese by 2003–2006 compared with 67% of older women (Table 14). In 2003–2006, obesity rates among older men and women were similar (Figure 10). In contrast to older women, among whom non-Hispanic black women are more likely to be obese, obesity rates among older men did not vary significantly by race or ethnicity (19). In 2003–2006, a higher percentage of men aged 45–64 were overweight or obese than men aged 65 and over (Table 14).

The prevalence of high serum cholesterol among older men has fallen considerably since 1988–1994 and remains lower than among older women.

High serum cholesterol rates among older men fell from more than 20% in 1988–1994 to about 10% in 2003–2006, a reduction of 50% (Figure 11). Although rates have also declined among older women, 22% of older women had high serum cholesterol in 2003–2006. In that period, slightly more than one-third of older men had high or borderline high serum cholesterol compared with more than one-half of older women. High and borderline high cholesterol rates did not differ for non-Hispanic black and non-Hispanic white older men (20).

Only about one-fourth of older men and one-fifth of older women engage in regular leisure-time physical activity.

Just one-half of older men engaged in at least some leisure-time physical activity in 2006–2008, even on an irregular basis. Physical activity rates decline with age, with 39% of men aged 85 and over engaging in any physical activity compared with 55% of men aged 65–74 in 2006–2008 (21).

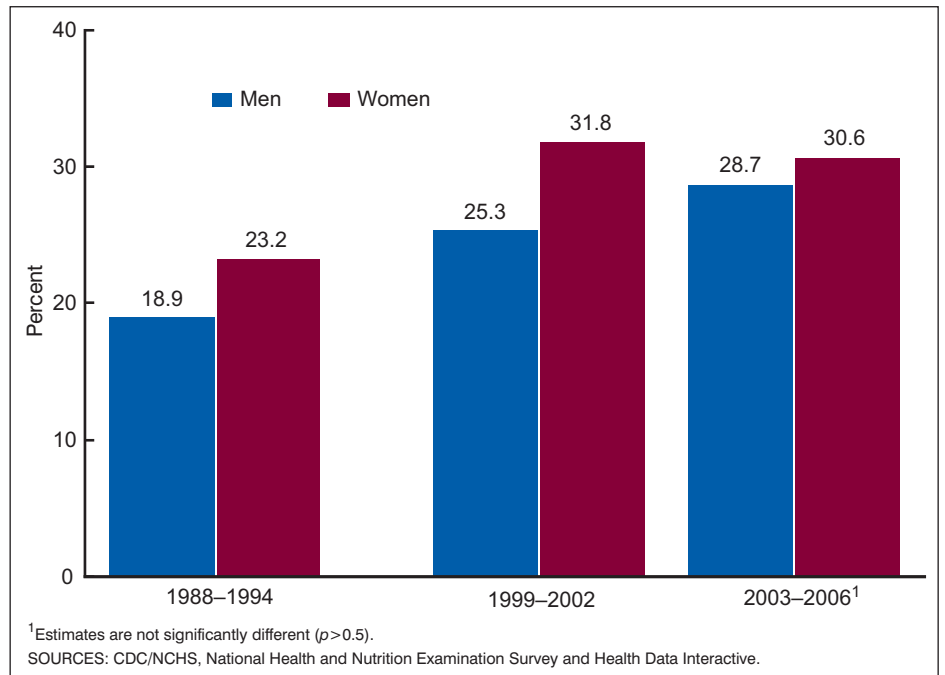


Figure 10. Obesity among persons aged 65 and over (age adjusted), by sex: United States, 1988–1994 and 1999–2006

Regular physical activity rates among older men vary widely by race

and ethnicity, ranging from 17% of non-Hispanic black men to 33% of Asian men (21).

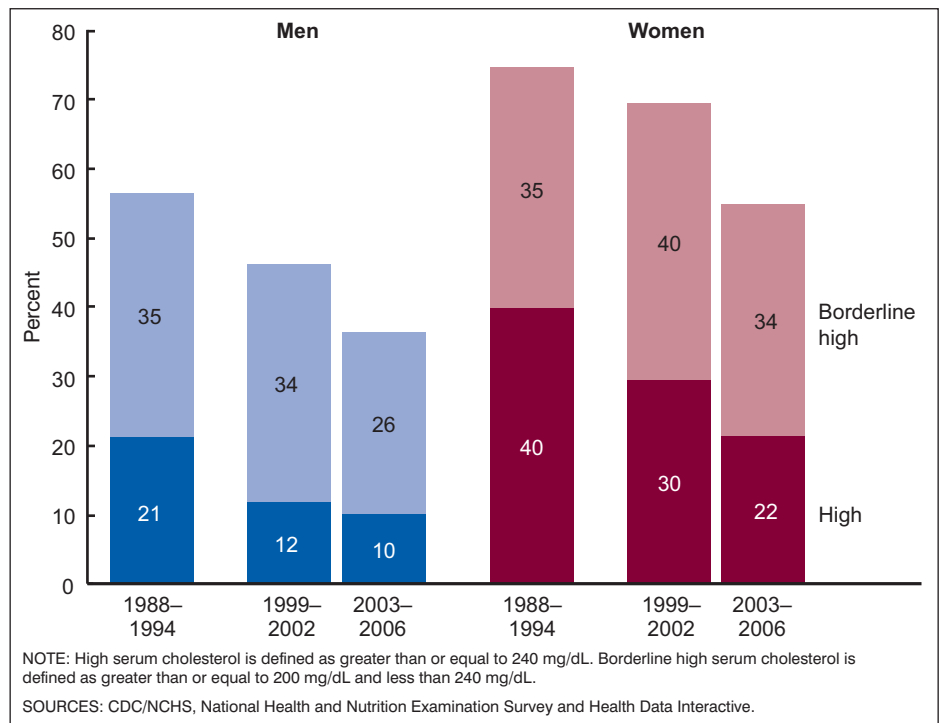


Figure 11. High and borderline high serum cholesterol rates among person aged 65 and over (age adjusted), by sex: United States, 1988–1994 and 1999–2006

In 2007–2008, more than one-third of older men and women had not received an influenza vaccination in the past year; higher percentages had never received a pneumococcal vaccination.

Influenza vaccination rates have risen considerably among men aged 85 and over—from 56% in 1993–1994 to 84% in 2007–2008. Lifetime pneumococcal vaccination rates have risen more rapidly among men aged 75 and over than those aged 65–74, reaching 65% in 2007–2008. In those years, less than 60% of men aged 65–74 had received an influenza vaccination in the previous year, and less than 50% had ever received a pneumococcal vaccination (Table 15).

Non-Hispanic black and Hispanic older men were much less likely than non-Hispanic white older men to have received an influenza vaccination in the previous year or to have ever received a pneumococcal vaccination (13).

Health care use and costs

Physician office visit rates averaged about eight visits a year for both older men and women in 2005–2006.

As with older women, the specialists most frequently seen by older men are internists, general and family physicians, and ophthalmologists (22). But older men have lower visit rates to these specialties than older women. Older men use cardiologists, urologists, and dermatologists at higher rates than older women (Table 16).

Personal per capita health expenditures for all physician services used by older men, including diagnostic laboratory and radiology services and medical supplies, rose about 50% between 1992 and 2005 (in 2005 dollars), reaching \$3,628 in that year—about the same as inpatient hospital expenditures per capita (Table 17) (23).

Hospital discharge rates for older men and women were similar in 2006, reflecting a decrease for older men and an increase for older women since the late 1980s.

Hospital discharge rates for older men fell 24% from their peak in 1983, reaching 358 per 1,000 in 2006, a rate not significantly different than that for older women. Among older men, heart disease was the first-listed diagnosis for more than one-fifth of discharges, and almost one-half had heart disease listed among the diagnoses (Figure 12) (24,25).

Despite similar discharge rates, however, older men underwent 20% more inpatient procedures per capita than older women in 2006 (26). Overall inpatient procedure rates for older male and female patients fell almost 12% between 1991 and 2006, when the rate was 436 per 1,000 persons. But the rates for some procedures increased for older men and women. Procedures for which rates are increasing among older men as well as older women include angioplasty, hip and knee replacements, spinal fusion, and hemodialysis (25,26).

Inpatient hospital expenditures per capita (in 2005 dollars) for older men changed little between 1992 and 2005, and were about \$3,700 in 2005—or about \$550 more than for older women (Table 17) (23).

Racial disparities in the use of hospital emergency departments by older men have grown significantly in recent years.

Older men have the same emergency department (ED) visit rates as older women, about 48 per 100 persons (age adjusted) in 2005–2007. ED visit rates among older men increase with age, with the oldest old (aged 85 and over) experiencing the highest rate (82 per 100 persons) (27,28).

ED use rates for older white men did not increase significantly between 1992–1993—when they were slightly lower than those of older black men—and 2005–2007. By contrast, use rates for older black men rose by 56% over that period, resulting in 2005–2007 use rates that were almost twice those of older white men (Table 18).

Since 1992–1993, ED visit rates among near-elderly men, aged 45–64,

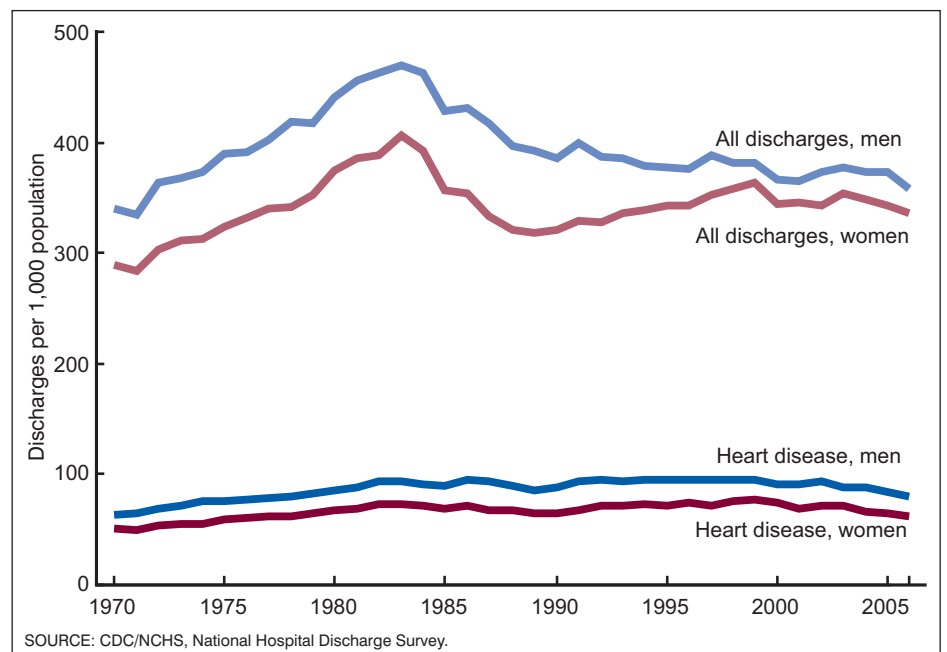


Figure 12. Hospital discharges among persons aged 65 and over (age adjusted), by first-listed diagnosis and sex: United States, 1970–2006

increased 28%; ED visit rates among women of the same age also increased. A combination of increases in both visit rates and population size has strained the capacity of EDs (29).

Conclusion

There have been many favorable trends in the health status of older men. Death rates have continued to decrease; the percentage of older men who report being in good to excellent health has increased since the 1980s; the percentage with a high serum cholesterol level has decreased substantially; and the percentage of current smokers decreased, reaching about the same level as among older women. However, obesity rates for older men increased; one-half of older men do not exercise at all and only one-quarter exercise regularly; and the level of hypertension among older men reached 65%. Although life expectancy for older men remains lower than for older women, the disparity has decreased since 1980. Most health indicators continue to improve for older men of all racial and ethnic groups, but disparities remain.

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Table 1. Number and percentage of resident population aged 65 and over and 85 and over, by sex: United States, 1950–2050

Year	Aged 65 and over						Aged 85 and over					
	All		Men		Women		All		Men		Women	
	Number (in thousands)	Percent	Number (in thousands)	Percent	Number (in thousands)	Percent	Number (in thousands)	Percent	Number (in thousands)	Percent	Number (in thousands)	Percent
1950	12,194	8.1	5,767	7.7	6,427	8.5	577	0.4	237	0.3	340	0.4
1955	14,490	8.8	6,718	8.3	7,772	9.3	767	0.5	318	0.4	449	0.5
1960	16,560	9.2	7,503	8.5	9,057	10.0	929	0.5	362	0.4	567	0.6
1965	18,451	9.5	8,014	8.5	10,437	10.6	1,082	0.6	398	0.4	684	0.7
1970	20,066	9.9	8,416	8.5	11,650	11.2	1,511	0.7	542	0.5	969	0.9
1975	22,696	10.5	9,265	8.8	13,431	12.1	1,821	0.8	594	0.6	1,227	1.1
1980	25,549	11.3	10,305	9.4	15,245	13.1	2,240	1.0	682	0.6	1,559	1.3
1985	28,416	11.9	11,392	9.8	17,024	13.9	2,667	1.1	761	0.7	1,906	1.6
1990	31,079	12.5	12,493	10.3	18,586	14.6	3,021	1.2	841	0.7	2,180	1.7
1995	33,769	12.7	13,735	10.5	20,034	14.7	3,681	1.4	1,024	0.8	2,657	2.0
2000	34,992	12.4	14,410	10.4	20,582	14.4	4,240	1.5	1,227	0.9	3,013	2.1
2005	36,790	12.4	15,413	10.6	21,378	14.2	5,096	1.7	1,604	1.1	3,492	2.3
2007	37,888	12.6	15,977	10.7	21,911	14.3	5,512	1.8	1,777	1.2	3,735	2.4
Projected estimates												
2010	40,229	13.0	17,292	11.3	22,937	14.6	5,752	1.9	1,893	1.2	3,859	2.5
2015	46,837	14.4	20,542	12.8	26,295	15.9	6,293	1.9	2,163	1.3	4,130	2.5
2020	54,804	16.1	24,323	14.5	30,481	17.6	6,597	1.9	2,344	1.4	4,253	2.5
2025	63,908	17.9	28,560	16.2	35,348	19.5	7,239	2.0	2,652	1.5	4,587	2.5
2030	72,092	19.3	32,294	17.6	39,798	21.0	8,745	2.3	3,284	1.8	5,461	2.9
2035	77,543	19.9	34,749	18.1	42,794	21.6	11,450	2.9	4,387	2.3	7,063	3.6
2040	81,238	20.0	36,396	18.2	44,842	21.7	14,198	3.5	5,481	2.7	8,717	4.2
2045	84,456	20.0	37,905	18.3	46,551	21.7	16,985	4.0	6,609	3.2	10,376	4.8
2050	88,547	20.2	39,917	18.5	48,630	21.8	19,041	4.3	7,458	3.5	11,583	5.2

SOURCES: U.S. Census Bureau, Population Estimates and 2008 National Population Projections.

Table 2. Living arrangements among noninstitutionalized persons aged 65 and over (age adjusted) and 85 and over, by race and sex: United States, 2006

Characteristic	Living alone		Living with spouse	
	Percent (standard error)			
Aged 65 and over (age adjusted)				
All men	19.9	(0.5)	71.3	(0.6)
White	19.7	(0.6)	72.9	(0.6)
Black	26.5	(2.6)	51.3	(2.9)
Hispanic	16.7	(2.4)	68.2	(3.0)
All women	37.8	(0.5)	42.6	(0.5)
White	38.2	(0.6)	44.7	(0.6)
Black	40.8	(2.2)	23.1	(1.9)
Hispanic	25.6	(2.4)	38.1	(2.5)
Aged 85 and over				
All men	28.8	(2.0)	57.8	(2.2)
White	28.5	(2.1)	59.9	(2.3)
Black	34.9	(9.0)	37.7	(9.2)
Hispanic	17.3	(8.5)	53.3	(11.2)
All women	56.0	(1.6)	15.1	(1.1)
White	57.6	(1.7)	16.0	(1.2)
Black	47.0	(6.6)	*6.4	(3.2)
Hispanic	32.5	(8.3)	*16.7	(6.6)

* Figure does not meet standards of reliability or precision.

NOTE: White and black races include persons of Hispanic and non-Hispanic origin.

SOURCE: U.S. Census Bureau, Current Population Survey, 2006 Annual Social and Economic Supplement.

Table 3. Life expectancy at birth and at ages 65 and 85, by sex: United States, 1950–2006

Life expectancy	1950	1960	1970	1980	1990	2000	2006
At birth							
Male	65.6	66.6	67.1	70.0	71.8	74.1	75.1
Female.	71.1	73.1	74.7	77.4	78.8	79.3	80.2
At age 65							
Male	12.8	12.8	13.1	14.1	15.1	16.0	17.0
Female.	15.0	15.8	17.0	18.3	18.9	19.0	19.7
At age 85							
Male	4.4	4.4	4.7	5.1	5.3	5.6	5.7
Female.	4.9	4.7	5.6	6.4	6.7	6.7	6.8

SOURCES: CDC/NCHS, National Vital Statistics System and Health Data Interactive.

Table 4. Death rates per 100,000 population for leading causes of death among persons aged 65 and over (age adjusted), by sex: United States, 1970–2006

Year	All causes		Heart disease		Cancer		Stroke	
	Men	Women	Men	Women	Men	Women	Men	Women
1970	8,284.9	5,621.2	3,744.0	2,572.1	1,300.7	742.5	1,073.2	972.0
1975	7,777.1	4,980.3	3,406.3	2,224.1	1,390.3	743.1	926.7	812.3
1980	7,523.3	4,813.6	3,312.0	2,198.6	1,486.9	785.6	707.7	640.8
1985	7,314.2	4,713.0	3,055.2	2,041.2	1,530.9	827.1	550.4	513.7
1990	6,782.6	4,488.1	2,594.7	1,773.7	1,589.9	875.4	466.0	432.4
1995	6,522.3	4,489.6	2,361.0	1,646.3	1,567.4	903.0	451.2	424.9
2000	6,178.2	4,518.1	2,056.0	1,473.0	1,480.8	901.0	432.0	417.2
2005	5,444.8	4,142.6	1,641.9	1,190.0	1,339.7	843.7	317.2	318.1
2006	5,262.3	3,999.2	1,555.1	1,114.6	1,309.5	836.0	293.4	295.3

SOURCES: CDC/NCHS, National Vital Statistics System and Health Data Interactive; U.S. Census Bureau.

Table 5. Diabetes prevalence (diagnosed and undiagnosed) among men aged 65 and over (age adjusted), by race and Hispanic origin: United States, 1988–1994 and 2003–2006

Characteristic	1988–1994	2003–2006
	Percent (standard error)	
Non-Hispanic white	19.6 (1.4)	24.4 (2.7)
Non-Hispanic black	19.7 (2.9)	33.2 (3.6)

NOTE: Percentages include diagnosed and undiagnosed diabetes. Diagnosed diabetes is defined as responding "yes" to the question "{Other than during pregnancy,} Have you ever been told by a doctor or health professional that you have diabetes or sugar diabetes?" Undiagnosed diabetes is defined as not having diagnosed diabetes and having a fasting blood glucose of at least 126 mg/dL.

SOURCES: CDC/NCHS, National Health and Nutrition Examination Survey and Health Data Interactive.

Table 6. Diagnosed heart disease prevalence among noninstitutionalized persons aged 65 and over, by sex and race and Hispanic origin: United States, 2006–2008

Sex	65 and over (age adjusted)	65–74	75–84	85 and over
Men		Percent (standard error)		
Total	39.1 (0.8)	32.2 (1.0)	44.7 (1.4)	52.7 (2.7)
Non-Hispanic white	40.9 (0.8)	33.9 (1.2)	47.1 (1.5)	53.0 (2.8)
Non-Hispanic black	28.2 (2.2)	24.2 (2.4)	28.2 (3.7)	44.9 (10.3)
Hispanic	29.7 (2.5)	23.8 (2.6)	29.4 (3.9)	55.7 (12.6)
Women		Percent (standard error)		
Total	27.0 (0.6)	22.7 (0.8)	30.2 (1.0)	35.8 (1.7)
Non-Hispanic white	27.4 (0.7)	23.3 (1.0)	30.3 (1.1)	36.7 (1.8)
Non-Hispanic black	27.6 (1.7)	23.2 (2.1)	31.8 (3.0)	34.6 (5.2)
Hispanic	20.6 (1.6)	16.8 (1.8)	26.8 (3.3)	18.4 (5.4)

NOTE: Persons with diagnosed heart disease answered “yes” to one or more of the following questions: “Have you EVER been told by a doctor or other health professional that you had: Coronary heart disease, angina, also called angina pectoris, a heart attack (also called myocardial infarction), or any kind of heart condition or heart disease (other than the ones just asked about)?”

SOURCES: CDC/NCHS, National Health Interview Survey and Health Data Interactive.

Table 7. Hypertension prevalence among noninstitutionalized persons aged 65 and over (age adjusted), by sex and race and Hispanic origin: United States, 1988–1994 and 2003–2006

Sex and race and Hispanic origin	1988–1994	2003–2006
Men		Percent (standard error)
Total	57.3 (1.9)	64.6 (1.8)
Non-Hispanic white	56.0 (2.3)	64.1 (2.2)
Non-Hispanic black	70.5 (3.5)	79.9 (2.9)
Women		Percent (standard error)
Total	64.5 (1.3)	75.3 (1.7)
Non-Hispanic white	63.7 (1.5)	74.0 (1.9)
Non-Hispanic black	74.7 (1.9)	86.9 (2.9)

NOTE: Persons who were identified as having hypertension had a systolic blood pressure that was greater than or equal to 140 mmHg, a diastolic blood pressure greater than or equal to 90 mmHg, or were taking antihypertensive medication at the time of interview.

SOURCES: CDC/NCHS, National Health and Nutrition Examination Survey and Health Data Interactive.

Table 8. Respondent-assessed health status among noninstitutionalized persons aged 65 and over (age adjusted), by sex: United States, 1982–2008

	Excellent or very good	Good	Fair or poor
Men		Percent (standard error)	
1982	34.8 (0.8)	29.7 (0.7)	35.5 (0.8)
1985	35.4 (0.9)	31.5 (0.8)	33.1 (0.9)
1990	39.7 (0.7)	32.0 (0.7)	28.3 (0.7)
1995	37.0 (0.7)	33.3 (0.7)	29.7 (0.7)
2000	38.0 (0.7)	34.7 (0.7)	27.3 (0.7)
2005	39.4 (0.7)	34.6 (0.8)	26.1 (0.7)
2008	39.5 (1.0)	35.4 (0.9)	24.9 (0.8)
Women		Percent (standard error)	
1982	34.1 (0.7)	31.1 (0.6)	34.8 (0.8)
1985	35.9 (0.9)	33.1 (0.9)	31.0 (0.7)
1990	39.3 (0.6)	32.4 (0.6)	28.3 (0.5)
1995	37.8 (0.6)	33.9 (0.6)	28.3 (0.6)
2000	37.0 (0.7)	36.0 (0.6)	27.0 (0.6)
2005	37.3 (0.7)	35.4 (0.7)	27.3 (0.5)
2008	38.9 (0.9)	36.0 (0.7)	24.9 (0.7)

SOURCE: CDC/NCHS, National Health Interview Survey.

Table 9. Respondent-assessed fair or poor health status among noninstitutionalized men aged 65 and over, by age: United States, 1982–2008

Year	65–74	75–84	85 and over
	Percent (standard error)		
1982	34.8 (1.0)	37.5 (1.3)	32.8 (2.8)
1985	30.6 (1.0)	35.7 (1.4)	35.9 (3.1)
1990	25.0 (0.8)	31.4 (1.2)	33.3 (2.4)
1995	26.3 (0.9)	31.7 (1.2)	38.5 (2.7)
2000	22.4 (0.8)	32.6 (1.3)	33.0 (2.8)
2005	22.3 (0.9)	27.3 (1.2)	38.5 (2.4)
2008	22.5 (0.9)	25.0 (1.4)	35.4 (2.9)

SOURCE: CDC/NCHS, National Health Interview Survey.

Table 10. Percentage of persons with respondent-assessed fair or poor health status among noninstitutionalized men aged 65 and over, by age and race and Hispanic origin: United States, 2006–2008

Age	All	Non-Hispanic white	Non-Hispanic black	Hispanic
	Percent (standard error)			
65 and over (age adjusted)	25.7 (0.5)	23.9 (0.5)	35.7 (1.5)	36.4 (1.8)
65–74 years.	22.4 (0.6)	20.3 (0.6)	32.3 (1.8)	32.8 (2.1)
75–84 years.	27.5 (0.8)	25.8 (0.9)	38.5 (2.7)	37.9 (2.9)
85 and over.	35.1 (1.8)	33.7 (1.9)	42.1 (6.4)	46.9 (7.7)

SOURCES: CDC/NCHS, National Health Interview Survey and Health Data Interactive.

Table 11. Percentage needing help with activities of daily living among noninstitutionalized persons aged 65 and over, by age and sex: United States, 2008

Age	Men	Women
	Percent (standard error)	
65 and over (age adjusted)	5.2 (0.4)	7.4 (0.4)
65–74 years.	2.6 (0.4)	4.0 (0.5)
75–84 years.	5.5 (0.7)	7.6 (0.7)
85 and over.	14.9 (2.2)	21.7 (1.9)

SOURCES: CDC/NCHS, National Health Interview Survey and Health Data Interactive.

Table 12. Percentage of persons who reported five or more drinks in a day on at least 1 day in the past year, by sex and age: United States, 2008

Age	18–24	25–44	45–54	55–64	65 and over
	Percent (standard error)				
Men.	43.3 (2.3)	41.6 (1.1)	31.9 (1.4)	19.7 (1.2)	9.7 (0.8)
Women.	28.5 (1.9)	20.2 (0.8)	12.3 (0.9)	5.4 (0.6)	2.2 (0.4)

NOTE: Persons answered "one day or more" to the following question: "In the past year, on how many days did you have five or more drinks of any alcoholic beverage?"

SOURCE: CDC/NCHS, National Health Interview Survey.

Table 13. Smoking status of noninstitutionalized persons aged 65 and over (age adjusted) by sex and race and Hispanic origin: United States, 2008

	Current smoker	Former smoker	Never smoker
Men			
	Percent (standard error)		
Total	9.8 (0.5)	54.3 (0.8)	36.0 (0.8)
Non-Hispanic white	9.5 (0.5)	56.0 (0.9)	34.6 (0.9)
Non-Hispanic black	14.4 (1.5)	45.8 (2.3)	39.8 (2.3)
Hispanic	9.2 (1.6)	41.4 (2.8)	49.4 (3.1)
Women			
Total	8.5 (0.4)	28.9 (0.6)	62.6 (0.7)
Non-Hispanic white	8.8 (0.4)	30.7 (0.7)	60.5 (0.8)
Non-Hispanic black	8.2 (0.8)	24.0 (1.3)	67.8 (1.5)
Hispanic	4.5 (0.8)	15.1 (1.5)	80.4 (1.6)

SOURCES: CDC/NCHS, National Health Interview Survey.

Table 14. Body mass index among noninstitutionalized persons aged 45 and over, by age and sex: United States, 2003–2006

	45–64	65 and over (crude)	65 and over (age adjusted)
Men			
	Percent (standard error)		
Overweight or obese (BMI of 25.0 or greater)	78.9 (1.4)	73.0 (1.2)	72.2 (1.2)
Overweight (BMI between 25.0 and 30.0)	42.6 (1.7)	43.7 (2.0)	43.5 (2.0)
Obese (BMI of 30.0 or greater)	36.2 (2.2)	29.3 (1.6)	28.7 (1.5)
Severely obese (BMI of 40.0 or greater)	3.9 (0.6)	1.9 (0.5)	1.9 (0.5)
Healthy weight (BMI between 18.5 and 25.0)	20.3 (1.4)	26.1 (1.2)	26.9 (1.2)
Women			
Overweight or obese (BMI of 25.0 or greater)	68.2 (1.5)	66.8 (1.9)	66.7 (1.9)
Overweight (BMI between 25.0 and 30.0)	27.8 (1.4)	36.0 (1.9)	36.1 (1.9)
Obese (BMI of 30.0 or greater)	40.4 (1.5)	30.8 (1.6)	30.6 (1.8)
Severely obese (BMI of 40.0 or greater)	9.4 (0.9)	4.4 (0.7)	4.4 (0.7)
Healthy weight (BMI between 18.5 and 25.0)	30.5 (1.5)	31.7 (1.8)	31.8 (1.8)

NOTE: Body mass index (BMI) is calculated as weight in kilograms divided by height in meters squared.

SOURCES: CDC/NCHS, National Health and Nutrition Examination Survey and Health Data Interactive.

Table 15. Influenza and pneumococcal vaccinations, by sex and age: United States, 1993–1994 and 2007–2008

	Influenza vaccination during the past year		Pneumococcal vaccination (ever)	
	1993–1994	2007–2008	1993–1994	2007–2008
Men				
	Percent (standard error)			
65 and over (crude)	55.1 (1.0)	64.9 (0.9)	31.1 (1.0)	53.6 (1.0)
65 and over (age adjusted)	56.1 (1.0)	66.0 (0.9)	32.0 (1.0)	54.6 (1.0)
65–74	52.5 (1.3)	56.8 (1.2)	28.7 (1.3)	45.7 (1.2)
75–84	60.9 (1.9)	73.4 (1.5)	35.7 (1.9)	63.4 (1.7)
85 and over	56.1 (3.8)	83.6 (2.5)	34.8 (4.2)	67.1 (3.5)
Women				
65 and over (crude)	52.8 (0.9)	65.7 (0.8)	27.6 (0.8)	58.9 (0.9)
65 and over (age adjusted)	53.0 (0.9)	65.6 (0.8)	27.8 (0.8)	58.7 (0.9)
65–74	51.9 (1.1)	62.2 (1.1)	26.5 (0.9)	54.0 (1.2)
75–84	54.6 (1.3)	68.9 (1.2)	29.8 (1.2)	64.9 (1.3)
85 and over	52.5 (2.7)	70.4 (2.0)	26.5 (2.5)	60.4 (2.2)

SOURCE: CDC/NCHS, National Health Interview Survey.

Table 16. Annual physician visit rates per 100 population among persons aged 65 and over (age adjusted), by sex and physician specialty: United States, 2005–2006

	Men	Women
All specialties	758.2	815.1
Internal medicine	135.3	151.3
General or family practice	116.6	137.9
Ophthalmology	83.5	99.1
Cardiovascular disease	51.0	39.0
Urology	48.8	10.3
Dermatology	30.0	22.5
Orthopedic surgery	29.7	42.5
General surgery	12.5	16.5
Otolaryngology	12.6	12.3
Oncology	10.3	11.2
Neurology	10.3	10.0
Psychiatry	5.2	10.0

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Table 17. Average personal health care expenditures (in 2005 dollars) of male Medicare beneficiaries aged 65 and over (age adjusted), by type of service: United States, 1992–2005

	1992	1995	2000	2005
	Mean (standard error)			
Total	\$9,883 (289)	\$10,773 (364)	\$11,979 (365)	\$13,542 (401)
Inpatient hospital	3,658 (173)	3,547 (203)	3,999 (219)	3,687 (189)
Physician or supplier	2,441 (77)	2,723 (80)	3,306 (82)	3,628 (107)
Long-term care facility	1,907 (160)	2,146 (206)	2,031 (168)	2,038 (156)
Prescription medicine	625 (15)	690 (20)	1,133 (27)	1,821 (39)
Outpatient hospital	802 (43)	1,046 (52)	1,046 (51)	1,489 (148)
Medicare home health service	336 (35)	445 (45)	266 (27)	365 (36)
Dental	240 (13)	263 (19)	339 (20)	324 (20)
Medicare hospice service	47 (12)	*	77 (22)	190 (35)

* Does not meet standards of reliability or precision.

SOURCES: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, and CDC/NCHS, Health Data Interactive.

Table 18. Emergency department visits among persons aged 45 and over, by age, sex, and race: United States, 1992–1993 and 2005–2007

Characteristics	1992–1993	2005–2007
Rate per 100 population (standard error)		
Men, all races		
65 and over (crude)	38.9 (1.6)	46.4 (1.5)
65 and over (age adjusted)	42.6 (1.4)	47.6 (1.1)
45–64	24.6 (0.9)	31.4 (1.0)
Men, white		
65 and over (crude)	38.4 (1.8)	44.2 (1.6)
65 and over (age adjusted)	42.1 (1.6)	45.3 (1.2)
45–64	22.9 (0.9)	27.5 (1.0)
Men, black		
65 and over (crude)	48.3 (4.1)	76.9 (5.5)
65 and over (age adjusted)	51.5 (3.5)	80.3 (4.6)
45–64	43.8 (3.0)	72.5 (4.0)
Women, all races		
65 and over (crude)	39.7 (1.5)	49.5 (1.6)
65 and over (age adjusted)	39.8 (1.1)	48.4 (1.1)
45–64	26.5 (1.1)	33.3 (1.1)
Women, white		
65 and over (crude)	39.2 (1.6)	46.8 (1.7)
65 and over (age adjusted)	39.2 (1.2)	45.4 (1.1)
45–64	24.7 (1.1)	29.2 (1.1)
Women, black		
65 and over (crude)	49.0 (4.3)	82.8 (5.6)
65 and over (age adjusted)	49.6 (3.4)	83.3 (4.2)
45–64	44.7 (4.1)	69.4 (4.2)
Number of visits in thousands (standard error)		
Men, all races		
65 and over (crude)	5,095 (213)	7,067 (276)
45–64	5,799 (216)	11,338 (346)
Men, white		
65 and over (crude)	4,523 (211)	5,917 (257)
45–64	4,694 (195)	8,346 (296)
Men, black		
65 and over (crude)	486 (41)	896 (85)
45–64	973 (66)	2,648 (145)
Women, all races		
65 and over (crude)	7,596 (290)	10,118 (379)
45–64	6,681 (273)	12,708 (415)
Women, white		
65 and over (crude)	6,725 (280)	8,260 (346)
45–64	5,321 (230)	9,163 (349)
Women, black		
65 and over (crude)	779 (68)	1,534 (131)
45–64	1,219 (111)	3,113 (187)

SOURCES: CDC/NCHS, National Hospital Ambulatory Medical Care Survey.

Technical Notes

The data sources used in this report are briefly described:

Current Population Survey (CPS)

Description: Provides monthly estimates of total employment, unemployment, and other demographic characteristics of the civilian noninstitutionalized population.

Source and contact information: U.S. Census Bureau, <http://www.census.gov/cps/>.

Health Data Interactive (HDI)

Description: Presents tables with national health statistics for infants, children, adolescents, adults, and older adults. Tables can be customized by age, gender, race or ethnicity, and geographic location to explore different trends and patterns.

Source and contact information: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://www.cdc.gov/nchs/hdi.htm>.

Medicare Current Beneficiary Survey (MCBS)

Description: Produces nationally representative estimates of health status, health care use and expenditures, health insurance coverage, and socioeconomic and demographic characteristics of Medicare beneficiaries (both institutionalized and noninstitutionalized).

Source and contact information: Centers for Medicare and Medicaid Services, www.cms.hhs.gov/MCBS.

National Ambulatory Medical Care Survey (NAMCS)

Description: Collects data on the utilization and provision of medical care services at visits to office-based physicians. Data are collected demographic characteristics of patients, expected sources of payment, patients' reasons for visit,

physicians' diagnoses, diagnostic and screening services, therapeutic and preventive services including medication therapy, providers seen, visit duration and disposition, other visit characteristics, and provider characteristics such as physician specialty.

Source and contact information: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://www.cdc.gov/nchs/ahcd.htm>.

National Hospital Ambulatory Medical Care Survey (NHAMCS)

Description: Collects data on the utilization and provision of medical care services at visits to hospital-based outpatient and emergency departments. Data are collected on demographic characteristics of patients, expected sources of payment, patients' reasons for visit, causes of injury for emergency department visits where applicable, physicians' diagnoses, diagnostic and screening services, therapeutic and preventive services including medication therapy, providers seen, visit disposition, other visit characteristics, and hospital characteristics such as type of ownership.

Source and contact information: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://www.cdc.gov/nchs/ahcd.htm>.

National Health and Nutrition Examination Survey (NHANES)

Description: Designed to assess the health and nutritional status of the U.S. noninstitutionalized civilian population through direct physical examinations, laboratory tests, and interviews.

Source and contact information: Centers for Disease Control and Prevention, National Center for Health Statistics, www.cdc.gov/nchs/nhanes.htm.

National Hospital Discharge Survey (NHDS)

Description: Collects and produces national estimates on characteristics of inpatient stays in nonfederal short-stay hospitals in the United States.

Source and contact information: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://www.cdc.gov/nchs/nhds.htm>.

National Health Interview Survey (NHIS)

Description: Monitors the health of the civilian noninstitutionalized U.S. population through the collection and analysis of data on a broad range of topics and is used to monitor trends in illness and disability and to track progress toward achieving national health objectives.

Source and contact information: Centers for Disease Control and Prevention, National Center for Health Statistics, www.cdc.gov/nchs/nhis.htm.

National Vital Statistics System (NVSS)

Description: Includes data on births, deaths, and, prior to 1996, marriages and divorces occurring in the United States, based on U.S. Standard certificates.

Source and contact information: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://www.cdc.gov/nchs/deaths.htm>.

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