

Health, United States, 2013

With Special Feature on Prescription Drugs



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

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Suggested citation

National Center for Health Statistics.
Health, United States, 2013: With Special Feature
on Prescription Drugs. Hyattsville, MD. 2014.

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

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May 2014
DHHS Publication No. 2014-1232

U.S. Department of Health and Human Services

Kathleen Sebelius
Secretary

Centers for Disease Control and Prevention

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

National Center for Health Statistics

Charles J. Rothwell, M.S., M.B.A.
Director

Preface

Health, United States, 2013 is the 37th report on the health status of the nation and is submitted by the Secretary of the Department of Health and Human Services to the President and the Congress of the United States in compliance with Section 308 of the Public Health Service Act. This report was compiled by the Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics (NCHS). The National Committee on Vital and Health Statistics served in a review capacity.

The *Health, United States* series presents an annual overview of national trends in health statistics. The report contains a Chartbook that assesses the nation's health by presenting trends and current information on selected measures of morbidity, mortality, health care utilization and access, health risk factors, prevention, health insurance, and personal health care expenditures. This year's Chartbook includes a Special Feature on Prescription Drugs. The report also contains 135 Trend Tables organized around four major subject areas: health status and determinants, health care utilization, health care resources, and health care expenditures. A companion product—*Health, United States: In Brief*—features information extracted from the full report. The complete report, *In Brief*, and related data products are available on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

The 2013 Edition

Health, United States, 2013 contains a summary At a Glance table that displays selected indicators of health and their determinants, cross-referenced to charts and tables in the report. This is followed by a Highlights section, a Chartbook, detailed Trend Tables, two detailed Appendixes, and an Index. The major sections of the 2013 report are described below.

Chartbook

The 2013 Chartbook contains 29 charts, including 10 charts on this year's Special Feature on Prescription Drugs (Figures 20–29). This Special Feature provides an overview of prescription drug use in the United States. Data are presented on the number and classes of drugs used by Americans. Access problems—those who did not receive needed prescription drugs in the past 12 months due to cost—are presented by insurance and poverty status. The impact of specific groups of drugs used to control chronic disease (i.e., antiretrovirals to treat HIV disease and antidepressant drugs) is presented. Quality issues are examined by looking at the misuse of antibiotics to treat cold symptoms, deaths from misuse of opioid analgesic

drugs, and the adoption by providers of electronic health record systems, which are designed to improve safety. And finally, the growth in national spending on prescription drugs is shown.

Trend Tables

The Chartbook is followed by 135 detailed Trend Tables that highlight major trends in health statistics. Comparability across editions of *Health, United States* is fostered by including similar Trend Tables in each volume, and timeliness is maintained by improving the content of tables to reflect key topics in public health. An important criterion used in selecting these tables is the availability of comparable national data over a period of several years.

Appendixes

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

Appendix II. Definitions and Methods is an alphabetical listing of selected terms used in *Health, United States*. It also contains information on the statistical methodologies used in the report.

Index

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

Data Considerations

Racial and Ethnic Data

Many tables in *Health, United States* present data according to race and Hispanic origin, consistent with a department-wide emphasis on expanding racial and ethnic detail when presenting health data. Trend data on race and ethnicity are presented in the greatest detail possible after taking into account the quality of the data, the amount of missing data,

and the number of observations. These issues significantly affect the availability of reportable data for certain populations, such as the Native Hawaiian and Other Pacific Islander population and the American Indian and Alaska Native population. Standards for the classification of federal data on race and ethnicity are described in an appendix (See [Appendix II, Race](#)).

Education and Income Data

Many Trend Tables in *Health, United States* present data according to socioeconomic status, using education and family income as proxy measures. Education and income data are generally obtained directly from survey respondents and are not usually available from records-based data collection systems. (See [Appendix II, Education](#); [Family income](#); [Poverty](#).)

Disability Data

Disability can include the presence of physical or mental impairments that limit a person's ability to perform an important activity and affect the use of or need for support, accommodation, or intervention to improve functioning. Information on disability in the U.S. population is critical to health planning and policy. Several initiatives are currently under way to coordinate and standardize the measurement of disability across federal data systems. *Health, United States, 2009* introduced the first detailed Trend Table using data from the National Health Interview Survey to create disability measures consistent with two of the conceptual components that have been identified in disability models and legislation: basic actions difficulty and complex activity limitation. Basic actions difficulty captures limitations or difficulties in movement and sensory, emotional, or mental functioning that are associated with a health problem. Complex activity limitation describes limitations or restrictions in a person's ability to participate fully in social role activities such as working or maintaining a household. *Health, United States, 2010* expanded the use of these measures to many of the tables from the National Health Interview Survey. *Health, United States, 2013* includes the following disability-related information for the civilian noninstitutionalized population: basic actions difficulty and complex activity limitation ([Tables 49, 53, and 54](#)), vision and hearing limitations for adults ([Tables 50 and 51](#)), and disability-related information for Medicare enrollees ([Table 129](#)), Medicaid recipients ([Table 130](#)), and veterans with service-connected disabilities ([Table 132](#)). For more information on disability statistics, see Altman and Bernstein (1).

Statistical Significance

All statements in the text describing differences, or lack thereof, in estimates indicate that statistical testing was performed. Differences between two point estimates were

determined to be statistically significant at the 0.05 level using two-sided significance tests (z tests). In the text, the standard terminology used when a difference between two point estimates was tested is, "Between (estimate 1) and (estimate 2)." For example, the statement "Between 2011 and 2012" indicates that the difference between the point estimate for 2011 and that for 2012 was tested for statistical significance.

The statistical significance of a time trend was assessed using weighted least squares regression applied to data for all years in the time period. (For a description of the trend testing technique, see the [Technical Notes](#) that follow the Chartbook.) The terminology used in the text to indicate testing of a trend is "During (time period 1) through (time period 2)." For example, the statement "During 2002 through 2012" indicates that a statistical test of trend was conducted that included estimates for all 11 years in the time period. Because statistically significant differences or trends are partly a function of sample size (i.e., the larger the sample, the smaller the change that can be detected), statistically significant differences or trends do not necessarily have public health significance (2).

Terms such as "similar," "stable," and "no difference" indicate that the statistics being compared were not significantly different. Lack of comment regarding the difference between statistics does not necessarily suggest that the difference was tested and found to not be significant.

Overall estimates generally have relatively small standard errors, but estimates for certain population subgroups may be based on small numbers and have relatively large standard errors. Although numbers of births and deaths from the Vital Statistics System represent complete counts (except for births in those states where data are based on a 50% sample for selected years) and are not subject to sampling error, the counts are subject to random variation, which means that the number of events that actually occur in a given year may be considered as one of a large series of possible results that could have arisen under the same circumstances. When the number of events is small and the probability of such an event is small, considerable caution must be observed in interpreting the conditions described by the estimates. Estimates that are unreliable because of large standard errors or small numbers of events are noted with an asterisk. The criteria used to designate or suppress unreliable estimates are indicated in the table footnotes.

For NCHS surveys, point estimates and their corresponding variances were calculated using the SUDAAN software package (3), which takes into consideration the complex survey design. Standard errors for other surveys or data sets were computed using the methodology recommended by the programs providing the data or were provided directly by those programs. Standard errors are available for selected tables in the spreadsheet version on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

Accessing *Health, United States*

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

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

Questions?

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

Office of Information Services
Information Dissemination Staff
National Center for Health Statistics
Centers for Disease Control and Prevention
3311 Toledo Road, Room 5419
Hyattsville, MD 20782
Phone: 1-800-CDC-INFO (1-800-232-4636)
TTY: 1-888-232-6348
Internet: <http://www.cdc.gov/nchs>
Online request form: <http://www.cdc.gov/cdc-info/requestform.html>
For e-mail updates on NCHS publication releases, subscribe online at: <http://www.cdc.gov/nchs/govdelivery.htm>.

References

1. Altman B, Bernstein A. Disability and health in the United States, 2001–2005. Hyattsville, MD: NCHS; 2008. Available from: <http://www.cdc.gov/nchs/data/misc/disability2001-2005.pdf>.
2. Youth Risk Behavior Surveillance System (YRBSS). Interpretation of YRBS trend data. CDC; 2012. Available from: http://www.cdc.gov/HealthyYouth/yrbs/pdf/YRBS_trend_interpretation.pdf.
3. SUDAAN, release 11.0.0 [computer software]. Research Triangle Park, NC: RTI International; 2012.

Acknowledgments

Overall responsibility for planning and coordinating the content of this volume rested with the National Center for Health Statistics' (NCHS) Office of Analysis and Epidemiology, under the direction of Julia S. Holmes and Irma E. Arispe.

Production of *Health, United States, 2013*, including highlights, trend tables, and appendixes, was managed by Sheila J. Franco, Virginia M. Freid, and Julia S. Holmes. Trend tables were prepared by Mary Ann Bush, La-Tonya D. Curl, Anne K. Driscoll, Catherine R. Duran, Sheila J. Franco, Virginia M. Freid, Nancy Han, Hashini S. Khajuria, Ji-Eun Kim, Xianfen Li, Naga Shanmugam, and Rashmi Tandon, with assistance from Anita L. Powell and Ilene B. Rosen. The index was assembled by Anita L. Powell. Review and clearance books were assembled by Ilene B. Rosen. Administrative and word processing assistance was provided by Lillie C. Featherstone.

Production of the *Chartbook* was managed by Sheila J. Franco and Virginia M. Freid. The Special Feature on Prescription Drugs was prepared and written by Sheila J. Franco. Data and analysis for specific charts were provided by Sheila J. Franco, Virginia M. Freid, Hashini S. Khajuria, and Ji-Eun Kim. Charts were drafted by La-Tonya D. Curl. Technical assistance and programming were provided by Mary Ann Bush, La-Tonya D. Curl, Catherine R. Duran, Xianfen Li, Nancy Han, and Rashmi Tandon.

Publication production was performed by CDC/OSELS/ NCHS/OD/Office of Information Services, Information Design and Publishing Staff (IDPS). Project management and editorial review were provided by Barbara J. Wassell. Graphic design was provided by Dorothy M. Day, Odell D. Eldridge (contractor), and Kyung M. Park. Layout and production were done by Jacqueline M. Davis and Zung T. Le. Overview for IDPS publications and electronic products was provided by Christine J. Brown, Kimberly N. Ross, and Tommy C. Seibert, Jr. Printing was managed by Nathanael Brown, CDC/OD/OADC.

Electronic access through the NCHS website was provided by Christine J. Brown, La-Tonya D. Curl, Jacqueline M. Davis, Virginia M. Freid, Elom L. Lawson, Zung T. Le, Anthony Lipphardt, Kyung M. Park, Anita L. Powell, Anthony R. Quintana, Sharon L. Ramirez, Ilene B. Rosen, Naga Shanmugam, and Barbara J. Wassell.

Data and technical assistance were provided by staff of the following NCHS organizations: *Division of Health Care Statistics*: Michael Albert, Carol J. DeFrances, Chun-Ju Hsiao, Eric Jamoom, Linda F. McCaig, Susan M. Schappert, and Sayeedha Uddin; *Division of Health and Nutrition Examination Surveys*: Namanjeet Ahluwalia, Margaret D. Carroll, Mark S. Eberhardt, Qiuping Gu, Brian K. Kit, Cynthia L. Ogden, Ryne Paulose-Ram, and Sung Sug (Sarah) Yoon; *Division of Health Interview Statistics*: Patricia F. Adams, Veronica E. Benson, Debra Blackwell, Barbara Bloom,

Tainya Clarke, Robin A. Cohen, Gulnur Freeman, Lindsey Jones, Whitney Kirzinger, Jacqueline Lucas, Michael Martinez, Jeannine Schiller, Charlotte A. Schoenborn, and Brian W. Ward; *Division of Vital Statistics*: Robert N. Anderson, Elizabeth Arias, Sally C. Curtin, Brady Hamilton, Sharon E. Kirmeyer, Kenneth D. Kochanek, Marian MacDorman, Joyce A. Martin, T.J. Mathews, Sherry L. Murphy, Michelle Osterman, Marie Thoma, Stephanie J. Ventura, Margaret Warner, and Elizabeth Wilson; *Office of Analysis and Epidemiology*: Lara Akinbami, Li-Hui Chen, Catherine R. Duran, Holly Hedegaard, Deborah D. Ingram, Laura A. Pratt, Cheryl V. Rose, Alan Simon, Ritu Tuteja, and Sirin Yaemsiri; *Office of Policy, Budget, and Legislation*: Andrea MacKay; *Office of the Center Director*: Juan Albertorio and Francis C. Notzon; and *Office of Research and Methodology*: Meena Khare.

Additional data and technical assistance were provided by the following organizations of the Centers for Disease Control and Prevention (CDC): *National Center for Chronic Disease Prevention and Health Promotion*: Karen Pazol; *National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention*: Anna Satcher Johnson and Rachel Stern Wynn; *Office of Public Health Scientific Services, Center for Surveillance, Epidemiology, and Laboratory Services*: Ruth Ann Jajosky; *National Institute for Occupational Safety and Health*: Roger Rosa; by the following organizations within the Department of Health and Human Services: *Agency for Healthcare Research and Quality*: Roxanne Andrews, Kellyn Carper, David Kashihara, and Steven R. Machlin; *Centers for Medicare & Medicaid Services*: Mary Carol Barron, Joseph Benson, Aaron Catlin, Cathy Cowan, Maria Diacogiannis, Bridget Dickensheets, Nathan Espinosa, Micah Hartman, Deborah W. Kidd, Barbara S. Klees, David Lassman, Anne Martin, Maggie S. Murgolo, Arun Natarajun, Jason G. Petroski, Joseph F. Regan, Benjamin E. Washington and Lekha Whittle; *National Institutes of Health*: Brenda Edwards, Missy Jamison, and Marsha Lopez; *Substance Abuse and Mental Health Services Administration*: Joe Gfroerer and Beth Han; and by the following governmental and nongovernmental organizations: *U.S. Census Bureau*: Bernadette D. Proctor; *Bureau of Labor Statistics*: Christen Byler and Audrey Watson; *Department of Veterans Affairs*: Tom Garin, Pheakdey Lim, and Dat Tran; *American Association of Colleges of Pharmacy*: Jennifer M. Patton; *American Association of Colleges of Osteopathic Medicine*: Lindsey Jurd; *American Association of Colleges of Podiatric Medicine*: Kelly Foster and Moraith G. North; *American Dental Education Association*: Sylvia M. Zeno; *Association of American Medical Colleges*: Geoffrey Redden; *Association of Schools and Colleges of Optometry*: Joanne Zuckerman; *Association of Schools of Public Health*: Kristin C. Dolinski; *Cowles Research Group*: C. McKeen Cowles; and *NOVA Research Company*: Shilpa Bengeri.

Contents

Preface	iii
Acknowledgments	vi
List of Chartbook Figures	xi
List of Trend Tables	xiii

At a Glance Table and Highlights

At a Glance Table	2
Highlights	4
Life Expectancy and Mortality	4
Fertility and Natality	4
Health Risk Factors	4
Measures of Health and Disease Prevalence	4
Health Care Utilization	5
Nonreceipt of Needed Medical Care, Prescription Drugs, and Dental Care Due to Cost	5
Health Care Resources	5
Health Care Expenditures and Payers	5

Chartbook With Special Feature on Prescription Drugs

Mortality	8
Life Expectancy at Birth	8
Infant Mortality	8
Selected Causes of Death	9
Motor Vehicle-related Death Rates	9
Natality	10
Teenage Childbearing	10
Morbidity	10
Heart Disease Prevalence	10
Disability Measures	11
Basic Actions Difficulty and Complex Activity Limitation	11
Health Risk Factors	11
Current Cigarette Smoking	11
Uncontrolled High Blood Pressure	12
Obesity Among Children	12
Overweight and Obesity Among Adults	13
Prevention	13
Influenza and Pneumococcal Vaccination	13

Vaccination Coverage Among Adolescents Aged 13–17	14
Health Insurance	14
Coverage Among Adults Aged 18–64	14
Coverage Among Adults Aged 19–25	15
Utilization and Access	15
Emergency Department Use	15
Usual Source of Care Among Children	16
Delay or Nonreceipt of Medical Care or Nonreceipt of Dental Care Due to Cost	16
Personal Health Care Expenditures	17
Major Source of Funds	17
Special Feature on Prescription Drugs	20
Introduction	20
Prescription Drug Use	21
Prescription Drug Use by Drug Class	22
Polypharmacy	23
Nonreceipt of Needed Prescription Drugs Due to Cost	24
Deaths from HIV Disease	25
Use of Antidepressants	26
Antibiotics Prescribed for Colds	27
Computerized Systems for Prescription Drugs	28
Deaths Involving Opioid Analgesics	29
Spending on Prescription Drugs	30
Data Tables for Special Feature	31
Technical Notes	40

Trend Tables

Health Status and Determinants	49
Population	49
Fertility and Natality	54
Mortality	71
Determinants and Measures of Health	145
Utilization of Health Resources	238
Ambulatory Care	238
Inpatient Care	294
Health Care Resources	315
Personnel	315
Facilities	321

Health Care Expenditures and Payers	327
National Health Expenditures	327
Health Care Coverage and Major Federal Programs	350
State Health Expenditures and Health Insurance	374

Appendixes

Appendix Contents	381
Appendix I. Data Sources	385
Appendix II. Definitions and Methods	431

Index

Index	487
-----------------	-----

List of Chartbook Figures

Mortality

- Figure 1. Life expectancy at birth, by selected characteristics: United States, 1980–2010. 8
- Figure 2. Infant, neonatal, and postneonatal mortality rates: United States, 2000–2010 8
- Figure 3. Age-adjusted death rates for selected causes of death for all ages, by sex: United States, 2000–2010 9
- Figure 4. Motor vehicle-related death rates among persons aged 15–24, by sex and age: United States, 2000–2010 9

Natality

- Figure 5. Teenage childbearing, by maternal age and race and Hispanic origin: United States, 2002–2012 10

Morbidity

- Figure 6. Respondent-reported heart disease prevalence among adults aged 18 and over, by sex and age: United States, average annual, 2001–2002 through 2011–2012 10

Disability measures

- Figure 7. Basic actions difficulty and complex activity limitation among adults aged 18 and over, by sex and age: United States, 2002–2012 11

Health risk factors

- Figure 8. Current cigarette smoking among high school seniors and adults aged 18 and over, by sex and age: United States, 2002–2012 11
- Figure 9. Uncontrolled high blood pressure among adults aged 20 and over with hypertension, by sex and age: United States, 1988–1994 through 2009–2012 12
- Figure 10. Obesity among children and adolescents, by age: United States, 2003–2004 through 2011–2012 12
- Figure 11. Overweight and obesity among adults aged 20 and over, by sex: United States, 1988–1994 through 2009–2012 13

Prevention

- Figure 12. Influenza and pneumococcal vaccination among noninstitutionalized adults aged 18 and over, by type of vaccination and age: United States, 2002–2012 13
- Figure 13. Vaccination coverage among adolescents aged 13–17, by type of vaccine: United States, 2012 14

Health insurance

- Figure 14. Health insurance coverage among adults aged 18–64, by age and type of coverage: United States, 2002–2012 14
- Figure 15. Health insurance coverage among adults aged 19–25, by type of coverage: United States, 2002–2012 15

Utilization and access

- Figure 16. One or more emergency department visits in the past 12 months, by age and type of coverage: United States, 2002–2012 15
- Figure 17. No usual source of care among children under age 18, by type of coverage: United States, average annual, 2001–2002 through 2011–2012. 16
- Figure 18. Delay or nonreceipt of needed medical care or nonreceipt of needed dental care in the past 12 months due to cost among adults aged 18–64, by percent of poverty level: United States, 2002–2012. 16

Personal health care expenditures

- Figure 19. Personal health care expenditures, by source of funds: United States, 2001–2011. 17

Special feature on prescription drugs

- Figure 20. Prescription drug use in the past 30 days, by number of drugs taken and age: United States, 1988–1994 through 2007–2010 21
- Figure 21. Prescription drug use in the past 30 days among adults aged 18 and over, by age and selected drug class: United States, 1988–1994 and 2007–2010. 22
- Figure 22. Number of prescription drugs taken in the past 30 days among adults aged 18 and over, by selected characteristics: United States, 2007–2010 23
- Figure 23. Nonreceipt of needed prescription drugs in the past 12 months due to cost among adults aged 18–64, by insurance status and percent of poverty level: United States, 2002–2012 24
- Figure 24. Age-adjusted death rates for human immunodeficiency virus (HIV) disease for all ages, by sex and race and Hispanic origin: United States, 1990–2010 25
- Figure 25. Use of prescription antidepressants in the past 30 days among adults aged 18 and over, by sex and age: United States, 1988–1994 through 2007–2010 26
- Figure 26. Antibiotics ordered or provided during emergency department, outpatient, and physician visits for cold symptom diagnoses, by age: United States, average annual, 1995–1996 through 2009–2010. 27
- Figure 27. Computerized systems for prescription drugs, by provider and system type: United States, 2010 28

Figure 28. Drug poisoning deaths involving opioid analgesics among persons aged 15 and over, by race and Hispanic origin, sex, and age: United States, 1999–2000 through 2009–2010	29
Figure 29. Retail prescription drug expenditures, annual percent change, and spending by payer: United States, 2001–2011	30

Summary List of Trend Tables by Topic

Tables 1–135

Population (Tables 1 and 2)

Resident population
Persons in poverty

Fertility and Natality (Tables 3–10)

Births
Low birthweight
Breastfeeding
and more . . .

Mortality (Tables 11–38)

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

Determinants and Measures of Health (Tables 39–71)

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

Ambulatory Care (Tables 72–93)

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

Inpatient Care (Tables 94–100)

Hospital stays and procedures
Nursing homes
and more . . .

Personnel (Tables 101–106)

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

Facilities (Tables 107–111)

Hospitals
Nursing homes
and more . . .

National Health Expenditures (Tables 112–121)

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

Health Care Coverage and Major Federal Programs (Tables 122–132)

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

State Health Expenditures and Health Insurance (Tables 133–135)

Medicare, Medicaid, managed care expenditures and enrollees
Uninsured persons

List of Trend Tables

Health Status and Determinants

Population

Table 1. Resident population, by age, sex, race, and Hispanic origin: United States, selected years 1950–2012	49
Table 2. Persons below poverty level, by selected characteristics, race, and Hispanic origin: United States, selected years 1973–2012	52

Fertility and Natality

Table 3. Crude birth rates, fertility rates, and birth rates, by age, race, and Hispanic origin of mother: United States, selected years 1950–2012	54
Table 4. Teenage childbearing, by age and detailed race and Hispanic origin of mother: United States, selected years 1970–2012	57
Table 5. Nonmarital childbearing, by detailed race and Hispanic origin of mother, and maternal age: United States, selected years 1970–2012	59
Table 6. Low birthweight live births, by detailed race, Hispanic origin, and smoking status of mother: United States, selected years 1970–2012	60
Table 7. Low birthweight live births, by race and Hispanic origin of mother, state, and territory: United States and U.S. dependent areas, 2000–2002, 2003–2005, and 2010–2012	61
Table 8. Legal abortions, legal abortion rates, and legal abortion ratios: United States and 46 continuous reporting areas, 2001–2010.	64
Table 9. Contraceptive use in the past month among women aged 15–44, by age, race and Hispanic origin, and method of contraception: United States, selected years 1982–2010	65
Table 10. Breastfeeding among mothers aged 15–44, by year of baby's birth and selected characteristics of mother: United States, average annual 1986–1988 through 2005–2007	70

Mortality

Table 11. Infant, neonatal, and postneonatal mortality rates, by detailed race and Hispanic origin of mother: United States, selected years 1983–2010	71
Table 12. Infant mortality rates, by birthweight: United States, selected years 1983–2010	72
Table 13. Infant mortality rates, fetal mortality rates, and perinatal mortality rates, by race: United States, selected years 1950–2010	73
Table 14. Infant mortality rates, by race and Hispanic origin of mother, state, and territory: United States and U.S. dependent areas, average annual 1989–1991, 2003–2005, and 2008–2010	74

Table 15. Neonatal mortality rates, by race and Hispanic origin of mother, and state: United States, average annual 1989–1991, 2003–2005, and 2008–2010	77
Table 16. Infant mortality rates and international rankings: Organisation for Economic Co-operation and Development (OECD) countries, selected years 1960–2010	79
Table 17. Life expectancy at birth and at age 65, by sex: Organisation for Economic Co-operation and Development (OECD) countries, selected years 1980–2011	80
Table 18. Life expectancy at birth, at age 65, and at age 75, by sex, race, and Hispanic origin: United States, selected years 1900–2010	82
Table 19. Age-adjusted death rates, by race, Hispanic origin, state, and territory: United States and U.S. dependent areas, average annual 1979–1981, 1989–1991, and 2008–2010	84
Table 20. Age-adjusted death rates for selected causes of death, by sex, race, and Hispanic origin: United States, selected years 1950–2010	86
Table 21. Years of potential life lost before age 75 for selected causes of death, by sex, race, and Hispanic origin: United States, selected years 1980–2010	90
Table 22. Leading causes of death and numbers of deaths, by sex, race, and Hispanic origin: United States, 1980 and 2010	94
Table 23. Leading causes of death and numbers of deaths, by age: United States, 1980 and 2010	98
Table 24. Age-adjusted death rates, by race, sex, region, and urbanization level: United States, average annual, selected years 1996–1998 through 2008–2010	100
Table 25. Death rates for all causes, by sex, race, Hispanic origin, and age: United States, selected years 1950–2010	103
Table 26. Death rates for diseases of heart, by sex, race, Hispanic origin, and age: United States, selected years 1950–2010	107
Table 27. Death rates for cerebrovascular diseases, by sex, race, Hispanic origin, and age: United States, selected years 1950–2010	110
Table 28. Death rates for malignant neoplasms, by sex, race, Hispanic origin, and age: United States, selected years 1950–2010	113
Table 29. Death rates for malignant neoplasms of trachea, bronchus, and lung, by sex, race, Hispanic origin, and age: United States, selected years 1950–2010	117
Table 30. Death rates for malignant neoplasm of breast among females, by race, Hispanic origin, and age: United States, selected years 1950–2010	120
Table 31. Death rates for human immunodeficiency virus (HIV) disease, by sex, race, Hispanic origin, and age: United States, selected years 1987–2010	122

Table 32. Death rates for drug poisoning and drug poisoning involving opioid analgesics, by sex, age, race, and Hispanic origin: United States, selected years 1999–2010	124	Table 47. End-stage renal disease patients, by selected characteristics: United States, selected years 1980–2011	167
Table 33. Death rates for motor vehicle-related injuries, by sex, race, Hispanic origin, and age: United States, selected years 1950–2010	127	Table 48. Severe headache or migraine, low back pain, and neck pain among adults aged 18 and over, by selected characteristics: United States, selected years 1997–2012	169
Table 34. Death rates for homicide, by sex, race, Hispanic origin, and age: United States, selected years 1950–2010	131	Table 49. Disability measures among adults aged 18 and over, by selected characteristics: United States, selected years 1997–2012	172
Table 35. Death rates for suicide, by sex, race, Hispanic origin, and age: United States, selected years 1950–2010	135	Table 50. Vision limitations among adults aged 18 and over, by selected characteristics: United States, selected years 1997–2012	174
Table 36. Death rates for firearm-related injuries, by sex, race, Hispanic origin, and age: United States, selected years 1970–2010	138	Table 51. Hearing limitations among adults aged 18 and over, by selected characteristics: United States, selected years 2007–2012	176
Table 37. Deaths from selected occupational diseases among persons aged 15 and over: United States, selected years 1980–2010	141	Table 52. Respondent-assessed fair-poor health status, by selected characteristics: United States, selected years 1991–2012	178
Table 38. Occupational fatal injuries and rates, by industry, sex, age, race, and Hispanic origin: United States, selected years 1995–2011	142	Table 53. Selected measures of disability and health status among adults aged 18–64, by urbanization level and selected characteristics: United States, average annual, 2002–2004 through 2010–2012.	180
<i>Determinants and Measures of Health</i>			
Table 39. Selected notifiable disease rates and number of new cases: United States, selected years 1950–2011	145	Table 54. Selected measures of disability and health status among adults aged 65 and over, by urbanization level and selected characteristics: United States, average annual, 2002–2004 through 2010–2012.	185
Table 40. Human immunodeficiency virus (HIV) diagnoses, by year of diagnosis and selected characteristics: United States, 2008–2011	147	Table 55. Serious psychological distress in the past 30 days among adults aged 18 and over, by selected characteristics: United States, average annual, selected years 1997–1998 through 2011–2012	190
Table 41. Health conditions among children under age 18, by selected characteristics: United States, average annual, selected years 1997–1999 through 2010–2012	150	Table 56. Current cigarette smoking among adults aged 18 and over, by sex, race, and age: United States, selected years 1965–2012	192
Table 42. Age-adjusted cancer incidence rates for selected cancer sites, by sex, race, and Hispanic origin: United States, selected geographic areas, selected years 1990–2010	155	Table 57. Age-adjusted prevalence of current cigarette smoking among adults aged 25 and over, by sex, race, and education level: United States, selected years 1974–2012	194
Table 43. Five-year relative cancer survival rates for selected cancer sites, by race and sex: United States, selected geographic areas, selected years 1975–1977 through 2003–2009	159	Table 58. Current cigarette smoking among adults aged 18 and over, by sex, race, Hispanic origin, age, and education level: United States, average annual, selected years 1990–1992 through 2010–2012	195
Table 44. Respondent-reported prevalence of heart disease, cancer, and stroke among adults aged 18 and over, by selected characteristics: United States, average annual, selected years 1997–1998 through 2011–2012	160	Table 59. Current cigarette smoking among adults aged 18–64, by urbanization level and selected characteristics: United States, average annual, 2002–2004 through 2010–2012	198
Table 45. Number of respondent-reported chronic conditions from 10 selected conditions among adults aged 18 and over, by selected characteristics: United States, selected years 2002–2012	163	Table 60. Use of selected substances in the past month among persons aged 12 and over, by age, sex, race, and Hispanic origin: United States, selected years 2002–2012	203
Table 46. Diabetes prevalence and glycemic control among adults aged 20 and over, by sex, age, and race and Hispanic origin: United States, selected years 1988–1994 through 2007–2010	165	Table 61. Use of selected substances in the past 30 days among high school seniors, 10th graders, and 8th graders, by sex and race: United States, selected years 1980–2012	205
		Table 62. Health risk behaviors among students in grades 9–12, by sex, grade level, race, and Hispanic origin: United States, selected years 1991–2011	208

Table 63. Heavier drinking and drinking five or more drinks in a day among adults aged 18 and over, by selected characteristics: United States, selected years 1997–2012	210	Table 77. No health care visits to an office or clinic within the past 12 months among children under age 18 years, by selected characteristics: United States, average annual, selected years 1997–1998 through 2011–2012	249
Table 64. Selected health conditions and risk factors, by age: United States, selected years 1988–1994 through 2011–2012	213	Table 78. Health care visits to doctor offices, emergency departments, and home visits within the past 12 months, by selected characteristics: United States, selected years 1997–2012	251
Table 65. Hypertension among adults aged 20 and over, by selected characteristics: United States, selected years 1988–1994 through 2009–2012	215	Table 79. Vaccination coverage for selected diseases among children aged 19–35 months, by race, Hispanic origin, poverty level, and location of residence in metropolitan statistical area: United States, selected years 1995–2012	254
Table 66. Cholesterol among adults aged 20 and over, by selected characteristics: United States, selected years 1988–1994 through 2009–2012	217	Table 80. Vaccination coverage for selected diseases among adolescents aged 13–17, by selected characteristics: United States, 2006–2012	257
Table 67. Mean macronutrient intake among adults aged 20 and over, by sex and age: United States, selected years 1971–1974 through 2007–2010	221	Table 81. Influenza vaccination among adults aged 18 and over, by selected characteristics: United States, selected years 1989–2012	259
Table 68. Participation in leisure-time aerobic and muscle-strengthening activities that meet the federal 2008 Physical Activity Guidelines for Americans among adults aged 18 and over, by selected characteristics: United States, selected years 1998–2012	222	Table 82. Pneumococcal vaccination among adults aged 18 and over, by selected characteristics: United States, selected years 1989–2012	261
Table 69. Healthy weight, overweight, and obesity among adults aged 20 and over, by selected characteristics: United States, selected years 1960–1962 through 2009–2012	227	Table 83. Use of mammography among women aged 40 and over, by selected characteristics: United States, selected years 1987–2010	263
Table 70. Obesity among children and adolescents aged 2–19 years, by selected characteristics: United States, selected years 1963–1965 through 2009–2012	234	Table 84. Use of Pap smears among women aged 18 and over, by selected characteristics: United States, selected years 1987–2010	266
Table 71. Untreated dental caries, by selected characteristics: United States, selected years 1971–1974 through 2007–2010	236	Table 85. Use of colorectal tests or procedures among adults aged 50–75, by selected characteristics: United States, selected years 2000–2010	271
Utilization of Health Resources		Table 86. Emergency department visits within the past 12 months among children under age 18, by selected characteristics: United States, selected years 1997–2012	273
<i>Ambulatory Care</i>		Table 87. Emergency department visits within the past 12 months among adults aged 18 and over, by selected characteristics: United States, selected years 1997–2012	277
Table 72. No usual source of health care among children under age 18, by selected characteristics: United States, average annual, selected years 1993–1994 through 2011–2012	238	Table 88. Initial injury-related visits to hospital emergency departments, by sex, age, and intent and mechanism of injury: United States, average annual, selected years 2005–2006 through 2010–2011	280
Table 73. No usual source of health care among adults aged 18–64, by selected characteristics: United States, average annual, selected years 1993–1994 through 2011–2012	240	Table 89. Visits to physician offices, hospital outpatient departments, and hospital emergency departments, by age, sex, and race: United States, selected years 1995–2011	282
Table 74. Delay or nonreceipt of needed medical care, nonreceipt of needed prescription drugs, or nonreceipt of needed dental care during the past 12 months due to cost, by selected characteristics: United States, selected years 1997–2012	242	Table 90. Visits to primary care generalist and specialty care physicians, by selected characteristics and type of physician: United States, selected years 1980–2010	285
Table 75. Selected measures of access to medical care among adults aged 18–64, by urbanization level and selected characteristics: United States, average annual, 2002–2004 through 2010–2012	245	Table 91. Dental visits in the past year, by selected characteristics: United States, selected years 1997–2012	287
Table 76. Delay or nonreceipt of needed medical care during the past 12 months due to cost, by state: 25 most populous states and United States, average annual, selected years 1997–1998 through 2011–2012	248	Table 92. Prescription drug use in the past 30 days, by sex, age, race and Hispanic origin: United States, selected years 1988–1994 through 2007–2010	289

Table 93. Selected prescription drug classes used in the past 30 days, by sex and age: United States, selected years 1988–1994 through 2007–2010	291
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Inpatient Care

Table 94. Persons with hospital stays in the past year, by selected characteristics: United States, selected years 1997–2012	294
Table 95. Discharges, days of care, and average length of stay in nonfederal short-stay hospitals, by selected characteristics: United States, selected years 1980 through 2009–2010	298
Table 96. Discharges in nonfederal short-stay hospitals, by sex, age, and selected first-listed diagnosis: United States, selected years 1990 through 2009–2010	301
Table 97. Discharge rate in nonfederal short-stay hospitals, by sex, age, and selected first-listed diagnosis: United States, selected years 1990 through 2009–2010	304
Table 98. Average length of stay in nonfederal short-stay hospitals, by sex, age, and selected first-listed diagnosis: United States, selected years 1990 through 2009–2010	307
Table 99. Discharges with at least one procedure in nonfederal short-stay hospitals, by sex, age, and selected procedures: United States, selected years 1990 through 2009–2010	310
Table 100. Hospital admissions, average length of stay, outpatient visits, and outpatient surgery, by type of ownership and size of hospital: United States, selected years 1975–2011	314

Health Care Resources

Personnel

Table 101. Active physicians and physicians in patient care, by state: United States, selected years 1975–2011	315
Table 102. Doctors of medicine, by place of medical education and activity: United States and outlying U.S. areas, selected years 1975–2011	316
Table 103. Doctors of medicine in primary care, by specialty: United States and outlying U.S. areas, selected years 1949–2011	317
Table 104. Active dentists, by state: United States, selected years 1993–2011	318
Table 105. Health care employment and wages, by selected occupations: United States, selected years 2001–2012	319
Table 106. First-year enrollment and graduates of health professions schools, and number of schools, by selected profession: United States, selected academic years 1980–1981 through 2010–2011	320

Facilities

Table 107. Hospitals, beds, and occupancy rates, by type of ownership and size of hospital: United States, selected years 1975–2011	321
Table 108. Community hospital beds and average annual percent change, by state: United States, selected years 1970–2011	322
Table 109. Occupancy rates in community hospitals and average annual percent change, by state: United States, selected years 1970–2011	323
Table 110. Nursing homes, beds, residents, and occupancy rates, by state: United States, selected years 1995–2012	324
Table 111. Medicare-certified providers and suppliers: United States, selected years 1975–2011	326

Health Care Expenditures and Payers

National Health Expenditures

Table 112. Gross domestic product, national health expenditures, per capita amounts, percent distribution, and average annual percent change: United States, selected years 1960–2011	327
Table 113. Consumer Price Index and average annual percent change for all items, selected items, and medical care components: United States, selected years 1960–2012	329
Table 114. National health expenditures, average annual percent change, and percent distribution, by type of expenditure: United States, selected years 1960–2011	331
Table 115. Personal health care expenditures, by source of funds and type of expenditure: United States, selected years 1960–2011	333
Table 116. Cost of hospital discharges with common hospital operating room procedures in nonfederal community hospitals, by age and selected principal procedure: United States, selected years 2000–2011	336
Table 117. Expenses for health care and prescribed medicine, by selected population characteristics: United States, selected years 1987–2010	339
Table 118. Sources of payment for health care, by selected population characteristics: United States, selected years 1987–2010	342
Table 119. Out-of-pocket health care expenses among persons with medical expenses, by age: United States, selected years 1987–2010	345
Table 120. Expenditures for health services and supplies and percent distribution, by sponsor: United States, selected years 1987–2011	346
Table 121. Employers' costs per employee-hour worked for total compensation, wages and salaries, and health insurance, by selected characteristics: United States, selected years 1991–2013	348

Health Care Coverage and Major Federal Programs

Table 122. Private health insurance coverage among persons under age 65, by selected characteristics: United States, selected years 1984–2012	350
Table 123. Private health insurance coverage obtained through the workplace among persons under age 65, by selected characteristics: United States, selected years 1984–2012	353
Table 124. Medicaid coverage among persons under age 65, by selected characteristics: United States, selected years 1984–2012	356
Table 125. No health insurance coverage among persons under age 65, by selected characteristics: United States, selected years 1984–2012	359
Table 126. Health insurance coverage of noninstitutionalized Medicare beneficiaries aged 65 and over, by type of coverage and selected characteristics: United States, selected years 1992–2011	362
Table 127. Medicare enrollees and expenditures and percent distribution, by Medicare program and type of service: United States and other areas, selected years 1970–2012	364
Table 128. Medicare enrollees and program payments among fee-for-service Medicare beneficiaries, by sex and age: United States and other areas, selected years 1994–2012	366
Table 129. Medicare beneficiaries, by race, Hispanic origin, and selected characteristics: United States, selected years 1992–2010	367
Table 130. Medicaid beneficiaries and payments, by basis of eligibility, and race and Hispanic origin: United States, selected fiscal years 1999–2010	369
Table 131. Medicaid beneficiaries and payments, by type of service: United States, selected fiscal years 1999–2010	371
Table 132. Department of Veterans Affairs health care expenditures and use, and persons treated, by selected characteristics: United States, selected fiscal years 1970–2012	372

State Health Expenditures and Health Insurance

Table 133. Medicare enrollees, enrollees in managed care, payment per enrollee, and short-stay hospital utilization, by state: United States, selected years 1994 and 2012.	374
Table 134. Medicaid beneficiaries, beneficiaries in managed care, and payments per beneficiary, by state: United States, selected fiscal years 2000–2010	376
Table 135. Persons without health insurance coverage, by state: United States, average annual, 2003–2005 through 2010–2012	377

At a Glance Table and Highlights

Health, United States, 2013: At a Glance

	Value (year)			Health, United States, 2013 Figure/Table No.
Life Expectancy and Mortality				
Life Expectancy, in years				Table 18
At birth	76.8 (2000)	78.5 (2009)	78.7 (2010)	
Infant deaths per 1,000 live births				Figure 2/Table 13
All infants	6.91 (2000)	6.39 (2009)	6.15 (2010)	
Deaths per 100,000 population, age-adjusted				Table 20
All causes	869.0 (2000)	749.6 (2009)	747.0 (2010)	
Heart disease	257.6 (2000)	182.8 (2009)	179.1 (2010)	
Cancer	199.6 (2000)	173.5 (2009)	172.8 (2010)	
Chronic lower respiratory diseases	44.2 (2000)	42.7 (2009)	42.2 (2010)	
Stroke	60.9 (2000)	39.6 (2009)	39.1 (2010)	
Unintentional injuries	34.9 (2000)	37.5 (2009)	38.0 (2010)	
Alzheimer's disease	18.1 (2000)	24.2 (2009)	25.1 (2010)	
Diabetes	25.0 (2000)	21.0 (2009)	20.8 (2010)	
Influenza and pneumonia	23.7 (2000)	16.5 (2009)	15.1 (2010)	
Suicide	10.4 (2000)	11.8 (2009)	12.1 (2010)	
Morbidity and Risk Factors				
Fair or poor health, percent				Table 52
All ages	8.9 (2000)	10.4 (2011)	10.3 (2012)	
65 years and over	26.9 (2000)	24.7 (2011)	22.7 (2012)	
Heart disease (ever told), percent				Table 44
18 years and over	11.3 (2000–2001)	11.8 (2009–2010)	11.4 (2011–2012)	
65 years and over	30.9 (2000–2001)	30.4 (2009–2010)	30.3 (2011–2012)	
Cancer (ever told), percent				Table 44
18 years and over	5.0 (2000–2001)	6.3 (2009–2010)	6.2 (2011–2012)	
65 years and over	15.2 (2000–2001)	18.1 (2009–2010)	18.5 (2011–2012)	
Hypertension, ¹ percent				Table 64
20 years and over	28.9 (1999–2000)	31.9 (2009–2010)	32.5 (2011–2012)	
High serum total cholesterol, ² percent				Table 64
20 years and over	17.7 (1999–2000)	13.6 (2009–2010)	13.1 (2011–2012)	
Obese, percent				Figure 10/Table 64
Obese, ³ 20 years and over	30.3 (1999–2000)	35.9 (2009–2010)	35.1 (2011–2012)	
Obese (BMI at or above sex- and age-specific 95th percentile):				
2–5 years	10.3 (1999–2000)	12.1 (2009–2010)	8.4 (2011–2012)	
6–11 years	15.1 (1999–2000)	18.0 (2009–2010)	17.7 (2011–2012)	
12–19 years	14.8 (1999–2000)	18.4 (2009–2010)	20.5 (2011–2012)	
Cigarette smoking, percent				Table 56
18 years and over	23.2 (2000)	19.0 (2011)	18.1 (2012)	
Health Care Utilization				
No health care visit in past 12 months, percent				Table 78
Under 18 years	12.3 (2000)	8.3 (2011)	8.1 (2012)	
18–44 years	23.4 (2000)	23.7 (2011)	24.7 (2012)	
45–64 years	14.9 (2000)	14.6 (2011)	15.1 (2012)	
65 years and over	7.4 (2000)	5.5 (2011)	6.1 (2012)	
Emergency room visit in past 12 months, percent				Tables 86 and 87
Under 18 years	20.3 (2000)	18.5 (2011)	17.8 (2012)	
18–44 years	20.5 (2000)	20.6 (2011)	19.4 (2012)	

Health, United States, 2013: At a Glance

	Value (year)			Health, United States, 2013 Figure/Table No.
45–64 years	17.6 (2000)	18.2 (2011)	18.0 (2012)	
65 years and over	23.7 (2000)	23.3 (2011)	22.2 (2012)	
Dental visit in past year, percent				Table 91
2–17 years	74.1 (2000)	81.4 (2011)	82.3 (2012)	
18–64 years	65.1 (2000)	61.6 (2011)	61.6 (2012)	
65 years and over	56.6 (2000)	61.2 (2011)	61.8 (2012)	
Prescription drug in past 30 days, percent				Figure 20/Table 92
Under 18 years	20.5 (1988–1994)	23.8 (1999–2002)	24.0 (2007–2010)	
18–44 years	31.3 (1988–1994)	35.9 (1999–2002)	38.7 (2007–2010)	
45–64 years	54.8 (1988–1994)	64.1 (1999–2002)	66.2 (2007–2010)	
65 years and over	73.6 (1988–1994)	84.7 (1999–2002)	89.7 (2007–2010)	
Hospitalization in past year, percent				Table 94
18–44 years	7.0 (2000)	6.4 (2011)	6.1 (2012)	
45–64 years	8.4 (2000)	8.3 (2011)	8.0 (2012)	
65 years and over	18.2 (2000)	16.7 (2011)	15.9 (2012)	
Health Insurance and Access to Care				
Uninsured, percent				Table 125
Under 65 years	17.0 (2000)	17.2 (2011)	16.9 (2012)	
Under 18 years	12.6 (2000)	7.0 (2011)	6.6 (2012)	
18–44 years	22.4 (2000)	25.4 (2011)	24.8 (2012)	
19–25 years	32.3 (2000)	27.9 (2011)	26.3 (2012)	
45–64 years	12.6 (2000)	15.4 (2011)	15.6 (2012)	
Delayed or did not receive needed medical care in past 12 months due to cost, percent				Table 74
Under 18 years	4.6 (2000)	3.8 (2011)	3.2 (2012)	
18–44 years	9.5 (2000)	13.6 (2011)	12.7 (2012)	
45–64 years	8.8 (2000)	14.4 (2011)	14.0 (2012)	
65 years and over	4.5 (2000)	4.6 (2011)	4.1 (2012)	
Health Care Resources				
Patient care physicians per 10,000 population ⁴				Table 101
United States	22.7 (2000)	24.0 (2010)	26.1 (2011)	
Highest state	34.4 (MA) (2000)	40.0 (MA) (2010)	41.1 (MA) (2011)	
Lowest state	14.4 (ID) (2000)	17.6 (MS) (2010)	17.7 (ID) (2011)	
Community hospital beds per 1,000 population ⁵				Table 108
United States	2.9 (2000)	2.6 (2010)	2.6 (2011)	
Highest state	6.0 (ND) (2000)	5.1 (ND) (2010)	5.0 (SD) (2011)	
Lowest state	1.9 (NM,NV,OR, UT,WA) (2000)	1.7 (OR,WA) (2010)	1.7 (WA) (2011)	
Expenditures				
Personal health care expenditures, in dollars				Table 115
Total, in trillions	\$1.2 (2000)	\$2.2 (2010)	\$2.3 (2011)	
Per capita	\$4,128 (2000)	\$7,090 (2010)	\$7,326 (2011)	

¹Having measured high blood pressure (systolic pressure of at least 140 mm Hg or diastolic pressure of at least 90 mm Hg) and/or respondent report of taking antihypertensive medication.

²Having high serum total cholesterol of 240 mg/dL or greater.

³Obesity is a body mass index (BMI) greater than or equal to 30. Height and weight are measured rather than self-reported.

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NOTES: Some estimates shown in this table are not shown in the PDF or printed versions but can be found in the spreadsheet version of the cited tables. For more information and the spreadsheet version of the tables, see the complete report, *Health, United States, 2013*, available from: <http://www.cdc.gov/nchs/hus.htm>.

Life Expectancy and Mortality

In 2010, life expectancy at birth in the United States for the total population was 78.7 years—76.2 years for males and 81.0 years for females (Table 18).

Between 2000 and 2010, life expectancy at birth increased 2.1 years for males and 1.7 years for females. The gap in life expectancy between males and females narrowed from 5.2 years in 2000 to 4.8 years in 2010 (Table 18).

Between 2000 and 2010, life expectancy at birth increased more for the black than for the white population, thereby narrowing the gap in life expectancy between these two racial groups. In 2000, life expectancy at birth for the white population was 5.5 years longer than for the black population; by 2010, the difference had narrowed to 3.8 years (Table 18).

Between 2000 and 2010, the infant mortality rate decreased 11%, from 6.91 to 6.15 deaths per 1,000 live births. In 2000, the infant mortality rate for white mothers was 5.68, compared with 14.09 for black mothers; by 2010 the infant mortality rate declined to 5.20 among white mothers and 11.63 among black mothers (Table 13).

Between 2000 and 2010, the age-adjusted heart disease death rate decreased 30%, from 257.6 to 179.1 deaths per 100,000 population. In 2010, 24% of all deaths in the United States were from heart disease (Tables 22 and 26).

Between 2000 and 2010, the age-adjusted cancer death rate decreased 13%, from 199.6 to 172.8 deaths per 100,000 population. In 2010, 23% of all deaths in the United States were from cancer (Tables 22 and 28).

Fertility and Natality

Between 2002 and 2012, the birth rate among teenagers aged 15–19 fell 31%, from 42.6 to 29.4 live births per 1,000 females—a record low for the United States (Table 3).

The percentage of low-birthweight births [infants weighing less than 2,500 grams (5.5 pounds) at birth] was 7.99% in 2012, down 3% since 2006 when it was 8.26% (Table 6).

Health Risk Factors

Children

Between 2003–2004 and 2011–2012, the prevalence of obesity among children aged 2–5 years decreased from 14.0% to 8.4% (Table 64 and Figure 10).

The prevalence of obesity among children aged 6–11 was stable between 2003–2004 and 2011–2012. In 2011–2012, 17.7% of children aged 6–11 were obese (Table 64 and Figure 10).

In 2011–2012, 20.5% of adolescents aged 12–19 were obese, which was not significantly different from the prevalence in 2003–2004 (Table 64 and Figure 10).

In 2011, 15.8% of students in grades 9–12 seriously considered suicide, and the percentage was higher among female students (19.3%) than among male students (12.5%) (Table 62).

Adults

In 2012, 20.3% of adults aged 18 and over met the 2008 federal physical activity guidelines for both aerobic activity and muscle strengthening (Table 68).

Between 1988–1994 and 2009–2012, the percentage of adults aged 20 and over with grade 1 obesity [a body mass index (BMI) of 30.0–34.9] increased from 14.8% to 20.4%. Those with grade 2 obesity (BMI of 35.0–39.9) rose from 5.2% to 8.6%, and those with grade 3 or higher obesity (BMI of 40 or higher) doubled, from 3.0% to 6.3% (percentages are age-adjusted) (Table 69).

In 2012, 18.1% of adults aged 18 and over were current cigarette smokers, a decline from 2000 (23.2%). Men were more likely than women to be current cigarette smokers (20.5% compared with 15.8%) in 2012 (Table 56).

Measures of Health and Disease Prevalence

In 2010–2012, 5.5% of children under age 18 had an asthma attack in the past year, and 5.2% had a food allergy (Table 41).

Among children aged 5–17, 9.9% had attention deficit hyperactivity disorder and 5.8% had serious emotional or behavioral difficulties in 2010–2012 (Table 41).

In 2012, the percentage of noninstitutionalized adults who reported their health as fair or poor ranged from 6.4% of those aged 18–44 to 26.6% of those aged 75 and over (Table 52).

In 2012, 26.2% of noninstitutionalized adults aged 18–64 reported a disability (defined as any basic actions difficulty or complex activity limitation), compared with 58.7% of those aged 65 and over (Table 49).

In 2011–2012, among noninstitutionalized adults aged 75 and over, 43.5% of men and 31.5% of women had ever been

told by a physician or other health professional that they had heart disease (Table 44 and Figure 6).

In 2011–2012, among noninstitutionalized adults aged 75 and over, 24.7% of men and 19.3% of women had ever been told by a physician or other health professional that they had cancer (excluding squamous and basal cell skin cancers) (Table 44).

In 2009–2012, nearly one-half (47%) of adults aged 20 and over with hypertension continued to have uncontrolled high blood pressure (Table 65 and Figure 9).

Health Care Utilization

Use of Health Care Services

In 2012, 15.7% of persons had no health care visits in the past year, 47.3% had 1–3 health care visits, 24.0% had 4–9 visits, and 13.1% had 10 or more visits. Health care visits for illness, preventive care, or an injury include visits to see a health care provider at physician offices, emergency departments, clinics or some other place, and home visits by health care professionals (Table 78).

In 2011, there were 126 million visits to hospital outpatient departments and 136 million visits to hospital emergency departments (Table 89).

In 2012, 82.3% of children aged 2–17 years, 61.6% of adults aged 18–64, and 61.8% of adults aged 65 and over had visited a dentist in the past year (Table 91).

The percentage of the population taking at least one prescription drug during the past 30 days increased from 39.1% in 1988–1994 to 47.5% in 2007–2010. During the same period, the percentage taking three or more prescription drugs rose from 11.8% to 20.8%, and the percentage taking five or more drugs more than doubled, from 4.0% to 10.1% (percentages are age-adjusted) (Table 92 and Figure 20).

Use of Preventive Medical Care Services

In 2012, 68% of children aged 19–35 months had completed a combined series of childhood vaccinations (at least 4 doses of diphtheria/tetanus/pertussis vaccine, 3 doses of polio vaccine, 1 dose of measles-containing vaccine, 3 or 4 doses of *Haemophilus influenzae* type b vaccine depending on product type, 3 doses of hepatitis B vaccine, 1 dose of varicella vaccine, and 4 doses of pneumococcal conjugate vaccine) (Table 79).

In 2012, 37.7% of noninstitutionalized adults aged 18 and over had received an influenza vaccination in the past year. Influenza vaccination increased with age, with 26.3% of those aged 18–49, 42.8% of those aged 50–64, and 66.5% of those aged 65 and over reporting an influenza vaccination in the past year (Table 81 and Figure 12).

In 2012, 59.9% of noninstitutionalized adults aged 65 and over ever had a pneumococcal vaccination (Table 82 and Figure 12).

Nonreceipt of Needed Medical Care, Prescription Drugs, and Dental Care Due to Cost

Between 2002 and 2012, among adults aged 18–64, the percentage who reported not receiving or delaying seeking needed medical care due to cost in the past 12 months increased from 9.7% to 13.3%. The percentage not receiving needed prescription drugs due to cost increased from 7.6% to 9.4%, and the percentage not receiving needed dental care due to cost grew from 10.4% to 14.8% (Table 74).

In 2012, 33.0% of adults aged 18–64 who were uninsured during the past 12 months did not get or delayed seeking needed medical care due to cost in the past 12 months, compared with 6.6% of adults aged 18–64 who were insured continuously during the past 12 months (Table 74).

Health Care Resources

In 2011, there were 26.1 physicians in patient care per 10,000 population in the United States. The number of patient care physicians per 10,000 population ranged from 17.7 in Idaho to 41.1 in Massachusetts and 68.3 in the District of Columbia (Table 101).

In 2011, the United States had 4,973 community hospitals and 797,403 community hospital beds. Community hospital occupancy averaged 64.3% in 2011, similar to the level in 2010 (Table 107).

In 2012, there were 15,673 certified nursing homes with 1,703,213 nursing home beds. Nursing home occupancy averaged 81.2% in 2012. Nursing home occupancy ranged from 60.0% in Oregon to 91.9% in Rhode Island and 94.1% in the District of Columbia (Table 110).

Health Care Expenditures and Payers

Health Care Expenditures

In 2011, personal health care expenditures in the United States totaled \$2.3 trillion, a 4.1% increase from 2010. The average per capita personal health care expenditure for the total U.S. population was \$7,326 in 2011 (Table 112).

Expenditures for hospital care accounted for 31.5% of all national health care expenditures in 2011. Physician and clinical services accounted for 20.0% of the total, prescription drugs for 9.7%, and nursing care facilities and continuing care retirement communities for 5.5% (Table 114).

In 2011, prescription drug expenditures totaled \$263 billion, a 2.9% increase from 2010 ([Table 114](#)).

In 2011, the average cost for the entire hospitalization involving a heart valve procedure was \$53,282, a coronary artery bypass graft procedure was \$38,707, cardiac pacemaker insertion or replacement was \$33,194, and spinal fusion was \$27,570 ([Table 116](#)).

Health Care Payers

In 2011, 34.5% of all personal health care expenditures were paid by private health insurance, 22.9% were paid by Medicare and 16.4% by Medicaid; consumers paid 13.5% out of pocket; and the remainder was paid by other types of insurance, payers, and programs ([Table 115](#)).

In 2010, children under age 21 accounted for 48.3% of Medicaid recipients but only 19.8% of Medicaid expenditures. Aged, blind, and persons with disabilities accounted for 20.8% of Medicaid recipients and 62.8% of Medicaid expenditures ([Table 130](#)).

In 2012, the Medicare program had 50.7 million enrollees and expenditures of \$574.2 billion, up from \$549.1 billion the previous year. Expenditures for the Medicare drug program (Part D) were \$66.9 billion in 2012 ([Table 127](#)).

Health Insurance Coverage

Between 2002 and 2012, the percentage of the population under age 65 with private health insurance obtained through the workplace declined from 65.3% to 56.9% ([Table 123](#)).

In 2012, 6.6% of children under age 18 and 20.9% of adults aged 18–64 had no health insurance coverage (public or private) at the time of interview ([Table 125](#)).

Between 2002 and 2012, among children in families with income just above the poverty level (100%–199% of poverty), the percentage of uninsured children under age 18 dropped from 17.0% to 10.4%, while the percentage with coverage through Medicaid or the Children’s Health Insurance Program (CHIP) increased from 38.6% to 57.3% ([Tables 124](#) and [125](#)).

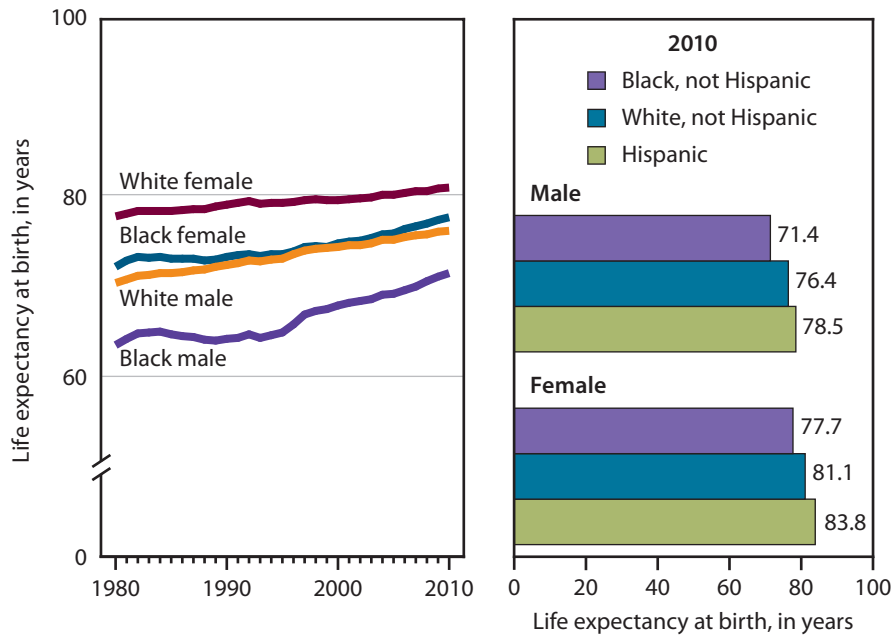
Between 2010 and 2012, the percentage of adults aged 19–25 who were uninsured decreased from 33.8% to 26.3% ([Table 125](#) and [Figure 15](#)).

Chartbook: Figures 1–29

Mortality

Life Expectancy at Birth

Figure 1. Life expectancy at birth, by selected characteristics: United States, 1980–2010



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

Life expectancy is a measure often used to gauge the overall health of a population. Between 1980 and 2010, life expectancy at birth in the United States increased from 70.0 years to 76.2 years for males and from 77.4 years to 81.0 years for females. Racial disparities in life expectancy at birth persisted for both males and females in 2010 but have narrowed since 1990 (1). Life expectancy at birth was 8.2 years longer for white males than for black males in 1990, and 4.7 years longer for white males than for black males in 2010. In 1990, life expectancy at birth was 5.8 years longer for white females than for black females; by 2010, life expectancy at birth was 3.3 years longer for white females than for black females. In 2010, Hispanic males and females had longer life expectancy at birth than non-Hispanic white or non-Hispanic black males and females.

NOTE: Life expectancy by Hispanic origin was available starting in 2006.

SOURCE: CDC/NCHS, *Health, United States, 2013*, Table 18. Data from the National Vital Statistics System (NVSS).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2013.htm#fig01>

Mortality

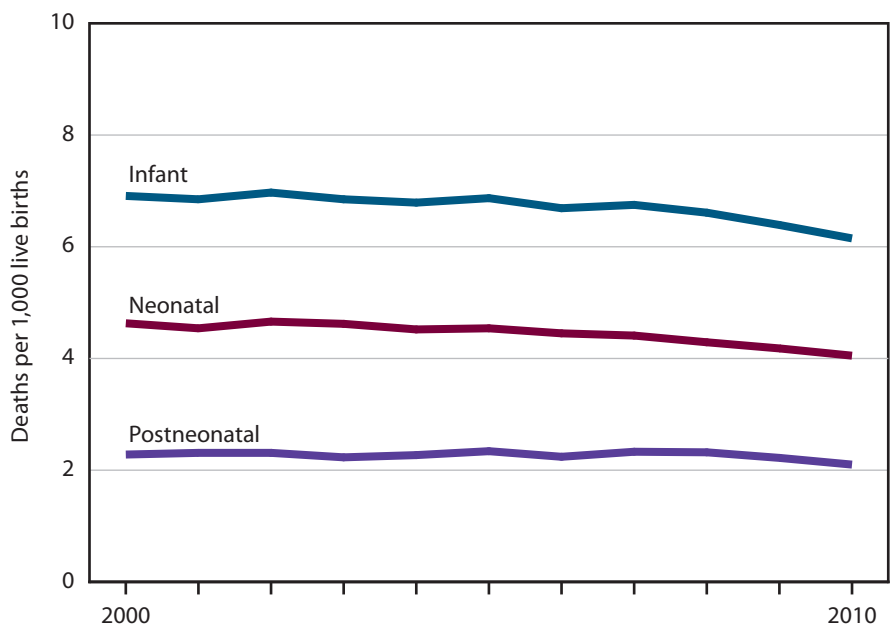
Infant Mortality

Infant, neonatal, and postneonatal mortality rates declined between 2000 and 2010.

The infant mortality rate is the risk of death during the first year of life. The 2010 infant mortality rate of 6.15 per 1,000 live births—a historically low value—was 11% lower than in 2000. During the same period, the neonatal mortality rate (death rate among infants under 28 days, a subset of infant mortality) decreased 13% to 4.05 per 1,000 live births, and the postneonatal mortality rate (death rate among infants 28 days through 11 months, a subset of infant mortality) declined 8% to 2.10 per 1,000 live births.

SOURCE: CDC/NCHS, *Health, United States, 2013*, Table 13 and reference 2. Data from the National Vital Statistics System (NVSS).

Figure 2. Infant, neonatal, and postneonatal mortality rates: United States, 2000–2010

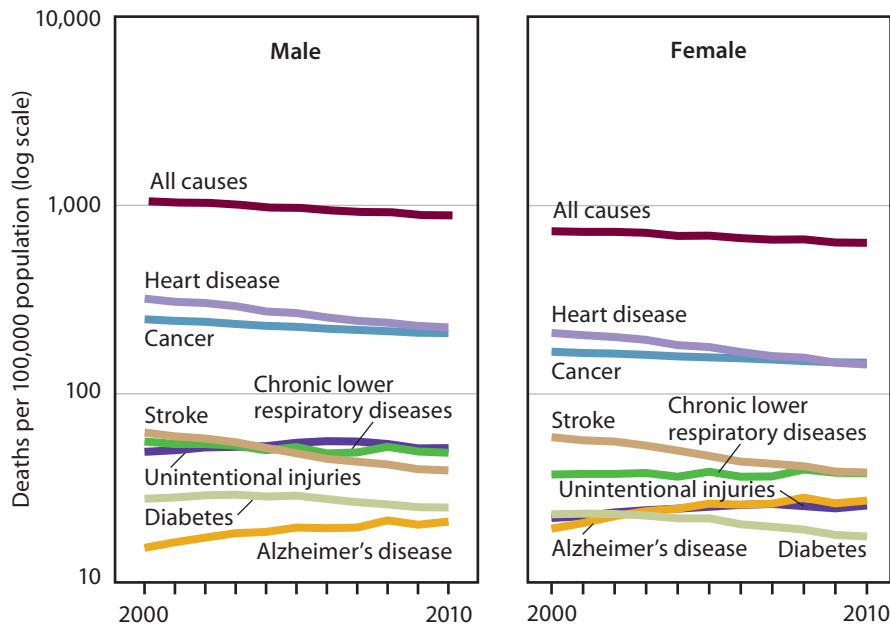


Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2013.htm#fig02>

Mortality

Selected Causes of Death

Figure 3. Age-adjusted death rates for selected causes of death for all ages, by sex: United States, 2000–2010



Between 2000 and 2010, the all-cause age-adjusted death rate decreased 16% among males and 13% among females.

During this 10-year period, age-adjusted death rates among males declined 37% for stroke, 30% for heart disease, 16% for cancer, and 13% for chronic lower respiratory diseases, while the age-adjusted death rate for Alzheimer's disease increased 38%, and the age-adjusted death rate for unintentional injury was stable. Among females, age-adjusted death rates declined 35% for stroke, 32% for heart disease, and 12% for cancer, while the age-adjusted death rates increased 41% for Alzheimer's disease, and 16% for unintentional injuries. In 2010, age-adjusted death rates were higher for males than females for heart disease, cancer, chronic lower respiratory diseases, diabetes, and unintentional injuries; were similar for stroke; and were higher among females than males for Alzheimer's disease.

SOURCE: CDC/NCHS, *Health, United States, 2013*, Table 20. Data from the National Vital Statistics System (NVSS).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2013.htm#fig03>

Mortality

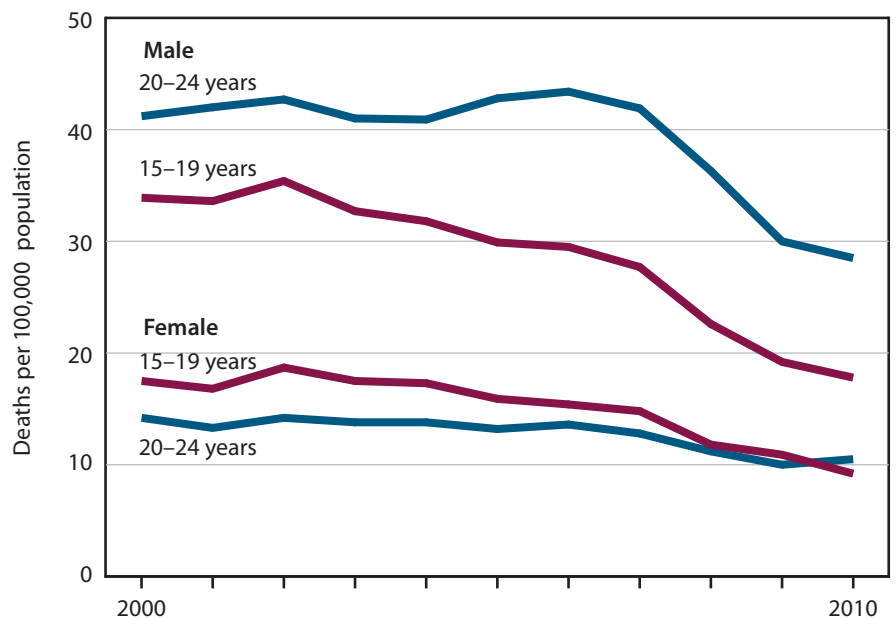
Motor Vehicle-related Death Rates

Between 2000 and 2010, motor vehicle-related death rates declined among males and females aged 15–19 and 20–24.

Motor vehicle-related deaths are a significant cause of preventable death, accounting for 35,332 deaths in the United States in 2010 across all ages (3). Motor vehicle-related death rates were higher for males and females aged 15–24 than for most other age groups (Table 33). For males and females aged 15–19, motor vehicle-related death rates declined 47% from 2000 to 2010. Motor vehicle-related death rates declined 31% for males aged 20–24 and 26% for females in the same age group during this 10-year period.

SOURCE: CDC/NCHS, *Health, United States, 2013*, Table 33. Data from the National Vital Statistics System (NVSS).

Figure 4. Motor vehicle-related death rates among persons aged 15–24, by sex and age: United States, 2000–2010

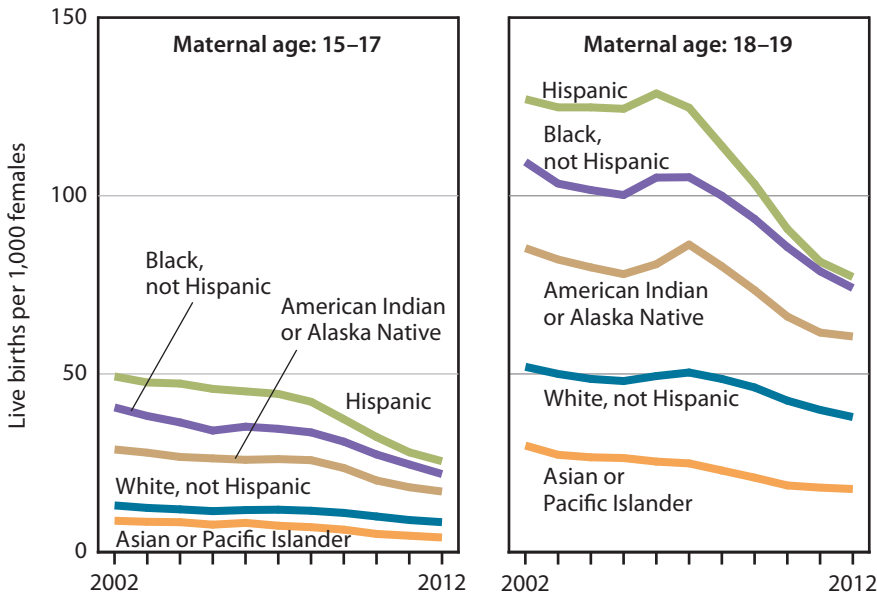


Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2013.htm#fig04>

Natality

Teenage Childbearing

Figure 5. Teenage childbearing, by maternal age and race and Hispanic origin: United States, 2002–2012



Between 2002 and 2012, teenage birth rates declined among all racial and ethnic groups.

In 2012, 2.3% of births were to teenagers under age 18 and 5.5% were to women aged 18–19 (Table 4). Between 2002 and 2012, birth rates declined 39% for teenagers aged 15–17 and 29% for women aged 18–19 (Table 3). Birth rates were higher among Hispanic and non-Hispanic black teenagers than among other racial and ethnic groups. Since 2002, birth rates have decreased 48% for Hispanic teenagers aged 15–17 and 46% for non-Hispanic black teenagers in the same age group. Also during this period, birth rates for those aged 18–19 decreased 39% for Hispanic teenagers and 32% for non-Hispanic black teenagers.

SOURCE: CDC/NCHS, *Health, United States, 2013*, Table 3. Data from the National Vital Statistics System (NVSS).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2013.htm#fig05>

Morbidity

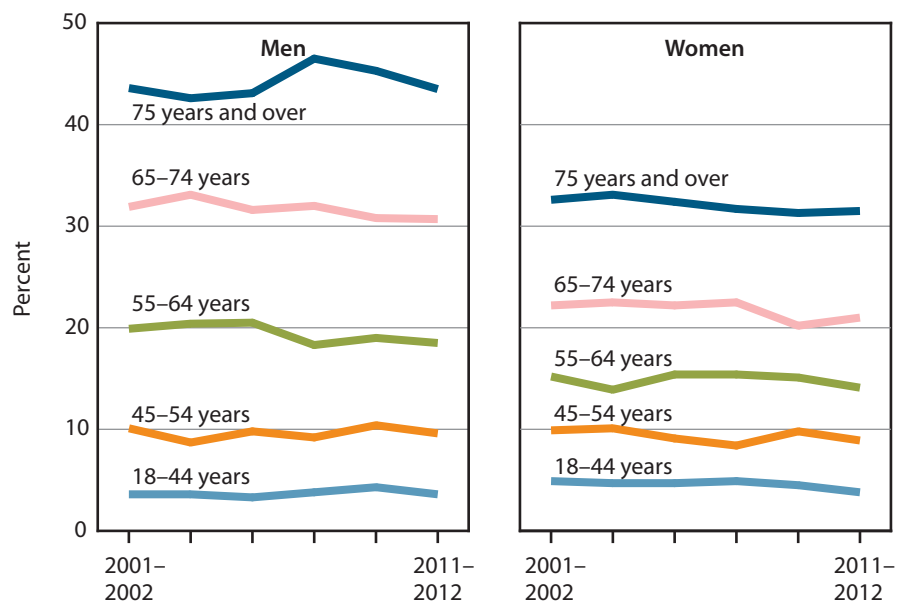
Heart Disease Prevalence

During 2001–2002 through 2011–2012, heart disease prevalence remained stable among men and women in most age groups.

Heart disease is the leading cause of death in the United States for both males and females, accounting for 307,384 deaths among males and 290,305 deaths among females across all ages in 2010 (Table 22). During 2001–2002 through 2011–2012, heart disease prevalence remained stable among men and women in all age groups except among women aged 65 and over, where the prevalence declined. In 2011–2012, the prevalence of respondent-reported heart disease among adults aged 18–54 was similar for men and women; among adults aged 55 and over, the prevalence was higher for men than for women. In 2011–2012, 43.5% of men aged 75 and over reported having ever been told by a physician that they had heart disease, compared with 31.5% of women in the same age group.

SOURCE: CDC/NCHS, *Health, United States, 2013*, Table 44. Data from the National Health Interview Survey (NHIS).

Figure 6. Respondent-reported heart disease prevalence among adults aged 18 and over, by sex and age: United States, average annual, 2001–2002 through 2011–2012

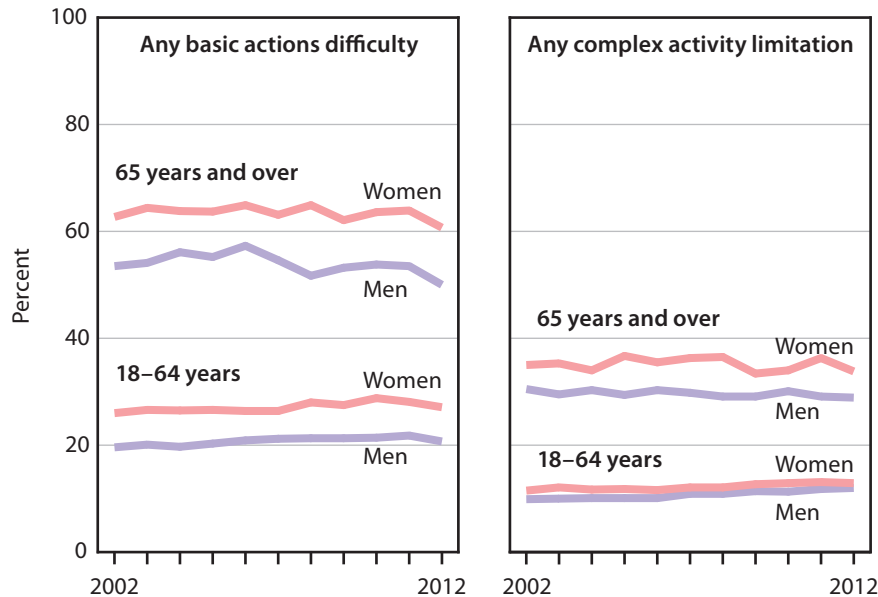


Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2013.htm#fig06>

Disability Measures

Basic Actions Difficulty and Complex Activity Limitation

Figure 7. Basic actions difficulty and complex activity limitation among adults aged 18 and over, by sex and age: United States, 2002–2012



During 2002 through 2012, the percentage of the noninstitutionalized population with basic actions difficulty and the percentage of the noninstitutionalized population with complex activity limitation increased with age.

Basic actions difficulty and complex activity limitation are two constructs for defining and measuring disability status (4). Basic actions difficulty captures limitations in movement, emotional, sensory, or cognitive functioning associated with a health problem. Complex activity limitation is the inability to function successfully in certain social roles, such as working, maintaining a household, living independently, or participating in community activities. In 2012, the prevalence of each disability measure was higher for women than men in the same age group, with the exception of complex activity limitation among those aged 18–64, where the prevalence was similar for men and women (12.0%–12.9%).

SOURCE: CDC/NCHS, *Health, United States, 2013*, Table 49. Data from the National Health Interview Survey (NHIS).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2013.htm#fig07>

Health Risk Factors

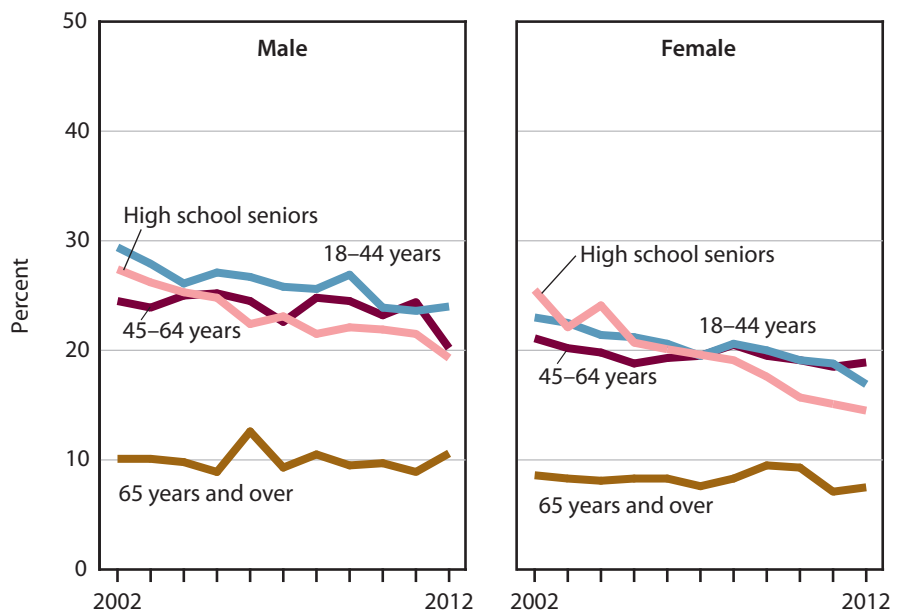
Current Cigarette Smoking

During 2002 through 2012, cigarette smoking prevalence declined among high school seniors and among adults aged 18–44 and women aged 45–64.

Smoking is associated with an increased risk of heart disease, stroke, lung and other types of cancers, and chronic lung diseases (5). Between 2002 and 2012, cigarette smoking among students in grade 12 decreased from 27.4% to 19.3% for male students and from 25.5% to 14.5% for female students. During 2002 through 2012, the percentage of adults who smoked cigarettes declined for men and women aged 18–44 and for women aged 45–64, while remaining stable for men aged 45–64 and for men and women aged 65 and over. In 2012, 20.5% of adult men aged 18 and over and 15.8% of adult women were current cigarette smokers (Table 56).

SOURCE: CDC/NCHS, *Health, United States, 2013*, Tables 56 and 61. Data from the National Health Interview Survey (NHIS) and the Monitoring the Future (MTF) Study.

Figure 8. Current cigarette smoking among high school seniors and adults aged 18 and over, by sex and age: United States, 2002–2012

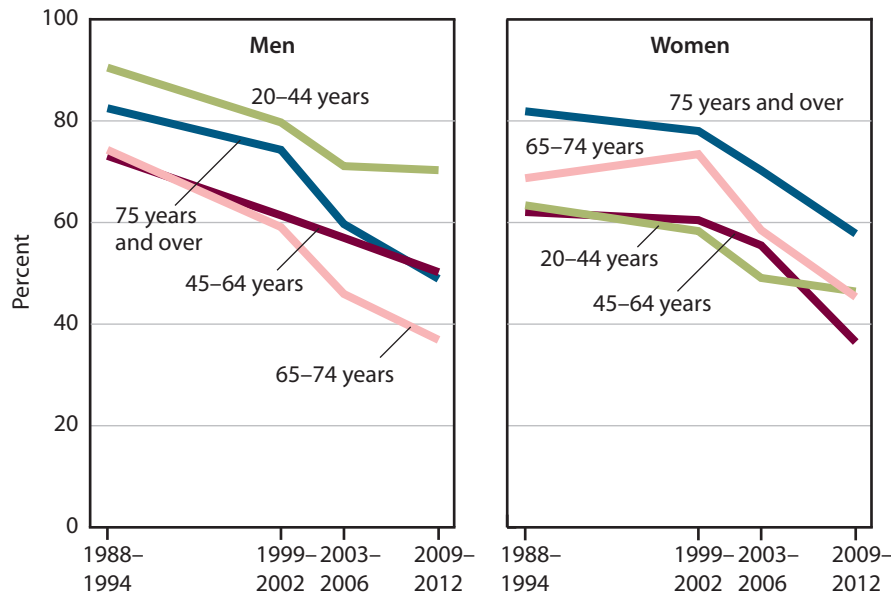


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Health Risk Factors

Uncontrolled High Blood Pressure

Figure 9. Uncontrolled high blood pressure among adults aged 20 and over with hypertension, by sex and age: United States, 1988–1994 through 2009–2012



Although control of high blood pressure has improved since 1988–1994, nearly one-half of adults with hypertension had uncontrolled high blood pressure in 2009–2012.

Hypertension increases the risk for cardiovascular disease, including heart attack and stroke (6). Between 1988–1994 and 2009–2012, the prevalence of uncontrolled high blood pressure (defined as an average systolic blood pressure of 140 mm Hg or higher, or an average diastolic pressure of 90 mm Hg or higher, among those with hypertension) declined for all age groups of men and women. However, nearly one-half (47.4%) of adults aged 20 and over with hypertension continued to have uncontrolled high blood pressure in 2009–2012 (Table 65).

SOURCE: CDC/NCHS, *Health, United States, 2013*, Table 65. Data from the National Health and Nutrition Examination Survey (NHANES).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2013.htm#fig09>

Health Risk Factors

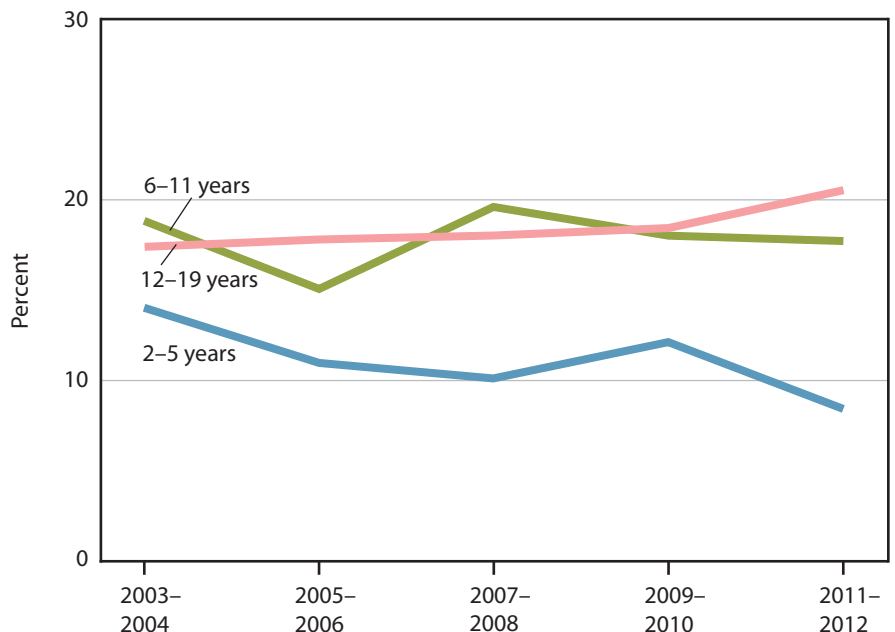
Obesity Among Children

Between 2003–2004 and 2011–2012, the prevalence of obesity among children aged 2–5 decreased, while the prevalence of obesity among older children and adolescents remained stable.

Excess body weight in children is associated with excess morbidity in childhood and adulthood (7,8). Obesity among children is defined as a body mass index at or above the sex- and age-specific 95th percentile of the CDC growth charts. The percentage of children aged 2–5 who were obese decreased from 14.0% in 2003–2004 to 8.4% in 2011–2012. The prevalence of obesity among children aged 6–11 and adolescents aged 12–19 was stable between 2003–2004 and 2011–2012. In 2011–2012, 17.7% of children aged 6–11 and 20.5% of adolescents aged 12–19 were obese.

SOURCE: CDC/NCHS, *Health, United States, 2013*, Table 64. Data from the National Health and Nutrition Examination Survey (NHANES).

Figure 10. Obesity among children and adolescents, by age: United States, 2003–2004 through 2011–2012

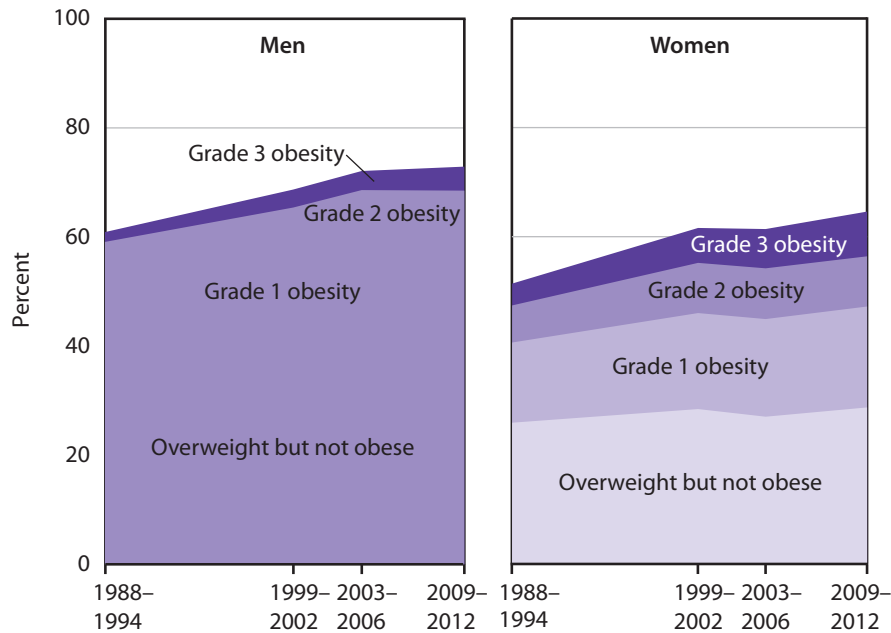


Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2013.htm#fig10>

Health Risk Factors

Overweight and Obesity Among Adults

Figure 11. Overweight and obesity among adults aged 20 and over, by sex: United States, 1988–1994 through 2009–2012



In 2009–2012, the percentage of adults aged 20 and over with Grade 1 obesity was higher for men than women, and the percentage with Grade 2 or Grade 3 obesity was higher for women than men.

Reducing the prevalence of obesity is a public health priority because obesity is correlated with excess morbidity and mortality (9–12). In particular, Grade 2 or higher obesity [a body mass index (BMI) of 35 or higher] significantly increases the risk of death (13). Between 1988–1994 and 2009–2012, the percentage of men and women aged 20 and over who were overweight but not obese (BMI greater than or equal to 25 but less than 30) was stable. During this period, the percentage of adults aged 20 and over with Grade 1 obesity (BMI greater than or equal to 30 but less than 35), Grade 2 obesity (BMI greater than or equal to 35 but less than 40), and Grade 3 obesity (BMI of 40 or higher) increased among both men and women. In 2009–2012, 4.4% of men and 8.2% of women aged 20 and over had Grade 3 obesity.

SOURCE: CDC/NCHS, *Health, United States, 2013*, Table 69. Data from the National Health and Nutrition Examination Survey (NHANES).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2013.htm#fig11>

Prevention

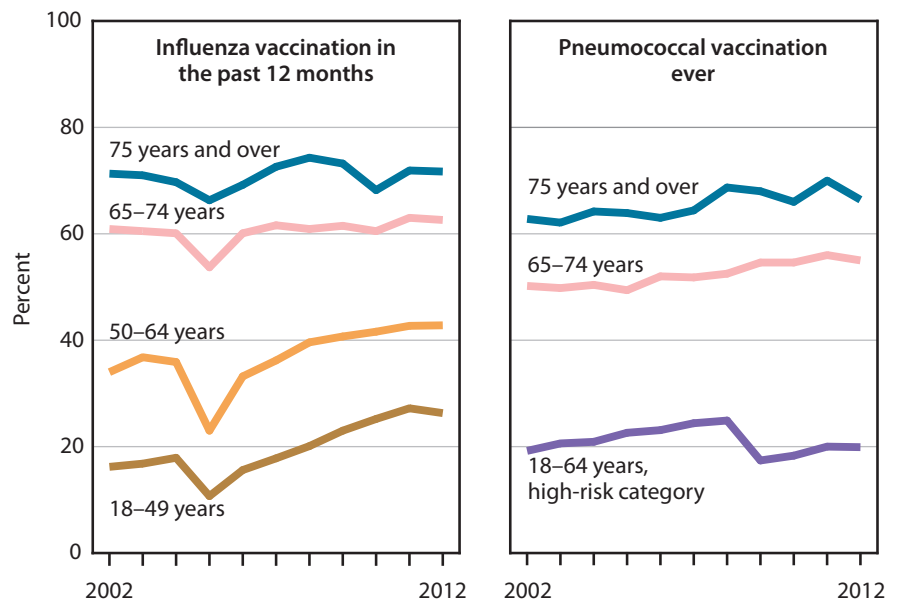
Influenza and Pneumococcal Vaccination

During 2002 through 2012, influenza vaccination in the past 12 months increased among adults under age 65, while remaining stable among those aged 65 and over. The percentage of adults aged 65 and over who had ever received a pneumococcal vaccination increased during this period.

Vaccination of persons at risk for complications from influenza and invasive pneumococcal disease is an important public health strategy (14). During 2002 through 2012, influenza vaccination in the past 12 months for noninstitutionalized adults increased among those aged 18–49 and 50–64 but was stable among those aged 65 and over. Decreases in influenza vaccination coverage in 2005 were related to a vaccine shortage (15). During 2002 through 2012, the percentage of noninstitutionalized adults who had ever received pneumococcal vaccination was stable among high-risk persons aged 18–64, and increased among those aged 65–74 and 75 and over.

NOTE: See Table 82 for a definition of the high-risk category for pneumococcal vaccination.
SOURCE: CDC/NCHS, *Health, United States, 2013*, Tables 81 and 82. Data from the National Health Interview Survey (NHIS).

Figure 12. Influenza and pneumococcal vaccination among noninstitutionalized adults aged 18 and over, by type of vaccination and age: United States, 2002–2012

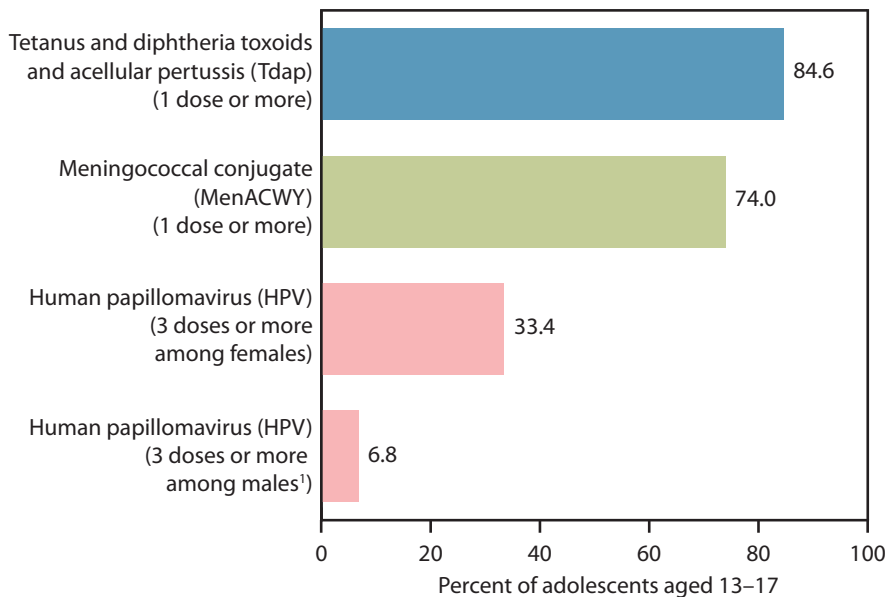


Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2013.htm#fig12>

Prevention

Vaccination Coverage Among Adolescents Aged 13–17

Figure 13. Vaccination coverage among adolescents aged 13–17, by type of vaccine: United States, 2012



Vaccination coverage for adolescents aged 13–17 varied by type of vaccine.

Early adolescence (ages 11–12) is the recommended time for adolescents to catch up on missed childhood vaccinations and to receive three vaccines specifically recommended for them—Tetanus and diphtheria toxoids (Tdap), Meningococcal conjugate (MenACWY), and Human papillomavirus (HPV) (16,17). In 2012, among adolescents aged 13–17 who had time to obtain the recommended vaccinations, 84.6% had received Tdap vaccine and 74.0% had received MenACWY vaccine (17). The HPV vaccination series was recommended for females starting in June 2006 and for males in October 2011 (18,19). In 2012, 33.4% of females aged 13–17 had received three or more doses of HPV vaccine. Among males, 6.8% of those aged 13–17 had completed the HPV series in 2012—the first year following the recommendation for males.

¹The HPV vaccination series was recommended for males in October 2011.

SOURCE: CDC/NCHS, *Health, United States, 2013*, Table 80. Data from the National Center for Immunization and Respiratory Diseases, National Immunization Survey–Teen.

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2013.htm#fig13>

Health Insurance

Coverage Among Adults Aged 18–64

During 2002 through 2012, the percentage of adults aged 18–44 and 45–64 with private health insurance coverage decreased, while the percentage with Medicaid and the percentage uninsured increased.

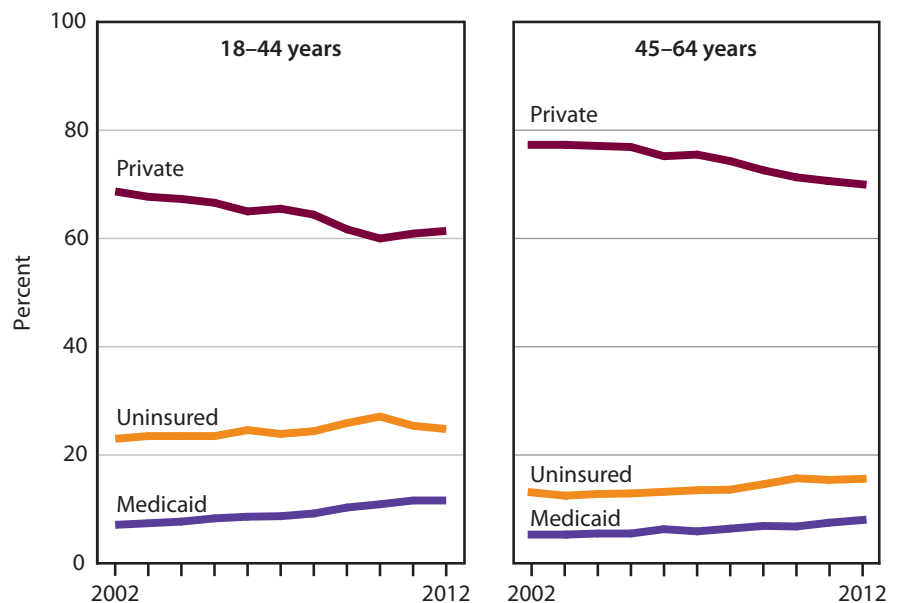
Health insurance is a major determinant of access to health care (20). Among adults aged 18–44, the percentage with private coverage declined from 68.7% in 2002 to 61.4% in 2012, while the percentage with Medicaid coverage increased from 7.1% to 11.6%. The percentage of adults aged 18–44 who were uninsured increased from 23.0% to 24.8% during this period (also see Figure 15). Similarly, the percentage of adults aged 45–64 with private coverage declined from 77.3% in 2002 to 70.0% in 2012. The percentage of adults aged 45–64 with Medicaid coverage increased from 5.3% to 8.0%, and the percentage uninsured increased from 13.1% to 15.6%.

NOTES: The Medicaid category includes the Children’s Health Insurance Program (CHIP). Adults categorized as having Medicaid or private coverage may have additional types of health insurance coverage.

SOURCE: CDC/NCHS, *Health, United States, 2013*, Tables 122, 124, and 125. Data from the National Health Interview Survey (NHIS).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2013.htm#fig14>

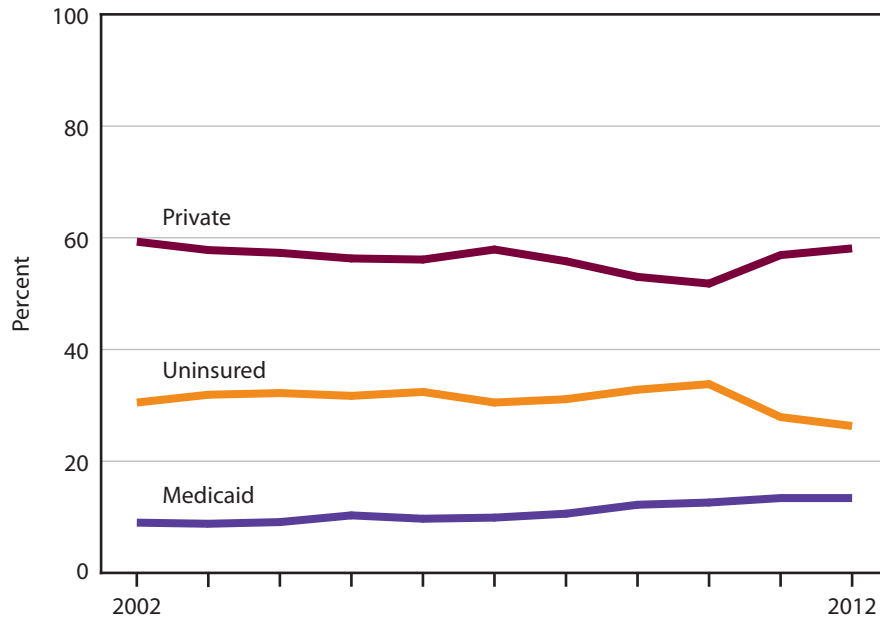
Figure 14. Health insurance coverage among adults aged 18–64, by age and type of coverage: United States, 2002–2012



Health Insurance

Coverage Among Adults Aged 19–25

Figure 15. Health insurance coverage among adults aged 19–25, by type of coverage: United States, 2002–2012



Between 2010 and 2012, the percentage of adults aged 19–25 who were uninsured decreased from 33.8% to 26.3%.

Historically, adults aged 19–25 have experienced high levels of uninsurance (Table 125). The percentage of adults aged 19–25 with private coverage declined from 59.3% in 2002 to 51.8% in 2010 and then rose to 58.1% in 2012. Between 2002 and 2010, the percentage of adults aged 19–25 who were uninsured fluctuated between 30.5% and 33.8%, and then decreased from 33.8% in 2010 to 26.3% in 2012. The section of the Patient Protection and Affordable Care Act (ACA) that allows most young adults to remain on their parent’s coverage until age 26 came into effect with the policy year that began after September 23, 2010 (21–23). The percentage of adults aged 19–25 with Medicaid coverage [a category that includes the Children’s Health Insurance Program (CHIP)] increased from 9.0% in 2002 to 12.6% in 2010 and was 13.4% in 2012.

NOTE: Adults categorized as having Medicaid or private coverage may have additional types of health insurance coverage.
SOURCE: CDC/NCHS, *Health, United States, 2013*, Tables 122, 124, and 125. Data from the National Health Interview Survey (NHIS).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2013.htm#fig15>

Utilization and Access

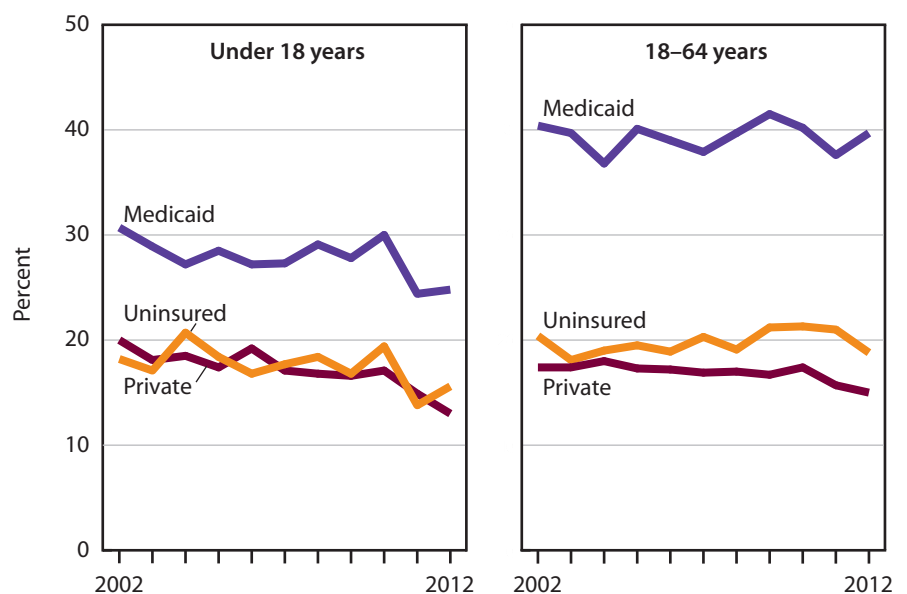
Emergency Department Use

Children and adults aged 18–64 with Medicaid coverage were more likely to have at least one emergency department visit in the past year, compared with the uninsured and those with private coverage.

During 2002 through 2012, the percentage of children under age 18 with at least one emergency department visit in the past year declined for those with private coverage and for children with Medicaid coverage, while remaining stable for uninsured children. In 2012, 24.8% of children with Medicaid, 15.6% of uninsured children, and 13.0% of children with private coverage had an emergency department visit in the past year. During 2002 through 2012, the percentage of adults aged 18–64 with at least one emergency department visit was stable for those with Medicaid and for the uninsured. For adults with private coverage, the percentage with an emergency department visit declined during 2002 through 2012.

SOURCE: CDC/NCHS, *Health, United States, 2013*, Tables 86 and 87. Data from the National Health Interview Survey (NHIS).

Figure 16. One or more emergency department visits in the past 12 months, by age and type of coverage: United States, 2002–2012

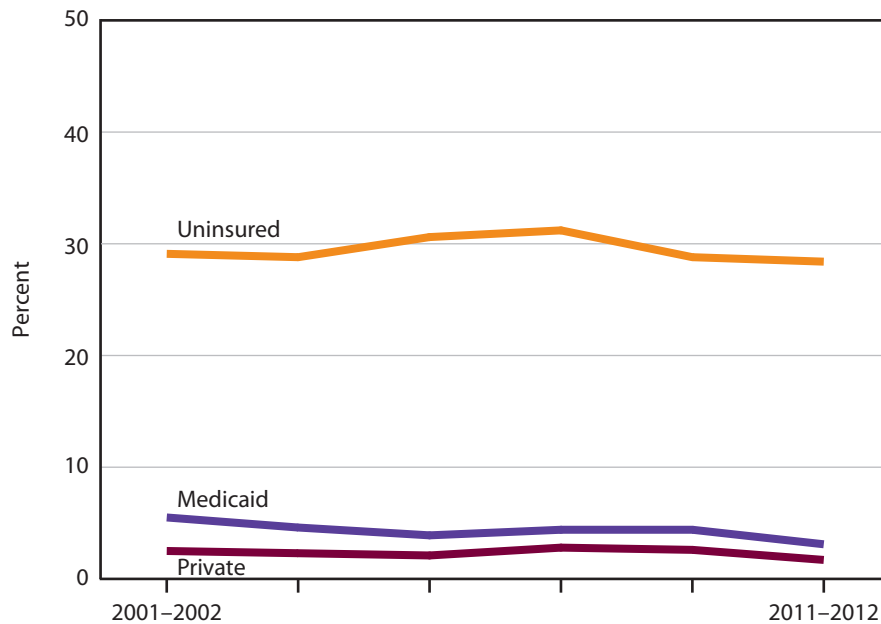


Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2013.htm#fig16>

Utilization and Access

Usual Source of Care Among Children

Figure 17. No usual source of care among children under age 18, by type of coverage: United States, average annual, 2001–2002 through 2011–2012



Uninsured children under age 18 were more likely than those with Medicaid and private coverage to lack a usual source of care.

Children benefit from having a usual source of health care for the provision of preventive services and treatment of acute and chronic conditions (24). During 2001–2002 through 2011–2012, the percentage of children without a usual source of care was stable for uninsured children and for those with private coverage, and decreased for those with Medicaid coverage. Throughout this period, uninsured children were more likely to lack a usual source of care than those with Medicaid or private coverage. In 2011–2012, 28.4% of uninsured children, 3.1% of children with Medicaid coverage, and 1.7% of those with private coverage lacked a usual source of care.

NOTE: Persons who reported the emergency department as their usual source of care were classified as not having a usual source of care.
SOURCE: CDC/NCHS, Health, United States, 2013, Table 72. Data from the National Health Interview Survey (NHIS).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2013.htm#fig17>

Utilization and Access

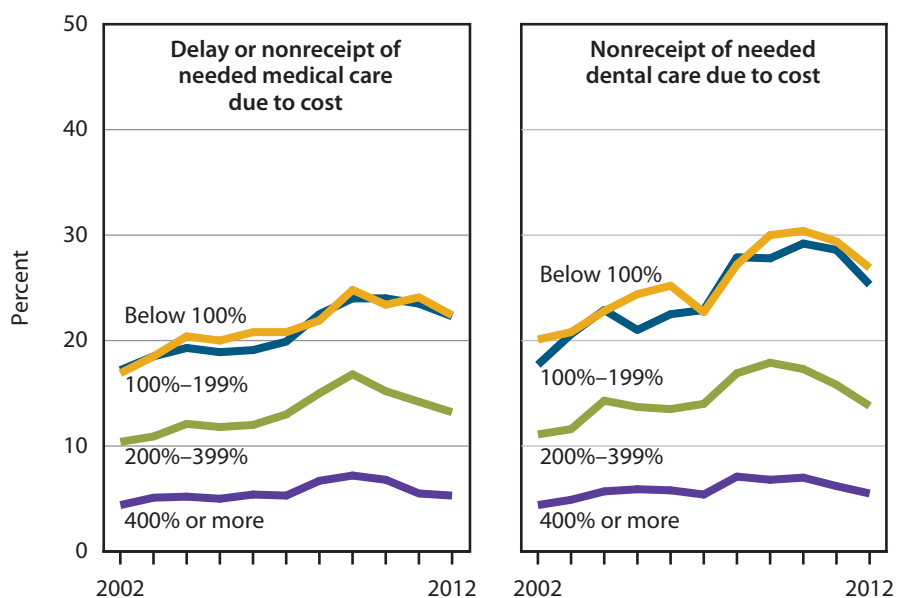
Delay or Nonreceipt of Medical Care or Nonreceipt of Dental Care Due to Cost

During 2002 through 2012, the percentage of adults aged 18–64 who delayed or did not receive needed medical care in the past 12 months due to cost increased for those living below 400% of the poverty level; the percentage of adults who did not receive needed dental care due to cost increased for all family income groups.

During 2002–2012, the percentage of adults aged 18–64 who delayed or did not receive medical care in the past 12 months due to cost was higher for adults living below 200% of the poverty level than for those with higher family income (22.4% and 22.3%, compared with 13.2% for those at 200%–399% and 5.3% for those at 400% or more of the poverty level in 2012). Also during 2002 through 2012, nonreceipt of dental care due to cost was higher for adults living below 200% of the poverty level than for those with higher family income (26.9% and 25.3%, compared with 13.8% for those at 200%–399% and 5.5% for those at 400% or more of the poverty level in 2012).

SOURCE: CDC/NCHS, Health, United States, 2013, Table 74. Data from the National Health Interview Survey (NHIS).

Figure 18. Delay or nonreceipt of needed medical care or nonreceipt of needed dental care in the past 12 months due to cost among adults aged 18–64, by percent of poverty level: United States, 2002–2012

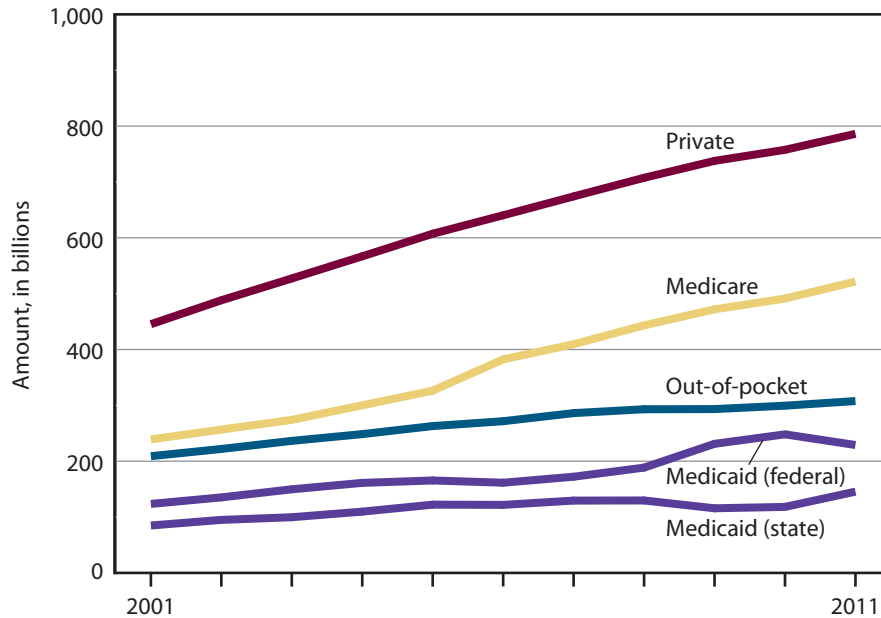


Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2013.htm#fig18>

Personal Health Care Expenditures

Major Source of Funds

Figure 19. Personal health care expenditures, by source of funds: United States, 2001–2011



Out-of-pocket spending for personal health care expenditures grew less rapidly than Medicare, federal and state Medicaid, and private insurance spending between 2001 and 2011.

Between 2001 and 2011, total personal health care expenditures grew from \$1.3 trillion to \$2.3 trillion (Table 115). During this period, the average annual growth in Medicare expenditures was 8.1%; for Medicaid (federal) it was 6.4%, for Medicaid (state) it was 5.5%, for private health insurance 5.8%, and for out-of-pocket spending 3.9%. In 2011, private health insurance spending for personal health care expenditures was \$786.1 billion; Medicare spending was \$521.6 billion, out-of-pocket spending was \$307.7 billion, Medicaid (federal) spending was \$229.0 billion, and Medicaid (state) spending was \$145.5 billion (Table 115).

NOTE: Average annual percent change computed from estimates shown in Table 115.

SOURCE: CDC/NCHS, *Health, United States, 2013*, Table 115. Data from the Centers for Medicare & Medicaid Services, National Health Expenditure Accounts (NHEA).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2013.htm#fig19>

Chartbook: Figures 20–29

Special Feature on Prescription Drugs

Special Feature on Prescription Drugs

Introduction

Prescription drugs play an important role in U.S. health care. For millions of Americans, prescription drugs have saved lives, prevented or delayed the onset of chronic disease and disability, controlled or cured disease, and provided relief from pain (25). In 2007–2010, almost one-half of the U.S. population took at least one prescription drug in the preceding month and 1 in 10 reported taking five or more drugs (Table 93; data are for the civilian noninstitutionalized U.S. population only). Americans' use of prescription drugs has grown over the past half-century due to many factors, including the development of new and innovative drug therapies to treat infectious and chronic conditions, the expansion of prescription drug coverage by public and private payers, and the growth of marketing by pharmaceutical companies (25–27).

The introduction and widespread use of vaccines in the 20th century contributed to the control of infectious diseases such as measles, polio, and diphtheria, and the discovery of antibiotics led to significant declines in mortality from bacterial infections (28). By 2010, only pneumonia and influenza remained among the leading causes of death, accounting for just 2.0% of all U.S. deaths (Table 22). Newer drugs also help in the control of infectious disease. With the adoption of antiretroviral therapies, the death rate from human immunodeficiency virus (HIV) disease has decreased almost 80% since 1996 (Table 31 and Figure 24).

With the decline of infectious disease morbidity and mortality in the United States, prescription drug development and investment in the second half of the 20th century focused on chronic diseases such as cancer, heart disease, diabetes, and mental health. Drugs to treat these chronic conditions were among the most commonly used by adults (Figure 21) (29). The widespread use of chemotherapy and other biologics contributed to raising the 5-year, all-sites cancer survival rates to 67% in 2009 (30). Drug research has also led to better treatment and control of the risk factors for heart disease, such as hypertension, high cholesterol, and diabetes (6,31–34). The percentage of Americans with poor control of blood pressure, cholesterol, and diabetes is down since 1988–1994 (Tables 46, 65, and 66). Prescription drugs are an important component in the treatment of mental health disorders and have helped many patients avoid hospitalization (35,36). About 85% of people who received treatment for mental health conditions in 2009 received prescription drugs.

Several other factors have contributed to Americans' greater use of prescription drugs. These include the growth of third-party insurance coverage over the past few decades, which has made drugs more affordable (37,38). In 2006, Medicare Part D was introduced, offering a drug benefit as part of the insurance program relied on by most persons aged 65 and over. Discounts and other savings under the Affordable Care Act have already helped more than 6 million Medicare Part D enrollees save over \$6 billion on prescription drugs since its introduction in 2010 (39). Another factor increasing the demand for drugs is more drug marketing to physicians and consumers since

companies began promoting their prescription drug products directly to consumers by means of direct-to-consumer advertising in the 1980s. Although the vast majority of promotional spending for all drugs is targeted toward physicians, spending on direct-to-consumer advertising for all drugs more than tripled between 1996 and 2005, to \$4.2 billion (40–42).

The greater role of prescription drugs in U.S. health care is reflected in the amount spent on drugs: \$263 billion in 2011. This was 9.7% of all national health expenditures, up from 5.6% in 1990 (Table 114). From 1990 to 2000, prescription drug spending grew 11.6%—much faster than spending for hospital (5.2%) and physician and clinic (6.2%) care (Table 114). In response, many insurers instituted cost control efforts, including copays, cost-sharing, formularies, tiered pricing, and mail order pharmacies (43). These efforts, along with other factors including the ending of patent protection for a number of popular drugs, has led to slower growth in prescription drug spending in recent years (44). During 2009 through 2011, spending on prescription drugs remained flat (Table 114).

Although prescription drugs have been instrumental in improving health outcomes, misuse of some prescription drugs has resulted in serious public health problems. For example, antibiotics continue to be prescribed to treat viral infections, even though they are ineffective for this purpose. This misuse contributes to the development of antibiotic-resistant bacterial infections (45,46). Educational outreach to physicians and patients has helped decrease the use of antibiotics for colds and other viral conditions (Figure 26). Opioid analgesic pain relievers play an important role in appropriate pain management, but their misuse is a growing public health problem (47). Opioid analgesic consumption increased 300% between 1999 and 2010 (48), and death rates for poisoning involving opioid analgesics more than tripled between 2000 and 2010 (Table 32 and Figure 28) (49,50).

This Special Feature examines the use of prescription drugs in the United States. Data are presented on the number and classes of drugs used by Americans. Access problems—those who did not get prescription drugs in the past 12 months due to cost—are presented by insurance and poverty status. The impact of specific groups of drugs used to control chronic disease (i.e., antiretrovirals to treat HIV disease and antidepressant drugs) is presented. Quality issues are examined by looking at the misuse of antibiotics to treat cold symptoms; deaths from misuse of opioid analgesic drugs; and the adoption of electronic health record systems by providers, which may be used for ordering prescription drugs, providing warnings of drug interactions or contraindications, and other functions intended to improve safety. And finally, the growth in national spending on prescription drugs is shown. This group of charts provides an overview of the role of prescriptions drugs in the United States.

Prescription Drug Use

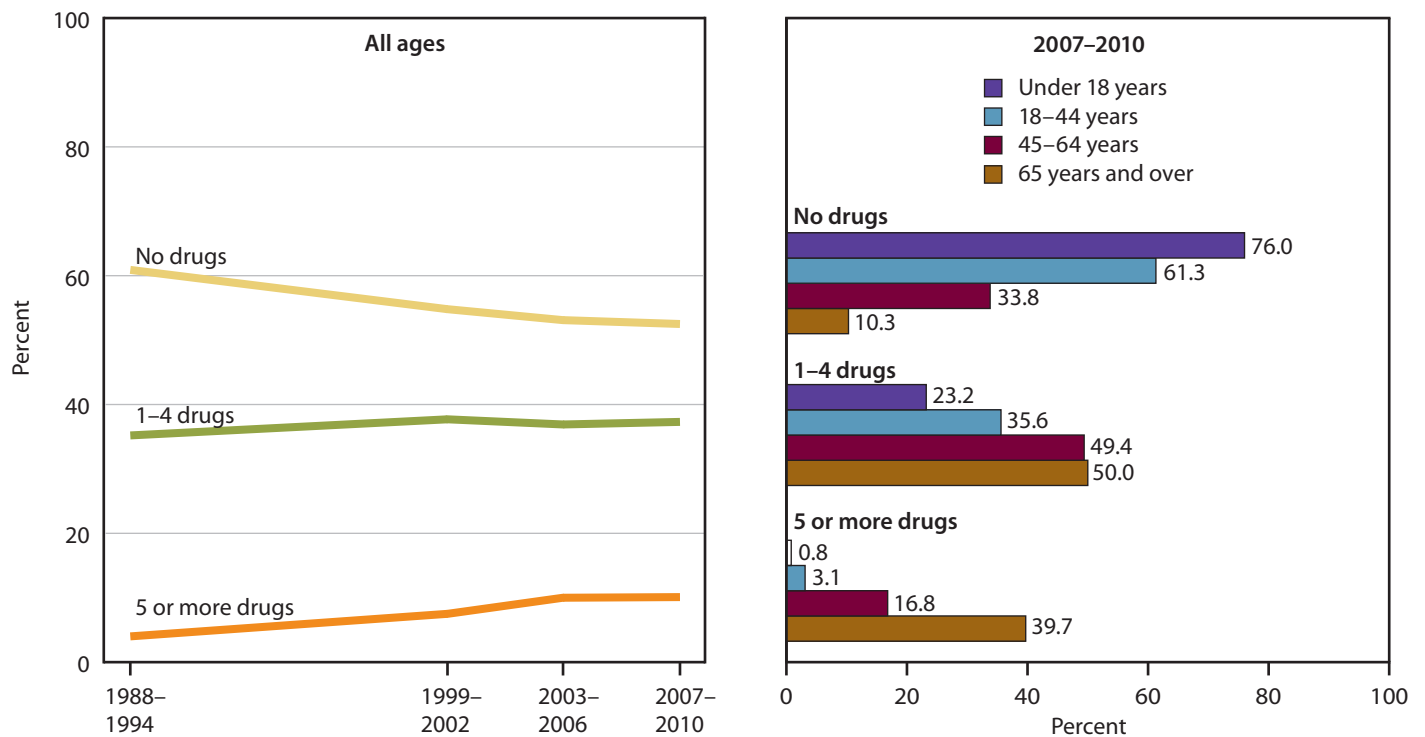
In 2007–2010, almost one-half of all Americans reported taking one or more prescription drugs in the past 30 days; use increased with age, from 1 in 4 children to 9 in 10 persons aged 65 and over.

Drugs are a frequently used therapy for reducing morbidity and mortality and improving the quality of life of Americans (29,51). In the past half-century, Americans' use of prescription drugs has increased (26,27). Prescription drug use is related to many factors, including health status, prescription drug coverage, and the availability of drug therapies. For many conditions, such as high cholesterol, high blood pressure, diabetes, and asthma, emphasis on treatment with evidence-based medications has increased (6,32–34,37,38).

Between 1988–1994 and 2007–2010, the percentage of Americans who reported taking no prescription drugs in the past 30 days decreased from 60.9% to 52.5%. The percentage taking five or more drugs in the past month increased from 4.0% in 1988–1994 to 10.1% in 2007–2010 (age-adjusted).

In 2007–2010, prescription drug use was higher among older age groups. About one-quarter of children (23.2%) reported taking one to four drugs in the past 30 days, compared with one-half (49.4%–50.0%) of adults aged 45 and over. The percentage taking five or more drugs in the past 30 days increased with age, from less than 1.0% of children to 39.7% of adults aged 65 and over.

Figure 20. Prescription drug use in the past 30 days, by number of drugs taken and age: United States, 1988–1994 through 2007–2010



NOTES: Except for age group estimates, percentages are age-adjusted. See [data table for Figure 20](#).

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

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2013.htm#fig20>

Prescription Drug Use by Drug Class

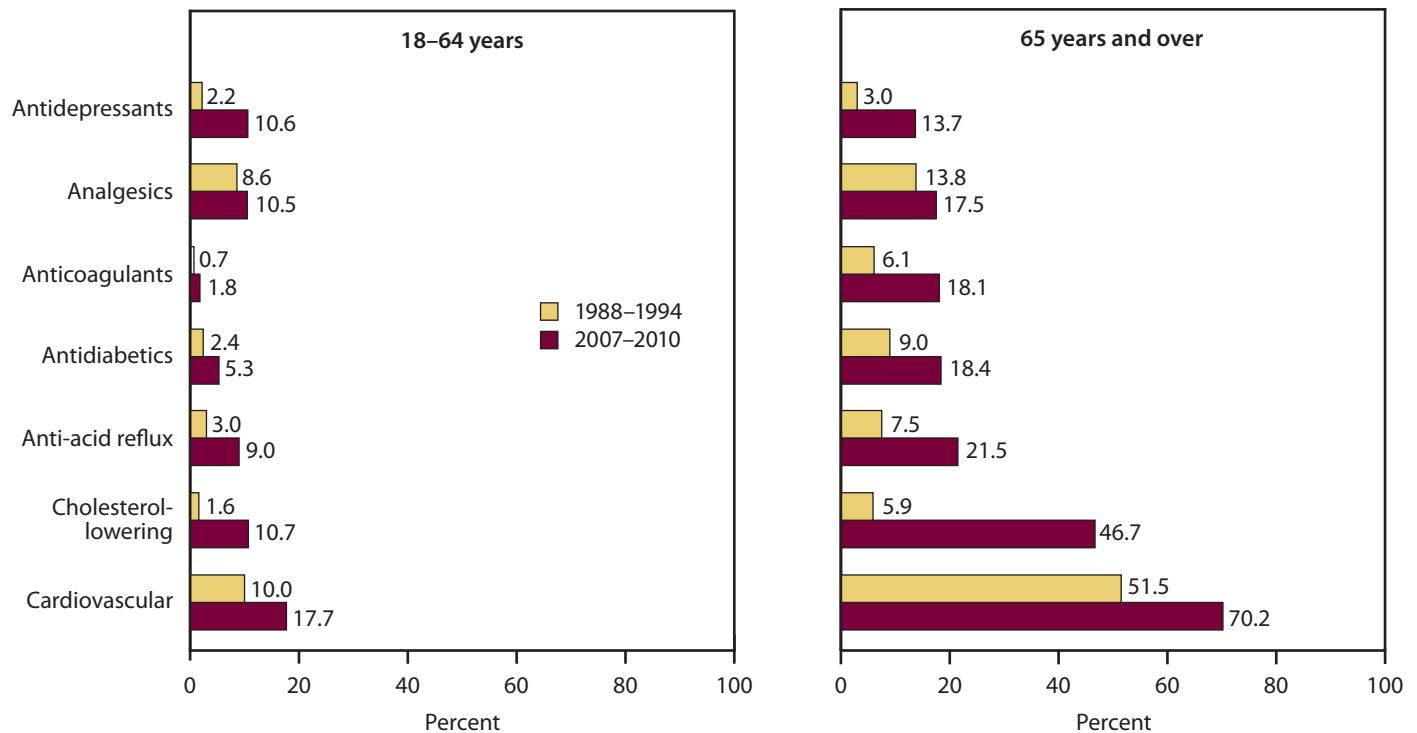
In 2007–2010, cardiovascular agents (used to treat high blood pressure, heart disease, or kidney disease) and cholesterol-lowering (antihyperlipidemic) drugs were two of the most commonly used classes of prescription drugs among adults aged 18–64 and 65 and over.

Drugs increasingly play a role in the long-term treatment and control of chronic conditions, including hypertension, high cholesterol, and diabetes, which are major risk factors for heart disease (6,31–34). In 2007–2010, 17.7% of adults aged 18–64 took at least one cardiovascular agent in the past 30 days (29). Other commonly used prescription drug classes among this age group were cholesterol-lowering drugs, analgesics, and antidepressants. The use of cholesterol-lowering drugs among those aged 18–64 has increased more than six-fold since 1988–1994, due in part to

the introduction and acceptance of statin drugs to lower cholesterol.

Among adults aged 65 and over, 70.2% took at least one cardiovascular agent and 46.7% took a cholesterol-lowering drug in the past 30 days in 2007–2010. Other commonly used classes for this age group include anti-acid reflux, antidiabetics, anticoagulants, and analgesics. The use of cholesterol-lowering drugs by this age group has increased more than seven-fold since 1988–1994. The use of antidepressants (4.6 times greater), anticoagulants (3.0 times greater), and anti-acid reflux drugs (2.9 times greater) also increased substantially between 1988–1994 and 2007–2010.

Figure 21. Prescription drug use in the past 30 days among adults aged 18 and over, by age and selected drug class: United States, 1988–1994 and 2007–2010



NOTES: Cardiovascular agents include drug classes such as angiotensin-converting enzyme (ACE) inhibitors, beta blockers, calcium channel blockers, and diuretics. See [data table for Figure 21](#) for definitions of drug classes included in this chart. Also, data for children under age 18 are shown in the data table.

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

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2013.htm#fig21>

Polypharmacy

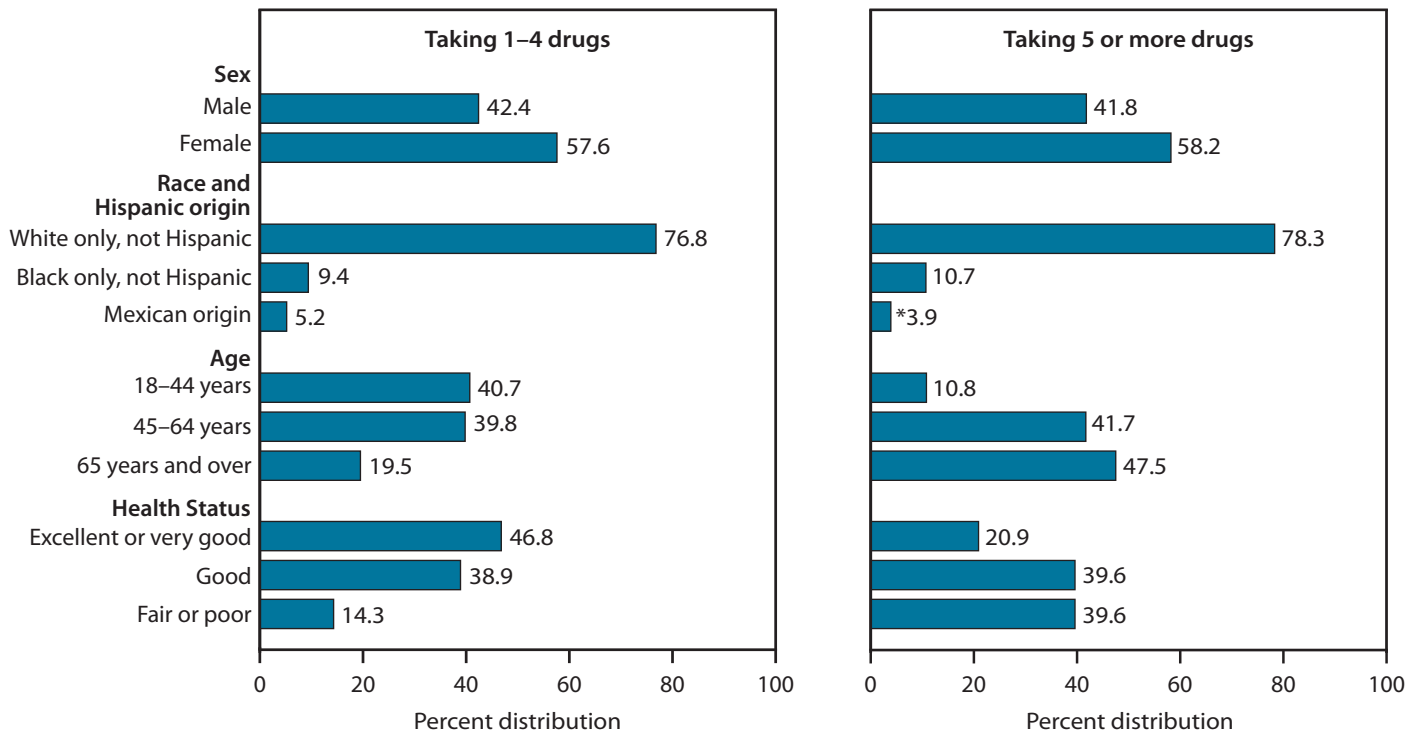
In 2007–2010, adults taking five or more drugs in the past 30 days were more likely to be aged 65 and over and in fair or poor health than those taking one to four drugs.

Drugs offer the opportunity to prevent, treat, and control many acute and chronic conditions. As Americans rely more on prescription drugs, some are taking multiple drugs each month. This is known as polypharmacy, which may increase the likelihood of drug interactions, adverse effects, and dosing and compliance issues. In some cases, multiple physicians may be prescribing for the patient and be unaware of all drugs the patient is taking. Polypharmacy is important because patients taking multiple drugs are more likely to confuse medication, dose, and timing (52,53). Polypharmacy is of particular concern for the elderly, who may be more at risk for significant side effects with some commonly prescribed medicines (54). In 2007–2010,

13.9% of Americans aged 18 and over took five or more prescription drugs in the past 30 days (Figure 20) (55).

In 2007–2010, adults taking five or more drugs in the past 30 days were older, with 10.8% aged 18–44, 41.7% aged 45–64, and 47.5% aged 65 and over. Among those taking one to four drugs, 40.7% were aged 18–44, 39.8% were 45–64, and 19.5% were 65 and over. Adults taking five or more drugs were more likely to classify themselves as in fair or poor health (39.6%) compared with those taking one to four drugs (14.3%). Adults taking no drugs in the past 30 days were younger (69.2% were aged 18–44, 26.9% were 45–64, and 3.9% were 65 and over) and reported better health status (12.5% reported fair or poor health and 49.7% reported excellent or very good health) (see data table for Figure 22).

Figure 22. Number of prescription drugs taken in the past 30 days among adults aged 18 and over, by selected characteristics: United States, 2007–2010



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

NOTES: Race and Hispanic origin estimates do not sum to 100% because of respondents in other racial and ethnic groups. See data table for Figure 22.

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

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2013.htm#fig22>

Nonreceipt of Needed Prescription Drugs Due to Cost

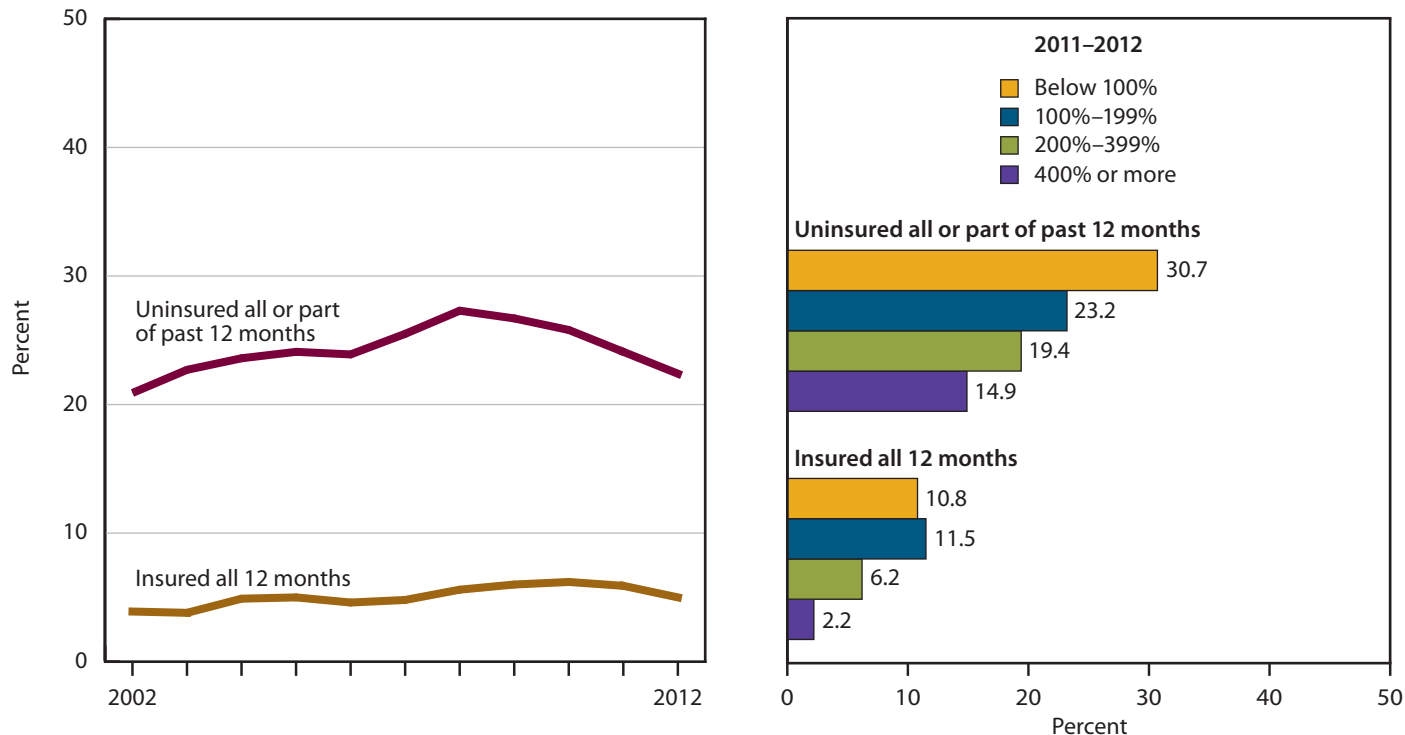
In 2012, adults aged 18–64 who were uninsured for all or part of the past year were more than four times as likely to report not getting needed prescription drugs due to cost as adults who were insured for the whole year.

Uninsured adults are more likely to delay or forego needed care, are less likely to receive needed medical care and prescription drugs due to cost, and are less likely to seek preventive care than the insured (20,56). Evidence suggests that underuse of medications due to cost concerns is associated with poorer health and increased use of other health care services (57,58).

During 2002 through 2012, the percentage of adults aged 18–64 who did not get prescription drugs in the past 12 months due to cost was at least four times as high for those who were uninsured for all or part of the past year as for those who were insured for the whole year. In 2012, 22.4% of uninsured adults aged 18–64 reported not getting needed prescription drugs due to cost, compared with 5.0% of adults who were insured for the whole year.

In 2011–2012, prescription drug access problems due to cost decreased as family income increased for both the insured and uninsured. Among adults insured for the whole year, those with family income levels below 200% of the poverty level were more likely to report problems getting needed prescription drugs due to cost than those with higher incomes. Among those uninsured for any part of the past year, access problems due to cost declined as family income increased. Of those living below the poverty level, 30.7% reported not getting needed prescription drugs due to cost, compared with 23.2% of those at 100%–199% of the poverty level, 19.4% of those at 200%–399% of the poverty level, and 14.9% of uninsured adults with incomes at 400% or more of the poverty level. The uninsured with high incomes (400% or more of the poverty level) were more likely to report prescription drug access problems (14.9%) than the insured with low incomes (below 200% of the poverty level) (10.8%–11.5%).

Figure 23. Nonreceipt of needed prescription drugs in the past 12 months due to cost among adults aged 18–64, by insurance status and percent of poverty level: United States, 2002–2012



NOTE: See [data table for Figure 23](#).

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

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2013.htm#fig23>

Deaths from HIV Disease

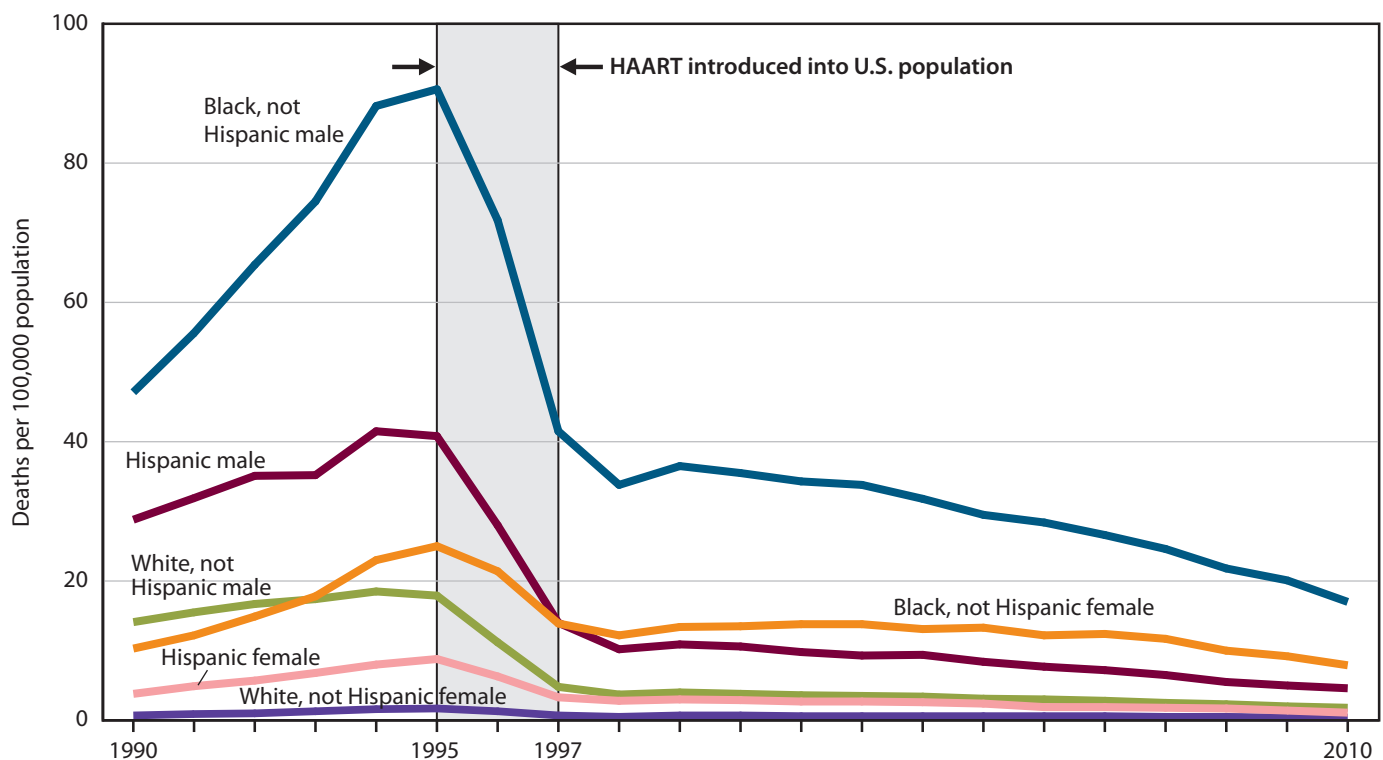
The introduction of highly active antiretroviral therapy (HAART) led to substantial declines in mortality from HIV disease, including a 73% decline among non-Hispanic white males and a 54% decline among non-Hispanic black males between 1995 and 1997.

Human immunodeficiency virus (HIV) disease, and the related acquired immunodeficiency syndrome (AIDS), emerged as a leading cause of death among adults aged 25–44 in the United States in the 1980s (59), and the death rate for HIV disease among this age group increased steadily through the early 1990s (60). During the early years of HIV, there were few treatment options and mortality was high (61,62). The first antiretroviral medication to treat HIV disease was approved in 1987 (62) and was soon followed by the introduction of other antiretroviral drugs. The health of individuals living with HIV improved when clinicians began to treat individuals with combinations of multiple

antiretroviral drugs that act at different stages of the HIV disease cycle (63)—regimens known as HAART.

After HAART became the standard of care in 1996, there were marked reductions in morbidity and mortality associated with HIV disease (63–67). Between 1995 and 1997, the death rate from HIV disease among males declined by two-thirds, from 27.3 deaths per 100,000 population in 1995 to 9.6 in 1997. The decline ranged from 54% for non-Hispanic black males, to 66% for Hispanic males, to 73% for non-Hispanic white males and Asian or Pacific Islander males (see [data table for Figure 24](#)). Declines in HIV death rates also were seen for females in each of the racial and ethnic groups examined. After 1997, the rate of decline for HIV mortality slowed across all groups, although gender and racial and ethnic differences in HIV mortality persist.

Figure 24. Age-adjusted death rates for human immunodeficiency virus (HIV) disease for all ages, by sex and race and Hispanic origin: United States, 1990–2010



NOTES: HAART is highly active antiretroviral therapy. See [data table for Figure 24](#) for rates for additional racial groups.

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

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2013.htm#fig24>

Use of Antidepressants

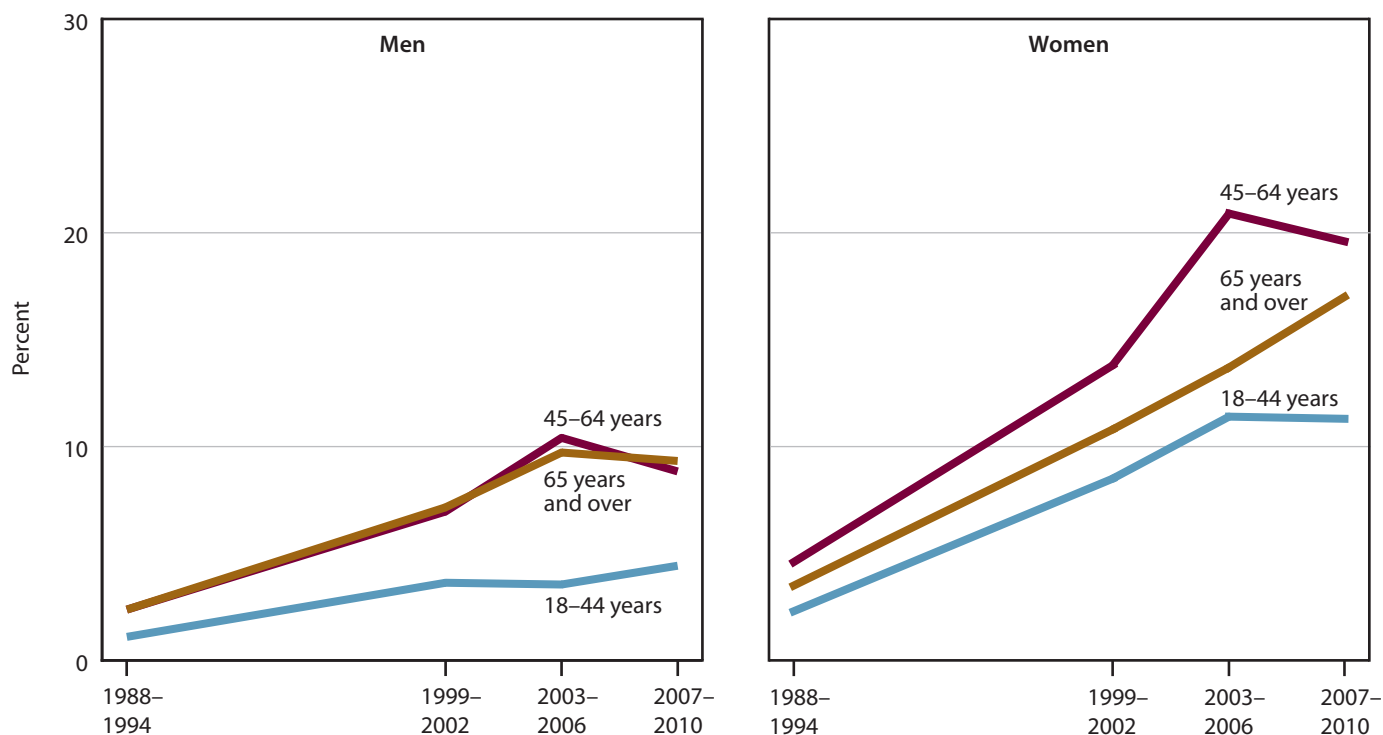
Between 1988–1994 and 2007–2010, among adults aged 18 and over, the use of antidepressants increased more than four-fold, from 2.4% to 10.8%.

Depression is a common and serious illness that takes a toll on functional status, productivity, quality of life, and physical health (35,68–70). In 2009, 7% of adults had a major depressive episode in the past year (35). The increased use of prescription antidepressants may be the result of several factors, including the introduction of a new class of drugs known as selective serotonin reuptake inhibitors (SSRIs) in 1988, improved public attitudes about seeking care for mental health issues, increased direct-to-consumer marketing of antidepressants, and expanded recommendations for the use of antidepressants for conditions other than depression (71). In addition to depression, antidepressants are used to treat obsessive-compulsive disorder, panic disorder, anxiety disorders, and perimenopausal and menopausal symptoms (71).

The use of antidepressants increased more than four-fold for men (from 1.6% to 6.6%, age-adjusted) and women (from 3.2% to 14.8%, age-adjusted) between 1988–1994 and 2007–2010. Increased use of antidepressants during this time period was seen for each of the age groups examined: 18–44, 45–64, and 65 and over.

In 2007–2010, the use of prescription antidepressants was higher among women than among men overall, and for each age group. For both men and women, antidepressant use was higher for those aged 45 and over compared with younger adults. Among men, adults aged 45 and over (8.9%–9.4%) were twice as likely to take antidepressants as younger adults aged 18–44 (4.4%). Among women, those aged 45 and over (17.0%–19.6%) were about 1.5 times more likely to take antidepressants than younger adults aged 18–44 (11.3%).

Figure 25. Use of prescription antidepressants in the past 30 days among adults aged 18 and over, by sex and age: United States, 1988–1994 through 2007–2010



NOTE: The 1988–1994 estimates for men are considered unreliable because the estimates have relative standard errors of 20%–30%. See [data table for Figure 25](#).

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

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2013.htm#fig25>

Antibiotics Prescribed for Colds

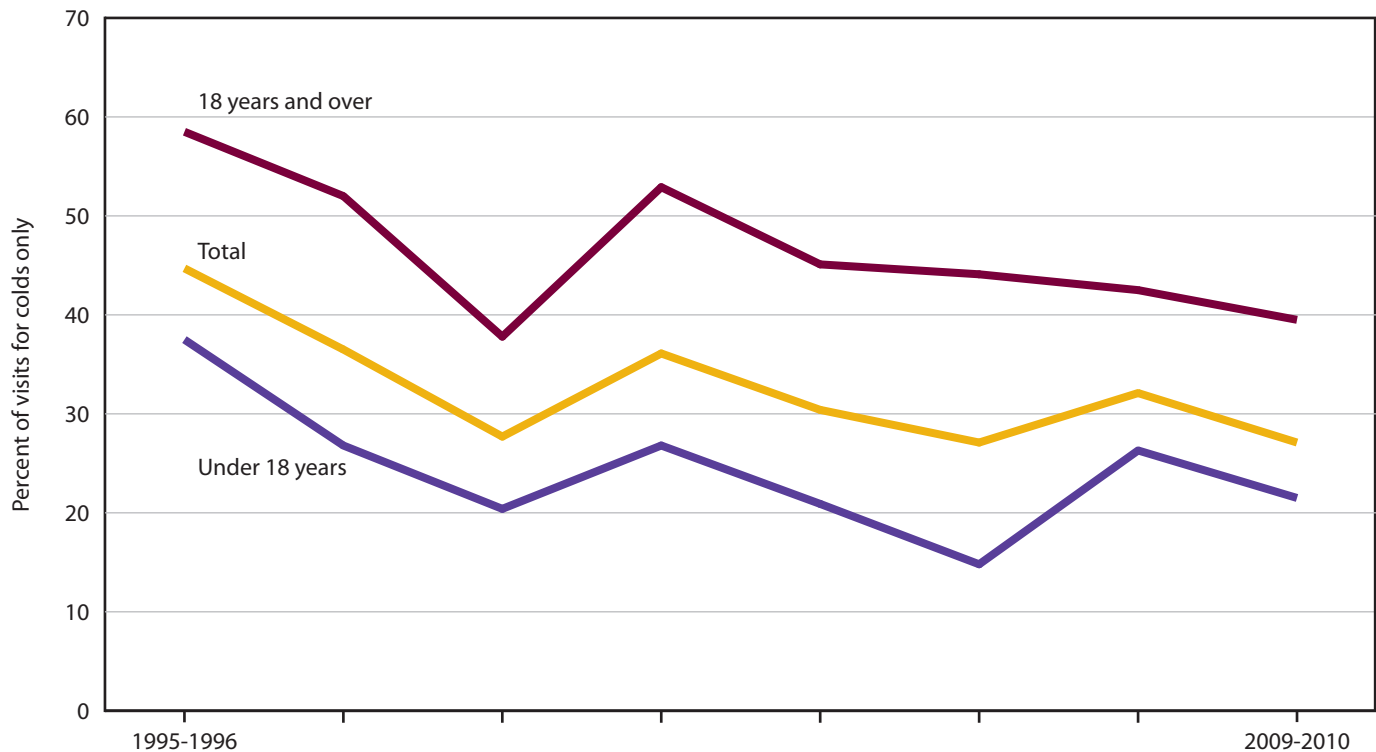
Between 1995–1996 and 2009–2010, the prescribing of antibiotics during ambulatory care visits for cold symptoms declined 39%.

Antibiotics are a mainstay of treating bacterial infections, and the control of infectious diseases using antibiotics is considered one of the major public health achievements of the 20th century (28,46). But unnecessary antibiotic use can lead to adverse effects and contributes to antibiotic resistance, which may lead to longer hospital stays and unnecessary deaths (45,46,72). Of particular concern is the prescribing of antibiotics for colds and viral respiratory infections, because antibiotics are ineffective in treating these conditions (72).

Between 1995–1996 and 2009–2010, the prescribing of antibiotics during ambulatory care visits (to physician offices and hospital outpatient and emergency departments) for the sole diagnosis of cold symptoms has declined by two-fifths, from 44.7% of cold symptom visits to 27.1%. Significant declines were seen for both children and adults over this time frame.

Throughout the time period, prescribing of antibiotics for ambulatory care visits for the sole diagnosis of cold symptoms was higher for visits by adults aged 18 and over than for children. In 2009–2010, 21.5% of ambulatory care visits for cold symptoms among children aged 18 and under had antibiotics prescribed or ordered, compared with 39.5% for adults.

Figure 26. Antibiotics ordered or provided during emergency department, outpatient, and physician visits for cold symptom diagnoses, by age: United States, average annual, 1995–1996 through 2009–2010



NOTE: See [data table for Figure 26](#).

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey, National Hospital Ambulatory Medical Care Survey: Emergency Department and Outpatient Components. See [Appendix I, National Ambulatory Medical Care Survey \(NAMCS\)](#); [National Hospital Ambulatory Medical Care Survey \(NHAMCS\)](#).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2013.htm#fig26>

Computerized Systems for Prescription Drugs

In 2010, 53.7% of physician offices, 50.3% of hospital outpatient departments (OPDs), 58.1% of hospital emergency departments (EDs), and 19.7% of residential care facilities (RCFs) reported having computerized prescription ordering systems, a key element of electronic health records (EHRs).

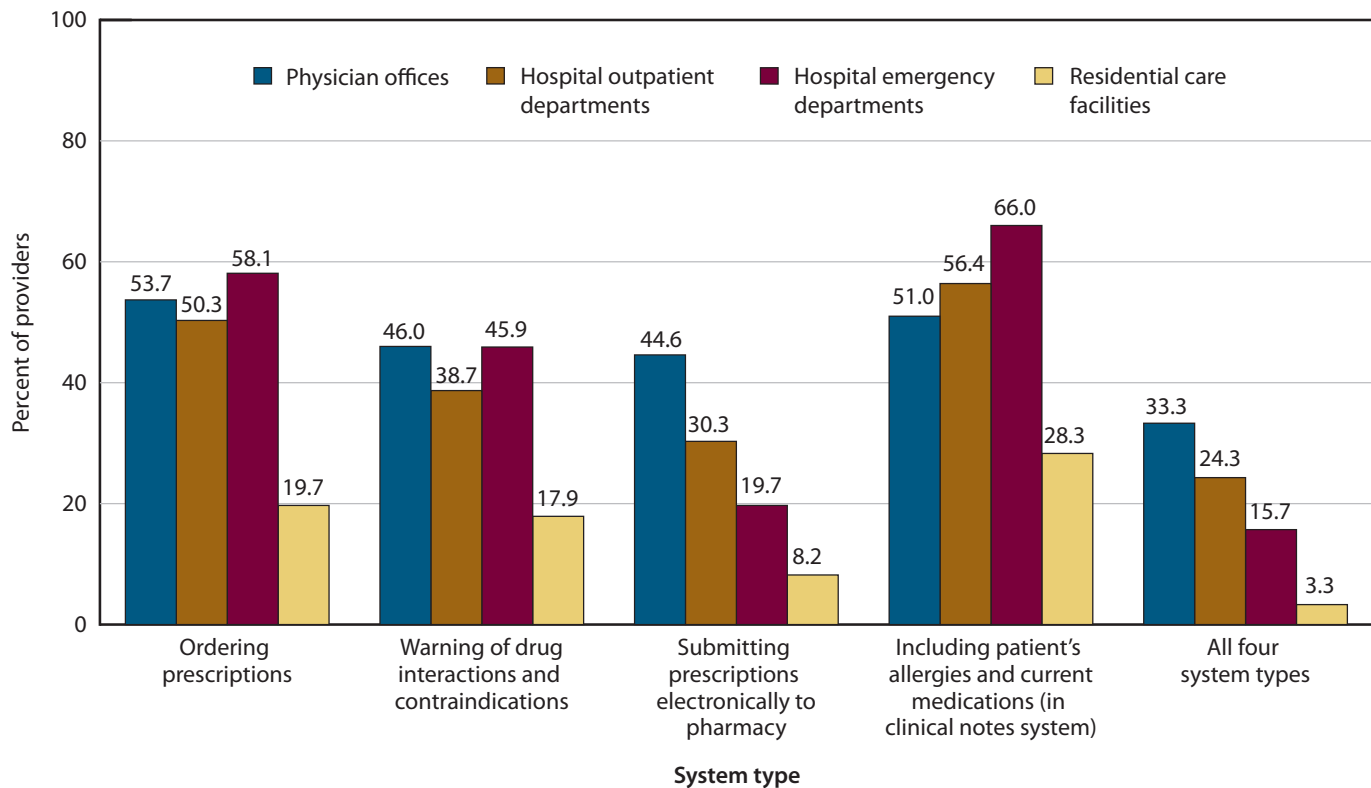
EHRs and e-prescription software are thought to improve caregivers' decisions, coordination of care, health care safety, and patients' outcomes, and to make health care delivery systems more efficient (73,74).

To promote health care providers' adoption of EHRs, the Health Information Technology for Economic and Clinical Health Act (HITECH) authorized incentive payments through Medicare and Medicaid to providers who implement EHRs with specific elements that are thought to improve processes and outcomes (73,75). Several of these elements relate to prescription drugs, and in 2010, physician offices,

OPDs, EDs, and RCFs were surveyed about their EHR systems, including questions about specific elements related to prescription drugs.

In 2010, about one-half of physician offices and OPDs, 58.1% of EDs, and one-fifth of RCFs reported having a computerized system for ordering prescription drugs. Almost one-half of physician offices (46.0%) and EDs (45.9%), 38.7% of OPDs, and 17.9% of RCFs had a computerized system for warning of drug interactions or contraindications. Almost one-half of physician offices (44.6%), 30.3% of OPDs, 19.7% of EDs, and 8.2% of RCFs could submit prescriptions to the pharmacy electronically. More than one-half of physician offices (51.0%), 56.4% of OPDs, 66.0% of EDs, and 28.3% of RCFs had a computerized system of clinical notes, including a list of patient medications and allergies. In 2010, 33.3% of physician offices, 24.3% of OPDs, 15.7% of EDs, and 3.3% of RCFs had all four of these elements of EHRs.

Figure 27. Computerized systems for prescription drugs, by provider and system type: United States, 2010



NOTE: See [data table for Figure 27](#).

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey, National Hospital Ambulatory Medical Care Survey: Emergency Department and Outpatient Components, and National Survey of Residential Care Facilities. See [Appendix I, National Ambulatory Medical Care Survey \(NAMCS\)](#); [National Hospital Ambulatory Medical Care Survey \(NHAMCS\)](#); and [National Survey of Residential Care Facilities \(NSRCF\)](#).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2013.htm#fig27>

Deaths Involving Opioid Analgesics

Drug poisoning deaths involving opioid analgesics among those aged 15 and over more than tripled in the past decade, from 1.9 deaths per 100,000 population in 1999–2000 to 6.6 in 2009–2010 (age-adjusted).

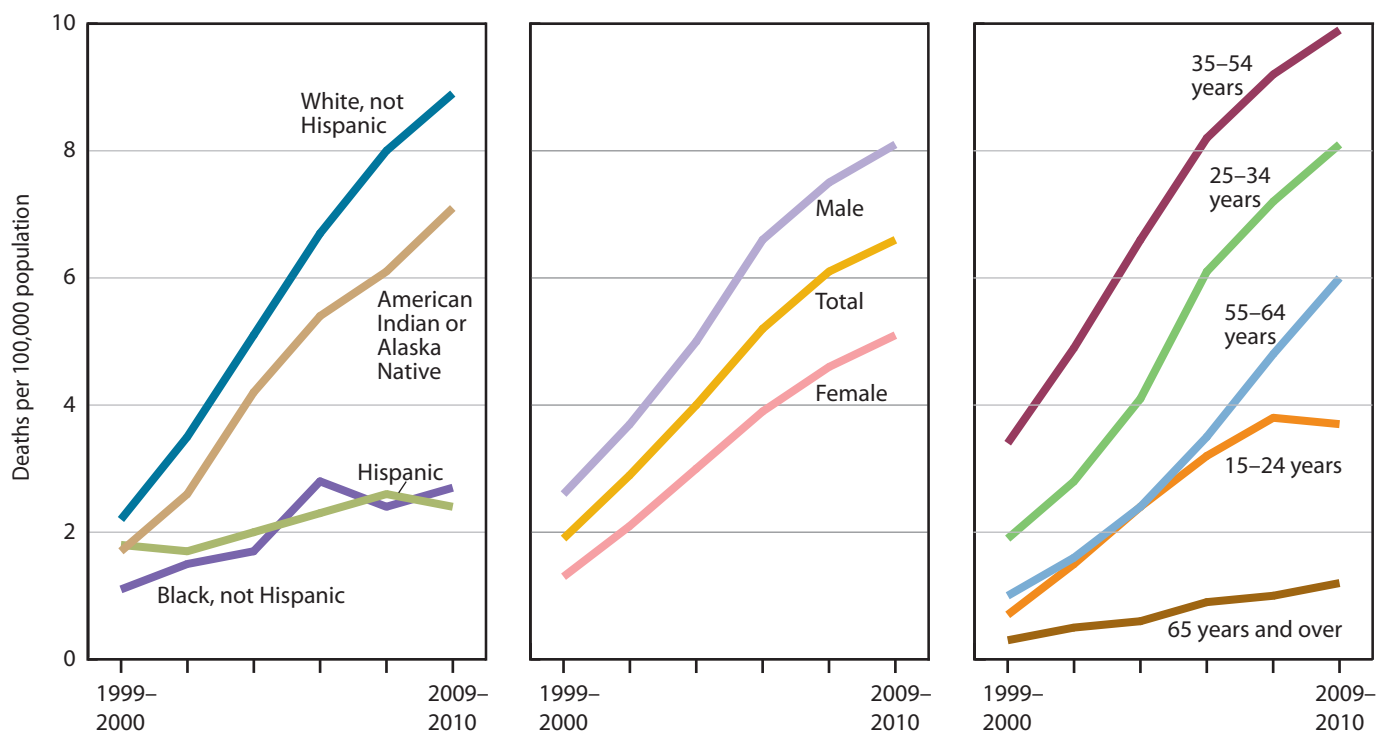
Opioid analgesics are prescription pain relievers, such as oxycodone and hydrocodone, and they play an important role in the appropriate management of both acute and chronic pain, which are often difficult to treat (76). Opioid analgesic consumption increased 300% between 1999 and 2010 (48). Misuse of opioid analgesics is increasingly seen as a significant public health concern because poisoning death rates involving opioid analgesics more than tripled between 2000 and 2010 (Table 32) (47,49,50).

Between 1999–2000 and 2009–2010, among those aged 15 and over, the age-adjusted death rate for poisoning involving opioid analgesics increased from 1.9 deaths per 100,000 population to 6.6. Poisoning death rates involving

opioid analgesics in the past decade increased for both males and females, for all age groups aged 15 and over, and for all racial and Hispanic origin groups examined.

In 2009–2010, among racial and Hispanic origin groups, the death rate for non-Hispanic white persons aged 15 and over was highest, at 8.9 deaths per 100,000, followed by the rate among the American Indian and Alaska Native population (7.1). Opioid analgesic poisoning death rates among the non-Hispanic black (2.7) and Hispanic populations (2.4) were about one-third that of the non-Hispanic white population. Among those aged 15 and over, the death rate involving opioid analgesics for males was 8.1 deaths per 100,000, compared with 5.1 for females. Those aged 35–54 had the highest death rate for opioid analgesics (9.9), followed by those aged 25–34 (8.1) and 55–64 (6.0).

Figure 28. Drug poisoning deaths involving opioid analgesics among persons aged 15 and over, by race and Hispanic origin, sex, and age: United States, 1999–2000 through 2009–2010



NOTES: Rates are age-adjusted, except for age group data. Drug poisoning deaths with the drug type unspecified (up to 25% of the total) are not included. See data table for Figure 28.

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

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2013.htm#fig28>

Spending on Prescription Drugs

The annual growth in spending on retail prescription drugs slowed from 14.7% in 2001 to 2.9% in 2011.

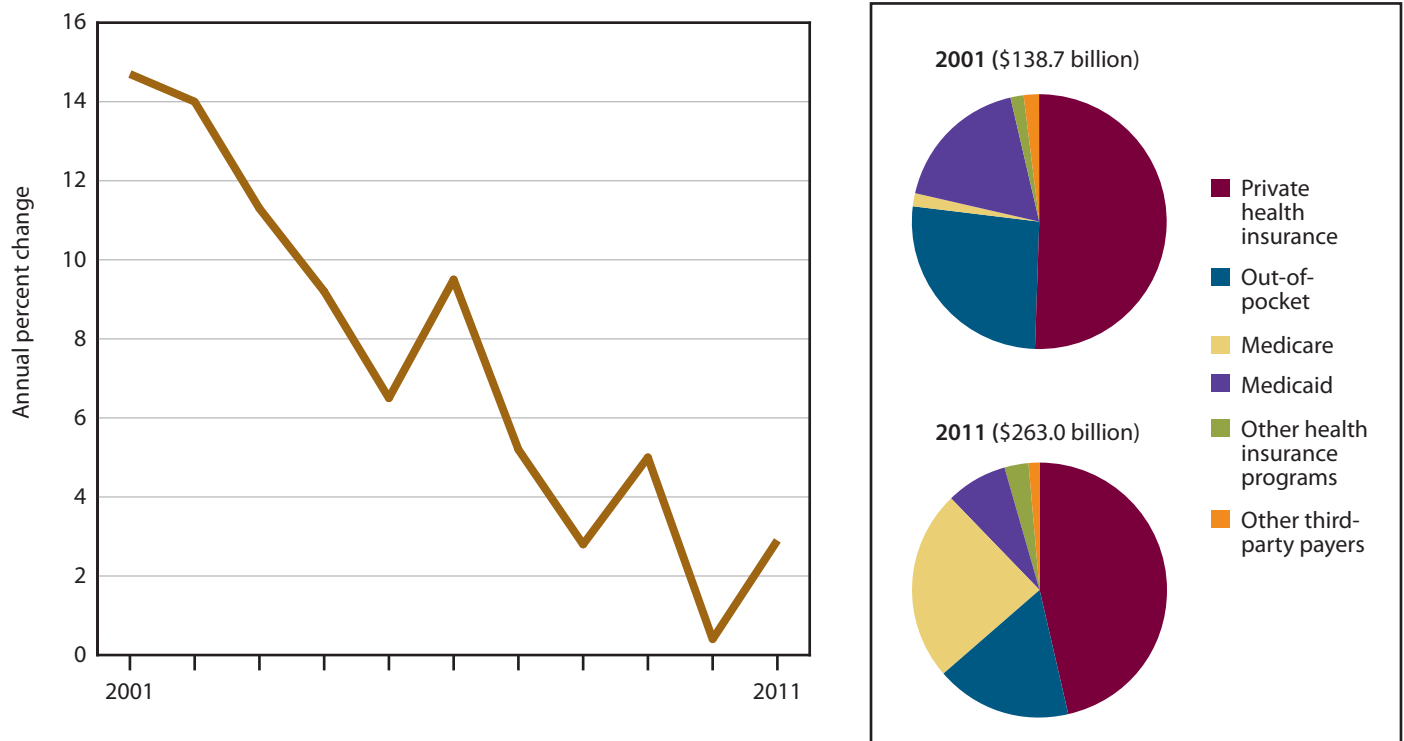
In 2011, spending on prescription drugs was \$263 billion. Although hospital care (31.5%) and physician and clinical services (20.0%) accounted for greater shares of national health expenditures, the share for prescription drugs increased from 4.7% in 1980 to 9.7% of all national health spending in 2011 (Table 114).

The growth in spending on prescription drugs was in the double digits from the mid-1990s through the mid-2000s, when it fell below 10% (Table 115). Between 2001 and 2011, the annual percent change in spending on retail prescription drugs slowed from 14.7% to 2.9%. This recent slowdown is the result of a variety of factors, including cost control efforts introduced by insurers, such as copays, formularies, tiered pricing, generic substitution, and the use of mail order pharmacies. In addition, several popular drugs ended their patent protection during this time frame (43,44).

Spending on prescription drugs is projected to grow slowly through 2012 and 2013 (77–79). Starting in 2014, spending is expected to pick up due to expanded insurance coverage as a result of the Affordable Care Act (ACA) and because fewer drugs are expected to lose patent protection in 2013 compared with 2012 (21,78).

In 2011, private health insurance, out-of-pocket spending, and Medicare paid for almost 90% of all prescription drug spending. A decade earlier, in 2001, private health insurance, out-of-pocket spending, and Medicaid paid the biggest share of all prescription drug spending. The shift in spending from Medicaid to Medicare between 2001 and 2011 is largely the result of the introduction of Medicare Part D in 2006 (39,80). Dual eligibles (people with both Medicare and Medicaid) who enrolled in a Medicare Part D plan had much of their drug spending paid for in 2011 by Medicare instead of Medicaid.

Figure 29. Retail prescription drug expenditures, annual percent change, and spending by payer: United States, 2001–2011



NOTES: Medicaid includes Children's Health Insurance Program (CHIP) expenditures. See data table for Figure 29.

SOURCE: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group, National Health Expenditure Accounts. See Appendix I, National Health Expenditure Accounts (NHEA).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2013.htm#fig29>

Data Tables for Special Feature: Figures 20–29

Data table for Figure 20. Prescription drug use in the past 30 days, by number of drugs taken and age: United States, 1988–1994 through 2007–2010

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2013.htm#fig20>

Characteristic	1988–1994		1999–2002		2003–2006		2007–2010	
	Percent	Standard error	Percent	Standard error	Percent	Standard error	Percent	Standard error
Number of prescription drugs in past 30 days								
Total, crude:								
No drugs	62.2	0.5	55.0	1.1	52.7	0.8	51.5	0.9
1–4 drugs	34.2	0.5	37.6	0.6	37.1	0.5	37.9	0.7
5 or more drugs	3.6	0.2	7.4	0.3	10.1	0.5	10.6	0.5
Total, age-adjusted: ¹								
No drugs	60.9	0.5	54.8	0.9	53.1	0.6	52.5	0.7
1–4 drugs	35.2	0.5	37.7	0.8	36.9	0.4	37.3	0.6
5 or more drugs	4.0	0.1	7.5	0.3	10.0	0.3	10.1	0.4
2007–2010								
	Under 18 years		18–44 years		45–64 years		65 years and over	
	Percent	Standard error	Percent	Standard error	Percent	Standard error	Percent	Standard error
No drugs	76.0	0.7	61.3	1.2	33.8	1.2	10.3	0.6
1–4 drugs	23.2	0.7	35.6	1.0	49.4	1.1	50.0	1.1
5 or more drugs	0.8	0.1	3.1	0.5	16.8	0.9	39.7	1.2

¹Estimates are age-adjusted to the year 2000 standard population using four age groups: under 18 years, 18–44 years, 45–64 years, and 65 years and over.

NOTES: Data are for the civilian noninstitutionalized population. Only prescriptions the respondent themselves took are included. Prescriptions administered in other health care settings, such as physician offices and hospital outpatient departments, are not collected. See [Appendix II, Age adjustment](#); [Drug](#). See related [Table 92](#).

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

Data table for Figure 21. Prescription drug use in the past 30 days, by age and selected drug class: United States, 1988–1994 and 2007–2010

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2013.htm#fig21>

Age and drug class (common indications for use)	1988–1994		2007–2010	
	Percent	Standard error	Percent	Standard error
Under 18 years				
Antiasthmatics (asthma, allergies, breathing) ¹	3.2	0.4	6.8	0.4
Antibiotics (bacterial infections) ²	10.1	0.6	6.1	0.5
Central nervous system stimulants (attention deficit disorder) ³	*0.8	0.2	4.2	0.4
Analgesics (pain relief) ⁴	1.2	0.2	1.3	0.2
Antidepressants (depression and related disorders) ⁵	*	*	1.3	0.2
18–64 years				
Cardiovascular agents (high blood pressure, heart disease, kidney disease) ⁶	10.0	0.4	17.7	0.7
Cholesterol-lowering drugs (high cholesterol) ⁷	1.6	0.2	10.7	0.5
Anti-acid reflux drugs (gastric reflux, ulcers) ⁸	3.0	0.2	9.0	0.7
Antidiabetic agents (diabetes) ⁹	2.4	0.2	5.3	0.4
Anticoagulants (blood clot prevention) ¹⁰	0.7	0.1	1.8	0.2
Analgesics (pain relief) ⁴	8.6	0.4	10.5	0.7
Antidepressants (depression and related disorders) ⁵	2.2	0.2	10.6	0.6
65 years and over				
Cardiovascular agents (high blood pressure, heart disease, kidney disease) ⁶	51.5	0.9	70.2	1.2
Cholesterol-lowering drugs (high cholesterol) ⁷	5.9	0.5	46.7	1.1
Anti-acid reflux drugs (gastric reflux, ulcers) ⁸	7.5	0.7	21.5	1.2
Antidiabetic agents (diabetes) ⁹	9.0	0.6	18.4	0.9
Anticoagulants (blood clot prevention) ¹⁰	6.1	0.5	18.1	0.7
Analgesics (pain relief) ⁴	13.8	0.7	17.5	1.1
Antidepressants (depression and related disorders) ⁵	3.0	0.4	13.7	0.8

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

¹Includes one or more asthma drugs, including bronchodilators, mast cell stabilizers, inhaled corticosteroids, leukotriene modifiers, and antiasthmatic combinations (level 2, class 125, 130, 131, or 243). For a full list of drug classes included, see [Technical Notes](#).

²Includes one or more antibiotic drugs, including penicillins, tetracyclines, cephalosporins, and macrolide derivatives (level 2, class 6, 8–18, 240, 315, or 406). For a full list of drug classes included, see [Technical Notes](#).

³Includes one or more central nervous system stimulants (level 2, class 71).

⁴Includes one or more analgesic drugs (level 2, class 58).

⁵Includes one or more antidepressant drugs (level 2, class 249).

⁶Includes one or more cardiovascular agents, including drug classes such as ACE inhibitors, beta blockers, calcium channel blockers, and diuretics (level 1, class 40). For a full list of drug classes included, see [Technical Notes](#).

⁷Includes one or more cholesterol-lowering (antihyperlipidemic) drugs (level 2, class 19).

⁸Includes one or more anti-acid reflux (proton pump inhibitors or H2 antagonists) drugs (level 2, class 94 or 272).

⁹Includes one or more antidiabetic drugs (level 2, class 99).

¹⁰Includes one or more anticoagulants or antiplatelet agents (level 2, class 82 or 83).

NOTES: Data are for the civilian noninstitutionalized population. Only prescriptions the respondent themselves took are included. Prescriptions administered in other health care settings, such as physician offices and hospital outpatient departments, are not collected. Drug classes are from Lexicon Plus (Cerner Multum, Denver, CO), a proprietary comprehensive database of all prescription and some nonprescription drug products available in the U.S. drug market. For more information on the drug classes in each category, see [Technical Notes](#). See [Appendix II, Drug; Multum Lexicon Plus therapeutic class](#). See related [Table 93](#).

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

Data table for Figure 22. Number of prescription drugs taken in the past 30 days among adults aged 18 and over, by selected characteristics: United States, 2007–2010

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2013.htm#fig22>

Characteristic	Number of drugs in past 30 days							
	Total		No drugs		1–4 drugs		5 or more drugs	
	Percent distribution	Standard error	Percent distribution	Standard error	Percent distribution	Standard error	Percent distribution	Standard error
Sex								
Male	48.3	0.4	56.3	0.8	42.4	0.7	41.8	1.4
Female	51.7	0.4	43.7	0.8	57.6	0.7	58.2	1.4
Race and Hispanic origin								
White only, not Hispanic	68.4	2.5	56.9	3.0	76.8	1.9	78.3	2.3
Black only, not Hispanic	11.5	1.0	13.8	1.2	9.4	0.9	10.7	1.4
Mexican origin	8.6	1.3	13.5	1.8	5.2	0.9	*3.9	1.1
Age								
18–44 years	48.9	0.9	69.2	1.0	40.7	1.1	10.8	1.4
45–64 years	34.5	0.7	26.9	1.0	39.8	0.9	41.7	1.1
65 years and over	16.6	0.5	3.9	0.3	19.5	0.7	47.5	1.5
Health status (respondent-assessed)								
Excellent or very good	44.4	1.2	49.7	1.2	46.8	1.4	20.9	1.6
Good	38.5	0.8	37.8	0.9	38.9	1.2	39.6	1.5
Fair or poor	17.1	0.7	12.5	0.7	14.3	0.9	39.6	1.3

NOTES: Data are for the civilian noninstitutionalized population. In 2007–2010, 43.4% of adults took no drugs in the past 30 days, 42.8% took 1–4 drugs, and 13.9% took 5 or more drugs. Only prescriptions the respondent themselves took are included. Prescriptions administered in other health care settings, such as physician offices and hospital outpatient departments, are not collected. Estimates include all race and Hispanic origin groups not shown separately, except for the race and Hispanic origin-specific estimates. Race and Hispanic origin estimates do not sum to 100% because of respondents in other racial and ethnic groups. See [Appendix II, Drug](#).

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

Data table for Figure 23. Nonreceipt of needed prescription drugs in the past 12 months due to cost among adults aged 18–64, by insurance status and percent of poverty level: United States, 2002–2012

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2013.htm#fig23>

<i>Insurance status and poverty level</i>	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Insurance status in the past 12 months						Percent					
Total	7.6	8.1	9.2	9.4	9.3	9.6	10.7	11.2	11.2	10.5	9.4
Insured all 12 months	3.9	3.8	4.9	5.0	4.6	4.8	5.6	6.0	6.2	5.9	5.0
Uninsured all or part of past 12 months	20.9	22.7	23.6	24.1	23.9	25.5	27.3	26.7	25.8	24.1	22.4
						Standard error					
Total	0.2	0.2	0.2	0.2	0.3	0.3	0.3	0.3	0.3	0.3	0.2
Insured all 12 months	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2
Uninsured all or part of past 12 months	0.6	0.6	0.7	0.7	0.8	0.8	0.9	0.9	0.7	0.6	0.7
<hr/>											
Insurance status in the past 12 months and percent of poverty level, 2011–2012		Percent		Standard error							
Insured all 12 months		5.5		0.1							
Below 100%		10.8		0.6							
100%–199%		11.5		0.5							
200%–399%		6.2		0.3							
400% or more		2.2		0.1							
Uninsured all or part of past 12 months		23.2		0.5							
Below 100%		30.7		0.9							
100%–199%		23.2		0.8							
200%–399%		19.4		0.8							
400% or more		14.9		1.3							

NOTES: Data are based on household interviews of a sample of the civilian noninstitutionalized population. Based on adults responding to the question, “During the past 12 months was there any time when you needed prescription medicine but did not get it because [person] couldn’t afford it?” Persons not covered by private insurance, Medicaid, Children’s Health Insurance Program (CHIP), public assistance (through 1996), state-sponsored or other government-sponsored health plans (starting in 1997), Medicare, or military plans are considered to have no health insurance coverage. Persons with only Indian Health Service coverage are considered to have no health insurance coverage. Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed. See [Appendix II, Family income; Health insurance coverage; Poverty; Table VI](#). See related [Table 74](#).

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

Data table for Figure 24. Age-adjusted death rates for human immunodeficiency virus (HIV) disease for all ages, by sex and race and Hispanic origin: United States, 1990–2010

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2013.htm#fig24>

Year	Male	Female	White, not Hispanic male	Black, not Hispanic male	Hispanic male	American Indian or Alaska Native male	Asian or Pacific Islander male	White, not Hispanic female	Black, not Hispanic female	Hispanic female	American Indian or Alaska Native female	Asian or Pacific Islander female
Deaths per 100,000 population												
1990	18.5	2.2	14.1	47.1	28.8	3.3	4.3	0.7	10.3	3.8	*	*
1991	21.0	2.7	15.5	55.6	31.9	6.6	4.3	0.9	12.2	4.9	*	*
1992	23.3	3.2	16.7	65.4	35.1	4.8	4.6	1.0	14.9	5.7	*	0.5
1993	25.1	3.9	17.4	74.5	35.2	7.9	5.3	1.3	17.8	6.8	*	0.8
1994	27.5	4.8	18.5	88.2	41.5	8.9	6.7	1.6	23.0	8.0	*	0.7
1995	27.3	5.3	17.9	90.6	40.8	10.5	6.0	1.7	25.0	8.8	2.5	0.6
1996	19.0	4.2	11.2	71.8	28.0	6.4	4.4	1.3	21.4	6.3	*	0.5
1997	9.6	2.6	4.8	41.5	14.0	3.3	1.6	0.7	13.9	3.3	*	*
1998	7.6	2.2	3.7	33.8	10.2	3.5	1.3	0.5	12.2	2.8	*	*
1999	8.2	2.5	4.0	36.5	10.9	4.2	1.4	0.7	13.4	3.0	*	*
2000	7.9	2.5	3.8	35.5	10.6	3.5	1.2	0.7	13.5	2.9	*	*
2001	7.6	2.5	3.6	34.3	9.8	4.1	1.2	0.6	13.8	2.7	*	*
2002	7.4	2.5	3.5	33.8	9.3	3.3	1.5	0.6	13.8	2.7	*	*
2003	7.1	2.4	3.4	31.8	9.4	3.4	1.1	0.6	13.1	2.6	1.4	*
2004	6.6	2.4	3.1	29.5	8.4	4.1	1.2	0.6	13.3	2.4	1.4	*
2005	6.3	2.3	3.0	28.4	7.7	3.7	1.0	0.6	12.2	1.9	1.3	*
2006	5.9	2.2	2.8	26.6	7.2	2.9	1.1	0.6	12.4	1.9	1.3	*
2007	5.4	2.1	2.5	24.6	6.5	3.3	0.8	0.5	11.7	1.8	1.5	*
2008	4.8	1.9	2.3	21.8	5.5	2.8	1.0	0.5	10.0	1.7	*	0.3
2009	4.4	1.7	2.0	20.1	5.0	2.4	0.7	0.4	9.2	1.4	*	*
2010	3.8	1.4	1.8	17.0	4.6	2.6	0.7	0.4	7.9	1.1	*	*

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

NOTES: Rates are based on resident population. Rates are age-adjusted using 11 age groups. Age-adjusted rates are calculated using the year 2000 standard population with unrounded population numbers. Highly active antiretroviral therapy (HAART) was introduced in 1996. The lines in the data table around 1995 to 1997 denote the period from pre-HAART to widespread HAART use. Categories for the coding and classification of HIV disease were introduced in the United States in 1987. For the period 1990–1998, underlying cause of death was coded according to the 9th Revision of the *International Classification of Diseases* (ICD–9). Starting with 1999 data, cause of death is coded according to ICD–10. Persons of Hispanic origin may be of any race. See [Appendix II, Age adjustment](#); [Cause of death](#); [Hispanic origin](#); [Human immunodeficiency virus \(HIV\) disease](#); [Table IV](#). See related [Table 31](#).

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

Data table for Figure 25. Use of prescription antidepressants in the past 30 days among adults aged 18 and over, by sex and age: United States, 1988–1994 through 2007–2010

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2013.htm#fig25>

Sex and age	1988–1994		1999–2002		2003–2006		2007–2010	
	Percent	Standard error	Percent	Standard error	Percent	Standard error	Percent	Standard error
Total, crude	2.3	0.2	8.0	0.4	10.9	0.4	11.1	0.5
Total, age-adjusted ¹	2.4	0.2	7.9	0.4	10.8	0.4	10.8	0.5
18–44 years	1.6	0.2	6.0	0.5	7.5	0.5	7.9	0.6
45–64 years	3.5	0.5	10.5	0.7	15.8	0.9	14.4	0.8
65 years and over	3.0	0.4	9.3	0.6	12.0	0.8	13.7	0.8
Male, crude	1.5	0.2	5.2	0.4	6.7	0.4	6.7	0.4
Male, age-adjusted ¹	1.6	0.2	5.2	0.4	6.7	0.4	6.6	0.4
18–44 years	*1.0	0.2	3.6	0.5	3.5	0.4	4.4	0.6
45–64 years	*2.3	0.5	7.0	0.7	10.5	1.0	8.9	0.7
65 years and over	*2.3	0.5	7.2	0.8	9.8	1.0	9.4	0.7
Female, crude	3.1	0.3	10.5	0.6	14.8	0.6	15.2	0.8
Female, age-adjusted ¹	3.2	0.3	10.5	0.6	14.6	0.6	14.8	0.8
18–44 years	2.3	0.4	8.5	0.7	11.4	0.8	11.3	0.9
45–64 years	4.6	0.7	13.8	1.2	20.9	1.2	19.6	1.2
65 years and over	3.5	0.4	10.8	0.8	13.7	1.1	17.0	1.2

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

¹Estimates are age-adjusted to the year 2000 standard population using three age groups: 18–44 years, 45–64 years, and 65 years and over.

NOTES: Data are for the civilian noninstitutionalized population. Antidepressant use includes one or more antidepressant drugs (level 2, class 249). Only prescriptions the respondent themselves took are included. Prescriptions administered in other health care settings, such as physician offices and hospital outpatient departments, are not collected. Drug classes are from Lexicon Plus (Cerner Multum, Denver, CO), a proprietary comprehensive database of all prescription and some nonprescription drug products available in the U.S. drug market. See [Appendix II, Age adjustment; Drug; Multum Lexicon Plus therapeutic class](#). See related [Table 93](#).

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

Data table for Figure 26. Antibiotics ordered or provided during emergency department, outpatient, and physician visits for cold symptom diagnoses, by age: United States, average annual, 1995–1996 through 2009–2010

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2013.htm#fig26>

Year	All ages		Under 18 years		18 years and over	
	Percent of visits for colds	Standard error	Percent of visits for colds	Standard error	Percent of visits for colds	Standard error
1995–1996	44.7	3.0	37.5	4.3	58.5	3.4
1997–1998	36.5	2.6	26.8	2.8	52.0	3.9
1999–2000	27.7	2.8	20.4	2.5	37.8	5.1
2001–2002	36.1	3.0	26.8	2.8	52.9	4.9
2003–2004	30.4	3.6	20.9	3.0	45.1	6.3
2005–2006	27.1	2.9	14.8	2.4	44.1	4.4
2007–2008	32.1	2.3	26.3	2.9	42.5	3.8
2009–2010	27.1	2.8	21.5	2.9	39.5	4.3

NOTES: Visits for cold symptoms are those with the 9th Revision of the *International Classification of Diseases, Clinical Modification* codes 460 [acute nasopharyngitis (common cold)] or 465 (acute upper respiratory infections) and no other diagnoses. Until 2002, up to six prescription and nonprescription medications were recorded on the patient record form (PRF). Starting with 2003 data, up to eight prescription and nonprescription medications are recorded on the PRF. To be consistent over time, only the first six medication fields were considered. Antibiotics were identified based on drug codes. For a list of drug codes included, see [Technical Notes](#). Visits with unknown drug codes (99980 and 99999) were excluded.

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey, National Hospital Ambulatory Medical Care Survey: Emergency Department and Outpatient Components. See [Appendix I, National Ambulatory Medical Care Survey \(NAMCS\)](#); [National Hospital Ambulatory Medical Care Survey \(NHAMCS\)](#).

Data table for Figure 27. Computerized systems for prescription drugs, by provider and system type: United States, 2010

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2013.htm#fig27>

System type	Provider type							
	Physician offices		Hospital outpatient departments		Hospital emergency departments		Residential care facilities ¹	
	Percent of providers	Standard error	Percent of providers	Standard error	Percent of providers	Standard error	Percent of providers	Standard error
Ordering prescriptions	53.7	2.0	50.3	4.5	58.1	4.6	19.7	0.9
Warning of drug interactions and contraindications	46.0	2.0	38.7	4.5	45.9	4.6	17.9	0.9
Submitting prescriptions electronically to pharmacy	44.6	2.0	30.3	4.5	19.7	2.9	8.2	0.6
Including patient's allergies and current medications (in clinical notes system)	51.0	2.0	56.4	5.0	66.0	4.3	28.3	1.1
All four system types	33.3	1.8	24.3	4.3	15.7	2.5	3.3	0.4

¹Includes residential care facilities, assisted living residences, board and care homes, and other licensed shared housing establishments that offer help with personal care or health-related services and other services. Residences licensed to serve exclusively persons with mental illness, mental retardation, or developmental disabilities are excluded.

NOTE: For variables used, see [Technical Notes](#).

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey, National Hospital Ambulatory Medical Care Survey: Emergency Department and Outpatient Components, and National Survey of Residential Care Facilities. See [Appendix I, National Ambulatory Medical Care Survey \(NAMCS\)](#); [National Hospital Ambulatory Medical Care Survey \(NHAMCS\)](#); and [National Survey of Residential Care Facilities \(NSRCF\)](#).

Data table for Figure 28. Drug poisoning deaths involving opioid analgesics among persons aged 15 and over, by race and Hispanic origin, sex, and age: United States, 1999–2000 through 2009–2010

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2013.htm#fig28>

Characteristic	1999–2000	2001–2002	2003–2004	2005–2006	2007–2008	2009–2010
	Deaths per 100,000 population					
Aged 15 and over, age-adjusted ¹	1.9	2.9	4.0	5.2	6.1	6.6
Aged 15 and over, crude	1.9	2.9	4.0	5.2	6.0	6.5
Age						
15–24 years	0.7	1.5	2.4	3.2	3.8	3.7
25–34 years	1.9	2.8	4.1	6.1	7.2	8.1
35–54 years	3.4	4.9	6.6	8.2	9.2	9.9
55–64 years	1.0	1.6	2.4	3.5	4.8	6.0
65 years and over	0.3	0.5	0.6	0.9	1.0	1.2
Sex ¹						
Male	2.6	3.7	5.0	6.6	7.5	8.1
Female	1.3	2.1	3.0	3.9	4.6	5.1
Race and Hispanic origin ^{1,2}						
White, not Hispanic	2.2	3.5	5.1	6.7	8.0	8.9
Black, not Hispanic	1.1	1.5	1.7	2.8	2.4	2.7
Hispanic or Latino	1.8	1.7	2.0	2.3	2.6	2.4
American Indian or Alaska Native	1.7	2.6	4.2	5.4	6.1	7.1
Asian or Pacific Islander	0.2	0.3	0.3	0.6	0.5	0.7

¹Rates are age-adjusted using eight age groups. Age-adjusted rates are calculated using the year 2000 standard population with unrounded population numbers. See [Appendix II, Age adjustment](#).

²The race groups, Asian or Pacific Islander and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native, Asian or Pacific Islander, and Hispanic populations are known to be underestimated. Starting with 2003 data, some states allowed the reporting of more than one race on the death certificate. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See [Appendix II, Race](#).

NOTES: Rates are based on resident population. Drug poisoning deaths with the drug type unspecified (up to 25% of the total) are not included. Drug poisoning deaths involving opioid analgesics among children under 15 is low, 0.1 per 100,000 population in 2010. Therefore this analysis is limited to those aged 15 and over. Opioid analgesics include pharmaceutical opioids such as hydrocodone, codeine, and methadone, and synthetic narcotics such as fentanyl, meperidine, and propoxyphene. Drug poisoning deaths involving opioid analgesics include those with an underlying cause of drug poisoning and with opioid analgesics mentioned in the 10th Revision of the *International Classification of Diseases* (ICD–10) multiple causes of death. See [Appendix I, National Vital Statistics System \(NVSS\), Multiple Cause-of-death File](#), for information about tabulating cause-of-death data in this table. These deaths include all manners and intents. See [Appendix II, Age adjustment](#); [Cause of death](#); [Hispanic origin](#); [Table IV](#). See related [Table 32](#).

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

Data table for Figure 29. Retail prescription drug expenditures, annual percent change, and spending by payer: United States, 2001–2011

Excel and PowerPoint: <http://www.cdc.gov/nchs/hs/content2013.htm#fig29>

<i>Year</i>	<i>Annual percent change</i>
2001	14.7
2002	14.0
2003	11.3
2004	9.2
2005	6.5
2006	9.5
2007	5.2
2008	2.8
2009	5.0
2010	0.4
2011	2.9

<i>Payer</i>	<i>2001</i>	<i>2011</i>
	Percent	
Out-of-pocket	26.4	17.1
Private health insurance	50.9	46.5
Medicare	1.8	24.2
Medicaid ¹	17.1	7.8
Other health insurance programs ²	1.8	3.0
Other third-party payers ³	2.0	1.4

¹Includes both the state and federal portions. Also includes Children’s Health Insurance Program (CHIP) and Medicaid CHIP expansions.

²Includes Department of Defense and Department of Veterans Affairs programs.

³Includes worksite health care, other private revenues, Indian Health Service, workers’ compensation, general assistance, maternal and child health, vocational rehabilitation, other federal programs, Substance Abuse and Mental Health Services Administration, other state and local programs, and school health.

NOTES: See [Appendix II, Health expenditures, national](#). See related [Table 115](#).

SOURCE: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group, National Health Expenditure Accounts. See [Appendix I, National Health Expenditure Accounts \(NHEA\)](#).

Data Sources and Comparability

Data for the *Health, United States, 2013* Chartbook come from many surveys and data systems and cover a broad range of years. Detailed descriptions of the data sources included in the Chartbook are provided in [Appendix I](#). Additional information clarifying and qualifying the data are included in the table notes and in [Appendix II. Definitions and Methods](#).

Data Presentation

Many measures in the Chartbook are shown for people in specific age groups because of the strong effect of age on most health outcomes. Some estimates are age-adjusted using the age distribution of the 2000 standard population; where this has been done, it is noted in the data tables that accompany the charts. Age-adjusted rates are computed to eliminate differences in observed rates that result from age differences in population composition (see [Appendix II, Age adjustment](#)). For some charts, data years are combined to increase sample size and the reliability of the estimates. Some charts present time trends, and others focus on differences in estimates among population subgroups for the most recent time point available. Trends are generally shown on a linear scale to emphasize absolute differences over time. The time trends for the overall mortality measures are shown on a logarithmic (log) scale to emphasize the rate of change and to enable measures with large differences in magnitude to be shown on the same chart. Point estimates and standard errors for [Figures 1–19](#) are available in the Trend Table and Excel spreadsheet specified in the Note below the chart. Data tables with point estimates and standard errors (when appropriate) accompany [Figures 20–29](#). Some data tables contain additional data that were not graphed because of space considerations.

Statistical Testing

Data trends can be described in many ways. For trend analyses presented in the Chartbook, increases or decreases in the estimates over time are measured by the annual percent change using the weighted least squares regression method. Statistically significant changes in the trend are assessed at the 0.05 level using the National Cancer Institute's Joinpoint software. For more information on Joinpoint, see: <http://surveillance.cancer.gov/joinpoint/>. For analyses that compare two time periods, differences between the two periods were assessed for statistical significance at the 0.05 level using two-sided significance tests (*z*-tests).

Terms such as “similar,” “stable,” and “no difference” used in the text indicate that the statistics being compared were not significantly different. Lack of comment regarding the difference between statistics does not necessarily suggest that the difference was tested and found to be not significant. Because statistically significant differences or trends are partly a function of sample size (the larger the sample, the smaller the change that can be detected), they do not necessarily have public health significance (81)). Testing and comparisons use the estimates and standard errors in the trend and data tables, not the rounded estimates shown in the charts.

Overall estimates generally have relatively small sampling errors, but estimates for certain population subgroups may be based on small numbers and have relatively large sampling errors. Numbers of deaths obtained from the National Vital Statistics System represent complete counts and therefore are not subject to sampling error. They are, however, subject to random variation, which means that the number of events that actually occur in a given year may be considered as one of a large series of possible results that could have arisen under the same circumstances. When the number of events is small and the probability of such an event is small, considerable caution must be observed in interpreting the conditions described by the charts. Estimates that are unreliable because of large sampling errors or small numbers of events have been noted with an asterisk. The criteria used to designate or suppress unreliable estimates are indicated in the notes to the applicable tables or charts.

For NCHS surveys, point estimates and their corresponding variances were calculated using the SUDAAN software package, which takes into consideration the complex survey design (82). Standard errors for other surveys or data sets were computed using the methodology recommended by the programs providing the data, or were provided directly by those programs.

Survey Questions and Coding

Additional information on data used in the Special Feature, including exact wording of questions and coding schemes, is detailed below.

Figures 20–22 and 25. The National Health and Nutrition Examination Survey (NHANES) questionnaire administered to all participants included a question on whether they had taken a prescription drug in the past 30 days [RXDUSE]. Those who answered “yes” were asked to show the interviewer the medication containers for all the prescriptions. For each drug 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 drug. Only prescriptions the respondent themselves took are included. Prescriptions administered in other health care settings, such as physician offices and hospital outpatient departments, are not collected. Over-the-counter drugs play an important role in health care, but most of the analysis in this feature focuses only on prescription drugs.

More information on prescription drug data collection and coding in NHANES is available from: http://www.cdc.gov/nchs/nhanes/nhanes1999-2000/RXQ_DRUG.htm. Also see [Appendix I, National Health and Nutrition Examination Survey](#); [Appendix II, Drug](#).

Figure 21. Data are from NHANES and are based on prescription drugs the respondent reported taking in the past 30 days. For each drug reported, the interviewer entered the product's complete name from the container and the drug was categorized into therapeutic classes. Drug classes cited are from Lexicon Plus (Cerner Multum, Denver, CO), a proprietary comprehensive database of all prescription and some nonprescription drug products available in the U.S. drug market.

- The category *antiasthmatics* includes one or more asthma drugs, including bronchodilators, mast cell stabilizers, inhaled corticosteroids, mucolytics, inhaled anti-infectives, leukotriene modifiers, and antiasthmatic combinations (level 2, class 125, 130, 131, or 243).
- The category *antibiotics* includes one or more antibiotic drugs, including antituberculosis agents, cephalosporins, leprostatics, macrolide derivatives, miscellaneous antibiotics, penicillins, quinolones, sulfonamides, tetracyclines, urinary anti-infectives, aminoglycosides, lincomycin derivatives, and glycopeptide antibiotics (level 2, class 6, 8–18, 240, 315, or 406).
- The category *central nervous system stimulants* includes one or more central nervous system stimulants (level 2, class 71).
- The category *analgesics* includes one or more analgesic drugs (level 2, class 58).
- The category *antidepressants* includes one or more antidepressant drugs (level 2, class 249).
- The category *cardiovascular agents* includes one or more cardiovascular agents, agents for hypertensive emergencies, ACE inhibitors, peripherally acting antiadrenergic agents, centrally acting antiadrenergic agents, antianginal agents, antiarrhythmic agents, beta-adrenergic blocking agents, calcium channel blocking agents, diuretics, inotropic agents, miscellaneous cardiovascular agents, peripheral vasodilators, vasodilators, vasopressors, antihypertensive combinations, angiotensin II inhibitors, agents for pulmonary hypertension, aldosterone receptor antagonists, renin inhibitors, anticholinergic chronotropic agents, and catecholamines (level 1, class 40).

- The category *cholesterol-lowering drugs* includes one or more antihyperlipidemic drugs (level 2, class 19).
- The category *anti-acid reflux drugs* includes one or more proton pump inhibitors or H₂ antagonists (level 2, class 94 or 272).
- The category *antidiabetic agents* includes one or more antidiabetic drugs (level 2, class 99).
- The category *anticoagulants* includes one or more anticoagulants or antiplatelet agents (level 2, class 82 or 83).

Figure 23. Data are from National Health Interview Survey and are based on adults responding to the question, “During the past 12 months was there any time when you needed prescription medicine but didn't get it because [person] couldn't afford it?” [AHCAFYR1]. Survey respondents may be covered by health insurance at the time of interview but may have experienced one or more lapses in coverage during the 12 months prior to interview. To be consistent with the 12-month period used to determine prescription drug access issues, insurance status during the prior 12 months was used. Insurance status during the prior 12 months was determined using two questions: (a) all persons without a known comprehensive health insurance plan were asked, “About how long has it been since [person] last had health care coverage?” [HILAST]; and (b) all persons with known health insurance coverage were asked, “In the past 12 months, was there any time when [person] did NOT have ANY health insurance coverage?” [HINOTYR]. Also see [Appendix II, Health insurance coverage](#).

Figure 26. Data are from the National Ambulatory Medical Care Survey and the National Hospital Ambulatory Medical Care Survey: Emergency Department and Outpatient Components. The following drugs codes were used to identify antibiotics: 00007, 00009, 00028, 00062, 00103, 00125, 00194, 00340, 00345, 00349, 00391, 01017, 01044, 01046, 01053, 01054, 01189, 01196, 01242, 01315, 01630, 01635, 01640, 01685, 01865, 02047, 02070, 02102, 02116, 02146, 02161, 02987, 03059, 03081, 03109, 03138, 03220, 03283, 03331, 03425, 03430, 03741, 04156, 04157, 04180, 04235, 04240, 04264, 04528, 04531, 04586, 05117, 05156, 05190, 05207, 05232, 05233, 05245, 05690, 05955, 05983, 05985, 05988, 05993, 05995, 06097, 06125, 06127, 06128, 06130, 06131, 06133, 06162, 06196, 06204, 06224, 06238, 06839, 06883, 06963, 07015, 07067, 07561, 07888, 08030, 08081, 08113, 08130, 08132, 08150, 08252, 08268, 08373, 08468, 08496, 08557, 08574, 08640, 09182, 09379, 09433, 09569, 09611, 09752, 09846, 09878, 09892, 10340, 10350, 10355, 10363, 10364, 10705, 10800, 10820, 10845, 10875, 10905, 11553, 11651, 11655, 11657, 11658, 11660, 11665, 11667, 11669, 11905, 12967, 13350, 13355, 15490, 15495, 16472, 16475, 16480, 16482, 16485, 17150, 17270, 18325, 18645, 19050, 19263, 19460, 19465, 19698, 20140, 20175, 20215, 20218, 20490, 21250, 21385, 21795, 22233, 22328, 22340, 22670, 22935, 23047, 23125, 23150, 23185, 23195, 23215, 23220, 23221, 23222, 23223, 23225, 23228, 23230, 23305, 23500, 23603, 23605, 24228, 24435, 24440, 24465,

24848, 25070, 25075, 25130, 25575, 26460, 26795, 26800, 26825, 26940, 26960, 27835, 27840, 28205, 28258, 28260, 28280, 28285, 28320, 29078, 29315, 29838, 29843, 29888, 29897, 30025, 30035, 30575, 30725, 30850, 31020, 31045, 31050, 31055, 31060, 31075, 31645, 31650, 31870, 32020, 32423, 32430, 33068, 33092, 33155, 33355, 33400, 33410, 33425, 33430, 33780, 33805, 34085, 34090, 34950, 34970, 34975, 34990, 35595, 40310, 41785, 50036, 60115, 60120, 60125, 60295, 60335, 60485, 60500, 60505, 60780, 61085, 61185, 61295, 61410, 61415, 61470, 89015, 89027, 89028, 89029, 89059, 89075, 89076, 91015, 91017, 91059, 91067, 91068, 91069, 91070, 91094, 92004, 92006, 92013, 92029, 92031, 92109, 92110, 92111, 92112, 92140, 93038, 93088, 93093, 93098, 93166, 93179, 93214, 93230, 93301, 93303, 93338, 93360, 93387, 93416, 93417, 94037, 94129, 94139, 94146, 94169, 95028, 95037, 95149, 95167, 95187, 96070, 96087, 97001, 97004, 97045, 97132, 97163, 98029, 98040, 98061, 98066, 98082, 99001, 99014, 99022, 99073, 99135.

Figure 27. Data are from the National Ambulatory Medical Care Survey (NAMCS), the National Hospital Ambulatory Medical Care Survey: Outpatient (NHAMCS–OPD) and Emergency Department (NHAMCS–ED) Components, and the National Survey of Residential Care Facilities (NSRCF).

Data from NAMCS, NHAMCS–OPD, and NHAMCS–ED were based on the following questions about the four types of computerized systems. The variable names are in this order: NAMCS, NHAMCS–OPD, NHAMCS–ED. If the provider reported that they had the system but it was turned off, they were classified as not having that computer system type. If the response was unknown, blank, or otherwise missing, the record was excluded from the analysis. Missing values can be handled in a variety of ways. Estimates in *Health, United States* may differ from other estimates based on the same data presented elsewhere if missing values were handled differently.

- **Ordering prescriptions:** “Does your practice have a computerized system for orders for prescriptions?” [ECPOE, ECPOEO, ECPOEE]. Six percent of physician offices, 6% of hospital OPDs, and 5% of hospital EDs had their ordering prescriptions systems turned off and were counted as not having an ordering prescriptions system.
- **Warning of drug interactions and contraindications:** “If practice has a computerized system for orders for prescriptions, are there warnings of drug interactions or contraindications provided?” Providers who did not have a system for ordering prescriptions or had it turned off (prior question) were not asked this question and were classified as not having a warning system [EWARN, EWARN0, EWARN1].
- **Submitting prescriptions electronically to pharmacy:** “If practice has a computerized system for orders for prescriptions, are prescriptions sent electronically to pharmacy?” Providers who did not have a system for ordering prescriptions or had it turned off (prior question) were not asked this question and were classified as not

having a system to submit prescriptions electronically [ESCRIP, EESCRIPO, EESCRIFE].

- **Including patient's allergies and current medications (in clinical notes system):** Based on two questions, “If practice has a computerized system for clinical notes, do they include a comprehensive list of the patient's allergies (including allergies to medication)?” and “If practice has a computerized system for clinical notes, do they include a list of medications that the patient is taking?” Only providers with “Yes” to both questions were counted as having a system recording patient's allergies and medications. Providers who did not have a system for clinical notes or had it turned off (prior question) were not asked these questions and were classified as not having a system to record allergies and medications electronically [EMEDS, EMEDSO, EMEDSE, and EALLERG, EALLERGO, EALLERGE]. Five percent of physician offices, 4% of hospital OPDs, and less than 1% of hospital EDs had their clinical notes systems turned off and were counted as not having a patient's allergies or medications system.

Data from NSRCF were based on the following questions about the four types of computerized systems. Providers were shown a card with a list of computer systems and asked which types their facility had. If the response was unknown, blank, or otherwise missing, the record was excluded from the analysis.

- **Ordering prescriptions:** “Does this facility have the following computerized capabilities? ORDERS FOR PRESCRIPTIONS?” [ITPRESC].
- **Warning of drug interactions and contraindications:** “Does this facility have the following computerized capabilities? WARNING OF DRUG INTERACTIONS OR CONTRAINDICATIONS?” [ITCONTRA].
- **Submitting prescriptions electronically to pharmacy:** “Does this facility's computerized system support electronic health information exchange with PHARMACY?” [ITPHARM].
- **Including patient's allergies and current medications (in clinical notes system):** Based on two questions: “Does this facility have the following computerized capabilities? MAINTAINING ACTIVE MEDICATION ALLERGY LIST?” and “Does this facility have the following computerized capabilities? MAINTAINING LIST OF RESIDENT'S MEDICATIONS?” [ITRXLIST and ITALLERG].

Figure 28. Propoxyphene was withdrawn from the market in 2010. However, because the chart includes data back to 2000, propoxyphene is included in the list of synthetic drugs.

References

1. Kochanek KD, Arias E, Anderson RN. How did cause of death contribute to racial differences in life expectancy in the United States in 2010? NCHS data brief, no 125. Hyattsville, MD: NCHS; 2013. Available from: <http://www.cdc.gov/nchs/data/databriefs/db125.htm>.
2. Murphy SL, Xu J, Kochanek KD. Deaths: Final data for 2010. National vital statistics reports; vol 61 no 4. Hyattsville, MD: NCHS; 2012. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_04.pdf.
3. NCHS. 2010 mortality file [unpublished analysis].
4. Altman B, Bernstein A. Disability and health in the United States, 2001–2005. Hyattsville, MD: NCHS; 2008. Available from: <http://www.cdc.gov/nchs/data/misc/disability2001-2005.pdf>.
5. U.S. Department of Health and Human Services. How tobacco smoke causes disease: The biology and behavioral basis for smoking-attributable disease: A report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2010. Available from: <http://www.ncbi.nlm.nih.gov/books/NBK53017/pdf/TOC.pdf>.
6. National High Blood Pressure Education Program. Seventh report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure: Complete report. NIH pub no 04–5230. Bethesda, MD: National Heart, Lung, and Blood Institute, National Institutes of Health; 2004. Available from: <http://www.nhlbi.nih.gov/guidelines/hypertension/jnc7full.htm>.
7. Barlow SE; Expert Committee. Expert Committee recommendations regarding the prevention, assessment, and treatment of child and adolescent overweight and obesity: Summary report. *Pediatrics* 2007;120(suppl 4):S164–92. Available from: http://pediatrics.aapublications.org/content/120/Supplement_4/S164.full.pdf+html.
8. Dietz WH. Health consequences of obesity in youth: Childhood predictors of adult disease. *Pediatrics* 1998;101(3 pt 2):518–25.
9. National Heart, Lung, and Blood Institute; National Institute of Diabetes and Digestive and Kidney Diseases. Clinical guidelines on the identification, evaluation, and treatment of overweight and obesity in adults: The evidence report. NIH pub no 98–4083. Bethesda, MD: National Institutes of Health; 1998. Available from: http://www.nhlbi.nih.gov/guidelines/obesity/ob_gdlns.pdf.
10. Jensen MD, Ryan DH, Apovian CM, Ard JD, Comuzzie AG, Donato KA, et al. 2013 AHA/ACC/TOS guideline for the management of overweight and obesity in adults: A report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and the Obesity Society. *Circulation*; 2013. doi:10.1161/01.cir.0000437739.71477.ee. Available from: <http://circ.ahajournals.org/content/early/2013/11/11/01.cir.0000437739.71477.ee.citation>.
11. National Task Force on the Prevention and Treatment of Obesity. Overweight, obesity, and health risk. *Arch Intern Med* 2000;160(7):898–904.
12. U.S. Department of Health and Human Services. The Surgeon General's vision for a healthy and fit nation. Rockville, MD: HHS, Office of the Surgeon General; 2010. Available from: <http://www.surgeongeneral.gov/initiatives/healthy-fit-nation/obesityvision2010.pdf>.
13. Flegal KM, Graubard BI, Williamson DF, Gail MH. Excess deaths associated with underweight, overweight, and obesity. *JAMA* 2005;293(15):1861–7.
14. CDC. Recommendations of the Advisory Committee on Immunization Practices (ACIP): General recommendations on immunization. *MMWR* 2011;60(RR02):1–60. Available from: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6002a1.htm?s_cid=rr6002a1_e.
15. CDC. Experiences with obtaining influenza vaccination among persons in priority groups during a vaccine shortage—United States, October–November, 2004. *MMWR* 2004;53(49):1153–5. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5349a2.htm>.
16. CDC. Advisory Committee on Immunization Practices (ACIP) recommended immunization schedules for persons aged 0 through 18 years and adults aged 19 years and older—United States, 2013. *MMWR* 2013;62(01):1–1. Available from: http://www.cdc.gov/mmwr/preview/mmwrhtml/su6201a1.htm?s_cid=su6201a1_w.
17. CDC. National and state vaccination coverage among adolescents aged 13–17 years—United States, 2012. *MMWR* 2013;62(34):685–93. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6234a1.htm>.
18. CDC. Quadrivalent human papillomavirus vaccine: Recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR* 2007;56(RR02):1–24. Available from: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5602a1.htm?s_cid=rr5602a1_e.
19. CDC. Recommendations on the use of quadrivalent human papillomavirus vaccine in males—Advisory Committee on Immunization Practices (ACIP), 2011. *MMWR* 2011;60(50):1705–8. Available from: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6050a3.htm?s_cid=mm6050a3_w.
20. Kaiser Commission on Medicaid and the Uninsured. The uninsured and the difference health insurance makes. Kaiser Family Foundation; 2012. Available from: <http://www.kff.org/uninsured/upload/1420-14.pdf>.
21. Patient Protection and Affordable Care Act, Pub. L. No. 111–148, 124 Stat. 119, 132 (2010). Available from: <http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/content-detail.html>.
22. Centers for Medicare & Medicaid Services; Center for Consumer Information and Insurance Oversight. Young adults and the Affordable Care Act: Protecting young adults and eliminating burdens on families and businesses [fact sheet]; 2013. Available from: http://www.cms.gov/CCIIO/Resources/Files/adult_child_fact_sheet.html.
23. Sommers BD. Number of young adults gaining insurance due to the Affordable Care Act now tops 3 million. Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. ASPE Issue Brief; 2012. Available from: <http://www.aspe.hhs.gov/aspe/gaininginsurance/rb.pdf>.
24. DeVoe JE, Petering R, Krois L. A usual source of care: Supplement or substitute for health insurance among low-income children? *Med Care* 2008;46(10):1041–8.
25. Peters CP. Fundamentals of the prescription drug market. NHPF Background Paper. Washington, DC: National Health Policy Forum; 2004. Available from: http://www.nhpf.org/library/background-papers/BP_RxIndustry_08-24-04.pdf.
26. Greene JA, Jones DS, Podolsky SH. Therapeutic evolution and the challenge of rational medicine. *N Engl J Med* 2012;367(12):1077–82.
27. Greene JA, Herzberg D. Hidden in plain sight: Marketing prescription drugs to consumers in the twentieth century. *Am J Public Health* 2010;100(5):793–803.
28. CDC. Achievements in public health, 1900–1999: Control of infectious diseases. *MMWR* 1999;48(29):621–9. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm4829a1.htm>.
29. Gu Q, Dillon CF, Burt VL. Prescription drug use continues to increase: U.S. prescription drug data for 2007–2008. NCHS data brief, no 42. Hyattsville, MD: NCHS; 2010. Available from: <http://www.cdc.gov/nchs/data/databriefs/db42.htm>.
30. Howlander N, Noone AM, Krapcho M, Garshell J, Neyman N, Altekruse SF, et al. (eds). SEER cancer statistics review (CSR), 1975–2010. Bethesda, MD: National Cancer Institute; 2013. Available from: http://seer.cancer.gov/csr/1975_2010/.
31. Go AS, Mozaffarian D, Roger VL, Benjamin EJ, Berry JD, Blaha MJ, et al. Heart disease and stroke statistics—2014 update: A report from the American Heart Association. *Circulation* 2014;129(3):e28–e292.

32. Chobanian AV, Bakris GL, Black HR, Cushman WC, Green LA, Izzo JL Jr, et al. Seventh report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure. *Hypertension* 2003;42(6):1206–52.
33. National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III). Third report of the NCEP Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III) final report. *Circulation* 2002;106(25):3143–421.
34. American Diabetes Association. Diagnosis and classification of diabetes mellitus. *Diabetes Care* 2013;36(suppl 1):S67–74.
35. Substance Abuse and Mental Health Services Administration. Mental health, United States, 2010. HHS Pub no (SMA) 12–4681. Rockville, MD: SAMHSA; 2012. Available from: <http://www.samhsa.gov/data/2k12/MHUS2010/index.aspx>.
36. Mechanic D, Bilder S. Treatment of people with mental illness: A decade-long perspective. *Health Aff (Millwood)* 2004;23(4):84–95.
37. Berndt ER. The U.S. pharmaceutical industry: Why major growth in times of cost containment? *Health Aff (Millwood)* 2001;20(2):100–14.
38. Chockley N. The emerging impact of direct-to-consumer prescription drug advertising. Testimony before the Subcommittee on Consumer Affairs, Foreign Commerce and Tourism of the Senate Committee on Commerce, Science and Transportation. July 24, 2001. Available from: http://www.nihcm.org/pdf/The_Emerging_Impact_of_Direct-to-Consumer_Prescription_Drug_Advertising.pdf.
39. Kaiser Family Foundation. The Affordable Care Act three years post-enactment. Pub no 8429. Washington, DC: KFF; 2013. Available from: <http://kaiserfamilyfoundation.files.wordpress.com/2013/04/84291.pdf>.
40. U.S. Government Accountability Office. Prescription drugs: FDA oversight of direct-to-consumer advertising has limitations. Pub no GAO–03–177. Washington, DC: GAO; 2002. Available from: <http://www.gao.gov/new.items/d03177.pdf>.
41. Ventola CL. Direct-to-consumer pharmaceutical advertising: Therapeutic or toxic? *PT* 2011;36(10):669–84.
42. Donohue JM, Cevasco M, Rosenthal MB. A decade of direct-to-consumer advertising of prescription drugs. *N Engl J Med* 2007;357(7):673–81.
43. Gellad WF, Donohue JM, Zhao X, Zhang Y, Banthin JS. The financial burden from prescription drugs has declined recently for the nonelderly, although it is still high for many. *Health Aff (Millwood)* 2012;31(2):408–16.
44. Hartman M, Martin AB, Benson J, Catlin A; National Health Expenditure Accounts Team. National health spending in 2011: Overall growth remains low, but some payers and services show signs of acceleration. *Health Aff (Millwood)* 2013;32(1):87–99.
45. Ackerman S, Gonzales R. The context of antibiotic overuse. *Ann Intern Med* 2012;157(3):211–2.
46. CDC. Antibiotic resistance threats in the United States, 2013. CDC Features; 2013. Available from: <http://www.cdc.gov/features/antibioticresistancethreats/>.
47. Jones CM, Mack KA, Paulozzi LJ. Pharmaceutical overdose deaths, United States, 2010. *JAMA* 2013;309(7):657–9.
48. CDC. Vital signs: Overdoses of prescription opioid pain relievers—United States, 1999–2008. *MMWR* 2011;60(43):1487–92. Available from: <http://www.cdc.gov/mmwr/pdf/wk/mm60e1101.pdf>.
49. Warner M, Chen LH, Makuc DM. Increase in fatal poisonings involving opioid analgesics in the United States, 1999–2006. NCHS data brief, no 22. Hyattsville, MD: NCHS; 2009. Available from: <http://www.cdc.gov/nchs/data/databriefs/db22.htm>.
50. Warner M, Chen LH, Makuc DM, et al. Drug poisoning deaths in the United States, 1980–2008. NCHS data brief, no 81. Hyattsville, MD: NCHS; 2011. Available from: <http://www.cdc.gov/nchs/data/databriefs/db81.htm>.
51. Qato DM, Alexander GC, Conti RM, Johnson M, Schumm P, Lindau ST. Use of prescription and over-the-counter medications and dietary supplements among older adults in the United States. *JAMA* 2008;300(24):2867–78.
52. Bushardt RL, Massey EB, Simpson TW, Ariail JC, Simpson KN. Polypharmacy: Misleading, but manageable. *Clin Interv Aging* 2008;3(2):383–9.
53. Berenbeim DM. Polypharmacy: Overdosing on good intentions. *Manag Care Q* 2002;10(3):1–5.
54. National Committee for Quality Assurance. HEDIS 2013: Healthcare Effectiveness Data and Information Set. Vol. 1, Narrative. Washington, DC: NCOA; 2012. Available from: <http://www.ncqa.org/HEDISQualityMeasurement/HEDISMeasures/HEDIS2013.aspx>.
55. NCHS. National Health and Nutrition Examination Survey [unpublished analysis]. For more information, visit: <http://www.cdc.gov/nchs/nhanes.htm>.
56. Cunningham PJ, Felland LE. Falling behind: Americans' access to medical care deteriorates, 2003–2007. *Track Rep* 2008;19:1–5. Available from: <http://hschange.org/CONTENT/993/>.
57. Mojtabai R, Olsson M. Medication costs, adherence, and health outcomes among Medicare beneficiaries. *Health Aff (Millwood)* 2003;22(4):220–9.
58. Piette JD, Heisler M, Wagner TH. Cost-related medication underuse among chronically ill adults: The treatments people forgo, how often, and who is at risk. *Am J Public Health* 2004;94(10):1782–7.
59. CDC. Current trends mortality attributable to HIV infection/AIDS—United States, 1981–1990. *MMWR* 1991;40(3):41–4. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/00001880.htm>.
60. CDC. Mortality attributable to HIV infection/AIDS among persons aged 25–44 years—United States, 1990, 1991. *MMWR* 1993;42(25):481–6. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/00021017.htm>.
61. Fauci AS. Twenty-five years of HIV/AIDS [editorial]. *Science* 2006;313(5786):409.
62. Sepkowitz KA. AIDS—The first 20 years. *N Engl J Med* 2001;344(23):1764–72.
63. Weston R, Portsmouth S, Benzie A. An update on HAART: Part 1. *Pharm J* 2006;276:631–4.
64. Weiss RA. Special anniversary review: Twenty-five years of human immunodeficiency virus research: Successes and challenges. *Clin Exp Immunol* 2008;152(2):201–10.
65. Palella FJ Jr, Delaney KM, Moorman AC, Loveless MO, Fuhrer JF, Satten GA, et al. Declining morbidity and mortality among patients with advanced human immunodeficiency virus infection. *N Engl J Med* 1998;338(13):853–60.
66. Venkatesh KK, Mayer KH, Carpenter CC. Low-cost generic drugs under the President's Emergency Plan for AIDS Relief drove down treatment cost; more are needed. *Health Aff (Millwood)* 2012;31(7):1429–38.
67. Vella S, Schwartländer B, Sow SP, Eholie SP, Murphy RL. The history of antiretroviral therapy and of its implementation in resource-limited areas of the world. *AIDS* 2012;26(10):1231–41.
68. Pratt LA, Brody DJ. Depression in the United States household population, 2005–2006. NCHS data brief, no 7. Hyattsville, MD: NCHS; 2008. Available from: <http://www.cdc.gov/nchs/data/databriefs/db07.pdf>.
69. Substance Abuse and Mental Health Services Administration. Behavioral health, United States, 2012. HHS Pub no (SMA) 13–4797. Rockville, MD: SAMHSA; 2013. Available from: <http://www.samhsa.gov/data/2012BehavioralHealthUS/2012-BHUS.pdf>.
70. Pratt LA, Brody DJ, Gu Q. Antidepressant use in persons aged 12 and over: United States 2005–2008. NCHS data brief, no 67. Hyattsville, MD: NCHS; 2011. Available from: <http://www.cdc.gov/nchs/data/databriefs/db76.pdf>.
71. Olsson M, Marcus SC. National patterns in antidepressant medication treatment. *Arch Gen Psychiatry* 2009;66(8):848–56.
72. Colgan R, Powers JH. Appropriate antimicrobial prescribing: Approaches that limit antibiotic resistance. *Am Fam Physician* 2001;64(6):999–1004.
73. Blumenthal D, Tavenner M. The “meaningful use” regulation for electronic health records. *N Engl J Med* 2010;363(6):501–4.
74. Kern LM, Barrón Y, Dhopeswarkar RV, Edwards A, Kaushal R; HITEC Investigators. Electronic health records and ambulatory quality of care. *J Gen Intern Med* 2013;28(4):496–503.

75. Hsiao CJ, Hing E, Socey TC, Cai B. Electronic health record systems and intent to apply for meaningful use incentives among office-based physician practices: United States, 2001–2011. NCHS data brief, no 79. Hyattsville, MD: NCHS; 2011[BW1]. Available from: <http://www.cdc.gov/nchs/data/databriefs/DB79.pdf>.
76. Chou R, Fanciullo GJ, Fine PG, Adler JA, Ballantyne JC, Davies P, et al. Clinical guidelines for the use of chronic opioid therapy in chronic noncancer pain. *J Pain* 2009;10(2):113–30.
77. Keehan SP, Cuckler GA, Sisko AM, Madison AJ, Smith SD, Lizonitz JM, et al. National health expenditure projections: Modest annual growth until coverage expands and economic growth accelerates. *Health Aff (Millwood)* 2012;31(7):1600–12.
78. Hoffman JM, Li E, Doloresco F, Matusiak L, Hunkler RJ, Shah ND, et al. Projecting future drug expenditures in U.S. nonfederal hospitals and clinics—2013. *Am J Health Syst Pharm* 2013;70(6):525–39.
79. Martin AB, Hartman M, Whittle L, Catlin A; National Health Expenditure Accounts Team. National health spending in 2012: Rate of health spending growth remained low for the fourth consecutive year. *Health Aff (Millwood)* 2014;33(1):67–77.
80. Medicare Payment Advisory Commission (MedPAC). Report to the Congress: Medicare and the health care delivery system. Ch 6, Care needs for dual-eligible beneficiaries. Washington, DC: MedPAC. 2013. Available from: http://www.medpac.gov/chapters/Jun13_Ch06.pdf.
81. CDC. Youth Risk Behavior Survey (YRBS): Interpretation of YRBS trend data; 2012. Available from: http://www.cdc.gov/HealthyYouth/yrbs/pdf/YRBS_trend_interpretation.pdf.
82. SUDAAN, release 10.0.1 [computer software]. Research Triangle Park, NC: RTI International; 2009.

Table 1 (page 1 of 3). Resident population, by age, sex, race, and Hispanic origin: United States, selected years 1950–2012

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#001>.

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

Sex, race, Hispanic origin, and year	Total resident population	Age										
		Under 1 year	1–4 years	5–14 years	15–24 years	25–34 years	35–44 years	45–54 years	55–64 years	65–74 years	75–84 years	85 years and over
All persons		Number, in thousands										
1950	150,697	3,147	13,017	24,319	22,098	23,759	21,450	17,343	13,370	8,340	3,278	577
1960	179,323	4,112	16,209	35,465	24,020	22,818	24,081	20,485	15,572	10,997	4,633	929
1970	203,212	3,485	13,669	40,746	35,441	24,907	23,088	23,220	18,590	12,435	6,119	1,511
1980	226,546	3,534	12,815	34,942	42,487	37,082	25,635	22,800	21,703	15,581	7,729	2,240
1990	248,710	3,946	14,812	35,095	37,013	43,161	37,435	25,057	21,113	18,045	10,012	3,021
2000	281,422	3,806	15,370	41,078	39,184	39,892	45,149	37,678	24,275	18,391	12,361	4,240
2010	308,746	3,944	16,257	41,026	43,626	41,064	41,071	45,007	36,483	21,713	13,061	5,493
2011	311,592	3,997	16,166	41,039	43,798	41,790	40,628	44,718	38,062	22,482	13,175	5,737
2012	313,914	3,943	16,056	41,145	43,944	42,309	40,516	44,269	38,586	23,985	13,273	5,887
Male												
1950	74,833	1,602	6,634	12,375	10,918	11,597	10,588	8,655	6,697	4,024	1,507	237
1960	88,331	2,090	8,240	18,029	11,906	11,179	11,755	10,093	7,537	5,116	2,025	362
1970	98,912	1,778	6,968	20,759	17,551	12,217	11,231	11,199	8,793	5,437	2,436	542
1980	110,053	1,806	6,556	17,855	21,419	18,382	12,570	11,009	10,152	6,757	2,867	682
1990	121,239	2,018	7,581	17,971	18,915	21,564	18,510	12,232	9,955	7,907	3,745	841
2000	138,054	1,949	7,862	21,043	20,079	20,121	22,448	18,497	11,645	8,303	4,879	1,227
2010	151,781	2,014	8,305	20,970	22,318	20,632	20,436	22,142	17,601	10,097	5,477	1,790
2011	153,291	2,044	8,256	20,971	22,432	21,044	20,223	22,019	18,358	10,476	5,573	1,894
2012	154,492	2,017	8,199	21,026	22,512	21,339	20,174	21,807	18,603	11,203	5,648	1,964
Female												
1950	75,864	1,545	6,383	11,944	11,181	12,162	10,863	8,688	6,672	4,316	1,771	340
1960	90,992	2,022	7,969	17,437	12,114	11,639	12,326	10,393	8,036	5,881	2,609	567
1970	104,300	1,707	6,701	19,986	17,890	12,690	11,857	12,021	9,797	6,998	3,683	969
1980	116,493	1,727	6,259	17,087	21,068	18,700	13,065	11,791	11,551	8,824	4,862	1,559
1990	127,471	1,928	7,231	17,124	18,098	21,596	18,925	12,824	11,158	10,139	6,267	2,180
2000	143,368	1,857	7,508	20,034	19,105	19,771	22,701	19,181	12,629	10,088	7,482	3,013
2010	156,964	1,930	7,952	20,056	21,309	20,432	20,635	22,864	18,882	11,617	7,584	3,704
2011	158,301	1,953	7,910	20,068	21,366	20,746	20,404	22,699	19,704	12,005	7,602	3,843
2012	159,422	1,926	7,857	20,118	21,432	20,971	20,343	22,462	19,983	12,783	7,624	3,923
White male												
1950	67,129	1,400	5,845	10,860	9,689	10,430	9,529	7,836	6,180	3,736	1,406	218
1960	78,367	1,784	7,065	15,659	10,483	9,940	10,564	9,114	6,850	4,702	1,875	331
1970	86,721	1,501	5,873	17,667	15,232	10,775	9,979	10,090	7,958	4,916	2,243	487
1980	94,976	1,487	5,402	14,773	18,123	15,940	11,010	9,774	9,151	6,096	2,600	621
1990	102,143	1,604	6,071	14,467	15,389	18,071	15,819	10,624	8,813	7,127	3,397	760
2000	113,445	1,524	6,143	16,428	15,942	16,232	18,568	15,670	10,067	7,343	4,419	1,109
2010	121,403	1,518	6,281	16,043	17,069	16,139	16,208	18,096	14,840	8,726	4,866	1,617
2011	122,321	1,531	6,218	16,015	17,117	16,433	15,985	17,931	15,423	9,033	4,926	1,710
2012	122,937	1,513	6,159	16,013	17,118	16,594	15,882	17,701	15,549	9,667	4,977	1,766
White female												
1950	67,813	1,341	5,599	10,431	9,821	10,851	9,719	7,868	6,168	4,031	1,669	314
1960	80,465	1,714	6,795	15,068	10,596	10,204	11,000	9,364	7,327	5,428	2,441	527
1970	91,028	1,434	5,615	16,912	15,420	11,004	10,349	10,756	8,853	6,366	3,429	890
1980	99,835	1,412	5,127	14,057	17,653	15,896	11,232	10,285	10,325	7,951	4,457	1,440
1990	106,561	1,524	5,762	13,706	14,599	17,757	15,834	10,946	9,698	9,048	5,687	2,001
2000	116,641	1,447	5,839	15,576	14,966	15,574	18,386	15,921	10,731	8,757	6,715	2,729
2010	124,020	1,451	5,993	15,270	16,153	15,552	15,941	18,311	15,586	9,846	6,601	3,314
2011	124,773	1,464	5,940	15,253	16,174	15,778	15,696	18,109	16,201	10,149	6,580	3,430
2012	125,287	1,444	5,885	15,254	16,176	15,893	15,573	17,853	16,340	10,809	6,576	3,485
Black or African American male												
1950	7,300	---	¹ 944	1,442	1,162	1,105	1,003	772	459	299	² 113	---
1960	9,114	281	1,082	2,185	1,305	1,120	1,086	891	617	382	137	29
1970	10,748	245	975	2,784	2,041	1,226	1,084	979	739	461	169	46
1980	12,585	269	967	2,614	2,807	1,967	1,235	1,024	854	567	228	53
1990	14,420	322	1,164	2,700	2,669	2,592	1,962	1,175	878	614	277	66
2000	17,407	313	1,271	3,454	2,932	2,586	2,705	1,957	1,090	683	330	87
2010	20,101	341	1,388	3,408	3,591	2,801	2,639	2,708	1,832	886	396	110
2011	20,418	353	1,396	3,411	3,652	2,876	2,612	2,717	1,946	924	415	115
2012	20,686	346	1,391	3,432	3,698	2,944	2,620	2,707	2,021	979	424	123

See footnotes at end of table.

Table 1 (page 2 of 3). Resident population, by age, sex, race, and Hispanic origin: United States, selected years 1950–2012

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#001>.

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

Sex, race, Hispanic origin, and year	Total resident population	Age										
		Under 1 year	1–4 years	5–14 years	15–24 years	25–34 years	35–44 years	45–54 years	55–64 years	65–74 years	75–84 years	85 years and over
Black or African American female												
Number, in thousands												
1950	7,745	---	¹ 941	1,446	1,300	1,260	1,112	796	443	322	² 125	---
1960	9,758	283	1,085	2,191	1,404	1,300	1,229	974	663	430	160	38
1970	11,832	243	970	2,773	2,196	1,456	1,309	1,134	868	582	230	71
1980	14,046	266	951	2,578	2,937	2,267	1,488	1,258	1,059	776	360	106
1990	16,063	316	1,137	2,641	2,700	2,905	2,279	1,416	1,135	884	495	156
2000	19,187	302	1,228	3,348	2,971	2,866	3,055	2,274	1,353	971	587	233
2010	21,965	330	1,343	3,292	3,568	3,066	2,962	3,056	2,197	1,192	675	282
2011	22,261	335	1,349	3,296	3,598	3,123	2,935	3,067	2,331	1,238	696	293
2012	22,517	331	1,344	3,314	3,622	3,171	2,941	3,056	2,420	1,305	706	307
American Indian or Alaska Native male												
1980	702	17	59	153	161	114	75	53	37	22	9	2
1990	1,024	24	88	206	192	183	140	86	55	32	13	3
2000	1,488	28	109	301	271	229	229	165	88	45	18	5
2010	2,143	39	160	381	392	336	290	264	167	76	29	7
2011	2,186	41	160	383	395	345	293	269	179	82	32	8
2012	2,210	39	158	386	396	350	296	270	186	89	33	9
American Indian or Alaska Native female												
1980	718	16	57	149	158	118	79	57	41	27	12	4
1990	1,041	24	85	200	178	186	148	92	61	41	21	6
2000	1,496	26	106	293	254	219	236	174	95	54	28	10
2010	2,121	38	156	370	364	316	282	273	179	87	41	14
2011	2,161	39	155	373	368	321	283	276	192	93	44	15
2012	2,188	38	154	375	371	325	285	277	200	100	45	16
Asian or Pacific Islander male												
1980	1,814	35	130	321	334	366	252	159	110	72	30	6
1990	3,652	68	258	598	665	718	588	347	208	133	57	12
2000	5,713	84	339	861	934	1,073	947	705	399	231	112	27
2010	8,134	116	476	1,138	1,266	1,356	1,299	1,075	761	409	186	55
2011	8,366	119	482	1,162	1,269	1,390	1,334	1,102	810	437	201	61
2012	8,658	119	492	1,195	1,301	1,451	1,376	1,128	847	469	214	66
Asian or Pacific Islander female												
1980	1,915	34	127	307	325	423	269	192	126	71	33	9
1990	3,805	65	247	578	621	749	664	371	264	166	65	17
2000	6,044	81	336	817	914	1,112	1,024	812	451	305	152	41
2010	8,859	110	460	1,124	1,223	1,498	1,450	1,223	920	491	267	93
2011	9,106	114	465	1,146	1,226	1,524	1,491	1,247	979	525	282	105
2012	9,430	113	474	1,175	1,262	1,582	1,543	1,276	1,023	569	298	115

See footnotes at end of table.

Table 1 (page 3 of 3). Resident population, by age, sex, race, and Hispanic origin: United States, selected years 1950–2012

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#001>.

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

Sex, race, Hispanic origin, and year	Total resident population	Age										
		Under 1 year	1–4 years	5–14 years	15–24 years	25–34 years	35–44 years	45–54 years	55–64 years	65–74 years	75–84 years	85 years and over
		Number, in thousands										
Hispanic or Latino male												
1980	7,280	187	661	1,530	1,646	1,256	761	570	364	200	86	19
1990	11,388	279	980	2,128	2,376	2,310	1,471	818	551	312	131	32
2000	18,162	395	1,506	3,469	3,564	3,494	2,653	1,551	804	474	203	50
2010	25,619	515	2,094	4,755	4,648	4,419	3,734	2,736	1,535	735	352	95
2011	26,443	537	2,114	4,868	4,745	4,535	3,846	2,874	1,658	786	374	107
2012	26,930	523	2,105	4,959	4,784	4,579	3,919	2,967	1,747	840	389	116
Hispanic or Latina female												
1980	7,329	181	634	1,482	1,546	1,249	805	615	411	257	117	30
1990	10,966	268	939	2,039	2,028	2,073	1,448	868	632	403	209	59
2000	17,144	376	1,441	3,318	3,017	3,016	2,476	1,585	907	603	303	101
2010	24,859	497	2,008	4,561	4,206	4,016	3,564	2,728	1,679	914	510	176
2011	25,602	513	2,029	4,670	4,314	4,070	3,662	2,842	1,800	969	536	197
2012	26,098	502	2,025	4,760	4,382	4,092	3,730	2,922	1,888	1,029	557	213
White, not Hispanic or Latino male												
1980	88,035	1,308	4,772	13,317	16,554	14,739	10,284	9,229	8,803	5,906	2,519	603
1990	91,743	1,351	5,181	12,525	13,219	15,967	14,481	9,875	8,303	6,837	3,275	729
2000	96,551	1,163	4,761	13,238	12,628	12,958	16,088	14,223	9,312	6,894	4,225	1,062
2010	98,386	1,067	4,438	11,817	12,930	12,171	12,813	15,606	13,434	8,045	4,536	1,528
2011	98,580	1,062	4,362	11,693	12,888	12,365	12,492	15,316	13,908	8,307	4,577	1,610
2012	98,773	1,054	4,312	11,616	12,857	12,491	12,327	15,001	13,954	8,891	4,613	1,656
White, not Hispanic or Latina female												
1980	92,872	1,240	4,522	12,647	16,185	14,711	10,468	9,700	9,935	7,707	4,345	1,411
1990	96,557	1,280	4,909	11,846	12,749	15,872	14,520	10,153	9,116	8,674	5,491	1,945
2000	100,774	1,102	4,517	12,529	12,183	12,778	16,089	14,446	9,879	8,188	6,429	2,633
2010	101,741	1,016	4,225	11,219	12,426	11,972	12,718	15,839	14,049	9,000	6,125	3,150
2011	101,843	1,016	4,158	11,108	12,346	12,154	12,389	15,535	14,557	9,253	6,081	3,247
2012	101,926	1,005	4,108	11,035	12,286	12,254	12,210	15,208	14,618	9,859	6,057	3,286

--- Data not available.

¹Population for age group under 5 years.

²Population for age group 75 years and over.

NOTES: The race groups, white, black, American Indian or Alaska Native, and Asian or Pacific Islander, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with *Health, United States, 2003*, population estimates for 1991–1999 are intercensal estimates based on the 1990 and 2000 censuses. Starting with *Health, United States, 2012*, population estimates for 2001–2009 are intercensal estimates based on the 2000 and 2010 censuses. Population estimates for 2011 and 2012 are 2010-based postcensal estimates. Population figures are census counts as of April 1 for 1950, 1960, 1970, 1980, and 1990. For 2000 and 2010, population estimates are bridged-race April 1 census counts. Estimates for other years are as of July 1. See [Appendix I, Population Census and Population Estimates](#). Populations for age groups may not sum to the total due to rounding. Unrounded population figures are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: U.S. Census Bureau: 1950 Nonwhite Population by Race. Special Report P-E, No. 3B. Washington, DC: U.S. Government Printing Office, 1951; U.S. Census of Population: 1960, Number of Inhabitants, PC(1)–A1, United States Summary, 1964; 1970, Number of Inhabitants, Final Report PC(1)–A1, United States Summary, 1971; U.S. population estimates, by age, sex, race, and Hispanic origin: 1980 to 1991. Current population reports, series P–25, no 1095. Washington, DC: U.S. Government Printing Office, Feb. 1993; NCHS. Estimates of the July 1, 1991–July 1, 1999; April 1, 2000; July 1, 2001–July 1, 2009; April 1, 2010; July 1, 2011; and July 1, 2012 United States resident population by age, sex, race, and Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau, Population Estimates Program. Available from: http://www.cdc.gov/nchs/nvss/bridged_race.htm. See [Appendix I, Population Census and Population Estimates](#).

Table 2 (page 1 of 2). Persons below poverty level, by selected characteristics, race, and Hispanic origin: United States, selected years 1973–2012

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#002>.

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

<i>Selected characteristic, race, and Hispanic origin</i> ¹	1973	1980	1990	2000 ²	2005	2009	2010 ⁴	2011	2012
All persons									
Percent below poverty									
All races	11.1	13.0	13.5	11.3	12.6	14.3	15.1	15.0	15.0
White only	8.4	10.2	10.7	9.5	10.6	12.3	13.0	12.8	12.7
Black or African American only	31.4	32.5	31.9	22.5	24.9	25.8	27.4	27.6	27.2
Asian only	---	---	12.2	9.9	11.1	12.5	12.2	12.3	11.7
Hispanic or Latino	21.9	25.7	28.1	21.5	21.8	25.3	26.5	25.3	25.6
Mexican	---	---	28.1	22.9	---	---	---	---	---
Puerto Rican	---	---	40.6	25.6	---	---	---	---	---
White only, not Hispanic or Latino	7.5	9.1	8.8	7.4	8.3	9.4	9.9	9.8	9.7
Related children under age 18 in families									
All races	14.2	17.9	19.9	15.6	17.1	20.1	21.5	21.4	21.3
White only	9.7	13.4	15.1	12.4	13.9	17.0	17.9	18.1	17.9
Black or African American only	40.6	42.1	44.2	30.9	34.2	35.3	39.0	38.6	37.5
Asian only	---	---	17.0	12.5	11.0	13.6	14.0	13.0	13.3
Hispanic or Latino	27.8	33.0	37.7	27.6	27.7	32.5	34.3	33.7	33.3
Mexican	---	---	35.5	29.5	---	---	---	---	---
Puerto Rican	---	---	56.7	32.1	---	---	---	---	---
White only, not Hispanic or Latino	---	11.3	11.6	8.5	9.5	11.2	11.7	11.9	11.8
Related children under age 18 in families with female householder and no husband present									
All races	---	50.8	53.4	40.1	42.8	44.4	46.6	47.6	47.2
White only	---	41.6	45.9	33.9	38.8	41.2	43.3	44.3	44.2
Black or African American only	---	64.8	64.7	49.3	50.2	50.6	53.2	54.2	53.3
Asian only	---	---	32.2	38.0	25.6	25.6	36.9	34.5	33.0
Hispanic or Latino	---	65.0	68.4	49.8	50.2	52.2	56.3	56.8	54.7
Mexican	---	---	62.4	51.4	---	---	---	---	---
Puerto Rican	---	---	82.7	55.3	---	---	---	---	---
White only, not Hispanic or Latino	---	---	39.6	28.0	33.1	33.5	34.7	35.5	36.5
All persons									
Number below poverty, in thousands									
All races	22,973	29,272	33,585	31,581	36,950	43,569	46,343	46,247	46,496
White only	15,142	19,699	22,326	21,645	24,872	29,830	31,083	30,849	30,816
Black or African American only	7,388	8,579	9,837	7,982	9,168	9,944	10,746	10,929	10,911
Asian only	---	---	858	1,258	1,402	1,746	1,899	1,973	1,921
Hispanic or Latino	2,366	3,491	6,006	7,747	9,368	12,350	13,522	13,244	13,616
Mexican	---	---	3,764	5,460	---	---	---	---	---
Puerto Rican	---	---	966	814	---	---	---	---	---
White only, not Hispanic or Latino	12,864	16,365	16,622	14,366	16,227	18,530	19,251	19,171	18,940
Related children under age 18 in families									
All races	9,453	11,114	12,715	11,005	12,335	14,774	15,598	15,539	15,437
White only	5,462	6,817	7,696	6,834	7,652	9,440	9,590	9,643	9,547
Black or African American only	3,822	3,906	4,412	3,495	3,743	3,919	4,271	4,247	4,097
Asian only	---	---	356	407	312	444	477	466	470
Hispanic or Latino	1,364	1,718	2,750	3,342	3,977	5,419	5,815	5,820	5,773
Mexican	---	---	1,733	2,537	---	---	---	---	---
Puerto Rican	---	---	490	329	---	---	---	---	---
White only, not Hispanic or Latino	---	5,174	5,106	3,715	3,973	4,518	4,544	4,554	4,510

See footnotes at end of table.

Table 2 (page 2 of 2). Persons below poverty level, by selected characteristics, race, and Hispanic origin: United States, selected years 1973–2012

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#002>.

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

Selected characteristic, race, and Hispanic origin ¹	1973	1980	1990	2000 ²	2005	2009	2010 ⁴	2011	2012
Related children under age 18 in families with female householder and no husband present	Number below poverty, in thousands								
All races	---	5,866	7,363	6,300	7,210	7,942	8,603	9,026	8,664
White only	---	2,813	3,597	3,090	3,747	4,325	4,495	4,792	4,598
Black or African American only	---	2,944	3,543	2,908	2,993	2,998	3,252	3,331	3,165
Asian only	---	---	80	162	68	90	141	147	128
Hispanic or Latino	---	809	1,314	1,407	1,774	2,437	2,707	2,955	2,809
Mexican	---	---	615	938	---	---	---	---	---
Puerto Rican	---	---	382	242	---	---	---	---	---
White only, not Hispanic or Latino	---	---	2,411	1,832	2,158	2,144	2,209	2,321	2,245

--- Data not available.

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

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

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

⁴Data for 2010 reflect Census 2010-based population controls.

NOTES: Estimates of poverty for 1991–1998 are based on 1990 postcensal population estimates. Estimates for 1999–2009 were based on Census 2000 population controls. Estimates for 2010 and beyond were based on Census 2010 population controls. Poverty level is based on family income and family size using U.S. Census Bureau poverty thresholds. See [Appendix II, Poverty](#). Poverty estimates based on a supplemental poverty measure are available from the U.S. Census Bureau. The Current Population Survey is not large enough to produce reliable annual estimates for American Indian or Alaska Native persons, or for Native Hawaiian and Other Pacific Islander persons. The 2009–2011 average poverty rate for American Indian or Alaska Native only persons was 30.7%, representing 996,000 persons. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplements; DeNavas-Walt C, Proctor BD, Smith JC. Income, poverty, and health insurance coverage in the United States: 2012. Current Population Reports, P60–245. Washington, DC: U.S. Government Printing Office. 2013. Available from: <http://www.census.gov/prod/2013pubs/p60-245.pdf>. See [Appendix I, Current Population Survey \(CPS\)](#).

Table 3 (page 1 of 3). Crude birth rates, fertility rates, and birth rates, by age, race, and Hispanic origin of mother: United States, selected years 1950–2012

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#003>.

[Data are based on birth certificates]

Race, Hispanic origin, and year	Crude birth rate ¹	Fertility rate ²	Age of mother									
			10–14 years	15–19 years			20–24 years	25–29 years	30–34 years	35–39 years	40–44 years	45–54 years ³
				Total	15–17 years	18–19 years						
All races												
Live births per 1,000 women												
1950	24.1	106.2	1.0	81.6	40.7	132.7	196.6	166.1	103.7	52.9	15.1	1.2
1960	23.7	118.0	0.8	89.1	43.9	166.7	258.1	197.4	112.7	56.2	15.5	0.9
1970	18.4	87.9	1.2	68.3	38.8	114.7	167.8	145.1	73.3	31.7	8.1	0.5
1980	15.9	68.4	1.1	53.0	32.5	82.1	115.1	112.9	61.9	19.8	3.9	0.2
1985	15.8	66.3	1.2	51.0	31.0	79.6	108.3	111.0	69.1	24.0	4.0	0.2
1990	16.7	70.9	1.4	59.9	37.5	88.6	116.5	120.2	80.8	31.7	5.5	0.2
1995	14.6	64.6	1.3	56.0	35.5	87.7	107.5	108.8	81.1	34.0	6.6	0.3
2000	14.4	65.9	0.9	47.7	26.9	78.1	109.7	113.5	91.2	39.7	8.0	0.5
2005	14.0	66.7	0.6	39.7	21.1	68.4	101.8	116.5	96.7	46.4	9.1	0.6
2009	13.5	66.2	0.5	37.9	19.6	64.0	96.2	111.5	97.5	46.1	10.0	0.7
2010	13.0	64.1	0.4	34.2	17.3	58.2	90.0	108.3	96.5	45.9	10.2	0.7
2011	12.7	63.2	0.4	31.3	15.4	54.1	85.3	107.2	96.5	47.2	10.3	0.7
2012	12.6	63.0	0.4	29.4	14.1	51.4	83.1	106.5	97.3	48.3	10.4	0.7
Race of child: ⁴ White												
1950	23.0	102.3	0.4	70.0	31.3	120.5	190.4	165.1	102.6	51.4	14.5	1.0
1960	22.7	113.2	0.4	79.4	35.5	154.6	252.8	194.9	109.6	54.0	14.7	0.8
1970	17.4	84.1	0.5	57.4	29.2	101.5	163.4	145.9	71.9	30.0	7.5	0.4
1980	14.9	64.7	0.6	44.7	25.2	72.1	109.5	112.4	60.4	18.5	3.4	0.2
Race of mother: ⁵ White												
1980	15.1	65.6	0.6	45.4	25.5	73.2	111.1	113.8	61.2	18.8	3.5	0.2
1985	15.0	64.1	0.6	43.3	24.4	70.4	104.1	112.3	69.9	23.3	3.7	0.2
1990	15.8	68.3	0.7	50.8	29.5	78.0	109.8	120.7	81.7	31.5	5.2	0.2
1995	14.1	63.6	0.8	49.5	29.6	80.2	104.7	111.7	83.3	34.2	6.4	0.3
2000	13.9	65.3	0.6	43.2	23.3	72.3	106.6	116.7	94.6	40.2	7.9	0.4
2005	13.6	66.8	0.5	36.7	18.8	64.0	99.9	120.7	100.7	47.6	9.0	0.6
2009	13.0	66.4	0.4	35.3	17.8	60.2	94.1	114.9	101.3	46.7	9.9	0.7
2010	12.5	64.4	0.3	31.9	15.8	54.8	87.9	111.9	100.5	46.4	10.0	0.6
2011	12.2	63.4	0.3	29.1	14.1	50.8	83.0	110.2	100.1	47.6	10.1	0.6
2012	12.1	63.0	0.3	27.4	13.0	48.3	80.8	109.2	100.2	48.5	10.0	0.7
Race of child: ⁴ Black or African American												
1960	31.9	153.5	4.3	156.1	---	---	295.4	218.6	137.1	73.9	21.9	1.1
1970	25.3	115.4	5.2	140.7	101.4	204.9	202.7	136.3	79.6	41.9	12.5	1.0
1980	22.1	88.1	4.3	100.0	73.6	138.8	146.3	109.1	62.9	24.5	5.8	0.3
Race of mother: ⁵ Black or African American												
1980	21.3	84.7	4.3	97.8	72.5	135.1	140.0	103.9	59.9	23.5	5.6	0.3
1985	20.4	78.8	4.5	95.4	69.3	132.4	135.0	100.2	57.9	23.9	4.6	0.3
1990	22.4	86.8	4.9	112.8	82.3	152.9	160.2	115.5	68.7	28.1	5.5	0.3
1995	17.8	71.0	4.1	94.4	68.5	135.0	133.7	95.6	63.0	28.4	6.0	0.3
2000	17.0	70.0	2.3	77.4	49.0	118.8	141.3	100.3	65.4	31.5	7.2	0.4
2005	16.1	68.5	1.6	60.1	34.5	101.2	129.5	107.0	70.2	35.1	8.4	0.5
2009	15.8	68.8	1.1	56.5	30.9	92.9	125.1	105.3	73.5	36.2	8.9	0.6
2010	15.1	66.3	1.0	51.1	27.3	84.8	118.1	101.8	73.0	36.4	9.3	0.7
2011	14.8	65.5	0.9	47.3	24.7	78.8	111.9	101.7	74.1	38.0	9.4	0.7
2012	14.7	65.1	0.8	44.0	22.0	74.4	108.7	101.7	75.1	39.2	9.7	0.7
American Indian or Alaska Native mother ⁵												
1980	20.7	82.7	1.9	82.2	51.5	129.5	143.7	106.6	61.8	28.1	8.2	*
1985	19.8	78.6	1.7	79.2	47.7	124.1	139.1	109.6	62.6	27.4	6.0	*
1990	18.9	76.2	1.6	81.1	48.5	129.3	148.7	110.3	61.5	27.5	5.9	*
1995	15.3	63.0	1.6	72.9	44.6	122.2	123.1	91.6	56.5	24.3	5.5	*
2000	14.0	58.7	1.1	58.3	34.1	97.1	117.2	91.8	55.5	24.6	5.7	0.3
2005	12.6	53.6	0.8	46.0	26.3	78.0	102.9	86.3	51.8	23.3	5.4	0.3
2009	11.8	51.6	0.6	43.7	23.6	73.5	96.3	79.3	50.7	22.6	5.3	0.3
2010	11.0	48.6	0.5	38.7	20.1	66.1	91.0	74.4	48.4	22.3	5.2	0.3
2011	10.7	47.7	0.5	36.1	18.2	61.6	86.6	75.4	47.3	23.1	5.5	0.2
2012	10.5	47.0	0.5	34.9	17.0	60.5	81.7	73.9	49.7	23.3	5.5	0.5

See footnotes at end of table.

Table 3 (page 2 of 3). Crude birth rates, fertility rates, and birth rates, by age, race, and Hispanic origin of mother: United States, selected years 1950–2012

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#003>.

[Data are based on birth certificates]

Race, Hispanic origin, and year	Crude birth rate ¹	Fertility rate ²	Age of mother									
			10–14 years	15–19 years			20–24 years	25–29 years	30–34 years	35–39 years	40–44 years	45–54 years ³
				Total	15–17 years	18–19 years						
Live births per 1,000 women												
Asian or Pacific Islander mother ⁵												
1980	19.9	73.2	0.3	26.2	12.0	46.2	93.3	127.4	96.0	38.3	8.5	0.7
1985	18.7	68.4	0.4	23.8	12.5	40.8	83.6	123.0	93.6	42.7	8.7	1.2
1990	19.0	69.6	0.7	26.4	16.0	40.2	79.2	126.3	106.5	49.6	10.7	1.1
1995	16.7	62.6	0.7	25.5	15.6	40.1	64.2	103.7	102.3	50.1	11.8	0.8
2000	17.1	65.8	0.3	20.5	11.6	32.6	60.3	108.4	116.5	59.0	12.6	0.8
2005	15.9	63.0	0.2	15.4	7.7	26.4	52.9	96.6	115.3	61.8	13.7	1.0
2009	15.1	61.3	0.1	12.6	6.3	20.9	46.4	94.6	115.1	63.8	14.9	1.1
2010	14.5	59.2	0.1	10.9	5.1	18.7	42.6	91.5	113.6	62.8	15.1	1.2
2011	14.5	59.9	0.1	10.2	4.6	18.1	41.9	93.7	114.9	64.1	15.2	1.2
2012	15.1	62.2	0.1	9.7	4.1	17.7	41.4	95.8	121.3	68.1	16.1	1.4
Hispanic or Latina mother ^{5,6}												
1980	23.5	95.4	1.7	82.2	52.1	126.9	156.4	132.1	83.2	39.9	10.6	0.7
1990	26.7	107.7	2.4	100.3	65.9	147.7	181.0	153.0	98.3	45.3	10.9	0.7
1995	24.1	98.8	2.6	99.3	68.3	145.4	171.9	140.4	90.5	43.7	10.7	0.6
2000	23.1	95.9	1.7	87.3	55.5	132.6	161.3	139.9	97.1	46.6	11.5	0.6
2005	22.9	96.4	1.3	76.5	45.8	124.4	161.1	147.0	105.6	53.3	12.8	0.8
2009	20.3	86.5	1.0	63.6	37.3	103.3	140.1	134.3	100.8	52.5	13.2	0.8
2010	18.7	80.2	0.8	55.7	32.3	90.7	126.1	125.3	96.6	51.7	13.0	0.8
2011	17.6	76.2	0.7	49.6	28.0	81.5	116.0	121.3	95.2	51.3	13.1	0.8
2012	17.1	74.4	0.6	46.3	25.5	77.2	111.5	119.6	94.3	51.6	13.2	0.8
White, not Hispanic or Latina mother ^{5,6}												
1980	14.2	62.4	0.4	41.2	22.4	67.7	105.5	110.6	59.9	17.7	3.0	0.1
1990	14.4	62.8	0.5	42.5	23.2	66.6	97.5	115.3	79.4	30.0	4.7	0.2
1995	12.5	57.5	0.4	39.3	22.0	66.2	90.2	105.1	81.5	32.8	5.9	0.3
2000	12.2	58.5	0.3	32.6	15.8	57.5	91.2	109.4	93.2	38.8	7.3	0.4
2005	11.6	59.0	0.2	26.0	11.5	48.0	82.7	111.7	98.4	46.0	8.3	0.5
2009	11.2	59.6	0.2	25.7	11.0	46.2	79.2	107.1	99.7	44.4	9.1	0.6
2010	10.9	58.7	0.2	23.5	10.0	42.5	74.9	105.8	99.9	44.1	9.2	0.6
2011	10.8	58.7	0.2	21.7	9.0	39.9	71.8	105.2	100.1	45.8	9.3	0.6
2012	10.7	58.6	0.2	20.5	8.4	37.9	70.2	104.4	100.5	46.8	9.1	0.6
Black or African American, not Hispanic or Latina mother ^{5,6}												
1980	22.9	90.7	4.6	105.1	77.2	146.5	152.2	111.7	65.2	25.8	5.8	0.3
1990	23.0	89.0	5.0	116.2	84.9	157.5	165.1	118.4	70.2	28.7	5.6	0.3
1995	18.2	72.8	4.2	97.2	70.4	139.2	137.8	98.5	64.4	28.8	6.1	0.3
2000	17.3	71.4	2.4	79.2	50.1	121.9	145.4	102.8	66.5	31.8	7.2	0.4
2005	15.8	67.2	1.6	59.4	34.1	100.2	127.9	105.5	68.8	34.2	8.2	0.5
2009	15.7	68.9	1.1	56.8	31.0	93.5	125.9	106.0	73.9	36.1	8.9	0.6
2010	15.1	66.6	1.0	51.5	27.4	85.6	119.4	102.5	73.6	36.4	9.2	0.7
2011	14.7	65.4	0.9	47.3	24.6	78.8	112.3	101.7	73.9	37.8	9.3	0.7
2012	14.6	65.0	0.8	43.9	21.9	74.1	109.0	101.7	75.1	38.9	9.6	0.7

See footnotes at end of table.

Table 3 (page 3 of 3). Crude birth rates, fertility rates, and birth rates, by age, race, and Hispanic origin of mother: United States, selected years 1950–2012

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#003>.

[Data are based on birth certificates]

--- Data not available.

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

¹ Live births per 1,000 population.

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

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

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

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

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

NOTES: Data are based on births adjusted for underregistration for 1950 and on registered births for all other years. Starting with 1970 data, births to persons who were not residents of the 50 states and the District of Columbia are excluded. Starting with *Health, United States, 2003*, rates for 1991–1999 were revised using intercensal population estimates based on the 1990 and 2000 censuses. Rates for 2000 were based on bridged-race April 1, 2000 census counts. Starting with *Health, United States, 2012*, rates for 2001–2009 were revised using intercensal population estimates based on the 2000 and 2010 censuses. Rates for 2010 were based on bridged-race April 1, 2010 census counts. Rates for 2011 and beyond were computed using 2010-based postcensal estimates. See [Appendix I, Population Census and Population Estimates](#). The race groups, white, black, American Indian or Alaska Native, and Asian or Pacific Islander, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 2003 data, some states reported multiple-race data. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See [Appendix II, Race](#). Interpretation of trend data for Hispanic women should take into consideration expansion of reporting areas. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Vital Statistics System, public-use Birth File. Martin JA, Hamilton BE, Ventura SJ, Osterman MJK, Curtin SC, Mathews TJ. Births: Final data for 2012. National vital statistics reports; vol 62 no 9. Hyattsville, MD: NCHS. 2013; Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_09.pdf. Ventura SJ. Births of Hispanic parentage, 1980 and 1985. Monthly vital statistics report; vol 32 no 6 and vol 36 no 11, suppl. Public Health Service. Hyattsville, MD. 1983 and 1988; Available from: http://www.cdc.gov/nchs/data/mvsvr/supp/mv32_06sacc.pdf and http://www.cdc.gov/nchs/data/mvsvr/supp/mv36_11s.pdf. Internet release of: Vital statistics of the United States, 2003, vol 1, Natality, Tables 1–1 and 1–7; available from: <http://www.cdc.gov/nchs/products/vsus.htm#electronic>. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 4 (page 1 of 2). Teenage childbearing, by age and detailed race and Hispanic origin of mother: United States, selected years 1970–2012

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#004>.

[Data are based on birth certificates]

<i>Maternal age, race, and Hispanic origin</i>	1970	1975	1980	1985	1990	1995	2000	2005	2011	2012
Under 18 years										
	Percent of live births									
All races	6.3	7.6	5.8	4.7	4.7	5.3	4.1	3.4	2.5	2.3
White	4.8	6.0	4.5	3.7	3.6	4.3	3.5	2.9	2.3	2.1
Black or African American	14.8	16.3	12.5	10.6	10.1	10.8	7.8	6.2	4.3	3.8
American Indian or Alaska Native	7.5	11.2	9.4	7.6	7.2	8.7	7.3	6.5	4.5	4.2
Asian or Pacific Islander ¹	---	---	1.5	1.6	2.1	2.2	1.5	1.0	0.6	0.5
Hispanic or Latina ²	---	---	7.4	6.4	6.6	7.6	6.3	5.3	4.2	3.9
Mexican	---	---	7.7	6.9	6.9	8.0	6.6	5.7	4.5	4.2
Puerto Rican	---	---	10.0	8.5	9.1	10.8	7.8	6.5	4.4	4.2
Cuban	---	---	3.8	2.2	2.7	2.8	3.1	2.4	1.4	1.3
Central and South American	---	---	2.4	2.4	3.2	4.1	3.3	2.9	2.2	2.0
Other and unknown Hispanic or Latina	---	---	6.5	7.0	8.0	9.0	7.6	6.6	5.0	4.6
Not Hispanic or Latina: ²										
White	---	---	4.0	3.2	3.0	3.4	2.6	2.0	1.5	1.4
Black or African American	---	---	12.7	10.7	10.2	10.8	7.8	6.3	4.3	3.7
18–19 years										
All races	11.3	11.3	9.8	8.0	8.1	7.9	7.7	6.8	5.9	5.5
White	10.4	10.3	9.0	7.1	7.3	7.2	7.1	6.3	5.5	5.2
Black or African American	16.6	16.9	14.5	12.9	13.0	12.4	11.9	10.6	9.4	8.7
American Indian or Alaska Native	12.8	15.2	14.6	12.4	12.3	12.7	12.4	11.3	10.3	10.0
Asian or Pacific Islander ¹	---	---	3.9	3.4	3.7	3.5	3.0	2.3	1.6	1.5
Hispanic or Latina ²	---	---	11.6	10.1	10.2	10.3	9.9	8.8	7.9	7.6
Mexican	---	---	12.0	10.6	10.7	10.8	10.4	9.2	8.3	8.0
Puerto Rican	---	---	13.3	12.4	12.6	12.7	12.2	10.9	9.6	9.1
Cuban	---	---	9.2	4.9	5.0	4.9	4.4	5.3	4.2	4.0
Central and South American	---	---	6.0	5.8	5.9	6.5	6.5	5.7	4.4	4.1
Other and unknown Hispanic or Latina	---	---	10.8	10.5	11.1	11.1	11.3	10.5	9.7	9.1
Not Hispanic or Latina: ²										
White	---	---	8.5	6.5	6.6	6.4	6.1	5.3	4.6	4.3
Black or African American	---	---	14.7	12.9	13.0	12.4	12.0	10.7	9.4	8.7
Under 18 years										
	Number of live births									
All races	235,342	239,912	208,391	178,009	194,984	204,750	165,728	139,913	99,512	90,095
White	149,258	155,254	133,541	112,155	119,908	133,019	111,225	95,148	68,534	62,900
Black or African American	83,390	81,198	70,842	61,481	69,219	65,039	48,426	39,541	27,272	23,780
American Indian or Alaska Native	1,664	2,548	2,769	2,573	2,825	3,228	3,057	2,891	2,109	1,945
Asian or Pacific Islander ¹	---	---	1,090	1,721	2,924	3,464	3,020	2,333	1,597	1,470
Hispanic or Latina ²	---	---	22,763	23,975	39,529	51,862	51,061	52,512	38,555	35,156
Mexican	---	---	16,690	16,735	26,739	37,347	38,649	39,471	25,767	23,271
Puerto Rican	---	---	3,353	2,985	5,360	5,915	4,519	4,140	2,957	2,806
Cuban	---	---	273	220	303	354	423	392	245	224
Central and South American	---	---	519	976	2,648	3,923	3,762	4,408	2,970	2,613
Other and unknown Hispanic or Latina	---	---	1,928	3,059	4,479	4,323	3,708	4,101	6,616	6,242
Not Hispanic or Latina: ²										
White	---	---	50,569	44,604	78,376	81,054	60,599	45,195	32,330	29,869
Black or African American	---	---	38,105	35,941	67,454	63,734	47,256	36,875	25,037	21,809
18–19 years										
All races	421,118	354,968	353,939	299,696	338,499	307,365	311,781	281,402	234,234	218,965
White	322,626	265,566	264,223	216,597	239,548	222,470	226,227	203,762	165,927	155,191
Black or African American	93,342	83,812	82,309	75,201	88,732	74,582	74,336	67,201	59,343	55,033
American Indian or Alaska Native	2,856	3,442	4,277	4,221	4,798	4,739	5,158	5,052	4,788	4,620
Asian or Pacific Islander ¹	---	---	2,873	3,553	5,218	5,574	6,060	5,387	4,176	4,121
Hispanic or Latina ²	---	---	35,484	37,537	60,502	69,774	81,046	86,860	72,681	68,962
Mexican	---	---	25,881	25,739	41,432	50,753	60,426	64,089	46,924	44,345
Puerto Rican	---	---	4,482	4,363	7,420	6,978	7,092	6,874	6,444	6,114
Cuban	---	---	658	487	564	611	589	847	716	690
Central and South American	---	---	1,271	2,370	4,861	6,139	7,405	8,597	5,943	5,430
Other and unknown Hispanic or Latina	---	---	3,192	4,578	6,225	5,293	5,534	6,453	12,654	12,383
Not Hispanic or Latina: ²										
White	---	---	106,303	91,871	174,180	151,681	145,297	121,141	97,868	90,754
Black or African American	---	---	44,042	43,542	86,271	72,995	72,499	62,635	54,899	50,740

See footnotes at end of table.

Table 4 (page 2 of 2). Teenage childbearing, by age and detailed race and Hispanic origin of mother: United States, selected years 1970–2012

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#004>.

[Data are based on birth certificates]

-- Data not available.

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

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

NOTES: The race groups, white, black, American Indian or Alaska Native, and Asian or Pacific Islander, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 2003 data, some states reported multiple-race data. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See [Appendix II, Race](#). Interpretation of trend data for Hispanic births should take into consideration expansion of reporting areas. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Vital Statistics System, public-use Birth File. Martin JA, Hamilton BE, Ventura SJ, Osterman MJK, Curtin SC, Mathews TJ. Births: Final data for 2012. National vital statistics reports; vol 62 no 9. Hyattsville, MD: NCHS. 2013; Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_09.pdf. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 5. Nonmarital childbearing, by detailed race and Hispanic origin of mother, and maternal age: United States, selected years 1970–2012

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#005>.

[Data are based on birth certificates]

Maternal race, Hispanic origin, and age	1970	1975	1980	1985	1990	1995	2000	2005	2011	2012
Live births per 1,000 unmarried women aged 15–44 ¹										
All races and origins	26.4	24.5	29.4	32.8	43.8	44.3	44.1	47.2	46.0	45.3
White ²	13.9	12.4	18.1	22.5	32.9	37.0	38.2	43.2	42.7	42.1
Black or African American ²	95.5	84.2	81.1	77.0	90.5	74.5	70.5	67.2	63.7	62.6
Asian or Pacific Islander	---	---	---	---	---	---	20.9	22.8	22.4	22.9
Hispanic or Latina ³	---	---	---	---	89.6	88.8	87.2	96.2	75.1	72.6
White, not Hispanic or Latina ³	---	---	---	---	24.4	28.1	28.0	30.4	32.3	32.1
Percent of live births to unmarried mothers										
All races and origins	10.7	14.3	18.4	22.0	28.0	32.2	33.2	36.9	40.7	40.7
White.	5.5	7.1	11.2	14.7	20.4	25.3	27.1	31.7	35.7	35.9
Black or African American	37.5	49.5	56.1	61.2	66.5	69.9	68.5	69.3	71.8	71.6
American Indian or Alaska Native	22.4	32.7	39.2	46.8	53.6	57.2	58.4	63.5	66.2	66.9
Asian or Pacific Islander ⁴	---	---	7.3	9.5	13.2	16.3	14.8	16.2	17.2	17.0
Hispanic or Latina ³	---	---	23.6	29.5	36.7	40.8	42.7	48.0	53.3	53.5
Mexican	---	---	20.3	25.7	33.3	38.1	40.7	46.7	52.0	52.1
Puerto Rican	---	---	46.3	51.1	55.9	60.0	59.6	61.7	65.0	65.1
Cuban	---	---	10.0	16.1	18.2	23.8	27.3	36.4	48.2	48.8
Central and South American	---	---	27.1	34.9	41.2	44.1	44.7	49.2	51.2	50.8
Other and unknown Hispanic or Latina	---	---	22.4	31.1	37.2	44.0	46.2	48.6	55.9	56.4
Not Hispanic or Latina: ³										
White	---	---	9.5	12.4	16.9	21.2	22.1	25.3	29.0	29.3
Black or African American	---	---	57.2	62.0	66.7	70.0	68.7	69.9	72.3	72.1
Number of live births, in thousands										
Live births to unmarried mothers	399	448	666	828	1,165	1,254	1,347	1,527	1,608	1,610
Maternal age										
Percent distribution of live births to unmarried mothers										
Under 20 years.	50.1	52.1	40.8	33.8	30.9	30.9	28.0	23.1	18.4	17.1
20–24 years	31.8	29.9	35.6	36.3	34.7	34.5	37.4	38.3	36.9	36.9
25 years and over.	18.1	18.0	23.5	29.9	34.4	34.7	34.6	38.7	44.8	46.1

--- Data not available.

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

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

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

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

NOTES: National estimates for 1970 and 1975 for unmarried mothers are based on births occurring in states reporting marital status of mother. Changes in reporting procedures for marital status occurred in some states during the 1990s. Data for states in which marital status was not reported have been inferred and included with data from the remaining states. See [Appendix II, Marital status](#). Interpretation of trend data for Hispanic births should take into consideration expansion of reporting areas. The race groups, white, black, American Indian or Alaska Native, and Asian or Pacific Islander, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 2003 data, some states reported multiple-race data. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See [Appendix II, Race](#). Starting with *Health, United States, 2003*, rates for 1991–1999 were revised using intercensal population estimates based on the 1990 and 2000 censuses. Rates for 2000 were based on bridged-race April 1, 2000 census counts. Starting with *Health, United States, 2012*, rates for 2001–2009 were revised using intercensal population estimates based on the 2000 and 2010 censuses. Rates for 2010 were based on 2010 census counts. Rates for 2011 and beyond were computed using 2010-based postcensal estimates. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Vital Statistics System, public-use Birth File. Martin JA, Hamilton BE, Ventura SJ, Osterman MJK, Curtin SC, Mathews TJ. Births: Final data for 2012. National vital statistics reports; vol 62 no 9. Hyattsville, MD: NCHS. 2013; Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_09.pdf. Hamilton BE, Sutton PD, Ventura SJ. Revised birth and fertility rates for the 1990s and new rates for Hispanic populations, 2000 and 2001: United States. National vital statistics reports; vol 51 no 12. Hyattsville, MD: NCHS. 2003; Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr51/nvsr51_12.pdf. Births: Final data for each data year 1997–2007. National vital statistics reports. Hyattsville, MD; Final natality statistics for each data year 1993–1996. Monthly vital statistics report. Hyattsville, MD; Ventura SJ. Births to unmarried mothers: United States, 1980–1992. Vital Health Stat 21(53). 1995. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 6. Low birthweight live births, by detailed race, Hispanic origin, and smoking status of mother: United States, selected years 1970–2012

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#006>.

[Data are based on birth certificates]

<i>Birthweight, maternal race, Hispanic origin, and smoking status</i>	1970	1975	1980	1985	1990	1995	2000	2005	2011	2012
Low birthweight (less than 2,500 grams)										
	Percent of live births ¹									
All races	7.93	7.38	6.84	6.75	6.97	7.32	7.57	8.19	8.10	7.99
White	6.85	6.27	5.72	5.65	5.70	6.22	6.55	7.16	7.06	6.96
Black or African American	13.90	13.19	12.69	12.65	13.25	13.13	12.99	13.59	12.98	12.84
American Indian or Alaska Native	7.97	6.41	6.44	5.86	6.11	6.61	6.76	7.36	7.55	7.61
Asian or Pacific Islander ²	---	---	6.68	6.16	6.45	6.90	7.31	7.98	8.36	8.21
Hispanic or Latina ³	---	---	6.12	6.16	6.06	6.29	6.41	6.88	7.02	6.97
Mexican	---	---	5.62	5.77	5.55	5.81	6.01	6.49	6.55	6.48
Puerto Rican	---	---	8.95	8.69	8.99	9.41	9.30	9.92	9.75	9.40
Cuban	---	---	5.62	6.02	5.67	6.50	6.49	7.64	7.10	7.43
Central and South American	---	---	5.76	5.68	5.84	6.20	6.34	6.78	6.70	6.64
Other and unknown Hispanic or Latina	---	---	6.96	6.83	6.87	7.55	7.84	8.27	8.02	8.00
Not Hispanic or Latina: ³										
White	---	---	5.69	5.61	5.61	6.20	6.60	7.29	7.09	6.97
Black or African American	---	---	12.71	12.62	13.32	13.21	13.13	14.02	13.33	13.18
35 states and D.C.										
Cigarette smoker ⁴	---	---	---	---	†	†	†	†	12.51	12.62
Nonsmoker ⁴	---	---	---	---	†	†	†	†	7.58	7.45
Very low birthweight (less than 1,500 grams)										
All races	1.17	1.16	1.15	1.21	1.27	1.35	1.43	1.49	1.44	1.42
White	0.95	0.92	0.90	0.94	0.95	1.06	1.14	1.20	1.16	1.15
Black or African American	2.40	2.40	2.48	2.71	2.92	2.97	3.07	3.15	2.89	2.85
American Indian or Alaska Native	0.98	0.95	0.92	1.01	1.01	1.10	1.16	1.17	1.32	1.33
Asian or Pacific Islander ²	---	---	0.92	0.85	0.87	0.91	1.05	1.14	1.18	1.13
Hispanic or Latina ³	---	---	0.98	1.01	1.03	1.11	1.14	1.20	1.20	1.22
Mexican	---	---	0.92	0.97	0.92	1.01	1.03	1.12	1.08	1.13
Puerto Rican	---	---	1.29	1.30	1.62	1.79	1.93	1.87	1.75	1.77
Cuban	---	---	1.02	1.18	1.20	1.19	1.21	1.50	1.30	1.55
Central and South American	---	---	0.99	1.01	1.05	1.13	1.20	1.19	1.24	1.13
Other and unknown Hispanic or Latina	---	---	1.01	0.96	1.09	1.28	1.42	1.36	1.39	1.38
Not Hispanic or Latina: ³										
White	---	---	0.87	0.91	0.93	1.04	1.14	1.21	1.14	1.13
Black or African American	---	---	2.47	2.67	2.93	2.98	3.10	3.27	2.99	2.94
35 states and D.C.										
Cigarette smoker ⁴	---	---	---	---	†	†	†	†	1.89	1.92
Nonsmoker ⁴	---	---	---	---	†	†	†	†	1.36	1.35

--- Data not available.

†Data not shown because they are not comparable with data on mother's tobacco use collected in the 2003 revision of the birth certificate. See footnote 4 for more information.

¹Excludes live births with unknown birthweight. Percentage based on live births with known birthweight. See Appendix II, Birthweight.

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

³Prior to 1993, data from states that did not report Hispanic origin on the birth certificate were excluded. See Appendix II, Hispanic origin. Data for non-Hispanic white and non-Hispanic black women for years prior to 1989 are not nationally representative and are provided solely for comparison with Hispanic data.

⁴Percentage based on live births with known smoking status of mother and known birthweight. Only reporting areas that have implemented the 2003 Revision of the U.S. Standard Certificate of Live Birth are shown because maternal tobacco use data based on the 2003 revision are not comparable with data based on the 1989 or earlier revisions to the U.S. Standard Certificate of Live Birth. Data are shown for 2011 and 2012 for the 35 states and D.C. that used the 2003 revision in 2011 and 2012, in order to provide 2 years of comparable data on mother's tobacco use during pregnancy. For data for reporting areas that use the 1989 Revision of the U.S. Standard Certificate of Live Birth, see: Martin JA, Hamilton BE, Sutton PD, Ventura SJ, Mathews TJ, Kirmeyer S, Osterman JK. Births: Final data for 2007. National vital statistics reports; vol 58 no 24. Hyattsville, MD: NCHS; 2010. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_24.pdf.

NOTES: The race groups, white, black, American Indian or Alaska Native, and Asian or Pacific Islander, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 2003 data, some states reported multiple-race data. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See Appendix II, Race. Interpretation of trend data for Hispanic births should take into consideration expansion of reporting areas. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Vital Statistics System, public-use Birth File. Martin JA, Hamilton BE, Ventura SJ, Osterman MJK, Curtin SC, Mathews TJ. Births: Final data for 2012. National vital statistics reports; vol 62 no 9. Hyattsville, MD: NCHS; 2013. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_09.pdf. See Appendix I, National Vital Statistics System (NVSS).

Table 7 (page 1 of 3). Low birthweight live births, by race and Hispanic origin of mother, state, and territory: United States and U.S. dependent areas, 2000–2002, 2003–2005, and 2010–2012

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2013.htm#007>.

[Data are based on birth certificates]

State and territory	Not Hispanic or Latina								
	All races			White			Black or African American		
	2000–2002	2003–2005	2010–2012	2000–2002	2003–2005	2010–2012	2000–2002	2003–2005	2010–2012
	Percent of live births weighing less than 2,500 grams ¹								
United States ²	7.69	8.07	8.08	6.75	7.18	7.07	13.19	13.77	13.35
Alabama	9.75	10.35	10.08	7.77	8.46	8.06	14.10	15.02	15.01
Alaska	5.71	6.02	5.79	4.84	5.34	4.92	10.70	11.74	11.21
Arizona	6.91	7.05	7.01	6.78	7.01	6.63	13.16	12.38	12.01
Arkansas	8.64	9.04	8.86	7.48	7.83	7.56	13.81	14.86	14.55
California	6.29	6.71	6.75	5.86	6.30	6.02	11.66	12.46	11.69
Colorado	8.60	9.04	8.75	8.24	8.81	8.38	14.59	15.20	13.29
Connecticut	7.52	7.74	7.86	6.48	6.60	6.65	12.28	12.88	12.19
Delaware	9.29	9.31	8.54	7.80	7.62	7.00	14.08	14.32	12.67
District of Columbia	11.85	11.06	10.09	6.35	6.28	6.27	14.60	13.96	12.91
Florida	8.18	8.59	8.65	6.98	7.38	7.22	12.58	13.28	13.19
Georgia	8.79	9.27	9.45	6.92	7.44	7.48	12.98	13.81	13.46
Hawaii	7.98	8.23	8.23	6.17	6.42	6.14	11.01	11.44	10.13
Idaho	6.41	6.65	6.43	6.29	6.60	6.28	*	*7.03	*7.71
Illinois	8.04	8.40	8.21	6.74	7.22	6.98	14.04	14.70	13.57
Indiana	7.54	8.10	8.01	6.95	7.54	7.39	12.89	13.46	13.04
Iowa	6.39	6.92	6.73	6.19	6.72	6.48	11.77	12.22	11.52
Kansas	6.96	7.28	7.14	6.66	6.97	6.58	12.37	13.42	12.97
Kentucky	8.38	8.86	8.93	7.84	8.50	8.55	13.84	13.52	13.57
Louisiana	10.40	11.02	10.82	7.56	8.12	8.09	14.44	15.33	15.26
Maine	6.12	6.58	6.53	6.13	6.57	6.50	*9.47	8.47	8.13
Maryland	8.88	9.17	8.81	6.79	7.19	6.80	13.00	13.13	12.37
Massachusetts	7.26	7.77	7.65	6.56	7.15	6.96	11.54	11.82	10.45
Michigan	7.94	8.28	8.40	6.55	7.00	6.96	14.24	14.43	13.93
Minnesota	6.23	6.43	6.49	5.80	5.93	5.89	10.54	10.71	10.23
Mississippi	10.82	11.62	11.87	7.97	8.67	8.62	14.48	15.60	16.30
Missouri	7.74	8.12	7.95	6.79	7.18	6.94	13.27	13.90	13.66
Montana	6.65	7.02	7.34	6.60	6.81	7.19	*	*15.58	*
Nebraska	6.88	6.97	6.80	6.52	6.76	6.31	13.07	12.16	13.13
Nevada	7.44	8.11	8.15	7.19	7.78	7.63	13.40	13.98	13.45
New Hampshire	6.40	6.65	7.07	6.24	6.59	6.99	10.58	10.85	10.17
New Jersey	7.89	8.19	8.32	6.59	7.11	7.30	13.20	13.48	12.45
New Mexico	7.99	8.38	8.77	7.89	8.33	8.53	13.88	15.01	13.59
New York	7.76	8.11	8.08	6.48	6.82	6.79	12.02	12.78	12.51
North Carolina	8.90	9.07	8.97	7.49	7.73	7.53	13.83	14.33	13.84
North Dakota	6.28	6.49	6.51	6.13	6.37	6.18	*9.02	*9.43	9.41
Ohio	8.07	8.51	8.59	7.08	7.53	7.49	13.45	13.83	13.72
Oklahoma	7.75	7.92	8.28	7.35	7.63	7.87	13.57	13.62	14.34
Oregon	5.65	6.09	6.19	5.44	6.02	5.95	10.32	11.16	9.93
Pennsylvania	7.93	8.20	8.21	6.78	7.06	7.06	13.79	13.67	13.17
Rhode Island	7.47	8.12	7.72	6.75	7.39	7.01	12.32	11.22	11.49
South Carolina	9.74	10.15	9.78	7.40	7.82	7.60	14.29	15.19	14.69
South Dakota	6.58	6.71	6.43	6.37	6.62	6.10	*11.51	*7.27	10.34
Tennessee	9.20	9.35	9.08	7.95	8.26	8.00	14.23	14.51	13.94
Texas	7.54	8.07	8.39	6.81	7.43	7.48	12.82	13.91	13.76
Utah	6.48	6.68	6.92	6.28	6.45	6.64	13.09	12.05	12.28
Vermont	6.15	6.57	6.32	6.12	6.55	6.24	*	*	*10.17
Virginia	7.90	8.23	8.11	6.54	7.01	6.75	12.56	12.83	12.61
Washington	5.75	6.13	6.20	5.43	5.63	5.66	10.34	10.63	9.36
West Virginia	8.60	9.16	9.33	8.39	9.03	9.23	13.81	13.15	13.37
Wisconsin	6.58	6.93	7.13	5.83	6.18	6.37	13.25	13.59	13.43
Wyoming	8.35	8.71	8.55	8.12	8.74	8.47	*13.29	*	*14.22
American Samoa ³	3.51	3.75	4.41	---	---	---	---	---	---
Guam ³	7.88	8.81	8.65	*4.13	*4.01	*	*	*	*
Northern Marianas ³	8.05	7.55	6.95	---	---	---	---	---	---
Puerto Rico ³	11.14	11.92	12.25	---	---	11.41	---	---	11.74
Virgin Islands ³	10.21	11.14	9.64	*8.37	*5.90	9.81	9.89	12.51	10.10

See footnotes at end of table.

Table 7 (page 2 of 3). Low birthweight live births, by race and Hispanic origin of mother, state, and territory: United States and U.S. dependent areas, 2000–2002, 2003–2005, and 2010–2012

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2013.htm#007>.

[Data are based on birth certificates]

State and territory	Hispanic or Latina ⁴			American Indian or Alaska Native ⁵			Asian or Pacific Islander ⁵		
	2000–2002	2003–2005	2010–2012	2000–2002	2003–2005	2010–2012	2000–2002	2003–2005	2010–2012
	Percent of live births weighing less than 2,500 grams ¹								
United States ²	6.48	6.79	6.99	7.11	7.39	7.59	7.54	7.89	8.35
Alabama	6.95	6.92	6.38	9.68	10.53	10.75	7.38	8.02	8.74
Alaska	6.07	5.31	6.40	5.81	5.86	6.32	7.33	6.57	7.05
Arizona	6.56	6.69	6.71	6.85	7.11	6.99	7.95	7.92	7.96
Arkansas	5.79	6.54	6.75	8.11	8.86	7.75	7.73	6.74	10.04
California	5.66	6.10	6.16	6.21	6.49	6.03	7.15	7.42	7.91
Colorado	8.33	8.53	8.36	9.05	9.45	8.94	10.17	10.26	11.36
Connecticut	8.25	8.49	8.40	10.06	7.45	8.83	8.07	7.83	8.28
Delaware	6.81	7.03	6.67	*	*	*	9.89	9.33	7.43
District of Columbia	8.04	7.46	7.73	*	*	*	*7.00	8.97	7.78
Florida	6.61	6.98	7.21	7.11	7.38	8.21	8.35	8.73	8.53
Georgia	5.77	5.96	6.41	9.29	9.00	8.93	8.18	8.35	8.45
Hawaii	8.00	8.34	8.82	*4.99	*	*	8.45	8.84	8.93
Idaho	6.95	6.67	6.74	6.15	8.31	7.72	7.38	6.67	8.46
Illinois	6.31	6.60	6.81	8.60	9.46	8.73	8.49	8.28	9.00
Indiana	6.09	6.33	6.57	*7.74	*10.00	*8.70	7.41	7.87	7.88
Iowa	6.01	6.12	5.88	7.23	9.15	8.13	7.13	7.71	7.64
Kansas	5.93	6.09	6.62	6.20	7.09	8.72	6.69	7.34	8.82
Kentucky	7.73	6.85	7.03	*7.17	*8.54	*9.81	7.75	7.56	7.70
Louisiana	6.56	7.62	7.23	9.06	10.11	9.41	7.89	8.46	8.95
Maine	*6.03	*4.74	*7.67	*	*	*	*5.46	8.69	*6.33
Maryland	6.73	7.18	7.09	9.74	10.87	8.59	7.42	7.93	8.58
Massachusetts	8.37	8.41	8.32	*7.11	*7.62	*10.54	7.57	7.63	8.32
Michigan	6.26	6.46	7.08	7.26	6.98	9.01	7.46	8.33	9.35
Minnesota	6.02	5.70	5.94	7.10	6.87	7.62	7.28	7.43	7.76
Mississippi	6.61	6.42	6.11	7.30	6.24	7.29	6.83	8.06	9.77
Missouri	6.18	6.33	6.53	8.67	7.63	7.92	7.34	7.61	7.33
Montana	7.44	8.63	7.34	7.14	7.80	7.88	*5.95	*8.70	*9.55
Nebraska	6.30	6.20	6.48	7.27	6.78	5.76	8.05	7.61	6.65
Nevada	6.34	6.74	6.89	6.80	7.58	7.41	7.56	10.35	10.10
New Hampshire	4.84	6.55	8.11	*	*	*	5.95	7.75	7.20
New Jersey	7.15	7.27	7.32	11.09	9.83	9.52	7.57	8.10	9.12
New Mexico	8.13	8.45	8.82	6.88	7.32	8.01	7.67	8.60	11.37
New York	7.38	7.59	7.66	7.81	7.31	7.47	7.33	7.89	8.15
North Carolina	6.13	6.27	6.59	10.30	11.01	10.50	8.20	7.77	8.20
North Dakota	*8.10	*5.84	6.97	6.62	6.78	7.98	*	*8.39	*6.31
Ohio	7.20	7.13	7.60	8.86	10.22	9.24	7.86	8.27	8.33
Oklahoma	6.41	6.46	6.80	6.48	6.69	7.36	7.87	6.82	7.76
Oregon	5.54	5.43	6.06	7.23	7.34	7.58	6.78	7.00	7.52
Pennsylvania	8.97	9.00	8.54	9.15	10.95	9.60	7.48	7.99	8.04
Rhode Island	7.20	8.61	7.66	*10.32	13.66	10.87	9.31	10.11	9.34
South Carolina	6.87	6.66	6.11	10.22	10.75	10.50	8.02	8.13	8.49
South Dakota	6.89	5.94	6.85	6.84	7.04	6.99	*11.39	*9.50	9.32
Tennessee	6.28	6.04	6.33	*7.11	*6.63	*6.92	8.60	7.76	7.85
Texas	6.88	7.23	7.67	6.67	7.33	7.67	7.78	8.33	9.39
Utah	7.20	7.26	7.35	6.37	7.46	7.69	7.23	8.20	9.28
Vermont	*	*	*	*	*	*	*	*8.08	*6.94
Virginia	6.07	6.28	6.33	*10.73	*9.20	*8.79	7.50	7.71	8.62
Washington	5.31	5.93	6.32	7.08	7.31	7.54	6.37	6.90	7.12
West Virginia	*	*6.06	*5.42	*	*	*	*9.16	*9.51	*6.44
Wisconsin	6.13	6.34	6.32	6.12	6.04	6.88	6.97	7.50	7.67
Wyoming	8.81	8.43	8.55	9.55	8.39	7.60	*12.04	*	*8.58
American Samoa ³	---	---	---	---	---	---	3.46	3.75	4.42
Guam ³	*	*	*	*	---	*	7.78	9.33	9.01
Northern Marianas ³	---	---	---	---	---	---	8.12	7.65	6.96
Puerto Rico ³	---	---	12.28	---	---	---	---	---	*
Virgin Islands ³	10.84	8.29	8.46	*12.50	---	---	*	*	*

See footnotes at end of table.

Table 7 (page 3 of 3). Low birthweight live births, by race and Hispanic origin of mother, state, and territory: United States and U.S. dependent areas, 2000–2002, 2003–2005, and 2010–2012

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2013.htm#007>.

[Data are based on birth certificates]

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

- - - Data not available.

– Quantity zero.

¹Excludes live births with unknown birthweight.

²Excludes data for American Samoa, Guam, Northern Marianas, Puerto Rico, and Virgin Islands.

³Comparable data were not available for all time periods and racial and ethnicity groups. Therefore, only selected low birthweight percentages are presented for the territories.

⁴Persons of Hispanic origin may be of any race. See [Appendix II, Hispanic origin](#).

⁵Includes persons of Hispanic and non-Hispanic origin.

NOTES: For information on very low birthweight live births by state, see Table I–10 in Martin JA, Hamilton BE, Ventura SJ, Osterman MJK, Curtin SC, Mathews TJ.

Births: Final data for 2012. National vital statistics reports; vol 62 no 9. Hyattsville, MD: NCHS. 2013. Available from:

http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_09_tables.pdf. Starting with 2003 data, some states and territories reported multiple-race data. The multiple-race data for these areas were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other areas. See [Appendix II, Race](#). Data for the territories are shown by race and ethnicity only if race-specific data are available for all years in the 3-year period. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Vital Statistics System, public-use and nonpublic-use Birth File. Martin JA, Hamilton BE, Ventura SJ, Osterman MJK, Curtin SC, Mathews TJ. Births: Final data for 2012. National vital statistics reports; vol 62 no 9. Hyattsville, MD: NCHS. 2013. Available from:

http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_09_tables.pdf. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 8. Legal abortions, legal abortion rates, and legal abortion ratios: United States and 46 continuous reporting areas, 2001–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#008>.

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

Data provider	2001 ¹	2002 ¹	2003 ²	2004 ²	2005 ³	2006 ³	2007 ⁴	2008 ⁴	2009 ⁵	2010 ⁶
Number of legal abortions reported, in thousands										
Centers for Disease Control and Prevention (CDC) ⁷	853	854	848	839	820	852	828	826	789	766
Guttmacher Institute ⁸	1,291	1,269	1,250	1,222	1,206	1,242	1,210	1,212	---	---
CDC 46 continuous reporting areas ⁹										
Number of legal abortions reported, in thousands	827	828	824	816	806	833	817	815	777	753
Percent of total legal abortions reported to CDC ¹⁰	96.9	96.9	97.2	97.2	98.2	97.7	98.7	98.7	98.5	98.4
Number of legal abortions per 1,000 women aged 15–44	16.2	16.2	16.1	15.9	15.7	16.2	15.8	15.8	15.0	14.6
Number of legal abortions per 1,000 live births.	249	250	245	241	236	237	230	232	227	228

--- Data not available.

¹In 2001 and 2002, Alaska, California, and New Hampshire did not report abortion data to CDC.

²In 2003 and 2004, California, New Hampshire, and West Virginia did not report abortion data to CDC.

³In 2005 and 2006, California, Louisiana, and New Hampshire did not report abortion data to CDC. Louisiana provided 2006 abortion data after publication of the 2006 abortion report. Because of this, the number of abortions reported here and in subsequent reports is greater than in the 2006 report.

⁴In 2007 and 2008, California, Maryland, and New Hampshire did not report abortion data to CDC.

⁵In 2009, California, Maryland, and New Hampshire did not report abortion data to CDC. Delaware provided 2009 abortion data after publication of the 2009 abortion report. Because of this, the number of abortions reported here and in subsequent reports is greater than in the 2009 report.

⁶In 2010, California, Maryland, and New Hampshire did not report abortion data to CDC.

⁷Overall trends presented in this table should be interpreted with caution because of the different numbers of reporting areas that provided data to CDC in different years.

⁸No surveys were conducted in 2001, 2002, 2003, or 2006. Data for those years were estimated by interpolation. See [Appendix I, Guttmacher Institute Abortion Provider Census](#).

⁹Because overall trends in abortion data are affected by the number of reporting areas that provide data to CDC on an annual basis, CDC also presents estimates for the 46 reporting areas that provided data for the entire period from 2001 to 2010. The 46 continuous reporting areas include all states except Alaska, California, Louisiana, Maryland, New Hampshire, and West Virginia. The District of Columbia and New York City are included in the 46 continuous reporting areas.

¹⁰Percentage of legal abortions that the 46 continuous reporting areas represented of the total number of legal abortions reported to CDC each year.

NOTES: Each year, CDC requests abortion data from the central health agencies of 52 reporting areas (the 50 states, the District of Columbia, and New York City). This information is provided voluntarily to CDC. See the annual Abortion Surveillance reports for more information on the characteristic-specific list of reporting areas. Available from: http://www.cdc.gov/reproductivehealth/Data_Stats/Abortion.htm. For methodological differences between CDC and the Guttmacher Institute Abortion Provider Census, see [Appendix I, Abortion Surveillance System; Guttmacher Institute Abortion Provider Census](#). Some data have been revised and differ from previous editions of *Health, United States*.

SOURCE: CDC, National Center for Chronic Disease Prevention and Health Promotion. CDC. Abortion Surveillance—United States, 2010. 62(SS08);1–44. Available from: http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6208a1.htm?s_cid=ss6208a1_e. Guttmacher Institute Abortion Provider Survey. *Perspect Sex Reprod Health* 2011; 43(1):41–50. See [Appendix I, Abortion Surveillance System; Guttmacher Institute Abortion Provider Census](#).

Table 9 (page 1 of 5). Contraceptive use in the past month among women aged 15–44, by age, race and Hispanic origin, and method of contraception: United States, selected years 1982–2010

Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#009>.

[Data are based on household interviews of samples of women of childbearing age]

Race and Hispanic origin and year ¹	Age, in years				
	15–44	15–19	20–24	25–34	35–44
Number of women in population, in thousands					
All women: ²					
1982	54,099	9,521	10,629	19,644	14,305
1995	60,201	8,961	9,041	20,758	21,440
2002	61,561	9,834	9,840	19,522	22,365
2006–2010	61,755	10,478	10,365	19,722	21,190
Not Hispanic or Latina:					
White only:					
1982	41,279	7,010	8,081	14,945	11,243
1995	42,154	5,865	6,020	14,471	15,798
2002	39,498	6,069	5,938	12,073	15,418
2006–2010	37,384	6,034	6,173	11,953	13,224
Black or African American only:					
1982	6,825	1,383	1,456	2,392	1,593
1995	8,060	1,334	1,305	2,780	2,641
2002	8,250	1,409	1,396	2,587	2,857
2006–2010	8,451	1,566	1,493	2,621	2,771
Hispanic or Latina: ³					
1982	4,393	886	811	1,677	1,018
1995	6,702	1,150	1,163	2,450	1,940
2002	9,107	1,521	1,632	3,249	2,705
2006–2010	10,474	1,904	1,734	3,611	3,225
Percent of women in population using contraception					
All women: ²					
1982	55.7	24.2	55.8	66.7	61.6
1995	64.2	29.8	63.5	71.1	72.3
2002	61.9	31.5	60.7	68.6	69.9
2006–2010	62.2	30.5	58.3	67.3	74.9
Not Hispanic or Latina:					
White only:					
1982	57.3	23.6	58.7	67.8	63.5
1995	66.2	30.5	65.4	72.9	73.6
2002	64.6	35.0	66.3	69.9	71.4
2006–2010	65.6	35.1	62.7	69.7	77.2
Black or African American only:					
1982	51.6	29.8	52.3	63.5	52.0
1995	62.3	36.1	67.6	66.8	68.3
2002	57.6	32.9	50.8	67.9	63.8
2006–2010	54.2	25.5	50.0	60.9	66.2
Hispanic or Latina: ³					
1982	50.6	*	*36.8	67.2	59.0
1995	59.0	26.1	50.6	69.2	70.8
2002	59.0	20.4	57.4	66.2	72.9
2006–2010	59.7	22.3	54.0	66.0	77.7

See footnotes at end of table.

Table 9 (page 2 of 5). Contraceptive use in the past month among women aged 15–44, by age, race and Hispanic origin, and method of contraception: United States, selected years 1982–2010

Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#009>.

[Data are based on household interviews of samples of women of childbearing age]

Race and Hispanic origin and year ¹	Age, in years				
	15–44	15–19	20–24	25–34	35–44
Number of sexually active women in population, in thousands ⁴					
All women: ²					
1982	---	---	---	---	---
1995	41,796	3,341	6,272	15,687	16,495
2002	42,683	3,775	6,798	14,857	17,252
2006–2010	43,145	3,896	6,944	14,785	17,520
Not Hispanic or Latina:					
White only:					
1982	---	---	---	---	---
1995	29,994	2,202	4,276	11,194	12,322
2002	28,079	2,519	4,329	9,224	12,006
2006–2010	27,105	2,471	4,341	9,105	11,188
Black or African American only:					
1982	---	---	---	---	---
1995	5,579	598	967	2,039	1,975
2002	5,611	564	949	1,978	2,121
2006–2010	5,526	517	939	1,946	2,124
Hispanic or Latina: ³					
1982	---	---	---	---	---
1995	4,330	409	685	1,794	1,442
2002	6,075	405	1,070	2,462	2,138
2006–2010	6,978	563	1,076	2,656	2,683
Percent of sexually active women in population using contraception ⁴					
All women: ²					
1982	---	---	---	---	---
1995	92.5	80.2	91.7	94.0	93.9
2002	89.3	82.0	87.9	90.2	90.7
2006–2010	89.0	82.0	87.0	89.8	90.6
Not Hispanic or Latina:					
White only:					
1982	---	---	---	---	---
1995	93.0	81.7	93.0	93.9	94.2
2002	90.9	84.4	90.9	91.5	91.7
2006–2010	90.5	85.7	89.1	91.6	91.2
Black or African American only:					
1982	---	---	---	---	---
1995	90.0	80.0	91.3	91.6	90.9
2002	84.7	82.2	74.8	88.9	86.0
2006–2010	82.8	77.3	79.4	82.1	86.3
Hispanic or Latina: ³					
1982	---	---	---	---	---
1995	91.4	75.5	82.5	95.4	95.2
2002	88.4	76.4	87.5	87.4	92.3
2006–2010	89.6	75.5	87.0	89.7	93.4

See footnotes at end of table.

Table 9 (page 3 of 5). Contraceptive use in the past month among women aged 15–44, by age, race and Hispanic origin, and method of contraception: United States, selected years 1982–2010

Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#009>.

[Data are based on household interviews of samples of women of childbearing age]

Method of contraception and year	Age, in years				
	15–44	15–19	20–24	25–34	35–44
Female sterilization					
Percent of contracepting women					
1982	23.2	—	*4.5	22.1	43.5
1995	27.8	*	4.0	23.8	45.0
2002	27.0	—	3.6	21.6	45.8
2006–2010	26.6	*	*2.6	22.9	44.0
Male sterilization					
1982	10.9	*	*3.6	10.1	19.9
1995	10.9	—	*	7.8	19.5
2002	10.2	—	*	7.2	18.2
2006–2010	10.8	*	*	7.1	19.8
Implant and other hormonal contraceptives ⁵					
1982	...	...	...	...	...
1995	1.3	*	3.7	*1.3	*
2002	1.0	*	*	*1.7	*
2006–2010	3.4	*4.7	6.4	4.4	*1.1
Injectable ⁵					
1982	...	...	...	...	...
1995	3.0	9.7	6.1	2.9	*0.8
2002	5.5	14.2	10.6	5.5	*1.9
2006–2010	3.9	11.4	5.9	4.2	*1.3
Birth control pill ⁶					
1982	28.0	63.9	55.1	25.7	*3.7
1995	27.0	43.8	52.1	33.4	8.7
2002	31.0	53.8	52.5	34.8	15.0
2006–2010	28.4	53.6	47.3	30.5	14.3
Intrauterine device					
1982	7.1	*	*4.2	9.7	6.9
1995	0.8	—	*	*0.8	1.1
2002	2.1	*	1.8	3.7	*1.3
2006–2010	5.6	*	5.6	7.2	4.9
Diaphragm					
1982	8.1	*6.0	10.2	10.3	4.0
1995	1.9	*	*	1.7	2.8
2002	*	—	*	*	*
2006–2010	*	—	—	*	*
Condom					
1982	12.0	20.8	10.7	11.4	11.3
1995	23.4	45.8	33.7	23.7	15.3
2002	23.8	44.6	36.0	23.1	15.6
2006–2010	23.1	34.7	39.6	25.2	12.8
Periodic abstinence-calendar rhythm					
1982	3.3	2.0	3.1	3.3	3.7
1995	3.3	*	*1.5	3.7	3.9
2002	2.0	*	*2.3	*1.7	*2.4
2006–2010	1.7	*	*	2.0	2.1
Periodic abstinence-natural family planning					
1982	0.6	—	*	0.9	*
1995	*0.5	—	*	*0.7	*
2002	*0.4	—	—	*	*
2006–2010	*	—	*	*	*
Withdrawal					
1982	2.0	2.9	3.0	1.8	1.3
1995	6.1	13.2	7.1	6.0	4.5
2002	8.8	15.0	11.9	10.7	4.7
2006–2010	10.1	14.5	15.1	10.2	7.3
Other methods ⁷					
1982	4.9	2.6	5.4	4.8	5.3
1995	3.2	*	3.2	3.1	3.4
2002	1.7	*	*0.9	*1.5	*1.8
2006–2010	0.6	*	*	*0.8	*

See footnotes at end of table.

Table 9 (page 4 of 5). Contraceptive use in the past month among women aged 15–44, by age, race and Hispanic origin, and method of contraception: United States, selected years 1982–2010

Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#009>.

[Data are based on household interviews of samples of women of childbearing age]

Method of contraception and year	Not Hispanic or Latina ¹		
	White only	Black or African American only	Hispanic or Latina ³
Percent of contracepting women			
Female sterilization			
1982	22.0	30.0	23.0
1995	24.5	39.9	36.6
2002	23.9	39.2	33.8
2006–2010	23.6	37.3	31.7
Male sterilization			
1982	13.0	*1.5	*
1995	13.7	*1.8	*4.0
2002	12.9	*	4.7
2006–2010	14.2	*	5.8
Implant and other hormonal contraceptives⁵			
1982 . . . . .	...	...	...
1995	*1.0	*2.4	*2.0
2002	*0.6	*	*2.6
2006–2010	3.0	4.7	3.3
Injectable⁵			
1982 . . . . .	...	...	...
1995	2.4	5.4	4.7
2002	4.3	9.4	7.8
2006–2010	2.5	8.9	6.0
Birth control pill⁶			
1982	26.4	37.9	30.2
1995	28.7	23.7	23.0
2002	34.9	23.1	22.0
2006–2010	33.1	18.7	20.2
Intrauterine device			
1982	5.8	9.3	19.2
1995	0.7	*	*
2002	1.7	*	5.3
2006–2010	5.6	5.0	6.8
Diaphragm			
1982	9.2	*3.2	*
1995	2.3	*	*
2002	*	*	—
2006–2010	*	*	*
Condom			
1982	13.1	6.3	*6.9
1995	22.5	24.9	21.2
2002	21.7	29.6	24.1
2006–2010	20.8	29.9	22.2
Periodic abstinence-calendar rhythm			
1982	3.2	2.9	3.9
1995	3.3	*1.7	3.2
2002	2.3	*	*
2006–2010	1.3	*	*2.7
Periodic abstinence-natural family planning			
1982	0.7	0.3	—
1995	0.7	*	*
2002	*	*	*
2006–2010	*	*	*
Withdrawal			
1982	2.1	1.3	2.6
1995	6.4	3.3	5.7
2002	9.5	4.8	6.3
2006–2010	10.3	7.1	10.4

See footnotes at end of table.

Table 9 (page 5 of 5). Contraceptive use in the past month among women aged 15–44, by age, race and Hispanic origin, and method of contraception: United States, selected years 1982–2010

Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#009>.

[Data are based on household interviews of samples of women of childbearing age]

Method of contraception and year	Not Hispanic or Latina ¹		
	White only	Black or African American only	Hispanic or Latina ³
Other methods ⁷		Percent of contracepting women	
1982	4.6	7.3	5.0
1995	3.3	3.8	*2.2
2002	*1.7	*1.9	*1.2
2006–2010	0.6	*	*

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

--- Data not available.

– Quantity zero.

. . . Data not applicable.

¹Starting with 1995 data, race-specific estimates are tabulated according to 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. Starting with 1995 data, race-specific estimates are for persons who reported only one racial group. Prior to data year 1995, data were tabulated according to the 1977 Standards. Estimates for single-race categories prior to 1995 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. See [Appendix II, Race](#).

²Includes women of other or multiple race not shown separately.

³Persons of Hispanic origin may be of any race. See [Appendix II, Hispanic origin](#).

⁴Had sexual (vaginal) intercourse in the past 3 months.

⁵Data collected starting with the 1995 survey. Includes data about the contraceptive patch, with data collection starting in the 2002 survey, and the contraceptive ring, with data collection starting in the 2006–2010 survey.

⁶Includes the oral contraceptive pill and emergency contraception/morning-after pill.

⁷In 2006–2010, includes female condom/vaginal pouch, foam, cervical cap, Today sponge, suppository or insert, jelly or cream (without diaphragm), and other methods. See [Appendix II, Contraception](#), for the list of other methods reported in previous surveys.

NOTES: Survey collects up to four methods of contraception used in the month of interview. Percents may not add to the total because more than one method could have been used in the month of interview. These data replace estimates of most effective method used and may differ from previous editions of *Health, United States*. Standard errors for selected years are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

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

Table 10. Breastfeeding among mothers aged 15–44, by year of baby's birth and selected characteristics of mother: United States, average annual 1986–1988 through 2005–2007

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#010>.

[Data are based on household interviews of samples of women of childbearing age]

Maternal characteristic	1986–1988	1989–1991	1992–1994	1995–1998	1999–2001	2002–2004	2005–2007
Percent of babies breastfed							
Total	54.1	53.3	57.6	64.4	66.5	69.5	68.8
Age at baby's birth							
Under 20 years	28.4	34.7	41.0	49.5	47.3	60.0	50.7
20–24 years	48.2	44.3	50.0	55.9	59.3	61.4	64.3
25–29 years	58.2	56.4	57.4	68.1	63.5	71.1	70.6
30–44 years	68.6	66.0	70.2	72.8	80.0	77.1	76.2
Race and Hispanic origin ¹							
Not Hispanic or Latina:							
White only	59.1	58.4	61.7	66.5	68.7	73.8	72.3
Black or African American only	22.3	22.4	26.1	47.9	45.3	42.3	46.2
Hispanic or Latina	55.6	57.0	63.8	71.2	76.0	76.6	73.7
Education ²							
No high school diploma or GED	31.8	36.5	44.6	50.6	46.6	56.3	58.7
High school diploma or GED	47.4	45.5	51.1	55.9	61.6	61.2	55.4
Some college, no bachelor's degree	62.2	61.4	64.3	70.1	75.6	68.1	72.7
Bachelor's degree or higher	78.4	80.6	82.5	82.0	81.3	89.6	88.3
Geographic region ³							
Northeast	51.3	53.5	56.5	61.6	66.9	73.0	72.4
Midwest	52.3	49.6	51.7	61.7	61.9	66.0	66.2
South	44.6	43.6	48.6	58.1	60.9	62.2	62.6
West	71.4	69.5	77.3	78.1	78.9	83.3	79.0
Percent of babies breastfed 3 months or more							
Total	34.6	31.8	33.6	45.8	48.4	50.6	46.6
Age at baby's birth							
Under 20 years	18.5	*10.5	*11.7	30.0	30.0	37.6	26.6
20–24 years	26.1	24.1	25.1	36.6	41.8	38.0	38.6
25–29 years	36.9	32.3	35.6	46.3	43.7	50.2	49.0
30–44 years	50.1	46.8	46.7	57.5	62.4	63.9	56.3
Race and Hispanic origin ¹							
Not Hispanic or Latina:							
White only	37.7	35.2	36.6	47.8	49.7	54.5	49.5
Black or African American only	11.6	11.5	13.3	29.6	33.7	29.2	26.3
Hispanic or Latina	38.2	33.9	35.0	49.7	54.3	55.9	49.4
Education ²							
No high school diploma or GED	21.8	17.6	25.2	33.9	37.0	39.9	41.3
High school diploma or GED	28.2	28.0	27.4	36.9	43.1	41.9	36.8
Some college, no bachelor's degree	38.7	33.1	38.7	49.6	52.8	43.2	48.7
Bachelor's degree or higher	55.0	56.1	59.3	64.5	64.1	75.9	65.8
Geographic region ³							
Northeast	29.9	37.2	36.4	48.2	48.8	59.9	51.5
Midwest	30.3	31.5	30.1	42.0	42.8	46.8	41.6
South	27.7	20.1	26.2	38.9	44.4	42.7	40.5
West	52.4	42.9	45.3	58.2	59.2	62.6	57.8

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

¹Starting with 1995 data, race-specific estimates are tabulated according to 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. Starting with 1995 data, race-specific estimates are for persons who reported only one racial group. Prior to data year 1995, data were tabulated according to the 1977 Standards. Estimates for single-race categories prior to 1995 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. See [Appendix II, Race](#).

²Educational attainment is presented only for women aged 22–44. Education is as of year of interview. GED is General Educational Development high school equivalency diploma. See [Appendix II, Education](#).

³See [Appendix II, Geographic region](#).

NOTES: Data are based on single births to mothers aged 15–44 at interview, including those births that occurred when the mothers were younger than age 15. Data on breastfeeding during 1986–1994 are based on responses to questions in the National Survey of Family Growth (NSFG) Cycle 5, conducted in 1995. Data for 1995–2001 are based on NSFG Cycle 6, conducted in 2002. Data for 2002–2007 are based on NSFG Cycle 7, conducted in 2006–2010. See [Appendix I, National Survey of Family Growth \(NSFG\)](#). Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Survey of Family Growth, 1995, 2002, and 2006–2010. See [Appendix I, National Survey of Family Growth \(NSFG\)](#).

Table 11. Infant, neonatal, and postneonatal mortality rates, by detailed race and Hispanic origin of mother: United States, selected years 1983–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#011>.

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

Maternal race and Hispanic origin	1983 ¹	1985 ¹	1990 ¹	1995 ²	2000 ²	2005 ²	2008 ²	2009 ²	2010 ²
Infant ³ deaths per 1,000 live births									
All mothers	10.9	10.4	8.9	7.6	6.9	6.9	6.6	6.4	6.1
White	9.3	8.9	7.3	6.3	5.7	5.7	5.6	5.3	5.2
Black or African American	19.2	18.6	16.9	14.6	13.5	13.3	12.4	12.1	11.2
American Indian or Alaska Native	15.2	13.1	13.1	9.0	8.3	8.1	8.4	8.5	8.3
Asian or Pacific Islander ⁴	8.3	7.8	6.6	5.3	4.9	4.9	4.5	4.4	4.3
Hispanic or Latina ^{5,6}	9.5	8.8	7.5	6.3	5.6	5.6	5.6	5.3	5.3
Mexican	9.1	8.5	7.2	6.0	5.4	5.5	5.6	5.1	5.1
Puerto Rican	12.9	11.2	9.9	8.9	8.2	8.3	7.3	7.2	7.1
Cuban	7.5	8.5	7.2	5.3	4.6	4.4	4.9	5.7	3.8
Central and South American	8.5	8.0	6.8	5.5	4.6	4.7	4.8	4.5	4.4
Other and unknown Hispanic or Latina	10.6	9.5	8.0	7.4	6.9	6.4	5.9	6.1	6.1
Not Hispanic or Latina: ⁶									
White	9.2	8.6	7.2	6.3	5.7	5.8	5.5	5.3	5.2
Black or African American	19.1	18.3	16.9	14.7	13.6	13.6	12.7	12.4	11.5
Neonatal ³ deaths per 1,000 live births									
All mothers	7.1	6.8	5.7	4.9	4.6	4.5	4.3	4.2	4.0
White	6.1	5.8	4.6	4.1	3.8	3.8	3.6	3.5	3.5
Black or African American	12.5	12.3	11.1	9.6	9.1	8.9	8.1	8.0	7.3
American Indian or Alaska Native	7.5	6.1	6.1	4.0	4.4	4.0	4.2	4.4	4.3
Asian or Pacific Islander ⁴	5.2	4.8	3.9	3.4	3.4	3.4	3.1	3.1	3.0
Hispanic or Latina ^{5,6}	6.2	5.7	4.8	4.1	3.8	3.9	3.8	3.6	3.6
Mexican	5.9	5.4	4.5	3.9	3.6	3.8	3.8	3.4	3.5
Puerto Rican	8.7	7.6	6.9	6.1	5.8	5.9	5.0	4.8	4.8
Cuban	*5.0	6.2	5.3	*3.6	*3.2	*3.1	3.3	3.6	*2.9
Central and South American	5.8	5.6	4.4	3.7	3.3	3.2	3.2	3.2	3.0
Other and unknown Hispanic or Latina	6.4	5.6	5.0	4.8	4.6	4.3	3.8	3.9	4.0
Not Hispanic or Latina: ⁶									
White	5.9	5.6	4.5	4.0	3.8	3.7	3.5	3.4	3.4
Black or African American	12.0	11.9	11.0	9.6	9.2	9.1	8.3	8.1	7.5
Postneonatal ³ deaths per 1,000 live births									
All mothers	3.8	3.6	3.2	2.6	2.3	2.3	2.3	2.2	2.1
White	3.2	3.1	2.7	2.2	1.9	2.0	2.0	1.9	1.8
Black or African American	6.7	6.3	5.9	5.0	4.3	4.3	4.3	4.2	3.9
American Indian or Alaska Native	7.7	7.0	7.0	5.1	3.9	4.0	4.2	4.1	4.0
Asian or Pacific Islander ⁴	3.1	2.9	2.7	1.9	1.4	1.5	1.4	1.3	1.3
Hispanic or Latina ^{5,6}	3.3	3.2	2.7	2.1	1.8	1.8	1.8	1.7	1.7
Mexican	3.2	3.2	2.7	2.1	1.8	1.7	1.8	1.7	1.6
Puerto Rican	4.2	3.5	3.0	2.8	2.4	2.4	2.3	2.4	2.3
Cuban	*2.5	*2.3	*1.9	*1.7	*	*1.4	*1.6	*2.1	*
Central and South American	2.6	2.4	2.4	1.9	1.4	1.5	1.6	1.3	1.4
Other and unknown Hispanic or Latina	4.2	3.9	3.0	2.6	2.3	2.1	2.1	2.1	2.1
Not Hispanic or Latina: ⁶									
White	3.2	3.0	2.7	2.2	1.9	2.1	2.0	1.9	1.8
Black or African American	7.0	6.4	5.9	5.0	4.4	4.5	4.4	4.3	4.0

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

¹Rates based on unweighted birth cohort data.

²Rates based on a period file using weighted data. See [Appendix I, National Vital Statistics System \(NVSS\), Linked Birth/Infant Death Data Set](#).

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

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

⁵Persons of Hispanic origin may be of any race.

⁶Prior to 1995, data are shown only for states with an Hispanic-origin item on their birth certificates. See [Appendix II, Hispanic origin](#).

NOTES: The race groups, white, black, American Indian or Alaska Native, and Asian or Pacific Islander include persons of Hispanic and non-Hispanic origin. Starting with 2003 data, some states reported multiple-race data. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See [Appendix II, Race](#). National linked files do not exist for 1992–1994. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Vital Statistics System, public-use Linked Birth/Infant Death Data Set. Mathews TJ, MacDorman MF. Infant mortality statistics from the 2010 period linked birth/infant death data set. National vital statistics reports; vol 62 no 8. Hyattsville, MD: NCHS; 2013. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_08.pdf. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 12. Infant mortality rates, by birthweight: United States, selected years 1983–2010Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#012>.

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

Birthweight, in grams	1983 ¹	1985 ¹	1990 ¹	1995 ²	2000 ²	2005 ²	2008 ²	2009 ²	2010 ²
	Infant ³ deaths per 1,000 live births								
All birthweights	10.9	10.4	8.9	7.6	6.9	6.9	6.6	6.4	6.1
Less than 2,500	95.9	93.9	78.1	65.3	60.2	57.6	54.8	53.2	51.2
Less than 1,500	400.6	387.7	317.6	270.7	246.9	245.7	238.2	231.9	222.8
Less than 500	890.3	895.9	898.2	904.9	847.9	857.2	869.2	853.7	837.7
500–999	584.2	559.2	440.1	351.0	313.8	305.1	290.7	279.8	270.1
1,000–1,499	162.3	145.4	97.9	69.6	60.9	58.1	56.5	56.7	52.4
1,500–1,999	58.4	54.0	43.8	33.5	28.7	27.0	27.5	25.4	24.6
2,000–2,499	22.5	20.9	17.8	13.7	11.9	10.9	10.3	10.3	10.0
2,500 or more	4.7	4.3	3.7	3.0	2.5	2.3	2.3	2.2	2.1
2,500–2,999	8.8	7.9	6.7	5.5	4.6	4.2	4.2	3.8	3.8
3,000–3,499	4.4	4.3	3.7	2.9	2.4	2.2	2.1	2.1	2.0
3,500–3,999	3.2	3.0	2.6	2.0	1.7	1.5	1.5	1.5	1.4
4,000 or more	3.3	3.2	2.4	2.0	1.6	1.6	1.5	1.5	1.4
4,000–4,499	2.9	2.9	2.2	1.8	1.5	1.5	1.4	1.4	1.3
4,500–4,999	3.9	3.8	2.5	2.2	2.1	2.2	2.3	1.4	2.0
5,000 or more ⁴	14.4	14.7	9.8	8.5	*6.1	*4.6	*6.4	*6.4	*4.8

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

¹Rates based on unweighted birth cohort data.²Rates based on a period file using weighted data; unknown birthweight imputed when period of gestation is known and proportionately distributed when period of gestation is unknown. See [Appendix I, National Vital Statistics System \(NVSS\), Linked Birth/Infant Death Data Set](#).³For calculation of birthweight-specific infant mortality rates, unknown birthweight has been distributed in proportion to known birthweight separately for live births (denominator) and infant deaths (numerator). Thus, birthweight-specific infant mortality rates shown in this table may differ from those shown in other publications that do not correct for unknown birthweight.⁴In 1989, a birthweight-gestational age consistency check instituted for the natality file resulted in a decrease in the number of deaths to infants coded with birthweights of 5,000 grams or more and a discontinuity in the mortality trend for infants weighing 5,000 grams or more at birth. Starting with 1989 data, the rates are believed to be more accurate.NOTES: National linked files do not exist for 1992–1994. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.SOURCE: CDC/NCHS, National Vital Statistics System, public-use Linked Birth/Infant Death Data Set. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 13. Infant mortality rates, fetal mortality rates, and perinatal mortality rates, by race: United States, selected years 1950–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#013>.

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

Race and year	Neonatal ¹				Postneonatal ¹	Fetal mortality rate ²	Late fetal mortality rate ³	Perinatal mortality rate ⁴
	Infant ¹	Under 28 days	Under 7 days					
All races								
Deaths per 1,000 live births								
1950 ⁵	29.2	20.5	17.8	8.7	18.4	14.9	32.5	
1960 ⁵	26.0	18.7	16.7	7.3	15.8	12.1	28.6	
1970	20.0	15.1	13.6	4.9	14.0	9.5	23.0	
1980	12.6	8.5	7.1	4.1	9.1	6.2	13.2	
1990	9.2	5.8	4.8	3.4	7.5	4.3	9.0	
1995	7.6	4.9	4.0	2.7	7.0	3.6	7.6	
2000	6.9	4.6	3.7	2.3	6.6	3.3	7.0	
2003	6.9	4.6	3.7	2.2	6.3	3.1	6.8	
2004	6.8	4.5	3.6	2.3	6.3	3.1	6.7	
2005	6.9	4.5	3.6	2.3	6.2	3.0	6.6	
2007	6.8	4.4	3.5	2.3	6.1	3.2	---	
2008	6.6	4.3	3.4	2.3	6.2	3.1	---	
2009	6.4	4.2	3.3	2.2	6.0	2.9	---	
2010	6.1	4.0	3.2	2.1	---	---	---	
Race of child: ⁶ White								
1950 ⁵	26.8	19.4	17.1	7.4	16.6	13.3	30.1	
1960 ⁵	22.9	17.2	15.6	5.7	13.9	10.8	26.2	
1970	17.8	13.8	12.5	4.0	12.3	8.6	21.0	
1980	11.0	7.5	6.2	3.5	8.1	5.7	11.9	
Race of mother: ⁷ White								
1980	10.9	7.4	6.1	3.5	8.1	5.7	11.8	
1990	7.6	4.8	3.9	2.8	6.4	3.8	7.7	
1995	6.3	4.1	3.3	2.2	5.9	3.3	6.5	
2000	5.7	3.8	3.0	1.9	5.6	2.9	5.9	
2005	5.7	3.8	3.0	1.9	5.3	2.7	5.7	
2007	5.6	3.7	2.9	1.9	5.2	2.6	---	
2008	5.5	3.6	2.9	1.9	5.3	2.7	---	
2009	5.3	3.5	2.8	1.8	5.2	2.6	---	
2010	5.2	3.5	2.7	1.7	---	---	---	
Race of child: ⁶ Black or African American								
1950 ⁵	43.9	27.8	23.0	16.1	32.1	---	---	
1960 ⁵	44.3	27.8	23.7	16.5	---	---	---	
1970	32.6	22.8	20.3	9.9	23.2	---	34.5	
1980	21.4	14.1	11.9	7.3	14.4	8.9	20.7	
Race of mother: ⁷ Black or African American								
1980	22.2	14.6	12.3	7.6	14.7	9.1	21.3	
1990	18.0	11.6	9.7	6.4	13.3	6.7	16.4	
1995	15.1	9.8	8.2	5.3	12.7	5.7	13.8	
2000	14.1	9.4	7.6	4.7	12.4	5.4	13.0	
2005	13.7	9.1	7.3	4.7	11.4	4.9	12.1	
2007	13.2	8.6	6.9	4.6	11.1	4.5	---	
2008	12.7	8.2	6.6	4.5	11.0	4.7	---	
2009	12.6	8.2	6.6	4.5	10.5	4.5	---	
2010	11.6	7.5	6.0	4.1	---	---	---	

--- Data are not currently available and will be posted on the website when the file is completed.

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

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

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

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

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

⁶Infant deaths, live births, and fetal deaths are tabulated by race of child. See [Appendix II, Race](#).

⁷Infant deaths are tabulated by race of decedent; fetal deaths and live births are tabulated by race of mother. See [Appendix II, Race](#).

NOTES: Infant mortality rates in this table are based on infant deaths from the mortality file (numerator) and live births from the natality file (denominator). Inconsistencies in reporting race for the same infant between the birth and death certificate can result in underestimated infant mortality rates for races other than white or black. Infant mortality rates for additional population groups are available from the Linked Birth/Infant Death Data Set and are presented in Table 14. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Vital Statistics System, public-use Mortality File, public-use Fetal Death File, public-use Birth File; Murphy SL, Xu JQ, Kochanek KD. Deaths: Final data for 2010. National vital statistics reports; vol 61 no 4. Hyattsville, MD: NCHS; 2012. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_04.pdf. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 14 (page 1 of 3). Infant mortality rates, by race and Hispanic origin of mother, state, and territory: United States and U.S. dependent areas, average annual 1989–1991, 2003–2005, and 2008–2010

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2013.htm#014>.

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

State and territory	Not Hispanic or Latina								
	All races			White			Black or African American		
	1989–1991 ¹	2003–2005 ²	2008–2010 ²	1989–1991 ¹	2003–2005 ²	2008–2010 ²	1989–1991 ¹	2003–2005 ²	2008–2010 ²
	Infant ³ deaths per 1,000 live births								
United States ⁴	9.0	6.8	6.4	7.3	5.7	5.3	17.2	13.6	12.2
Alabama	11.4	9.0	8.8	8.6	6.8	7.0	16.8	13.6	13.1
Alaska	9.2	6.5	5.5	7.2	5.3	3.5	*	*	*
Arizona	8.8	6.7	6.1	8.2	6.0	5.4	17.3	11.2	13.5
Arkansas	9.8	8.3	7.4	8.1	7.2	6.5	15.2	13.6	11.5
California	7.6	5.2	4.9	6.9	4.6	4.1	15.4	11.4	9.8
Colorado	8.7	6.3	6.1	8.0	5.2	5.3	16.7	16.3	12.7
Connecticut	7.9	5.5	5.6	5.9	3.9	4.0	17.0	12.7	11.8
Delaware	11.2	9.0	7.9	8.2	6.5	5.9	20.1	16.8	14.5
District of Columbia	20.3	12.2	9.7	*8.2	*3.4	*4.3	23.9	17.2	13.9
Florida	9.4	7.2	6.9	7.2	5.8	5.4	16.2	12.9	12.2
Georgia	11.9	8.4	7.2	8.4	6.1	5.4	17.9	13.3	11.1
Hawaii	7.0	6.7	5.9	5.5	3.9	4.2	*13.6	*15.5	*
Idaho	8.9	6.1	5.3	8.9	6.1	5.0	*	*	*
Illinois	10.7	7.5	7.0	7.6	5.9	5.5	20.5	15.3	13.6
Indiana	9.4	7.9	7.4	8.4	7.1	6.5	17.3	15.1	14.1
Iowa	8.2	5.4	5.1	7.8	5.1	4.7	15.8	*11.0	12.1
Kansas	8.5	7.1	6.9	7.8	6.7	6.3	15.4	14.3	13.1
Kentucky	8.7	6.8	6.9	8.1	6.4	6.7	14.4	10.9	10.5
Louisiana ⁵	10.2	9.8	8.5	7.5	7.1	6.6	14.3	13.9	11.9
Maine	6.6	5.9	5.5	6.2	5.8	5.5	*	*	*
Maryland	9.1	8.0	7.3	6.3	5.2	4.6	15.0	13.7	12.7
Massachusetts	7.0	4.9	4.8	5.9	4.0	3.8	14.2	10.0	9.2
Michigan	10.5	8.0	7.4	7.7	6.2	5.7	20.7	16.4	14.3
Minnesota	7.3	4.8	5.0	6.4	4.3	4.3	18.5	8.9	9.6
Mississippi	11.5	10.7	9.9	7.9	7.0	7.2	15.2	15.6	13.4
Missouri	9.7	7.6	6.9	8.0	6.6	6.0	18.0	13.8	12.8
Montana	9.0	6.3	6.5	8.0	5.7	6.1	*	*	*
Nebraska	8.1	5.9	5.4	7.2	5.1	4.6	18.3	14.0	13.5
Nevada	8.6	5.9	5.6	7.8	5.6	5.3	16.9	12.2	10.0
New Hampshire ⁵	7.1	5.0	4.2	7.2	4.8	4.2	*	*	*
New Jersey	8.4	5.4	5.2	6.1	3.7	3.6	17.8	11.9	12.2
New Mexico	8.4	6.1	5.5	8.1	6.9	5.5	*17.2	*	*
New York	9.5	6.0	5.3	6.3	4.6	4.0	18.4	11.8	10.6
North Carolina	10.7	8.6	7.8	8.0	6.3	5.7	16.9	15.8	13.9
North Dakota	8.0	6.4	6.3	7.3	6.0	4.9	*	*	*
Ohio	9.0	7.8	7.7	7.7	6.4	6.3	16.2	15.6	14.5
Oklahoma ⁵	8.0	7.9	7.5	7.3	7.5	6.9	12.7	13.0	12.5
Oregon	8.0	5.7	5.0	7.4	5.5	4.8	21.3	*8.6	*9.5
Pennsylvania	9.2	7.3	7.2	7.2	5.8	5.5	19.1	13.6	12.6
Rhode Island	8.7	6.2	6.3	7.5	4.5	5.1	*13.6	*10.8	*12.5
South Carolina	11.8	9.0	7.5	8.4	6.4	5.6	17.2	14.2	11.5
South Dakota	9.5	7.2	7.4	7.5	6.2	5.9	*	*	*
Tennessee	10.2	8.9	8.0	7.8	7.0	6.4	18.2	16.3	14.1
Texas	7.9	6.5	6.1	6.9	5.9	5.5	14.1	12.4	10.9
Utah	7.0	4.9	4.9	6.8	4.5	4.6	*	*	*
Vermont	6.6	5.4	5.0	6.3	5.3	5.0	*	*	*
Virginia	9.9	7.5	6.9	7.4	6.0	5.3	18.0	13.7	12.7
Washington	8.0	5.4	5.0	7.4	5.0	4.7	15.1	9.0	7.0
West Virginia	9.1	7.7	7.6	8.8	7.5	7.6	*15.7	*12.0	*9.6
Wisconsin	8.4	6.3	6.3	7.4	5.1	5.3	17.0	16.4	13.9
Wyoming	8.4	6.9	6.6	8.0	6.8	5.9	*	*	*
American Samoa ⁶	---	---	---	---	---	---	---	---	---
Guam ⁶	---	11.1	10.8	---	*	*	---	*	*
Northern Marianas ⁶	---	---	---	---	---	---	---	---	---
Puerto Rico ⁶	---	8.9	7.9	---	---	---	---	---	---
Virgin Islands ⁶	---	7.5	6.7	---	*	*	---	*	*

See footnotes at end of table.

Table 14 (page 2 of 3). Infant mortality rates, by race and Hispanic origin of mother, state, and territory: United States and U.S. dependent areas, average annual 1989–1991, 2003–2005, and 2008–2010

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2013.htm#014>.

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

State and territory	Hispanic or Latina ⁷			American Indian or Alaska Native ⁸			Asian or Pacific Islander ⁸		
	1989–1991 ¹	2003–2005 ²	2008–2010 ²	1989–1991 ¹	2003–2005 ²	2008–2010 ²	1989–1991 ¹	2003–2005 ²	2008–2010 ²
	Infant ³ deaths per 1,000 live births								
United States ⁴	7.5	5.6	5.4	12.6	8.4	8.4	6.6	4.8	4.4
Alabama	*	7.7	7.4	*	*	*	*	*	*
Alaska	*	*	*	15.7	9.2	9.2	*	*	*
Arizona	8.0	6.7	5.6	11.4	8.3	8.0	*8.5	6.7	7.3
Arkansas	*	6.0	5.6	*	*	*	*	*	*
California	7.0	5.0	4.8	11.0	6.2	6.8	6.4	4.2	4.1
Colorado	8.5	7.0	6.6	*16.5	*	*	*7.8	*5.7	*5.7
Connecticut	7.9	7.4	6.7	*	*	*	*	*	*4.8
Delaware	*	*6.1	*5.1	*	*	*	*	*	*
District of Columbia	*8.8	*7.2	*5.0	*	*	*	*	*	*
Florida	7.1	5.2	5.0	*	*	*	*6.2	5.9	5.1
Georgia	9.0	5.5	5.1	*	*	*	*8.2	5.8	2.9
Hawaii	10.7	7.9	6.1	*	*	*	7.1	7.2	6.4
Idaho	*7.2	6.2	6.8	*	*	*	*	*	*
Illinois	9.2	6.2	5.9	*	*	*	6.0	4.5	5.4
Indiana	*7.2	6.8	6.8	*	*	*	*	*	*6.1
Iowa	*11.9	*5.2	6.3	*	*	*	*	*	*
Kansas	8.7	6.2	6.5	*	*	*	*	*5.6	*5.7
Kentucky	*	7.6	*4.7	*	*	*	*	*	*
Louisiana ⁹	---	*5.7	*3.3	*	*	*	*	*	*7.0
Maine	*	*	*	*	*	*	*	*	*
Maryland	7.2	5.8	4.9	*	*	*	7.5	4.3	4.0
Massachusetts	8.3	6.5	6.7	*	*	*	5.7	3.8	4.2
Michigan	7.9	7.6	6.4	*10.7	*	*12.3	*6.1	5.1	4.5
Minnesota	*8.4	4.3	5.0	17.3	*8.6	*8.6	*5.1	3.8	4.8
Mississippi	*	*	*6.0	*	*	*	*	*	*
Missouri	*9.1	6.6	5.5	*	*	*	*9.1	*6.1	*4.0
Montana	*	*	*	16.7	*9.3	*8.8	*	*	*
Nebraska	*8.8	5.7	5.5	*18.2	*	*	*	*	*
Nevada	7.0	4.5	5.0	*	*	*	*	*5.8	*4.4
New Hampshire ⁹	---	*	*	*	*	*	*	*	*
New Jersey	7.5	5.2	4.8	*	*	*	5.6	5.0	3.1
New Mexico	7.8	5.3	5.3	9.8	7.6	5.0	*	*	*
New York	9.4	5.5	5.0	*15.2	*	*	6.4	3.9	3.4
North Carolina	*7.5	6.6	5.8	12.2	10.2	13.7	*6.3	5.9	4.9
North Dakota	*	*	*	*13.8	*8.6	16.6	*	*	*
Ohio	8.0	6.5	6.7	*	*	*	*4.8	*4.5	*4.5
Oklahoma ⁹	---	6.0	5.9	7.8	7.9	9.3	*	*	*
Oregon	8.5	5.5	4.6	*15.7	*11.0	*7.7	*8.4	*5.8	*5.4
Pennsylvania	10.9	7.6	8.5	*	*	*	7.8	4.9	4.8
Rhode Island	*7.2	7.4	*5.0	*	*	*	*	*	*
South Carolina	*	7.3	5.4	*	*	*	*	*	*
South Dakota	*	*	*	19.9	12.7	13.6	*	*	*
Tennessee	*	6.5	6.5	*	*	*	*	*8.1	*5.0
Texas	7.0	5.6	5.5	*	*	*7.5	6.8	4.3	4.2
Utah	*7.0	5.8	5.2	*10.0	*	*	*10.7	*7.7	*7.7
Vermont	*	*	*	*	*	*	*	*	*
Virginia	7.6	5.4	6.0	*	*	*	6.0	4.5	4.2
Washington	7.6	4.9	5.4	19.6	9.5	8.8	6.2	4.8	3.8
West Virginia	*	*	*	*	*	*	*	*	*
Wisconsin	*7.3	6.1	5.6	*11.9	*8.2	*8.0	*6.7	*6.6	6.4
Wyoming	*	*	*8.4	*	*	*	*	*	*
American Samoa ⁶	---	---	---	---	---	---	---	---	---
Guam ⁶	---	*	*	---	*	*	---	11.5	11.4
Northern Marianas ⁶	---	---	---	---	---	---	---	---	---
Puerto Rico ⁶	---	---	---	---	---	---	---	---	---
Virgin Islands ⁶	---	*	*	---	*	*	---	*	*

See footnotes at end of table.

Table 14 (page 3 of 3). Infant mortality rates, by race and Hispanic origin of mother, state, and territory: United States and U.S. dependent areas, average annual 1989–1991, 2003–2005, and 2008–2010

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2013.htm#014>.

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

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

- - - Data not available.

¹Rates based on unweighted birth cohort data.

²Rates based on period file using weighted data. See [Appendix I, National Vital Statistics System \(NVSS\), Linked Birth/Infant Death Data Set](#).

³Under 1 year of age.

⁴Excludes data for American Samoa, Guam, Northern Marianas, Puerto Rico, and Virgin Islands.

⁵Rates for white and black are substituted for non-Hispanic white and non-Hispanic black for Louisiana for 1989, Oklahoma for 1989–1990, and New Hampshire for 1989–1991.

⁶Comparable data were not available for all time periods and for all racial and ethnicity groups. Therefore, only selected rates are presented for the territories. Linked birth/infant death data are not available for American Samoa and Northern Marianas.

⁷Persons of Hispanic origin may be of any race. See [Appendix II, Hispanic origin](#).

⁸Includes persons of Hispanic origin.

⁹Rates for Hispanic origin exclude data from states not reporting Hispanic origin on the birth certificate for 1 or more years in a 3-year period.

NOTES: Starting with 2003 data, some states reported multiple-race data. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See [Appendix II, Race](#). National linked files do not exist for 1992–1994.

SOURCE: CDC/NCHS, National Vital Statistics System, public-use and nonpublic-use Linked Birth/Infant Death Data Set. Mathews TJ, MacDorman MF. Infant mortality statistics from the 2010 period linked birth/infant death data set. National vital statistics reports; vol 62 no 8. Hyattsville, MD: NCHS; 2013. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_08.pdf. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 15 (page 1 of 2). Neonatal mortality rates, by race and Hispanic origin of mother, and state: United States, average annual 1989–1991, 2003–2005, and 2008–2010

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2013.htm#015>.

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

State	Not Hispanic or Latina								
	All races			White			Black or African American		
	1989–1991 ¹	2003–2005 ²	2008–2010 ²	1989–1991 ¹	2003–2005 ²	2008–2010 ²	1989–1991 ¹	2003–2005 ²	2008–2010 ²
	Neonatal ³ deaths per 1,000 live births								
United States	5.7	4.6	4.2	4.6	3.7	3.4	11.1	9.2	8.0
Alabama	7.5	5.4	5.4	5.7	4.0	4.0	11.1	8.5	8.5
Alaska	4.1	3.2	2.3	3.7	*2.6	*1.5	*	*	*
Arizona	5.3	4.5	4.0	4.9	4.0	3.4	11.0	7.4	8.6
Arkansas	5.4	5.1	4.2	4.5	4.3	3.6	8.5	8.9	6.8
California	4.6	3.5	3.4	4.1	3.0	2.8	9.2	7.2	6.3
Colorado	5.0	4.6	4.3	4.7	3.8	3.6	10.9	11.9	9.6
Connecticut	5.7	4.0	4.2	4.2	2.8	3.2	12.5	8.3	8.7
Delaware	7.5	6.4	5.5	5.8	4.5	3.9	12.4	12.1	10.9
District of Columbia	14.1	8.6	7.0	*5.2	*	*3.2	16.7	11.9	9.6
Florida	6.2	4.7	4.5	4.7	3.5	3.4	10.5	8.4	7.9
Georgia	7.9	5.6	4.7	5.5	3.9	3.4	12.0	9.2	7.3
Hawaii	4.3	4.7	4.0	3.5	*3.1	*3.0	*	*	*
Idaho	5.3	3.9	3.4	5.2	4.0	3.0	*	*	*
Illinois	7.0	5.1	4.7	5.1	4.1	3.7	12.7	10.0	8.5
Indiana	6.0	5.3	4.7	5.2	4.6	4.1	11.5	10.7	8.6
Iowa	4.8	3.4	3.0	4.5	3.2	2.7	*10.5	*6.4	*6.9
Kansas	4.9	4.6	4.4	4.6	4.4	4.0	8.3	9.6	8.9
Kentucky	5.0	4.0	3.8	4.6	3.7	3.7	8.9	7.0	5.7
Louisiana ⁴	6.3	5.8	4.7	4.8	4.0	3.4	8.5	8.5	7.0
Maine	4.5	4.4	3.8	4.2	4.3	3.7	*	*	*
Maryland	5.9	5.8	5.2	3.9	3.7	3.1	10.2	10.1	9.1
Massachusetts	4.9	3.7	3.7	4.1	3.0	3.0	10.4	7.5	6.7
Michigan	6.9	5.6	5.0	4.9	4.3	3.8	14.0	11.6	9.6
Minnesota	4.3	3.2	3.2	3.9	2.9	2.7	10.7	5.5	6.5
Mississippi	7.1	6.2	5.8	4.9	3.5	3.9	9.5	9.7	8.3
Missouri	6.0	5.1	4.3	5.0	4.4	3.6	10.6	9.4	8.8
Montana	4.6	3.5	3.6	4.2	3.4	3.5	*	*	*
Nebraska	4.5	3.7	3.4	4.2	3.3	2.9	*9.8	*9.4	*8.4
Nevada	4.3	3.7	3.6	3.8	3.6	3.2	*8.3	7.7	6.5
New Hampshire ⁴	4.3	3.9	2.8	4.4	3.6	2.8	*	*	*
New Jersey	5.8	3.8	3.6	4.5	2.6	2.6	11.4	8.2	8.1
New Mexico	5.0	3.6	3.3	4.8	4.1	3.7	*	*	*
New York	6.5	4.2	3.7	4.3	3.4	2.8	12.6	8.0	7.0
North Carolina	7.3	6.0	5.2	5.3	4.2	3.6	11.9	11.4	9.5
North Dakota	5.0	4.8	4.3	4.7	4.5	3.6	*	*	*
Ohio	5.5	5.3	5.2	4.8	4.2	4.2	9.8	10.7	9.9
Oklahoma ⁴	4.4	4.6	4.4	4.1	4.3	4.0	6.3	8.8	7.9
Oregon	4.4	3.8	3.3	4.0	3.7	3.2	*11.6	*	*6.0
Pennsylvania	6.2	5.2	5.1	4.9	4.0	3.8	12.5	9.5	8.5
Rhode Island	6.4	4.8	4.8	5.3	3.5	3.8	*9.8	*7.6	*9.1
South Carolina	7.7	6.1	4.6	5.4	4.2	3.3	11.3	9.8	7.3
South Dakota	5.1	4.3	4.5	4.5	4.1	3.8	*	*	*
Tennessee	6.5	5.7	4.8	4.9	4.0	3.6	11.8	11.7	9.0
Texas	4.7	4.2	3.8	4.1	3.7	3.4	8.5	8.0	6.6
Utah	3.7	3.4	3.5	3.6	3.1	3.3	*	*	*
Vermont	4.1	3.8	3.3	3.9	3.7	3.3	*	*	*
Virginia	6.8	5.2	4.6	4.8	3.9	3.4	13.0	9.6	8.5
Washington	4.3	3.4	3.1	3.8	2.9	2.8	9.7	5.6	*4.0
West Virginia	5.8	4.8	4.5	5.6	4.7	4.5	*9.7	*	*
Wisconsin	5.1	4.3	4.1	4.6	3.5	3.5	9.1	10.3	9.4
Wyoming	3.9	4.6	4.1	3.8	4.6	3.6	*	*	*

See footnotes at end of table.

Table 15 (page 2 of 2). Neonatal mortality rates, by race and Hispanic origin of mother, and state: United States, average annual 1989–1991, 2003–2005, and 2008–2010

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2013.htm#015>.

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

State	Hispanic or Latina ⁵			American Indian or Alaska Native ⁶			Asian or Pacific Islander ⁶		
	1989–1991 ¹	2003–2005 ²	2008–2010 ²	1989–1991 ¹	2003–2005 ²	2008–2010 ²	1989–1991 ¹	2003–2005 ²	2008–2010 ²
	Neonatal ³ deaths per 1,000 live births								
United States	4.8	3.9	3.6	5.9	4.3	4.3	3.9	3.3	3.1
Alabama	*	*4.4	5.0	*	*	*	*	*	*
Alaska	*	*	*	*5.7	*4.2	*2.9	*	*	*
Arizona	5.0	4.8	3.9	5.4	4.2	4.1	*	*4.3	5.6
Arkansas	*	*3.8	*3.2	*	*	*	*	*	*
California	4.4	3.5	3.3	6.3	*3.1	4.8	3.6	2.9	2.8
Colorado	4.4	5.3	4.7	*	*	*	*	*4.0	*4.2
Connecticut	5.3	6.1	4.4	*	*	*	*	*	*3.8
Delaware	*	*4.4	*	*	*	*	*	*	*
District of Columbia	*	*	*4.6	*	*	*	*	*	*
Florida	5.1	3.5	3.4	*	*	*	*4.4	3.9	3.5
Georgia	*5.7	3.8	3.2	*	*	*	*5.3	4.1	*1.8
Hawaii	*6.6	*5.7	*3.7	*	*	*	4.2	4.8	4.3
Idaho	*	*3.8	5.3	*	*	*	*	*	*
Illinois	6.4	4.3	4.2	*	*	*	3.9	3.3	4.2
Indiana	*4.7	4.9	4.8	*	*	*	*	*	*4.2
Iowa	*	*3.7	*4.2	*	*	*	*	*	*
Kansas	*5.4	3.4	4.2	*	*	*	*	*	*
Kentucky	*	*5.5	*2.4	*	*	*	*	*	*
Louisiana ⁷	---	*	*	*	*	*	*	*	*5.6
Maine	*	*	*	*	*	*	*	*	*
Maryland	*4.7	3.8	3.5	*	*	*	*4.5	*3.4	*3.0
Massachusetts	5.8	4.9	5.1	*	*	*	*3.9	*2.8	3.2
Michigan	5.2	5.1	4.6	*	*	*	*	3.7	*3.6
Minnesota	*	*2.9	3.5	*4.9	*	*	*3.2	*2.4	3.3
Mississippi	*	*	*	*	*	*	*	*	*
Missouri	*	4.6	*3.4	*	*	*	*	*4.0	*
Montana	*	*	*	*7.6	*	*4.8	*	*	*
Nebraska	*	*3.6	*3.6	*	*	*	*	*	*
Nevada	*4.1	2.6	3.4	*	*	*	*	*4.0	*2.5
New Hampshire ⁷	---	*	*	*	*	*	*	*	*
New Jersey	5.1	3.7	3.2	*	*	*	*3.4	3.4	2.2
New Mexico	4.9	3.3	3.0	4.9	*3.5	*2.5	*	*	*
New York	6.4	3.8	3.5	*	*	*	4.1	2.7	2.5
North Carolina	*5.5	4.7	4.2	*7.7	*8.2	*7.6	*	*4.4	*2.7
North Dakota	*	*	*	*	*7.5	*8.2	*	*	*
Ohio	*5.4	4.8	4.4	*	*	*	*	*3.3	*3.3
Oklahoma ⁷	---	4.0	3.6	*3.7	3.6	5.0	*	*	*
Oregon	6.5	3.8	3.1	*	*	*	*5.3	*3.9	*3.5
Pennsylvania	7.3	5.5	6.0	*	*	*	*5.2	3.7	3.9
Rhode Island	*4.9	*5.8	*4.5	*	*	*	*	*	*
South Carolina	*	4.7	3.3	*	*	*	*	*	*
South Dakota	*	*	*	*8.2	*5.6	*6.8	*	*	*
Tennessee	*	5.0	4.0	*	*	*	*	*4.7	*3.4
Texas	4.2	3.8	3.6	*	*	*	4.0	2.8	2.8
Utah	*3.6	4.2	3.9	*	*	*	*5.3	*4.7	*4.7
Vermont	*	*	*	*	*	*	*	*	*
Virginia	*4.8	4.0	4.0	*	*	*	*4.1	3.6	2.8
Washington	4.9	3.7	3.7	*8.5	*4.6	*4.4	*2.7	2.9	2.6
West Virginia	*	*	*	*	*	*	*	*	*
Wisconsin	*3.9	4.4	3.4	*	*	*	*	*5.3	*4.3
Wyoming	*	*	*	*	*	*	*	*	*

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

--- Data not available.

¹Rates based on unweighted birth cohort data.

²Rates based on period file using weighted data. See [Appendix I, National Vital Statistics System \(NVSS\), Linked Birth/Infant Death Data Set](#).

³Infants under 28 days of age.

⁴Rates for white and black are substituted for non-Hispanic white and non-Hispanic black for Louisiana for 1989, Oklahoma for 1989–1990, and New Hampshire for 1989–1991.

⁵Persons of Hispanic origin may be of any race. See [Appendix II, Hispanic origin](#).

⁶Includes persons of Hispanic origin.

⁷Rates for Hispanic origin exclude data from states not reporting Hispanic origin on the birth certificate for 1 or more years in a 3-year period.

NOTES: Starting with 2003 data, some states reported multiple-race data. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See [Appendix II, Race](#). National linked files do not exist for 1992–1994.

SOURCE: CDC/NCHS, National Vital Statistics System, public-use and nonpublic-use Linked Birth/Infant Death Data Set. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 16. Infant mortality rates and international rankings: Organisation for Economic Co-operation and Development (OECD) countries, selected years 1960–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#016>.

[Data are based on reporting by OECD countries]

Country ²	1960	1970	1980	1990	2000	2008	2009	2010	International rankings ¹	
									1960	2010
Infant ³ deaths per 1,000 live births										
Australia	20.2	17.9	10.7	8.2	5.2	4.1	4.3	4.1	5	20
Austria	37.5	25.9	14.3	7.8	4.8	3.7	3.8	3.9	19	19
Belgium	31.4	21.1	12.1	8.0	4.8	3.7	3.5	3.6	17	12
Canada	27.3	18.8	10.4	6.8	5.3	5.1	4.9	---	12	---
Chile	120.3	79.3	33.0	16.0	8.9	7.8	7.9	7.4	27	27
Czech Republic	20.0	20.2	16.9	10.8	4.1	2.8	2.9	2.7	4	5
Denmark	21.5	14.2	8.4	7.5	5.3	4.0	3.1	3.4	8	9
Finland	21.0	13.2	7.6	5.6	3.8	2.6	2.6	2.3	6	1
France	27.7	18.2	10.0	7.3	4.5	3.8	3.9	†3.6	13	12
Germany	35.0	22.5	12.4	7.0	4.4	3.5	3.5	3.4	18	9
Greece	40.1	29.6	17.9	9.7	5.9	2.7	3.1	3.8	20	15
Hungary	47.6	35.9	23.2	14.8	9.2	5.6	5.1	5.3	23	23
Ireland	29.3	19.5	11.1	8.2	6.2	3.8	3.3	3.8	15	15
Israel ⁴	---	24.2	15.6	9.9	5.5	3.8	3.8	3.7	---	14
Italy	43.9	29.6	14.6	8.1	4.3	3.3	3.9	3.4	22	9
Japan	30.7	13.1	7.5	4.6	3.2	2.6	2.4	2.3	16	1
Korea	---	45.0	---	---	---	3.5	3.2	3.2	---	7
Mexico	92.3	---	52.6	---	19.4	15.2	14.6	14.1	26	29
Netherlands	16.5	12.7	8.6	7.1	5.1	3.8	3.8	3.8	2	15
New Zealand	22.6	16.7	13.0	8.4	6.3	5.0	5.2	5.5	10	24
Norway	16.0	11.3	8.1	6.9	3.8	2.7	3.1	2.8	1	6
Poland	56.1	36.4	25.4	19.4	8.1	5.6	5.6	5.0	24	22
Portugal	77.5	55.5	24.3	10.9	5.5	3.3	3.6	2.5	25	3
Slovak Republic	28.6	25.7	20.9	12.0	8.6	5.9	5.7	5.7	14	25
Spain	43.7	28.1	††12.3	7.6	4.3	3.3	3.2	3.2	21	7
Sweden	16.6	11.0	6.9	6.0	3.4	2.5	2.5	2.5	3	3
Switzerland	21.1	15.1	9.1	6.8	4.9	4.0	4.3	3.8	7	15
Turkey	189.5	145.0	117.5	††51.5	31.6	12.1	10.2	7.8	28	28
United Kingdom	22.5	18.5	12.1	7.9	5.6	4.7	4.6	4.2	9	21
United States	26.0	20.0	12.6	9.2	6.9	6.6	6.4	⁵ 6.1	11	26

--- Data not available.

¹Data are estimated. See OECD website for updated data and additional information. Available from: <http://www.oecd.org/>.

††Break in series. See OECD website for updated data and additional information. Available from: <http://www.oecd.org/>.

¹Rankings are from lowest to highest infant mortality rates (IMR). Countries with the same IMR receive the same rank. The country with the next highest IMR is assigned the rank it would have received had the lower-ranked countries not been tied, i.e., skip a rank. The latest year's international rankings are based on 2010 data because that is the most current data year for which most countries have reported their final data to OECD. Countries without an estimate in the OECD database are omitted from this table. Relative rankings for individual countries may be affected if not all countries have reported data to OECD.

²Refers to countries, territories, cities, or geographic areas with at least 2.5 million population in 2000 (United Nations Department of Economic and Social Affairs/Population Division 172 World Population Prospects: The 2012 Revision, Volume 1: Comprehensive Tables. Available from:

http://esa.un.org/wpp/Documentation/pdf/WPP2012_Volume-I_Comprehensive-Tables.pdf) and with complete counts of live births and infant deaths according to the United Nations Demographic Yearbook.

³Under 1 year of age.

⁴Statistical data for Israel are supplied by, and under the responsibility of, the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem, and Israeli settlements in the West Bank under the terms of international law.

⁵Data are from Table 13.

NOTE: Some rates for selected countries and selected years were revised and differ from previous editions of *Health, United States*.

SOURCE: Organisation for Economic Co-operation and Development (OECD) Health Data 2013, incorporating revisions to the annual update. Available from: <http://www.oecd.org/>. See Appendix I, Organisation for Economic Co-operation and Development (OECD) Health Data.

Table 17 (page 1 of 2). Life expectancy at birth and at age 65, by sex: Organisation for Economic Co-operation and Development (OECD) countries, selected years 1980–2011

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#017>.

[Data are based on reporting by OECD countries]

Country	Male					Female				
	1980	1990	2000	2010	2011	1980	1990	2000	2010	2011
At birth	Life expectancy, in years									
Australia	71.0	73.9	76.6	79.5	†79.7	78.1	80.1	82.0	84.0	†84.2
Austria	69.0	72.3	75.2	77.9	78.3	76.1	79.0	81.2	83.5	†83.9
Belgium	69.9	72.7	74.6	77.6	†77.8	76.7	79.5	81.0	83.0	83.2
Canada	71.7	74.4	76.3	---	---	78.9	80.8	81.7	---	---
Chile	---	69.4	73.7	75.9	†75.7	---	76.5	80.0	82.0	†81.0
Czech Republic ¹	66.9	67.6	71.7	74.5	††74.8	74.0	75.5	78.5	80.9	††81.1
Denmark	71.2	72.0	74.5	77.2	77.8	77.3	77.8	79.2	81.4	81.9
Estonia	64.2	64.7	65.2	70.6	71.2	74.2	74.9	76.2	80.8	81.3
Finland	69.3	71.0	74.2	76.9	77.3	78.0	79.0	81.2	83.5	83.8
France	70.2	72.8	75.3	78.2	78.7	78.4	80.9	83.0	85.3	85.7
Germany ²	69.6	72.0	75.1	78.0	78.4	76.2	78.5	81.2	83.0	83.2
Greece	73.0	74.7	75.5	78.4	78.5	77.5	79.5	80.6	82.8	83.1
Hungary	65.5	65.2	67.5	70.7	71.2	72.8	73.8	76.2	78.6	78.7
Iceland	73.5	75.5	77.8	79.8	80.7	80.4	80.7	81.6	84.1	84.1
Ireland	70.1	72.1	74.0	78.7	††78.3	75.6	77.7	79.2	83.2	††82.8
Israel ³	72.1	74.9	76.7	79.7	79.9	75.7	78.4	80.9	83.6	83.6
Italy	70.6	73.8	76.9	79.8	†80.1	77.4	80.3	82.8	85.0	†85.3
Japan	73.4	75.9	77.7	79.6	79.4	78.8	81.9	84.6	86.3	85.9
Korea	61.8	67.3	72.3	77.2	77.7	70.0	75.5	79.6	84.1	84.5
Luxembourg	70.0	72.4	74.6	77.9	78.5	75.6	78.7	81.3	83.5	83.6
Mexico	64.1	67.0	70.5	71.1	71.2	70.2	74.0	76.1	77.0	77.2
Netherlands	72.5	73.8	75.6	78.9	79.4	79.2	80.3	80.7	83.0	83.1
New Zealand	70.1	72.5	75.9	79.1	79.4	76.2	78.4	80.8	82.8	83.0
Norway	72.4	73.5	76.0	79.0	79.1	79.3	79.9	81.5	83.3	83.6
Poland	66.0	66.3	69.6	72.1	††72.6	74.4	75.3	78.0	80.7	††81.1
Portugal	67.9	70.6	73.2	76.7	††77.6	74.9	77.5	80.2	82.8	††84.0
Slovak Republic ¹	66.8	66.7	69.2	71.7	††72.3	74.4	75.7	77.5	79.3	††79.8
Slovenia	---	69.8	72.2	76.4	76.8	---	77.8	79.9	83.1	83.3
Spain	72.3	73.4	75.8	79.1	79.4	78.5	80.6	82.9	85.3	85.4
Sweden	72.8	74.8	77.4	79.6	79.9	79.0	80.6	82.0	83.6	83.8
Switzerland	72.3	74.0	77.0	80.3	††80.5	79.0	80.9	82.8	84.9	††85.0
Turkey	55.8	††65.4	69.0	71.8	72.0	60.3	††69.5	73.1	76.8	77.1
United Kingdom	70.2	72.9	75.5	78.7	79.1	76.2	78.5	80.3	82.6	83.1
United States	70.0	71.8	74.1	⁴ 76.2	---	77.4	78.8	79.3	⁴ 81.0	---

See footnotes at end of table.

Table 17 (page 2 of 2). Life expectancy at birth and at age 65, by sex: Organisation for Economic Co-operation and Development (OECD) countries, selected years 1980–2011

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#017>.

[Data are based on reporting by OECD countries]

Country	Male					Female				
	1980	1990	2000	2010	2011	1980	1990	2000	2010	2011
At 65 years	Life expectancy, in years									
Australia	13.7	15.2	16.9	18.9	†19.1	17.9	19.0	20.4	21.8	†22.0
Austria	12.9	14.4	16.0	17.9	18.1	16.3	18.1	19.6	21.4	21.7
Belgium	12.9	14.3	15.6	17.6	†17.8	16.8	18.8	19.7	21.3	†21.5
Canada	14.5	15.7	16.5	---	---	18.9	19.9	20.2	---	---
Chile	---	13.7	15.5	17.1	†16.6	---	17.2	19.3	20.8	†19.6
Czech Republic ¹	11.2	11.7	13.8	15.5	††15.6	14.4	15.3	17.3	19.0	††19.2
Denmark	13.6	14.0	15.2	17.0	17.3	17.7	17.9	18.3	19.7	---
Estonia	---	12.0	12.6	14.2	14.7	---	15.8	17.0	19.4	20.0
Finland	12.6	13.8	15.5	17.5	17.7	17.0	17.8	19.5	21.5	21.7
France	13.6	15.5	16.8	18.9	19.3	18.2	19.8	21.4	23.4	23.8
Germany ²	12.8	14.0	15.8	17.8	18.2	16.3	17.7	19.6	20.9	21.2
Greece	15.2	15.7	16.1	18.5	18.5	17.0	18.0	18.4	20.4	20.6
Hungary	11.6	12.1	13.0	14.1	14.3	14.7	15.4	16.7	18.2	18.3
Iceland	15.7	16.4	17.8	18.3	18.9	19.3	19.8	19.8	21.5	21.5
Ireland	12.6	13.3	14.6	18.1	††17.9	15.7	17.0	18.0	21.1	††20.7
Israel ³	---	15.7	17.0	18.9	19.0	---	17.8	19.0	21.2	21.2
Italy	13.3	15.2	16.7	18.6	†18.8	17.1	19.0	20.7	22.4	†22.6
Japan	14.6	16.2	17.5	18.7	18.7	17.7	20.0	22.4	23.8	23.7
Korea	10.5	12.4	14.3	17.2	17.4	15.1	16.3	18.2	21.6	21.9
Luxembourg	12.6	14.3	15.5	17.3	17.8	16.5	18.5	20.1	21.6	21.6
Mexico	15.4	16.0	16.5	16.6	16.7	17.0	18.0	18.4	18.5	18.5
Netherlands	13.7	14.4	15.4	17.7	18.1	18.0	19.1	19.3	21.0	21.2
New Zealand	13.2	14.6	16.5	18.8	19.0	17.0	18.3	19.8	21.2	21.3
Norway	14.3	14.6	16.1	18.0	18.2	18.2	18.7	19.9	21.2	21.4
Poland	12.0	12.4	13.5	15.1	††15.4	15.5	16.2	17.5	19.5	††19.9
Portugal	13.1	14.0	15.4	17.1	††18.1	16.1	17.1	18.9	20.6	††21.8
Slovak Republic ¹	12.1	12.3	12.9	14.0	††14.5	15.3	16.0	16.7	18.0	††18.4
Slovenia	---	13.4	14.2	16.8	16.9	---	17.1	18.7	21.0	21.1
Spain	14.6	15.5	16.7	18.6	18.7	17.8	19.3	20.8	22.7	22.8
Sweden	14.3	15.4	16.7	18.3	18.5	18.1	19.2	20.2	21.2	21.3
Switzerland	14.3	15.3	17.0	19.0	††19.2	18.2	19.7	20.9	22.5	††22.6
Turkey	11.7	††12.8	13.4	14.0	14.1	12.8	††14.3	15.1	16.0	16.1
United Kingdom	12.6	14.0	15.8	18.3	18.6	16.6	17.9	19.0	20.9	21.2
United States	14.1	15.1	16.0	⁴ 17.7	---	18.3	18.9	19.0	⁴ 20.3	---

--- Data not available.

¹Data are estimated. See OECD website for updated data and additional information. Available at: <http://www.oecd.org/>.

††Break in series. See OECD website for updated data and additional information. Available at: <http://www.oecd.org/>.

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 onward data refer to Germany after reunification.

³Statistical data for Israel are supplied by, and under the responsibility of, the relevant Israeli authorities. The use of such data by OECD is without prejudice to the status of the Golan Heights, East Jerusalem, and Israeli settlements in the West Bank under the terms of international law.

⁴Data are from [Table 18](#).

NOTES: Because calculation of life expectancy estimates varies among countries, ranks are not presented. Therefore, comparisons among countries and their interpretation should be made with caution. See [Appendix II, Life expectancy](#). Some estimates for selected countries and selected years were revised and differ from previous editions of *Health, United States*.

SOURCE: Organisation for Economic Co-operation and Development (OECD) Health Data 2013, OECD.StatExtracts, available from: <http://www.oecd.org/>; CDC/NCHS. Vital statistics of the United States (selected years). Public Health Service. Washington, DC. See [Appendix I, Organisation for Economic Co-operation and Development \(OECD\) Health Data](#).

Table 18 (page 1 of 2). Life expectancy at birth, at age 65, and at age 75, by sex, race, and Hispanic origin: United States, selected years 1900–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#018>.

[Data are based on death certificates]

Specified age and year	All races			White			Black or African American ¹		
	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female
At birth									
Life expectancy, in years									
1900 ^{2,3}	47.3	46.3	48.3	47.6	46.6	48.7	33.0	32.5	33.5
1950 ³	68.2	65.6	71.1	69.1	66.5	72.2	60.8	59.1	62.9
1960 ³	69.7	66.6	73.1	70.6	67.4	74.1	63.6	61.1	66.3
1970	70.8	67.1	74.7	71.7	68.0	75.6	64.1	60.0	68.3
1980	73.7	70.0	77.4	74.4	70.7	78.1	68.1	63.8	72.5
1990	75.4	71.8	78.8	76.1	72.7	79.4	69.1	64.5	73.6
1995	75.8	72.5	78.9	76.5	73.4	79.6	69.6	65.2	73.9
2000	76.8	74.1	79.3	77.3	74.7	79.9	71.8	68.2	75.1
2001	77.0	74.3	79.5	77.5	74.9	80.0	72.0	68.5	75.3
2002	77.0	74.4	79.6	77.5	74.9	80.1	72.2	68.7	75.4
2003	77.2	74.5	79.7	77.7	75.1	80.2	72.4	68.9	75.7
2004	77.6	75.0	80.1	78.1	75.5	80.5	72.9	69.4	76.1
2005	77.6	75.0	80.1	78.0	75.5	80.5	73.0	69.5	76.2
2006	77.8	75.2	80.3	78.3	75.8	80.7	73.4	69.9	76.7
2007	78.1	75.5	80.6	78.5	76.0	80.9	73.8	70.3	77.0
2008	78.2	75.6	80.6	78.5	76.1	80.9	74.3	70.9	77.3
2009	78.5	76.0	80.9	78.8	76.4	81.2	74.7	71.4	77.7
2010	78.7	76.2	81.0	78.9	76.5	81.3	75.1	71.8	78.0
At 65 years									
1950 ³	13.9	12.8	15.0	14.1	12.8	15.1	13.9	12.9	14.9
1960 ³	14.3	12.8	15.8	14.4	12.9	15.9	13.9	12.7	15.1
1970	15.2	13.1	17.0	15.2	13.1	17.1	14.2	12.5	15.7
1980	16.4	14.1	18.3	16.5	14.2	18.4	15.1	13.0	16.8
1990	17.2	15.1	18.9	17.3	15.2	19.1	15.4	13.2	17.2
1995	17.4	15.6	18.9	17.6	15.7	19.1	15.6	13.6	17.1
2000	17.6	16.0	19.0	17.7	16.1	19.1	16.1	14.1	17.5
2001	17.9	16.2	19.2	18.0	16.3	19.3	16.2	14.2	17.7
2002	17.9	16.3	19.2	18.0	16.4	19.3	16.3	14.4	17.8
2003	18.1	16.5	19.3	18.2	16.6	19.4	16.5	14.5	18.0
2004	18.4	16.9	19.6	18.5	17.0	19.7	16.8	14.9	18.3
2005	18.4	16.9	19.6	18.5	17.0	19.7	16.9	15.0	18.3
2006	18.7	17.2	19.9	18.7	17.3	19.9	17.2	15.2	18.6
2007	18.8	17.4	20.0	18.9	17.4	20.1	17.3	15.4	18.8
2008	18.8	17.4	20.0	18.9	17.5	20.0	17.5	15.5	18.9
2009	19.1	17.7	20.3	19.2	17.7	20.3	17.8	15.9	19.2
2010	19.1	17.7	20.3	19.2	17.8	20.3	17.8	15.9	19.3
At 75 years									
1980	10.4	8.8	11.5	10.4	8.8	11.5	9.7	8.3	10.7
1990	10.9	9.4	12.0	11.0	9.4	12.0	10.2	8.6	11.2
1995	11.0	9.7	11.9	11.1	9.7	12.0	10.2	8.8	11.1
2000	11.0	9.8	11.8	11.0	9.8	11.9	10.4	9.0	11.3
2001	11.2	9.9	12.0	11.2	10.0	12.1	10.5	9.0	11.5
2002	11.2	10.0	12.0	11.2	10.0	12.1	10.5	9.1	11.5
2003	11.3	10.1	12.1	11.3	10.2	12.1	10.7	8.7	11.6
2004	11.5	10.4	12.4	11.6	10.4	12.4	10.9	9.4	11.2
2005	11.5	10.4	12.3	11.5	10.4	12.3	10.9	9.4	11.2
2006	11.7	10.6	12.5	11.1	10.6	12.5	11.1	9.1	12.0
2007	11.9	10.7	12.6	11.9	10.8	12.6	11.2	9.8	12.1
2008	11.8	10.7	12.6	11.8	10.7	12.6	11.3	9.8	12.2
2009	12.1	11.0	12.9	12.1	10.4	12.9	11.6	10.2	12.5
2010	12.1	11.0	12.9	12.1	11.0	12.8	11.6	10.2	12.5

See footnotes at end of table.

Table 18 (page 2 of 2). Life expectancy at birth, at age 65, and at age 75, by sex, race, and Hispanic origin: United States, selected years 1900–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#018>.

[Data are based on death certificates]

Specified age and year	White, not Hispanic			Black, not Hispanic			Hispanic ⁴		
	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female
At birth				Life expectancy, in years					
2006	78.2	75.7	80.6	73.1	69.5	76.4	80.3	77.5	82.9
2007	78.4	75.9	80.8	73.5	69.9	76.7	80.7	77.8	83.2
2008	78.4	76.0	80.7	73.9	70.5	77.0	80.8	78.0	83.3
2009	78.7	76.3	81.1	74.3	70.9	77.4	81.1	78.4	83.5
2010	78.8	76.4	81.1	74.7	71.4	77.7	81.2	78.5	83.8
At 65 years									
2006	18.7	17.2	19.9	17.1	15.1	18.5	20.2	18.5	21.5
2007	18.8	17.4	20.0	17.2	15.3	18.7	20.5	18.7	21.7
2008	18.8	17.4	20.0	17.4	15.4	18.8	20.4	18.7	21.6
2009	19.1	17.7	19.5	17.7	15.8	19.1	20.7	19.0	21.9
2010	19.1	17.7	20.3	17.7	15.8	19.1	20.6	18.8	22.0
At 75 years									
2006	11.7	10.6	12.5	11.1	9.6	12.0	13.0	11.7	13.7
2007	11.8	10.7	12.6	11.2	9.7	12.1	13.1	11.8	13.8
2008	11.8	10.7	12.6	11.3	9.8	12.2	13.0	11.7	13.8
2009	12.0	11.0	12.9	11.6	10.1	12.4	13.3	12.0	13.8
2010	12.0	11.0	12.8	11.6	10.1	12.5	13.2	11.7	14.1

¹Data shown for 1900–1960 are for the nonwhite population.

²Death registration area only. The death registration area increased from 10 states and the District of Columbia (D.C.) in 1900 to the coterminous United States in 1933. See [Appendix II, Registration area](#).

³Includes deaths of persons who were not residents of the 50 states and D.C.

⁴Hispanic origin was added to the U.S. standard death certificate in 1989 and was adopted by every state in 1997. To estimate life expectancy, age-specific death rates were corrected to address racial and ethnic misclassification, which underestimates deaths in the Hispanic population. Life expectancies for the Hispanic population are adjusted for underreporting on the death certificate of Hispanic ethnicity, but are not adjusted to account for the potential effects of return migration. To address the effects of age misstatement at the oldest ages, the probability of death for Hispanic persons older than 80 years is estimated as a function of non-Hispanic white mortality with the use of the Brass relational logit model. See [Appendix II, Hispanic origin](#). See [Appendix II, Race](#), for a discussion of sources of bias in death rates by race and Hispanic origin.

NOTES: Populations for computing life expectancy for 1991–1999 are 1990-based postcensal estimates of the U.S. resident population. Starting with *Health, United States, 2012*, populations for computing life expectancy for 2001–2009 were based on intercensal population estimates of the U.S. resident population. Populations for computing life expectancy for 2010 were based on 2010 census counts. See [Appendix I, Population Census and Population Estimates](#). In 1997, life table methodology was revised to construct complete life tables by single years of age that extend to age 100. (Anderson RN. Method for constructing complete annual U.S. life tables. NCHS. Vital Health Stat 2(129). 1999.) Previously, abridged life tables were constructed for 5-year age groups ending with 85 years and over. In 2000, the life table methodology was revised. The revised methodology is similar to that developed for the 1999–2001 decennial life tables. In 2008, the life table methodology was further refined. See [Appendix II, Life expectancy](#). Starting with 2003 data, some states allowed the reporting of more than one race on the death certificate. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. The race groups, white and black include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. See [Appendix II, Race](#). Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>

SOURCE: CDC/NCHS, National Vital Statistics System, public-use Mortality Files; Grove RD, Hetzel AM. Vital statistics rates in the United States, 1940–1960. Washington, DC: U.S. Government Printing Office, 1968; Arias E. United States life tables by Hispanic origin. Vital health statistics; vol 2 no 152. Hyattsville, MD: NCHS. 2010. Murphy SL, Xu JQ, Kochanek KD. Deaths: Final data for 2010. National vital statistics reports; vol 61 no 4. Hyattsville, MD: NCHS; 2012. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_04.pdf. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 19 (page 1 of 2). Age-adjusted death rates, by race, Hispanic origin, state, and territory: United States and U.S. dependent areas, average annual 1979–1981, 1989–1991, and 2008–2010

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2013.htm#019>.

[Data are based on death certificates]

State and territory	All persons		White		Black or African American	American Indian or Alaska Native ¹	Asian or Pacific Islander ¹	Hispanic or Latino ¹	White, not Hispanic or Latino ¹
	1979–1981	1989–1991	2008–2010	2008–2010	2008–2010	2008–2010	2008–2010	2008–2010	2008–2010
	Age-adjusted death rate per 100,000 population ²								
United States ³	1,022.8	942.2	757.0	750.5	919.2	629.3	427.8	565.7	763.1
Alabama	1,091.2	1,037.9	946.5	920.0	1,061.2	337.8	456.7	347.4	926.0
Alaska	1,087.4	944.6	765.8	716.6	740.3	1,156.9	452.8	492.4	720.0
Arizona	951.5	873.5	700.3	694.1	791.8	878.1	409.1	635.1	699.8
Arkansas	1,017.0	996.3	905.4	885.9	1,083.1	368.7	579.5	352.3	897.3
California	975.5	911.0	659.9	685.1	875.3	371.4	432.7	551.0	713.3
Colorado	941.1	856.1	695.8	700.1	805.1	456.0	400.2	699.0	693.4
Connecticut	961.5	857.5	661.3	659.8	731.3	277.8	342.7	540.5	659.1
Delaware	1,069.7	1,001.9	777.1	768.2	862.2	*	325.0	437.9	769.3
District of Columbia	1,243.1	1,255.3	840.8	524.9	1,065.4	*	366.0	411.5	522.1
Florida	960.8	870.9	706.4	696.2	827.7	326.9	368.8	555.3	726.1
Georgia	1,094.3	1,037.4	850.6	826.3	955.2	149.0	405.5	298.2	843.0
Hawaii	801.2	752.2	608.0	649.0	620.4	*	593.6	797.3	656.2
Idaho	936.7	856.6	731.1	731.5	597.9	851.3	526.9	503.9	738.2
Illinois	1,063.7	973.8	755.1	734.9	968.1	187.5	385.0	475.9	747.4
Indiana	1,048.3	962.0	828.3	820.5	973.0	156.3	385.7	460.0	820.9
Iowa	919.9	848.2	732.4	730.5	949.0	736.9	417.7	465.5	733.3
Kansas	940.1	867.2	771.4	761.6	978.8	1,222.9	465.4	543.3	766.6
Kentucky	1,088.9	1,024.5	918.0	917.2	999.5	275.3	432.7	343.9	921.6
Louisiana	1,132.6	1,074.6	919.0	870.9	1,063.2	400.0	467.2	368.0	884.1
Maine	1,002.9	918.7	753.8	755.3	535.3	1,197.9	310.0	452.8	754.2
Maryland	1,063.3	985.2	749.3	719.5	884.3	231.4	374.4	324.8	730.9
Massachusetts	982.6	884.8	687.5	698.4	650.3	288.9	356.1	455.7	699.0
Michigan	1,050.2	966.0	793.7	768.4	998.9	841.2	350.7	684.8	768.1
Minnesota	892.9	825.2	662.5	656.5	706.0	1,082.5	527.9	423.6	657.7
Mississippi	1,108.4	1,071.4	965.0	915.1	1,083.9	725.1	472.2	289.3	920.5
Missouri	1,033.7	952.4	831.8	821.3	971.9	428.3	319.3	368.5	827.2
Montana	1,013.6	890.2	766.9	746.4	*	1,203.0	*	525.7	737.2
Nebraska	930.6	867.9	726.6	719.4	974.3	811.4	379.5	450.8	723.6
Nevada	1,077.4	1,017.4	805.9	832.2	849.9	603.3	438.3	496.2	876.7
New Hampshire	982.3	891.7	699.0	704.5	608.3	*	262.7	333.1	706.3
New Jersey	1,047.5	956.0	699.5	695.1	863.4	214.4	355.8	496.9	708.1
New Mexico	967.1	891.9	762.2	759.1	779.2	807.1	371.0	733.6	750.1
New York	1,051.8	973.7	677.9	689.3	712.0	207.2	366.2	546.1	685.7
North Carolina	1,050.4	986.0	812.3	788.4	934.1	785.1	351.3	314.3	796.7
North Dakota	922.4	818.4	710.0	687.1	*	1,406.3	*	650.6	685.3
Ohio	1,070.6	967.4	824.8	810.5	981.1	277.5	420.9	488.7	812.4
Oklahoma	1,025.6	961.4	925.1	912.0	1,068.1	990.5	572.1	518.7	924.6
Oregon	953.9	893.0	734.8	741.1	815.0	715.5	453.5	479.2	747.9
Pennsylvania	1,076.4	963.4	780.0	766.5	974.5	197.1	377.1	502.1	767.9
Rhode Island	990.8	889.6	725.1	731.4	627.9	581.6	440.7	416.2	736.1
South Carolina	1,104.6	1,030.0	856.2	816.4	996.7	459.5	439.9	419.9	818.3
South Dakota	941.9	846.4	717.8	682.8	378.0	1,312.9	*	406.6	683.5
Tennessee	1,045.5	1,011.8	896.4	878.1	1,053.5	289.6	456.2	309.5	884.5
Texas	1,014.9	947.6	782.4	778.9	954.8	174.4	376.9	656.3	813.3
Utah	924.9	823.2	697.8	700.0	752.8	750.2	535.3	574.9	704.9
Vermont	990.2	908.6	708.2	711.6	*	*	*	*	709.0
Virginia	1,054.0	963.1	756.2	736.7	922.0	366.4	407.6	412.8	742.6
Washington	947.7	869.4	711.4	719.6	807.1	940.0	469.6	501.1	726.1
West Virginia	1,100.3	1,031.5	948.4	949.1	1,041.2	*	412.7	285.4	952.2
Wisconsin	956.4	879.1	717.4	704.0	982.2	1,068.9	460.7	445.3	707.0
Wyoming	1,016.1	897.4	775.9	770.4	*	1,165.3	*	635.4	773.0
American Samoa ⁴	---	---	1,032.1	---	---	---	---	---	---
Guam ⁴	---	---	720.0	---	---	---	---	---	---
Northern Marianas ⁴	---	---	876.6	---	---	---	---	---	---
Puerto Rico ⁴	---	---	704.6	---	---	---	---	---	---
Virgin Islands ⁴	---	---	665.2	---	---	---	---	---	---

See footnotes at end of table.

Table 19 (page 2 of 2). Age-adjusted death rates, by race, Hispanic origin, state, and territory: United States and U.S. dependent areas, average annual 1979–1981, 1989–1991, and 2008–2010

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2013.htm#019>.

[Data are based on death certificates]

-- Data not available.

* Prior to 2008–2010, data for states with populations under 10,000 in the middle year of a 3-year period, or fewer than 50 deaths for the 3-year period, are considered unreliable and are not shown. Starting in 2008–2010, data for states with an average population for the 3-year period of under 10,000, or fewer than 50 deaths for the 3-year period, are considered unreliable and are not shown.

¹Death rates for Hispanic, American Indian and Alaska Native, and Asian or Pacific Islander persons should be interpreted with caution because of inconsistencies in reporting Hispanic origin or race on the death certificate (death rate numerators) compared with population figures (death rate denominators). The net effect of misclassification is an underestimation of deaths and death rates for races other than white and black. See [Appendix II, Race](#), for a detailed discussion of sources of bias in death rates by race and Hispanic origin.

²Age-adjusted average annual death rates are calculated using the year 2000 standard population. Prior to 2001, age-adjusted rates were calculated using standard million proportions based on rounded population numbers. Starting with 2001 data, unrounded population numbers are used to calculate age-adjusted rates. Age-adjusted rates for Puerto Rico, Virgin Islands, Guam, American Samoa, and Northern Marianas were computed by applying the age-specific death rates to the U.S. standard population combining the age groups for age 75 and over. For the territories, age groups were not available for those aged 75 and over by age. See [Appendix II, Age adjustment](#). Prior to 2008–2010, denominators for rates are resident population estimates for the middle year of each 3-year period, multiplied by 3. Starting with 2008–2010, denominators for rates are the 3-year average population. For the territories, populations for 2008 and 2009 are 2000-based postcensal estimates as of July 1, 2008 and July 1, 2009; for 2010, population estimates are 2010-based postcensal estimates as of July 1, 2010; Available from: U.S. Census Bureau. International data base. 2010. <http://www.census.gov/population/international/>. See [Appendix I, Population Census and Population Estimates](#).

³Excludes data for American Samoa, Guam, Northern Marianas, Puerto Rico, and Virgin Islands.

⁴Comparable population data were not available for all time periods and for all racial and ethnicity groups. Therefore, only selected rates are presented for the territories.

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. United States and state rates for 2008–2010 were calculated using intercensal population estimates for 2008 and 2009, and bridged-race April 1, 2010 census counts. Starting with 2003 data, some states allowed the reporting of more than one race on the death certificate. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See [Appendix II, Race](#).

SOURCE: CDC/NCHS, National Vital Statistics System; numerator data from annual public-use and nonpublic-use Mortality Files; denominator data from state population estimates prepared by the U.S. Census Bureau 1980 from April 1, 1980 MARS Census File; 1990 from April 1, 1990 MARS Census File; 2008 from bridged-race intercensal file; 2009 from bridged-race intercensal file; 2010 from April 1, 2010 bridged-race file; and Available from: http://www.cdc.gov/nchs/nvss/bridged_race.htm. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 20 (page 1 of 4). Age-adjusted death rates for selected causes of death, by sex, race, and Hispanic origin: United States, selected years 1950–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#020>.

[Data are based on death certificates]

<i>Sex, race, Hispanic origin, and cause of death</i> ¹	1950 ^{2,3}	1960 ^{2,3}	1970 ³	1980 ³	1990 ³	2000 ⁴	2005 ⁴	2009 ⁴	2010 ⁴
All persons									
Age-adjusted death rate per 100,000 population ⁵									
All causes	1,446.0	1,339.2	1,222.6	1,039.1	938.7	869.0	815.0	749.6	747.0
Diseases of heart	588.8	559.0	492.7	412.1	321.8	257.6	216.8	182.8	179.1
Ischemic heart disease	---	---	---	345.2	249.6	186.8	148.2	117.7	113.6
Cerebrovascular diseases	180.7	177.9	147.7	96.2	65.3	60.9	48.0	39.6	39.1
Malignant neoplasms	193.9	193.9	198.6	207.9	216.0	199.6	185.1	173.5	172.8
Trachea, bronchus, and lung	15.0	24.1	37.1	49.9	59.3	56.1	52.7	48.4	47.6
Colon, rectum, and anus	---	30.3	28.9	27.4	24.5	20.8	17.7	16.0	15.8
Chronic lower respiratory diseases	---	---	---	28.3	37.2	44.2	43.9	42.7	42.2
Influenza and pneumonia	48.1	53.7	41.7	31.4	36.8	23.7	21.0	16.5	15.1
Chronic liver disease and cirrhosis	11.3	13.3	17.8	15.1	11.1	9.5	8.9	9.1	9.4
Diabetes mellitus	23.1	22.5	24.3	18.1	20.7	25.0	24.9	21.0	20.8
Alzheimer's disease	---	---	---	†	†	18.1	24.0	24.2	25.1
Human immunodeficiency virus (HIV) disease . . . . .	...	...	...	...	10.2	5.2	4.2	3.0	2.6
Unintentional injuries	78.0	62.3	60.1	46.4	36.3	34.9	39.5	37.5	38.0
Motor vehicle-related injuries	24.6	23.1	27.6	22.3	18.5	15.4	15.2	11.6	11.3
Poisoning	2.5	1.7	2.8	1.9	2.3	4.5	8.0	10.3	10.6
Suicide ⁶	13.2	12.5	13.1	12.2	12.5	10.4	10.9	11.8	12.1
Homicide ⁶	5.1	5.0	8.8	10.4	9.4	5.9	6.1	5.5	5.3
Male									
All causes	1,674.2	1,609.0	1,542.1	1,348.1	1,202.8	1,053.8	971.9	890.9	887.1
Diseases of heart	699.0	687.6	634.0	538.9	412.4	320.0	268.2	229.4	225.1
Ischemic heart disease	---	---	---	459.7	328.2	241.4	192.3	156.2	151.3
Cerebrovascular diseases	186.4	186.1	157.4	102.2	68.5	62.4	48.4	39.9	39.3
Malignant neoplasms	208.1	225.1	247.6	271.2	280.4	248.9	227.2	210.9	209.9
Trachea, bronchus, and lung	24.6	43.6	67.5	85.2	91.1	76.7	69.1	61.4	60.3
Colon, rectum, and anus	---	31.8	32.3	32.8	30.4	25.1	21.2	19.1	19.0
Prostate	28.6	28.7	28.8	32.8	38.4	30.4	25.3	22.1	21.9
Chronic lower respiratory diseases	---	---	---	49.9	55.4	55.8	52.2	49.5	48.7
Influenza and pneumonia	55.0	65.8	54.0	42.1	47.8	28.9	24.9	19.6	18.2
Chronic liver disease and cirrhosis	15.0	18.5	24.8	21.3	15.9	13.4	12.4	12.5	12.9
Diabetes mellitus	18.8	19.9	23.0	18.1	21.7	27.8	28.8	25.0	24.9
Alzheimer's disease	---	---	---	†	†	15.2	19.5	20.2	21.0
Human immunodeficiency virus (HIV) disease . . . . .	...	...	...	...	18.5	7.9	6.3	4.4	3.8
Unintentional injuries	101.8	85.5	87.4	69.0	52.9	49.3	55.0	51.4	51.5
Motor vehicle-related injuries	38.5	35.4	41.5	33.6	26.5	21.7	21.9	16.8	16.2
Poisoning	3.3	2.3	3.9	2.7	3.5	6.6	10.8	13.5	13.8
Suicide ⁶	21.2	20.0	19.8	19.9	21.5	17.7	18.1	19.2	19.8
Homicide ⁶	7.9	7.5	14.3	16.6	14.8	9.0	9.7	8.6	8.4
Female									
All causes	1,236.0	1,105.3	971.4	817.9	750.9	731.4	692.3	636.8	634.9
Diseases of heart	486.6	447.0	381.6	320.8	257.0	210.9	177.5	146.6	143.3
Ischemic heart disease	---	---	---	263.1	193.9	146.5	115.0	88.4	84.9
Cerebrovascular diseases	175.8	170.7	140.0	91.7	62.6	59.1	47.0	38.8	38.3
Malignant neoplasms	182.3	168.7	163.2	166.7	175.7	167.6	156.7	147.4	146.7
Trachea, bronchus, and lung	5.8	7.5	13.1	24.4	37.1	41.3	40.6	38.6	38.1
Colon, rectum, and anus	---	29.1	26.5	23.8	20.6	17.7	15.0	13.5	13.3
Breast	31.9	31.7	32.1	31.9	33.3	26.8	24.2	22.3	22.1
Chronic lower respiratory diseases	---	---	---	14.9	26.6	37.4	38.7	38.3	38.0
Influenza and pneumonia	41.9	43.8	32.7	25.1	30.5	20.7	18.6	14.5	13.1
Chronic liver disease and cirrhosis	7.8	8.7	11.9	9.9	7.1	6.2	5.8	6.1	6.2
Diabetes mellitus	27.0	24.7	25.1	18.0	19.9	23.0	21.9	17.9	17.6
Alzheimer's disease	---	---	---	†	†	19.3	26.2	26.3	27.3
Human immunodeficiency virus (HIV) disease . . . . .	...	...	...	...	2.2	2.5	2.3	1.7	1.4
Unintentional injuries	54.0	40.0	35.1	26.1	21.5	22.0	25.3	24.8	25.6
Motor vehicle-related injuries	11.5	11.7	14.9	11.8	11.0	9.5	8.9	6.7	6.5
Poisoning	1.7	1.1	1.8	1.3	1.2	2.5	5.1	7.1	7.5
Suicide ⁶	5.6	5.6	7.4	5.7	4.8	4.0	4.4	4.9	5.0
Homicide ⁶	2.4	2.6	3.7	4.4	4.0	2.8	2.5	2.4	2.3

See footnotes at end of table.

Table 20 (page 2 of 4). Age-adjusted death rates for selected causes of death, by sex, race, and Hispanic origin: United States, selected years 1950–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#020>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and cause of death ¹	1950 ^{2,3}	1960 ^{2,3}	1970 ³	1980 ³	1990 ³	2000 ⁴	2005 ⁴	2009 ⁴	2010 ⁴
White ⁷									
Age-adjusted death rate per 100,000 population ⁵									
All causes	1,410.8	1,311.3	1,193.3	1,012.7	909.8	849.8	801.1	742.8	741.8
Diseases of heart	586.0	559.0	492.2	409.4	317.0	253.4	213.2	180.1	176.9
Ischemic heart disease	---	---	---	347.6	249.7	185.6	147.3	117.4	113.5
Cerebrovascular diseases	175.5	172.7	143.5	93.2	62.8	58.8	46.0	38.1	37.7
Malignant neoplasms	194.6	193.1	196.7	204.2	211.6	197.2	183.9	173.3	172.4
Trachea, bronchus, and lung	15.2	24.0	36.7	49.2	58.6	56.2	53.2	49.1	48.3
Colon, rectum, and anus	---	30.9	29.2	27.4	24.1	20.3	17.1	15.6	15.3
Chronic lower respiratory diseases	---	---	---	29.3	38.3	46.0	46.0	45.1	44.6
Influenza and pneumonia	44.8	50.4	39.8	30.9	36.4	23.5	20.9	16.3	14.9
Chronic liver disease and cirrhosis	11.5	13.2	16.6	13.9	10.5	9.6	9.2	9.6	9.9
Diabetes mellitus	22.9	21.7	22.9	16.7	18.8	22.8	22.8	19.2	19.0
Alzheimer's disease	---	---	---	†	†	18.8	24.7	25.0	26.0
Human immunodeficiency virus (HIV) disease . . . . .	...	...	...	...	8.3	2.8	2.2	1.5	1.4
Unintentional injuries	77.0	60.4	57.8	45.3	35.5	35.1	40.7	39.5	40.3
Motor vehicle-related injuries	24.4	22.9	27.1	22.6	18.5	15.6	15.7	12.0	11.7
Poisoning	2.4	1.6	2.4	1.8	2.1	4.5	8.5	11.4	11.9
Suicide ⁶	13.9	13.1	13.8	13.0	13.4	11.3	12.1	13.2	13.6
Homicide ⁶	2.6	2.7	4.7	6.7	5.5	3.6	3.7	3.4	3.3
Black or African American ⁷									
All causes	1,722.1	1,577.5	1,518.1	1,314.8	1,250.3	1,121.4	1,035.1	912.8	898.2
Diseases of heart	588.7	548.3	512.0	455.3	391.5	324.8	278.0	231.8	224.9
Ischemic heart disease	---	---	---	334.5	267.0	218.3	175.7	137.4	131.2
Cerebrovascular diseases	233.6	235.2	197.1	129.1	91.6	81.9	67.0	54.0	53.0
Malignant neoplasms	176.4	199.1	225.3	256.4	279.5	248.5	223.5	204.5	203.8
Trachea, bronchus, and lung	11.1	23.7	41.3	59.7	72.4	64.0	58.1	51.3	51.4
Colon, rectum, and anus	---	22.8	26.1	28.3	30.6	28.2	25.1	22.0	21.8
Chronic lower respiratory diseases	---	---	---	19.2	28.1	31.6	31.1	28.9	29.0
Influenza and pneumonia	76.7	81.1	57.2	34.4	39.4	25.6	22.6	18.0	16.8
Chronic liver disease and cirrhosis	9.0	13.6	28.1	25.0	16.5	9.4	7.6	6.8	6.7
Diabetes mellitus	23.5	30.9	38.8	32.7	40.5	49.5	47.5	39.1	38.7
Alzheimer's disease	---	---	---	†	†	13.0	20.8	20.6	20.6
Human immunodeficiency virus (HIV) disease . . . . .	...	...	...	...	26.7	23.3	19.2	13.7	11.6
Unintentional injuries	79.9	74.0	78.3	57.6	43.8	37.7	38.8	31.6	31.3
Motor vehicle-related injuries	26.0	24.2	31.1	20.2	18.8	15.7	14.4	11.5	10.9
Poisoning	2.8	2.9	5.8	3.1	4.1	6.0	8.1	7.4	7.3
Suicide ⁶	4.5	5.0	6.2	6.5	7.1	5.5	5.2	5.1	5.2
Homicide ⁶	28.3	26.0	44.0	39.0	36.3	20.5	21.1	18.1	17.7
American Indian or Alaska Native ⁷									
All causes	---	---	---	867.0	716.3	709.3	701.1	616.0	628.3
Diseases of heart	---	---	---	240.6	200.6	178.2	156.6	130.7	128.6
Ischemic heart disease	---	---	---	173.6	139.1	129.1	106.1	86.5	84.9
Cerebrovascular diseases	---	---	---	57.8	40.7	45.0	38.8	29.2	28.1
Malignant neoplasms	---	---	---	113.7	121.8	127.8	128.8	114.9	122.4
Trachea, bronchus, and lung	---	---	---	20.7	30.9	32.3	35.3	29.5	33.1
Colon, rectum, and anus	---	---	---	9.5	12.0	13.4	12.6	13.0	11.7
Chronic lower respiratory diseases	---	---	---	14.2	25.4	32.8	31.6	30.7	33.8
Influenza and pneumonia	---	---	---	44.4	36.1	22.3	23.6	17.9	15.9
Chronic liver disease and cirrhosis	---	---	---	45.3	24.1	24.3	21.6	21.3	22.8
Diabetes mellitus	---	---	---	29.6	34.1	41.5	44.1	34.9	36.4
Alzheimer's disease	---	---	---	†	†	9.1	15.0	13.1	17.2
Human immunodeficiency virus (HIV) disease . . . . .	...	...	...	...	1.8	2.2	2.5	1.7	1.6
Unintentional injuries	---	---	---	99.0	62.6	51.3	51.3	48.7	46.9
Motor vehicle-related injuries	---	---	---	54.5	32.5	27.3	22.6	17.2	15.7
Poisoning	---	---	---	2.3	3.2	4.7	8.6	13.8	13.0
Suicide ⁶	---	---	---	11.9	11.7	9.8	10.7	10.0	10.8
Homicide ⁶	---	---	---	15.5	10.4	6.8	6.8	5.9	5.7

See footnotes at end of table.

Table 20 (page 3 of 4). Age-adjusted death rates for selected causes of death, by sex, race, and Hispanic origin: United States, selected years 1950–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#020>.

[Data are based on death certificates]

<i>Sex, race, Hispanic origin, and cause of death</i> ¹	1950 ^{2,3}	1960 ^{2,3}	1970 ³	1980 ³	1990 ³	2000 ⁴	2005 ⁴	2009 ⁴	2010 ⁴
Asian or Pacific Islander⁷									
Age-adjusted death rate per 100,000 population ⁵									
All causes	---	---	---	589.9	582.0	506.4	459.6	424.6	424.3
Diseases of heart	---	---	---	202.1	181.7	146.0	119.7	103.8	100.9
Ischemic heart disease	---	---	---	168.2	139.6	109.6	85.6	70.7	68.7
Cerebrovascular diseases	---	---	---	66.1	56.9	52.9	40.8	33.0	33.2
Malignant neoplasms	---	---	---	126.1	134.2	121.9	113.2	106.8	108.9
Trachea, bronchus, and lung	---	---	---	28.4	30.2	28.1	26.3	25.2	24.8
Colon, rectum, and anus	---	---	---	16.4	14.4	12.7	11.5	10.5	11.4
Chronic lower respiratory diseases	---	---	---	12.9	19.4	18.6	15.9	14.3	13.9
Influenza and pneumonia	---	---	---	24.0	31.4	19.7	16.8	15.0	14.4
Chronic liver disease and cirrhosis	---	---	---	6.1	5.2	3.5	3.6	3.3	3.2
Diabetes mellitus	---	---	---	12.6	14.6	16.4	17.3	16.2	15.5
Alzheimer's disease	---	---	---	†	†	5.5	8.5	10.9	10.9
Human immunodeficiency virus (HIV) disease	---	---	---	...	2.2	0.6	0.6	0.4	0.4
Unintentional injuries	---	---	---	27.0	23.9	17.9	18.1	14.9	15.0
Motor vehicle-related injuries	---	---	---	13.9	14.0	8.6	7.5	4.9	5.1
Poisoning	---	---	---	0.5	0.7	0.7	1.3	1.5	1.4
Suicide ⁶	---	---	---	7.8	6.7	5.5	5.1	5.9	6.2
Homicide ⁶	---	---	---	5.9	5.0	3.0	2.8	2.0	1.8
Hispanic or Latino^{7,8}									
All causes	---	---	---	---	692.0	665.7	627.6	559.7	558.6
Diseases of heart	---	---	---	---	217.1	196.0	170.4	135.8	132.8
Ischemic heart disease	---	---	---	---	173.3	153.2	127.9	94.7	92.3
Cerebrovascular diseases	---	---	---	---	45.2	46.4	38.6	32.2	32.1
Malignant neoplasms	---	---	---	---	136.8	134.9	127.9	119.7	119.7
Trachea, bronchus, and lung	---	---	---	---	26.5	24.8	23.3	20.4	20.4
Colon, rectum, and anus	---	---	---	---	14.7	14.1	13.1	12.7	12.3
Chronic lower respiratory diseases	---	---	---	---	19.3	21.1	20.9	19.8	19.6
Influenza and pneumonia	---	---	---	---	29.7	20.6	18.5	15.6	13.7
Chronic liver disease and cirrhosis	---	---	---	---	18.3	16.5	14.1	14.0	13.7
Diabetes mellitus	---	---	---	---	28.2	36.9	35.4	27.0	27.1
Alzheimer's disease	---	---	---	---	†	10.4	15.6	16.9	18.5
Human immunodeficiency virus (HIV) disease	---	---	---	---	16.3	6.7	4.8	3.2	2.8
Unintentional injuries	---	---	---	---	34.6	30.1	31.8	26.3	25.8
Motor vehicle-related injuries	---	---	---	---	19.5	14.7	14.6	10.1	9.6
Poisoning	---	---	---	---	3.2	4.1	5.2	5.8	5.6
Suicide ⁶	---	---	---	---	7.8	5.9	5.6	5.8	5.9
Homicide ⁶	---	---	---	---	16.2	7.5	7.4	6.0	5.3
White, not Hispanic or Latino⁸									
All causes	---	---	---	---	914.5	855.5	810.1	755.1	755.0
Diseases of heart	---	---	---	---	319.7	255.5	215.5	182.9	179.9
Ischemic heart disease	---	---	---	---	251.9	186.6	148.3	118.9	115.0
Cerebrovascular diseases	---	---	---	---	63.5	59.0	46.2	38.3	37.8
Malignant neoplasms	---	---	---	---	215.4	200.6	187.8	177.4	176.5
Trachea, bronchus, and lung	---	---	---	---	60.3	58.2	55.5	51.6	50.8
Colon, rectum, and anus	---	---	---	---	24.6	20.5	17.4	15.8	15.5
Chronic lower respiratory diseases	---	---	---	---	39.2	47.2	47.7	47.1	46.6
Influenza and pneumonia	---	---	---	---	36.5	23.5	21.0	16.2	14.9
Chronic liver disease and cirrhosis	---	---	---	---	9.9	9.0	8.7	9.1	9.4
Diabetes mellitus	---	---	---	---	18.3	21.8	21.8	18.5	18.2
Alzheimer's disease	---	---	---	---	†	19.1	25.1	25.4	26.4
Human immunodeficiency virus (HIV) disease	---	---	---	---	7.4	2.2	1.8	1.2	1.1
Unintentional injuries	---	---	---	---	35.0	35.3	41.5	41.3	42.4
Motor vehicle-related injuries	---	---	---	---	18.2	15.6	15.7	12.2	11.9
Poisoning	---	---	---	---	2.0	4.6	9.1	12.6	13.3
Suicide ⁶	---	---	---	---	13.8	12.0	13.0	14.5	15.0
Homicide ⁶	---	---	---	---	4.0	2.8	2.7	2.6	2.5

See footnotes at end of table.

Table 20 (page 4 of 4). Age-adjusted death rates for selected causes of death, by sex, race, and Hispanic origin: United States, selected years 1950–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#020>.

[Data are based on death certificates]

-- Data not available.

[†] Data for Alzheimer's disease are only presented for data years 1999 and beyond due to large differences in death rates caused by changes in the coding of the causes of death between ICD-9 and ICD-10. See [Appendix II, Cause of death; Comparability ratio; Table IV; Table V](#).

... Category not applicable.

¹ 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, Cause of death; Table III; Table IV](#).

² Includes deaths of persons who were not residents of the 50 states and the District of Columbia (D.C.).

³ Underlying cause of death was coded according to the 6th Revision of the ICD in 1950, 7th Revision in 1960, 8th Revision in 1970, and 9th Revision in 1980–1998. See [Appendix II, Cause of death; Table III; Table IV](#).

⁴ Starting with 1999 data, cause of death is coded according to ICD-10. See [Appendix II, Cause of death; Comparability ratio; Table IV; Table V](#).

⁵ Age-adjusted rates are calculated using the year 2000 standard population. Prior to 2001, age-adjusted rates were calculated using standard million proportions based on rounded population numbers. Starting with 2001 data, unrounded population numbers are used to calculate age-adjusted rates. See [Appendix II, Age adjustment](#).

⁶ Figures for 2001 (in Excel spreadsheet on the Web) include September 11-related deaths for which death certificates were filed as of October 24, 2002. See [Appendix II, Cause of death; Table IV](#) for terrorism-related ICD-10 codes.

⁷ 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 Hispanic, American Indian and Alaska Native, and Asian or Pacific Islander persons should be interpreted with caution because of inconsistencies in reporting Hispanic origin or race on the death certificate (death rate numerators) compared with population figures (death rate denominators). The net effect of misclassification is an underestimation of deaths and death rates for races other than white and black. See [Appendix II, Race](#), for a detailed discussion of sources of bias in death rates by race and Hispanic origin.

⁸ Prior to 1997, data from states that did not report Hispanic origin on the death certificate were excluded. See [Appendix II, Hispanic origin](#).

NOTES: Starting with *Health, United States, 2003*, rates for 1991–1999 were revised using intercensal population estimates based on the 1990 and 2000 censuses. For 2000, population estimates are bridged-race April 1 census counts. Starting with *Health, United States, 2012*, rates for 2001–2009 were revised using intercensal population estimates based on the 2000 and 2010 censuses. For 2010, population estimates are bridged-race April 1 census counts. See [Appendix I, Population Census and Population Estimates](#). Starting with 2003 data, some states allowed the reporting of more than one race on the death certificate. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See [Appendix II, Race](#). Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Vital Statistics System; Grove RD, Hetzel AM. Vital statistics rates in the United States, 1940–1960. Washington, DC: U.S. Government Printing Office. 1968; numerator data from National Vital Statistics System, annual public-use Mortality Files; denominator data from national population estimates for race groups from Table 1 and unpublished Hispanic population estimates for 1985–1996 prepared by the Housing and Household Economic Statistics Division, U.S. Census Bureau; Murphy SL, Xu JQ, Kochanek KD. Deaths: Final data for 2010. National vital statistics reports; vol 61 no 4. Hyattsville, MD: NCHS; 2012. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_04.pdf. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 21 (page 1 of 4). Years of potential life lost before age 75 for selected causes of death, by sex, race, and Hispanic origin: United States, selected years 1980–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#021>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and cause of death ²	Crude	Age-adjusted ¹					
	2010 ³	1980 ²	1990 ²	2000 ³	2005 ³	2009 ³	2010 ³
All persons							
Years lost before age 75 per 100,000 population under age 75							
All causes	6,980.5	10,448.4	9,085.5	7,578.1	7,315.7	6,833.1	6,642.9
Diseases of heart	1,071.0	2,238.7	1,617.7	1,253.0	1,107.5	992.6	972.4
Ischemic heart disease	649.2	1,729.3	1,153.6	841.8	698.9	591.5	577.3
Cerebrovascular diseases	184.3	357.5	259.6	223.3	192.9	172.8	169.3
Malignant neoplasms	1,563.1	2,108.8	2,003.8	1,674.1	1,519.8	1,413.9	1,395.8
Trachea, bronchus, and lung	384.6	548.5	561.4	443.1	390.5	341.7	331.3
Colorectal	139.1	190.0	164.7	141.9	124.3	124.3	125.0
Prostate ⁴	59.0	84.9	96.8	63.6	54.4	50.1	52.2
Breast ⁵	291.0	463.2	451.6	332.6	295.4	269.6	262.4
Chronic lower respiratory diseases	196.4	169.1	187.4	188.1	180.1	177.2	172.4
Influenza and pneumonia	75.5	160.2	141.5	87.1	83.6	108.7	71.4
Chronic liver disease and cirrhosis	177.1	300.3	196.9	164.1	152.5	160.1	163.9
Diabetes mellitus	174.8	134.4	155.9	178.4	179.4	161.2	158.2
Alzheimer's disease	13.3	†	†	10.9	11.7	11.4	11.7
Human immunodeficiency virus (HIV) disease	75.9	...	383.8	174.6	134.5	89.2	76.6
Unintentional injuries	1,010.2	1,543.5	1,162.1	1,026.5	1,137.2	1,028.2	1,025.2
Motor vehicle-related injuries	395.6	912.9	716.4	574.3	565.9	421.7	400.6
Poisoning	370.9	68.0	81.2	163.6	289.1	365.7	379.7
Suicide ⁶	381.7	392.0	393.1	334.5	348.9	372.5	385.2
Homicide ⁶	233.6	425.5	417.4	266.5	278.2	248.0	239.0
Male							
All causes	8,667.9	13,777.2	11,973.5	9,572.2	9,244.2	8,560.7	8,329.5
Diseases of heart	1,478.6	3,352.1	2,356.0	1,766.0	1,559.0	1,399.2	1,370.8
Ischemic heart disease	946.8	2,715.1	1,766.3	1,255.4	1,040.6	886.5	864.8
Cerebrovascular diseases	203.8	396.7	286.6	244.6	213.3	195.7	190.7
Malignant neoplasms	1,652.9	2,360.8	2,214.6	1,810.8	1,632.9	1,515.6	1,500.8
Trachea, bronchus, and lung	440.7	821.1	764.8	554.9	472.8	403.4	390.5
Colorectal	161.1	214.9	194.3	167.3	145.7	145.6	148.0
Prostate	59.0	84.9	96.8	63.6	54.4	50.1	52.2
Chronic lower respiratory diseases	201.5	235.1	224.8	206.0	194.3	186.9	182.8
Influenza and pneumonia	86.3	202.5	180.0	102.8	98.0	119.5	82.6
Chronic liver disease and cirrhosis	242.2	415.0	283.9	236.9	216.4	222.8	226.9
Diabetes mellitus	210.9	140.4	170.4	203.8	216.1	201.2	194.8
Alzheimer's disease	11.5	†	†	10.6	10.8	11.0	10.7
Human immunodeficiency virus (HIV) disease	108.6	...	686.2	258.9	194.0	126.7	109.5
Unintentional injuries	1,420.3	2,342.7	1,715.1	1,475.6	1,622.6	1,449.8	1,432.1
Motor vehicle-related injuries	567.8	1,359.7	1,018.4	796.4	802.0	600.5	569.2
Poisoning	493.5	96.4	123.6	242.1	400.4	493.0	503.8
Suicide ⁶	603.6	605.6	634.8	539.1	553.4	585.6	607.0
Homicide ⁶	377.7	675.0	658.0	410.5	443.6	390.3	380.3
Female							
All causes	5,306.6	7,350.3	6,333.1	5,644.6	5,429.0	5,143.7	4,994.0
Diseases of heart	666.6	1,246.0	948.5	774.6	680.2	606.5	593.6
Ischemic heart disease	353.9	852.1	600.3	457.6	377.2	312.7	305.2
Cerebrovascular diseases	164.9	324.0	235.9	203.9	173.9	151.1	149.1
Malignant neoplasms	1,473.9	1,896.8	1,826.6	1,555.3	1,419.0	1,322.6	1,301.0
Trachea, bronchus, and lung	328.9	310.4	382.2	342.1	315.2	285.0	276.9
Colorectal	117.2	168.7	138.7	118.7	104.5	104.5	103.4
Breast	291.0	463.2	451.6	332.6	295.4	269.6	262.4
Chronic lower respiratory diseases	191.4	114.0	155.9	172.3	167.2	168.3	162.8
Influenza and pneumonia	64.8	122.0	106.2	72.3	69.9	98.4	60.7
Chronic liver disease and cirrhosis	112.6	194.5	115.1	94.5	91.4	99.9	103.5
Diabetes mellitus	139.0	128.5	142.3	154.4	144.5	123.2	123.5
Alzheimer's disease	15.1	†	†	11.1	12.5	11.8	12.6
Human immunodeficiency virus (HIV) disease	43.4	...	87.8	92.0	76.4	52.7	44.4
Unintentional injuries	603.3	755.3	607.4	573.2	647.9	604.6	616.4
Motor vehicle-related injuries	224.7	470.4	411.6	348.5	326.4	241.3	230.5
Poisoning	249.3	40.2	39.1	85.0	177.3	237.8	255.1
Suicide ⁶	161.6	184.2	153.3	129.1	144.1	159.6	163.7
Homicide ⁶	90.6	181.3	174.3	118.9	108.8	102.8	94.9

See footnotes at end of table.

Table 21 (page 2 of 4). Years of potential life lost before age 75 for selected causes of death, by sex, race, and Hispanic origin: United States, selected years 1980–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#021>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and cause of death ²	Crude	Age-adjusted ¹					
	2010 ³	1980 ²	1990 ²	2000 ³	2005 ³	2009 ³	2010 ³
White ⁷							
Years lost before age 75 per 100,000 population under age 75							
All causes	6,794.6	9,554.1	8,159.5	6,949.5	6,823.2	6,486.5	6,342.8
Diseases of heart	1,032.4	2,100.8	1,490.3	1,149.4	1,012.4	912.2	900.9
Ischemic heart disease	661.0	1,682.7	1,113.4	805.3	671.4	573.7	563.7
Cerebrovascular diseases	161.2	300.7	213.1	187.1	160.5	147.2	142.7
Malignant neoplasms	1,601.4	2,035.9	1,929.3	1,627.8	1,485.8	1,396.1	1,375.8
Trachea, bronchus, and lung	405.3	529.9	544.2	436.3	388.1	343.7	332.8
Colorectal	136.8	186.8	157.8	134.1	117.3	118.6	118.4
Prostate ⁴	54.4	74.8	86.6	54.3	46.6	42.6	45.3
Breast ⁵	282.1	460.2	441.7	315.6	275.2	255.7	245.0
Chronic lower respiratory diseases	212.7	165.4	182.3	185.3	181.5	180.4	176.1
Influenza and pneumonia	72.5	130.8	116.9	77.7	76.7	103.4	66.7
Chronic liver disease and cirrhosis	192.8	257.3	175.8	162.7	157.2	169.0	173.5
Diabetes mellitus	159.9	115.7	133.7	155.6	156.3	142.7	139.0
Alzheimer's disease	15.1	†	†	11.4	12.3	12.1	12.4
Human immunodeficiency virus (HIV) disease	39.9	...	309.0	94.7	70.5	44.5	39.9
Unintentional injuries	1,071.4	1,520.4	1,139.7	1,031.8	1,183.1	1,092.1	1,098.6
Motor vehicle-related injuries	407.8	939.9	726.7	586.1	591.1	438.5	419.0
Poisoning	421.4	64.9	74.4	167.2	314.4	415.7	435.4
Suicide ⁶	425.2	414.5	417.7	362.0	385.1	417.1	430.8
Homicide ⁶	132.5	271.7	234.9	156.6	161.7	147.6	138.7
Black or African American ⁷							
All causes	9,689.4	17,873.4	16,593.0	12,897.1	11,788.4	10,319.6	9,832.5
Diseases of heart	1,600.9	3,619.9	2,891.8	2,275.2	2,011.1	1,766.6	1,691.1
Ischemic heart disease	771.2	2,305.1	1,676.1	1,300.1	1,058.3	859.5	818.8
Cerebrovascular diseases	337.8	883.2	656.4	507.0	434.1	362.3	358.1
Malignant neoplasms	1,708.8	2,946.1	2,894.8	2,294.7	2,030.4	1,823.3	1,796.7
Trachea, bronchus, and lung	386.7	776.0	811.3	593.0	500.4	417.6	405.6
Colorectal	179.0	232.3	241.8	222.4	195.7	185.3	188.6
Prostate ⁴	107.0	200.3	223.5	171.0	139.6	129.6	127.3
Breast ⁵	408.0	524.2	592.9	500.0	480.1	415.1	420.8
Chronic lower respiratory diseases	178.6	203.7	240.6	232.7	207.4	195.9	187.7
Influenza and pneumonia	106.3	384.9	330.8	161.2	143.7	152.2	109.8
Chronic liver disease and cirrhosis	116.3	644.0	371.8	185.6	136.0	119.7	120.2
Diabetes mellitus	297.4	305.3	361.5	383.4	373.1	317.0	316.4
Alzheimer's disease	8.0	†	†	8.3	10.9	10.4	10.0
Human immunodeficiency virus (HIV) disease	308.2	...	1,014.7	763.3	590.3	397.3	329.5
Unintentional injuries	907.0	1,751.5	1,392.7	1,152.8	1,129.7	934.0	896.7
Motor vehicle-related injuries	403.1	750.2	699.5	580.8	530.4	420.0	393.4
Poisoning	210.0	99.4	144.3	196.6	252.2	221.3	218.9
Suicide ⁶	197.4	238.0	261.4	208.7	193.6	189.1	196.4
Homicide ⁶	865.2	1,580.8	1,612.9	941.6	967.5	834.8	821.2
American Indian or Alaska Native ⁷							
All causes	6,352.4	13,390.9	9,506.2	7,758.2	7,705.7	7,000.8	6,771.3
Diseases of heart	694.8	1,819.9	1,391.0	1,030.1	945.6	839.3	820.6
Ischemic heart disease	398.4	1,208.2	901.8	709.3	591.1	502.3	487.6
Cerebrovascular diseases	110.7	269.3	223.3	198.1	195.8	130.6	129.7
Malignant neoplasms	777.4	1,101.3	1,141.1	995.7	1,021.4	925.5	929.5
Trachea, bronchus, and lung	165.9	181.1	268.1	227.8	255.5	196.8	211.0
Colorectal	79.7	78.8	82.4	93.8	102.9	102.5	95.8
Prostate ⁴	25.8	66.7	42.0	44.5	36.3	36.2	36.8
Breast ⁵	126.9	205.5	213.4	174.1	139.2	135.4	145.0
Chronic lower respiratory diseases	126.0	89.3	129.0	151.8	146.8	138.4	154.5
Influenza and pneumonia	90.8	307.9	206.3	124.0	102.5	174.5	99.3
Chronic liver disease and cirrhosis	442.7	1,190.3	535.1	519.4	459.3	477.1	510.8
Diabetes mellitus	221.3	305.5	292.3	305.6	327.7	260.4	267.6
Alzheimer's disease	5.3	†	†	*	*	6.7	8.8
Human immunodeficiency virus (HIV) disease	41.7	...	70.1	68.4	81.4	49.5	46.1
Unintentional injuries	1,394.0	3,541.0	2,183.9	1,700.1	1,670.0	1,481.4	1,377.7
Motor vehicle-related injuries	597.8	2,102.4	1,301.5	1,032.2	894.0	667.4	570.6
Poisoning	430.3	92.9	119.5	180.1	302.0	479.0	449.6
Suicide ⁶	464.6	515.0	495.9	403.1	446.5	415.3	437.9
Homicide ⁶	273.1	628.9	434.2	278.5	298.4	253.3	256.4

See footnotes at end of table.

Table 21 (page 3 of 4). Years of potential life lost before age 75 for selected causes of death, by sex, race, and Hispanic origin: United States, selected years 1980–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#021>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and cause of death ²	Crude	Age-adjusted ¹					
	2010 ³	1980 ²	1990 ²	2000 ³	2005 ³	2009 ³	2010 ³
Asian or Pacific Islander ⁷							
Years lost before age 75 per 100,000 population under age 75							
All causes	3,029.3	5,378.4	4,705.2	3,811.1	3,433.5	3,114.2	3,061.2
Diseases of heart	393.5	952.8	702.2	567.9	505.8	433.2	400.1
Ischemic heart disease	244.9	697.7	486.6	381.1	322.5	270.5	250.6
Cerebrovascular diseases	145.0	266.9	233.5	199.4	160.5	141.7	148.3
Malignant neoplasms	866.0	1,218.6	1,166.4	1,033.8	931.0	834.4	874.7
Trachea, bronchus, and lung	144.9	238.2	204.7	185.8	167.1	144.6	148.2
Colorectal	87.2	115.9	105.1	91.6	77.7	78.3	87.6
Prostate ⁴	15.4	17.0	32.4	18.8	20.3	16.3	17.0
Breast ⁵	162.1	222.2	216.5	200.8	175.0	149.7	156.9
Chronic lower respiratory diseases	31.6	56.4	72.8	56.5	35.4	34.3	33.2
Influenza and pneumonia	37.1	79.3	74.0	48.6	39.3	61.5	38.4
Chronic liver disease and cirrhosis	41.9	85.6	72.4	44.8	43.2	45.2	41.7
Diabetes mellitus	67.7	83.1	74.0	77.0	77.1	72.8	69.5
Alzheimer's disease	2.8	†	†	3.5	3.1	2.3	3.2
Human immunodeficiency virus (HIV) disease	10.8	...	77.0	19.9	16.6	11.6	10.7
Unintentional injuries	312.2	742.7	636.6	425.7	393.5	308.0	303.0
Motor vehicle-related injuries	154.7	472.6	445.5	263.4	228.9	154.0	147.9
Poisoning	48.8	*	17.6	25.9	40.6	50.5	46.5
Suicide ⁶	210.0	217.1	200.6	168.6	158.0	182.0	199.7
Homicide ⁶	71.4	201.1	205.8	113.1	123.3	80.0	68.8
Hispanic or Latino ^{7,8}							
All causes	4,375.2	---	7,963.3	6,037.6	5,701.1	5,055.4	4,795.1
Diseases of heart	444.8	---	1,082.0	821.3	726.9	630.2	598.1
Ischemic heart disease	255.5	---	756.6	564.6	483.5	381.9	366.6
Cerebrovascular diseases	114.8	---	238.0	207.8	184.8	155.8	150.4
Malignant neoplasms	725.5	---	1,232.2	1,098.2	1,016.7	955.1	951.2
Trachea, bronchus, and lung	78.0	---	193.7	152.1	138.2	117.4	115.0
Colorectal	68.7	---	100.2	101.4	86.5	92.3	94.0
Prostate ⁴	21.1	---	47.7	42.9	42.1	37.3	38.2
Breast ⁵	140.3	---	299.3	230.7	194.9	186.0	180.0
Chronic lower respiratory diseases	43.7	---	78.8	68.5	62.2	58.6	59.6
Influenza and pneumonia	47.7	---	130.1	76.0	69.1	114.1	57.5
Chronic liver disease and cirrhosis	153.9	---	329.1	252.1	210.7	207.5	201.6
Diabetes mellitus	112.4	---	177.8	215.6	202.4	161.6	158.5
Alzheimer's disease	4.7	---	†	6.9	7.8	7.2	8.4
Human immunodeficiency virus (HIV) disease	64.2	...	600.1	209.4	140.2	86.5	74.9
Unintentional injuries	734.6	---	1,190.6	920.1	966.1	755.5	708.7
Motor vehicle-related injuries	366.3	---	740.8	540.2	558.0	379.5	340.3
Poisoning	184.7	---	121.9	145.9	179.5	194.7	191.2
Suicide ⁶	198.3	---	256.2	188.5	190.9	191.9	193.6
Homicide ⁶	265.9	---	720.8	335.1	336.2	267.9	238.0
White, not Hispanic or Latino ⁸							
All causes	7,268.7	---	8,022.5	6,960.5	6,903.8	6,643.9	6,545.3
Diseases of heart	1,160.1	---	1,504.0	1,175.1	1,045.9	948.9	943.2
Ischemic heart disease	750.0	---	1,127.2	824.7	692.9	598.9	590.8
Cerebrovascular diseases	169.6	---	210.1	183.0	155.5	143.3	139.1
Malignant neoplasms	1,792.5	---	1,974.1	1,668.4	1,532.2	1,443.8	1,421.5
Trachea, bronchus, and lung	481.3	---	566.8	460.3	414.5	370.5	359.1
Colorectal	151.3	---	162.1	136.2	120.6	121.7	121.2
Prostate ⁴	62.2	---	89.2	54.9	46.8	43.0	45.9
Breast ⁵	311.6	---	451.5	322.3	283.8	264.0	252.6
Chronic lower respiratory diseases	251.8	---	188.1	193.8	192.9	193.3	189.1
Influenza and pneumonia	77.2	---	112.3	76.4	77.1	98.0	67.8
Chronic liver disease and cirrhosis	197.9	---	162.4	150.9	148.0	160.6	166.9
Diabetes mellitus	168.5	---	131.2	150.2	151.4	139.8	136.7
Alzheimer's disease	17.5	---	†	11.7	12.6	12.5	12.7
Human immunodeficiency virus (HIV) disease	32.6	...	271.2	76.0	57.0	34.7	31.3
Unintentional injuries	1,133.6	---	1,114.7	1,041.4	1,214.1	1,157.4	1,183.0
Motor vehicle-related injuries	408.7	---	715.7	588.8	586.9	441.9	430.6
Poisoning	472.2	---	68.3	169.4	342.2	467.6	494.0
Suicide ⁶	474.7	---	433.0	389.2	421.2	465.2	483.8
Homicide ⁶	95.2	---	162.0	113.2	110.7	105.1	103.4

See footnotes at end of table.

Table 21 (page 4 of 4). Years of potential life lost before age 75 for selected causes of death, by sex, race, and Hispanic origin: United States, selected years 1980–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#021>.

[Data are based on death certificates]

... Category not applicable.

--- Data not available.

† Data for Alzheimer's disease are only presented for data years 1999 and beyond due to large differences in death rates caused by changes in the coding of this cause of death between ICD–9 and ICD–10. See [Appendix II, Cause of death; Comparability ratio; Table IV; Table V](#).

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

¹Age-adjusted rates are calculated using the year 2000 standard population. Prior to 2001, age-adjusted rates were calculated using standard million proportions based on rounded population numbers. Starting with 2001 data, unrounded population numbers are used to calculate age-adjusted rates. See [Appendix II, Age adjustment](#).

²Underlying cause of death was coded according to the 9th Revision of the *International Classification of Diseases* (ICD) in 1980–1998. See [Appendix II, Cause of death; Table III; Table IV](#).

³Starting with 1999 data, cause of death is coded according to ICD–10. See [Appendix II, Cause of death; Comparability ratio; Table IV; Table V](#).

⁴Rate for male population only.

⁵Rate for female population only.

⁶Figures for 2001 (in Excel spreadsheet on the Web) include September 11-related deaths for which death certificates were filed as of October 24, 2002. See [Appendix II, Cause of death; Table IV](#) for terrorism-related ICD–10 codes.

⁷The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for Hispanic, American Indian and Alaska Native, and Asian or Pacific Islander persons should be interpreted with caution because of inconsistencies in reporting Hispanic origin or race on the death certificate (death rate numerators) compared with population figures (death rate denominators). The net effect of misclassification is an underestimation of deaths and death rates for races other than white and black. See [Appendix II, Race](#), for a detailed discussion of sources of bias in death rates by race and Hispanic origin.

⁸Prior to 1997, data from states that did not report Hispanic origin on the death certificate were excluded. See [Appendix II, Hispanic origin](#).

NOTES: Starting with *Health, United States, 2003*, rates for 1991–1999 were revised using intercensal population estimates based on the 1990 and 2000 censuses. For 2000, population estimates are bridged-race April 1 census counts. Starting with *Health, United States, 2012*, rates for 2001–2009 were revised using intercensal population estimates based on the 2000 and 2010 censuses. For 2010, population estimates are bridged-race April 1 census counts. See [Appendix I, Population Census and Population Estimates](#). See [Appendix II, Years of potential life lost \(YPLL\)](#) for definition and method of calculation. Starting with 2003 data, some states allowed the reporting of more than one race on the death certificate. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See [Appendix II, Race](#). Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National vital statistics system; numerator data from annual public-use Mortality Files; denominator data from national population estimates for race groups from Table 1 and unpublished Hispanic population estimates for 1990–1996 prepared by the Housing and Household Economic Statistics Division, U.S. Census Bureau. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 22 (page 1 of 4). Leading causes of death and numbers of deaths, by sex, race, and Hispanic origin: United States, 1980 and 2010

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2013.htm#022>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and rank order	1980		2010	
	Cause of death	Deaths	Cause of death	Deaths
All persons				
Rank	All causes	1,989,841	All causes	2,468,435
1	Diseases of heart	761,085	Diseases of heart	597,689
2	Malignant neoplasms	416,509	Malignant neoplasms	574,743
3	Cerebrovascular diseases	170,225	Chronic lower respiratory diseases	138,080
4	Unintentional injuries	105,718	Cerebrovascular diseases	129,476
5	Chronic obstructive pulmonary diseases	56,050	Unintentional injuries	120,859
6	Pneumonia and influenza	54,619	Alzheimer's disease	83,494
7	Diabetes mellitus	34,851	Diabetes mellitus	69,071
8	Chronic liver disease and cirrhosis	30,583	Nephritis, nephrotic syndrome and nephrosis	50,476
9	Atherosclerosis	29,449	Influenza and pneumonia	50,097
10	Suicide	26,869	Suicide	38,364
Male				
Rank	All causes	1,075,078	All causes	1,232,432
1	Diseases of heart	405,661	Diseases of heart	307,384
2	Malignant neoplasms	225,948	Malignant neoplasms	301,037
3	Unintentional injuries	74,180	Unintentional injuries	75,921
4	Cerebrovascular diseases	69,973	Chronic lower respiratory diseases	65,423
5	Chronic obstructive pulmonary diseases	38,625	Cerebrovascular diseases	52,367
6	Pneumonia and influenza	27,574	Diabetes mellitus	35,490
7	Suicide	20,505	Suicide	30,277
8	Chronic liver disease and cirrhosis	19,768	Alzheimer's disease	25,364
9	Homicide	18,779	Nephritis, nephrotic syndrome and nephrosis	24,865
10	Diabetes mellitus	14,325	Influenza and pneumonia	23,615
Female				
Rank	All causes	914,763	All causes	1,236,003
1	Diseases of heart	355,424	Diseases of heart	290,305
2	Malignant neoplasms	190,561	Malignant neoplasms	273,706
3	Cerebrovascular diseases	100,252	Cerebrovascular diseases	77,109
4	Unintentional injuries	31,538	Chronic lower respiratory diseases	72,657
5	Pneumonia and influenza	27,045	Alzheimer's disease	58,130
6	Diabetes mellitus	20,526	Unintentional injuries	44,938
7	Atherosclerosis	17,848	Diabetes mellitus	33,581
8	Chronic obstructive pulmonary diseases	17,425	Influenza and pneumonia	26,482
9	Chronic liver disease and cirrhosis	10,815	Nephritis, nephrotic syndrome and nephrosis	25,611
10	Certain conditions originating in the perinatal period	9,815	Septicemia	18,743
White				
Rank	All causes	1,738,607	All causes	2,114,749
1	Diseases of heart	683,347	Diseases of heart	514,323
2	Malignant neoplasms	368,162	Malignant neoplasms	491,686
3	Cerebrovascular diseases	148,734	Chronic lower respiratory diseases	127,176
4	Unintentional injuries	90,122	Cerebrovascular diseases	109,119
5	Chronic obstructive pulmonary diseases	52,375	Unintentional injuries	104,945
6	Pneumonia and influenza	48,369	Alzheimer's disease	76,928
7	Diabetes mellitus	28,868	Diabetes mellitus	54,250
8	Atherosclerosis	27,069	Influenza and pneumonia	43,296
9	Chronic liver disease and cirrhosis	25,240	Nephritis, nephrotic syndrome and nephrosis	40,205
10	Suicide	24,829	Suicide	34,690
Black or African American				
Rank	All causes	233,135	All causes	286,959
1	Diseases of heart	72,956	Diseases of heart	69,083
2	Malignant neoplasms	45,037	Malignant neoplasms	65,930
3	Cerebrovascular diseases	20,135	Cerebrovascular diseases	15,965
4	Unintentional injuries	13,480	Diabetes mellitus	12,126
5	Homicide	10,172	Unintentional injuries	12,069
6	Certain conditions originating in the perinatal period	6,961	Nephritis, nephrotic syndrome and nephrosis	8,841
7	Pneumonia and influenza	5,648	Chronic lower respiratory diseases	8,715
8	Diabetes mellitus	5,544	Homicide	7,818
9	Chronic liver disease and cirrhosis	4,790	Septicemia	6,001
10	Nephritis, nephrotic syndrome and nephrosis	3,416	Alzheimer's disease	5,220

See footnotes at end of table.

Table 22 (page 2 of 4). Leading causes of death and numbers of deaths, by sex, race, and Hispanic origin: United States, 1980 and 2010

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2013.htm#022>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and rank order	1980		2010	
	Cause of death	Deaths	Cause of death	Deaths
American Indian or Alaska Native				
Rank	All causes	6,923	All causes	15,565
1.	Diseases of heart	1,494	Malignant neoplasms	2,962
2.	Unintentional injuries	1,290	Diseases of heart	2,793
3.	Malignant neoplasms	770	Unintentional injuries	1,701
4.	Chronic liver disease and cirrhosis	410	Diabetes mellitus	857
5.	Cerebrovascular diseases	322	Chronic liver disease and cirrhosis	787
6.	Pneumonia and influenza	257	Chronic lower respiratory diseases	702
7.	Homicide	217	Cerebrovascular diseases	559
8.	Diabetes mellitus	210	Suicide	469
9.	Certain conditions originating in the perinatal period	199	Nephritis, nephrotic syndrome and nephrosis	339
10.	Suicide	181	Influenza and pneumonia	326
Asian or Pacific Islander				
Rank	All causes	11,071	All causes	51,162
1.	Diseases of heart	3,265	Malignant neoplasms	14,165
2.	Malignant neoplasms	2,522	Diseases of heart	11,490
3.	Cerebrovascular diseases	1,028	Cerebrovascular diseases	3,833
4.	Unintentional injuries	810	Unintentional injuries	2,144
5.	Pneumonia and influenza	342	Diabetes mellitus	1,838
6.	Suicide	249	Influenza and pneumonia	1,539
7.	Certain conditions originating in the perinatal period	246	Chronic lower respiratory diseases	1,487
8.	Diabetes mellitus	227	Nephritis, nephrotic syndrome and nephrosis	1,091
9.	Homicide	211	Alzheimer's disease	1,082
10.	Chronic obstructive pulmonary diseases	207	Suicide	1,061
Hispanic or Latino				
Rank	---	---	All causes	144,490
1.	---	---	Malignant neoplasms	31,119
2.	---	---	Diseases of heart	30,006
3.	---	---	Unintentional injuries	10,476
4.	---	---	Cerebrovascular diseases	7,274
5.	---	---	Diabetes mellitus	6,556
6.	---	---	Chronic liver disease and cirrhosis	4,348
7.	---	---	Chronic lower respiratory diseases	4,172
8.	---	---	Alzheimer's disease	3,427
9.	---	---	Nephritis, nephrotic syndrome and nephrosis	3,252
10.	---	---	Influenza and pneumonia	3,025
White male				
Rank	All causes	933,878	All causes	1,051,514
1.	Diseases of heart	364,679	Diseases of heart	264,425
2.	Malignant neoplasms	198,188	Malignant neoplasms	258,272
3.	Unintentional injuries	62,963	Unintentional injuries	65,360
4.	Cerebrovascular diseases	60,095	Chronic lower respiratory diseases	59,632
5.	Chronic obstructive pulmonary diseases	35,977	Cerebrovascular diseases	43,424
6.	Pneumonia and influenza	23,810	Diabetes mellitus	28,486
7.	Suicide	18,901	Suicide	27,422
8.	Chronic liver disease and cirrhosis	16,407	Alzheimer's disease	23,442
9.	Diabetes mellitus	12,125	Influenza and pneumonia	20,238
10.	Atherosclerosis	10,543	Nephritis, nephrotic syndrome and nephrosis	20,172
Black or African American male				
Rank	All causes	130,138	All causes	145,802
1.	Diseases of heart	37,877	Diseases of heart	35,089
2.	Malignant neoplasms	25,861	Malignant neoplasms	33,967
3.	Unintentional injuries	9,701	Unintentional injuries	8,074
4.	Cerebrovascular diseases	9,194	Cerebrovascular diseases	6,938
5.	Homicide	8,274	Homicide	6,704
6.	Certain conditions originating in the perinatal period	3,869	Diabetes mellitus	5,640
7.	Pneumonia and influenza	3,386	Chronic lower respiratory diseases	4,532
8.	Chronic liver disease and cirrhosis	3,020	Nephritis, nephrotic syndrome and nephrosis	4,016
9.	Chronic obstructive pulmonary diseases	2,429	Human immunodeficiency virus (HIV) disease	3,047
10.	Diabetes mellitus	2,010	Septicemia	2,691

See footnotes at end of table.

Table 22 (page 3 of 4). Leading causes of death and numbers of deaths, by sex, race, and Hispanic origin: United States, 1980 and 2010

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2013.htm#022>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and rank order	1980		2010	
	Cause of death	Deaths	Cause of death	Deaths
American Indian or Alaska Native male				
Rank	All causes	4,193	All causes	8,516
1	Unintentional injuries	946	Diseases of heart	1,608
2	Diseases of heart	917	Malignant neoplasms	1,588
3	Malignant neoplasms	408	Unintentional injuries	1,150
4	Chronic liver disease and cirrhosis	239	Diabetes mellitus	432
5	Cerebrovascular diseases	163	Chronic liver disease and cirrhosis	429
6	Homicide	162	Chronic lower respiratory diseases	349
7	Pneumonia and influenza	148	Suicide	344
8	Suicide	147	Cerebrovascular diseases	258
9	Certain conditions originating in the perinatal period	107	Homicide	204
10	Diabetes mellitus	86	Influenza and pneumonia	172
Asian or Pacific Islander male				
Rank	All causes	6,809	All causes	26,600
1	Diseases of heart	2,174	Malignant neoplasms	7,210
2	Malignant neoplasms	1,485	Diseases of heart	6,262
3	Unintentional injuries	556	Cerebrovascular diseases	1,747
4	Cerebrovascular diseases	521	Unintentional injuries	1,337
5	Pneumonia and influenza	227	Diabetes mellitus	932
6	Suicide	159	Chronic lower respiratory diseases	910
7	Chronic obstructive pulmonary diseases	158	Influenza and pneumonia	825
8	Homicide	151	Suicide	756
9	Certain conditions originating in the perinatal period	128	Nephritis, nephrotic syndrome and nephrosis	524
10	Diabetes mellitus	103	Alzheimer's disease	345
Hispanic or Latino male				
Rank	---	---	All causes	79,622
1	---	---	Malignant neoplasms	16,450
2	---	---	Diseases of heart	16,421
3	---	---	Unintentional injuries	7,594
4	---	---	Cerebrovascular diseases	3,382
5	---	---	Diabetes mellitus	3,372
6	---	---	Chronic liver disease and cirrhosis	3,067
7	---	---	Homicide	2,435
8	---	---	Chronic lower respiratory diseases	2,174
9	---	---	Suicide	2,168
10	---	---	Nephritis, nephrotic syndrome and nephrosis	1,670
White female				
Rank	All causes	804,729	All causes	1,063,235
1	Diseases of heart	318,668	Diseases of heart	249,898
2	Malignant neoplasms	169,974	Malignant neoplasms	233,414
3	Cerebrovascular diseases	88,639	Chronic lower respiratory diseases	67,544
4	Unintentional injuries	27,159	Cerebrovascular diseases	65,695
5	Pneumonia and influenza	24,559	Alzheimer's disease	53,486
6	Diabetes mellitus	16,743	Unintentional injuries	39,585
7	Atherosclerosis	16,526	Diabetes mellitus	25,764
8	Chronic obstructive pulmonary diseases	16,398	Influenza and pneumonia	23,058
9	Chronic liver disease and cirrhosis	8,833	Nephritis, nephrotic syndrome and nephrosis	20,033
10	Certain conditions originating in the perinatal period	6,512	Septicemia	15,009
Black or African American female				
Rank	All causes	102,997	All causes	141,157
1	Diseases of heart	35,079	Diseases of heart	33,994
2	Malignant neoplasms	19,176	Malignant neoplasms	31,963
3	Cerebrovascular diseases	10,941	Cerebrovascular diseases	9,027
4	Unintentional injuries	3,779	Diabetes mellitus	6,486
5	Diabetes mellitus	3,534	Nephritis, nephrotic syndrome and nephrosis	4,825
6	Certain conditions originating in the perinatal period	3,092	Chronic lower respiratory diseases	4,183
7	Pneumonia and influenza	2,262	Unintentional injuries	3,995
8	Homicide	1,898	Alzheimer's disease	3,732
9	Chronic liver disease and cirrhosis	1,770	Septicemia	3,310
10	Nephritis, nephrotic syndrome and nephrosis	1,722	Essential hypertension and hypertensive renal disease	2,898

See footnotes at end of table.

Table 22 (page 4 of 4). Leading causes of death and numbers of deaths, by sex, race, and Hispanic origin: United States, 1980 and 2010

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2013.htm#022>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and rank order	1980		2010	
	Cause of death	Deaths	Cause of death	Deaths
American Indian or Alaska Native female				
Rank	All causes	2,730	All causes	7,049
1	Diseases of heart	577	Malignant neoplasms	1,374
2	Malignant neoplasms	362	Diseases of heart	1,185
3	Unintentional injuries	344	Unintentional injuries	551
4	Chronic liver disease and cirrhosis	171	Diabetes mellitus	425
5	Cerebrovascular diseases	159	Chronic liver disease and cirrhosis	358
6	Diabetes mellitus	124	Chronic lower respiratory diseases	353
7	Pneumonia and influenza	109	Cerebrovascular diseases	301
8	Certain conditions originating in the perinatal period	92	Nephritis, nephrotic syndrome and nephrosis	186
9	Nephritis, nephrotic syndrome and nephrosis	56	Alzheimer's disease	175
10	Homicide	55	Influenza and pneumonia	154
Asian or Pacific Islander female				
Rank	All causes	4,262	All causes	24,562
1	Diseases of heart	1,091	Malignant neoplasms	6,955
2	Malignant neoplasms	1,037	Diseases of heart	5,228
3	Cerebrovascular diseases	507	Cerebrovascular diseases	2,086
4	Unintentional injuries	254	Diabetes mellitus	906
5	Diabetes mellitus	124	Unintentional injuries	807
6	Certain conditions originating in the perinatal period	118	Alzheimer's disease	737
7	Pneumonia and influenza	115	Influenza and pneumonia	714
8	Congenital anomalies	104	Chronic lower respiratory diseases	577
9	Suicide	90	Nephritis, nephrotic syndrome and nephrosis	567
10	Homicide	60	Essential hypertension and hypertensive renal disease	477
Hispanic or Latina female				
Rank	---	---	All causes	64,868
1	---	---	Malignant neoplasms	14,669
2	---	---	Diseases of heart	13,585
3	---	---	Cerebrovascular diseases	3,892
4	---	---	Diabetes mellitus	3,184
5	---	---	Unintentional injuries	2,882
6	---	---	Alzheimer's disease	2,256
7	---	---	Chronic lower respiratory diseases	1,998
8	---	---	Nephritis, nephrotic syndrome and nephrosis	1,582
9	---	---	Influenza and pneumonia	1,460
10	---	---	Chronic liver disease and cirrhosis	1,281

--- Data not available. Complete coverage of all states for the Hispanic origin variable began in 1997.

NOTES: For cause of death codes based on the *International Classification of Diseases, 9th Revision (ICD-9)* in 1980 and ICD-10 in 2010, see [Appendix II, Cause of death; Table III; Table IV](#). Starting with 2003 data, some states allowed the reporting of more than one race on the death certificate. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. See [Appendix II, Race; Hispanic origin](#).

SOURCE: CDC/NCHS, National Vital Statistics System; Vital statistics of the United States, Vol II, mortality, part A, 1980. Washington, DC: Public Health Service. 1985; 2010 public-use Mortality File. Murphy SL, Xu JQ, Kochanek KD. Deaths: Final data for 2010. National vital statistics reports; vol 61 no 4. Hyattsville, MD: NCHS; 2012. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_04.pdf. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 23 (page 1 of 2). Leading causes of death and numbers of deaths, by age: United States, 1980 and 2010

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2013.htm#023>.

[Data are based on death certificates]

Age and rank order	1980		2010	
	Cause of death	Deaths	Cause of death	Deaths
Under 1 year				
Rank	All causes	45,526	All causes	24,586
1	Congenital anomalies	9,220	Congenital malformations, deformations and chromosomal abnormalities	5,107
2	Sudden infant death syndrome	5,510	Disorders related to short gestation and low birthweight, not elsewhere classified	4,148
3	Respiratory distress syndrome	4,989	Sudden infant death syndrome	2,063
4	Disorders relating to short gestation and unspecified low birthweight	3,648	Newborn affected by maternal complications of pregnancy	1,561
5	Newborn affected by maternal complications of pregnancy	1,572	Unintentional injuries	1,110
6	Intrauterine hypoxia and birth asphyxia	1,497	Newborn affected by complications of placenta, cord and membranes	1,030
7	Unintentional injuries	1,166	Bacterial sepsis of newborn	583
8	Birth trauma	1,058	Respiratory distress of newborn	514
9	Pneumonia and influenza	1,012	Diseases of circulatory system	507
10	Newborn affected by complications of placenta, cord, and membranes	985	Necrotizing enterocolitis of newborn	472
1–4 years				
Rank	All causes	8,187	All causes	4,316
1	Unintentional injuries	3,313	Unintentional injuries	1,394
2	Congenital anomalies	1,026	Congenital malformations, deformations and chromosomal abnormalities	507
3	Malignant neoplasms	573	Homicide	385
4	Diseases of heart	338	Malignant neoplasms	346
5	Homicide	319	Diseases of heart	159
6	Pneumonia and influenza	267	Influenza and pneumonia	91
7	Meningitis	223	Septicemia	62
8	Meningococcal infection	110	In situ neoplasms, benign neoplasms and neoplasms of uncertain or unknown behavior	59
9	Certain conditions originating in the perinatal period	84	Certain conditions originating in the perinatal period	52
10	Septicemia	71	Chronic lower respiratory diseases	51
5–14 years				
Rank	All causes	10,689	All causes	5,279
1	Unintentional injuries	5,224	Unintentional injuries	1,643
2	Malignant neoplasms	1,497	Malignant neoplasms	916
3	Congenital anomalies	561	Congenital malformations, deformations and chromosomal abnormalities	298
4	Homicide	415	Suicide	274
5	Diseases of heart	330	Homicide	261
6	Pneumonia and influenza	194	Diseases of heart	185
7	Suicide	142	Chronic lower respiratory diseases	133
8	Benign neoplasms	104	Cerebrovascular diseases	90
9	Cerebrovascular diseases	95	In situ neoplasms, benign neoplasms and neoplasms of uncertain or unknown behavior	82
10	Chronic obstructive pulmonary diseases	85	Influenza and pneumonia	71
15–24 years				
Rank	All causes	49,027	All causes	29,551
1	Unintentional injuries	26,206	Unintentional injuries	12,341
2	Homicide	6,537	Homicide	4,678
3	Suicide	5,239	Suicide	4,600
4	Malignant neoplasms	2,683	Malignant neoplasms	1,604
5	Diseases of heart	1,223	Diseases of heart	1,028
6	Congenital anomalies	600	Congenital malformations, deformations and chromosomal abnormalities	412
7	Cerebrovascular diseases	418	Cerebrovascular diseases	190
8	Pneumonia and influenza	348	Influenza and pneumonia	181
9	Chronic obstructive pulmonary diseases	141	Diabetes mellitus	165
10	Anemias	133	Pregnancy, childbirth, and the puerperium	163

See footnotes at end of table.

Table 23 (page 2 of 2). Leading causes of death and numbers of deaths, by age: United States, 1980 and 2010

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2013.htm#023>.

[Data are based on death certificates]

Age and rank order	1980		2010	
	Cause of death	Deaths	Cause of death	Deaths
25–44 years				
Rank	All causes	108,658	All causes	112,292
1	Unintentional injuries	26,722	Unintentional injuries	29,365
2	Malignant neoplasms	17,551	Malignant neoplasms	15,428
3	Diseases of heart	14,513	Diseases of heart	13,816
4	Homicide	10,983	Suicide	12,306
5	Suicide	9,855	Homicide	6,731
6	Chronic liver disease and cirrhosis	4,782	Chronic liver disease and cirrhosis	2,910
7	Cerebrovascular diseases	3,154	Human immunodeficiency virus (HIV) disease	2,639
8	Diabetes mellitus	1,472	Cerebrovascular diseases	2,421
9	Pneumonia and influenza	1,467	Diabetes mellitus	2,395
10	Congenital anomalies	817	Influenza and pneumonia	1,158
45–64 years				
Rank	All causes	425,338	All causes	494,009
1	Diseases of heart	148,322	Malignant neoplasms	159,712
2	Malignant neoplasms	135,675	Diseases of heart	104,806
3	Cerebrovascular diseases	19,909	Unintentional injuries	33,690
4	Unintentional injuries	18,140	Chronic lower respiratory diseases	18,694
5	Chronic liver disease and cirrhosis	16,089	Chronic liver disease and cirrhosis	18,415
6	Chronic obstructive pulmonary diseases	11,514	Diabetes mellitus	17,287
7	Diabetes mellitus	7,977	Cerebrovascular diseases	16,603
8	Suicide	7,079	Suicide	15,183
9	Pneumonia and influenza	5,804	Nephritis, nephrotic syndrome and nephrosis	7,304
10	Homicide	4,019	Septicemia	6,937
65 years and over				
Rank	All causes	1,341,848	All causes	1,798,276
1	Diseases of heart	595,406	Diseases of heart	477,338
2	Malignant neoplasms	258,389	Malignant neoplasms	396,670
3	Cerebrovascular diseases	146,417	Chronic lower respiratory diseases	118,031
4	Pneumonia and influenza	45,512	Cerebrovascular diseases	109,990
5	Chronic obstructive pulmonary diseases	43,587	Alzheimer's disease	82,616
6	Atherosclerosis	28,081	Diabetes mellitus	49,191
7	Diabetes mellitus	25,216	Influenza and pneumonia	42,846
8	Unintentional injuries	24,844	Nephritis, nephrotic syndrome and nephrosis	41,994
9	Nephritis, nephrotic syndrome, and nephrosis	12,968	Unintentional injuries	41,300
10	Chronic liver disease and cirrhosis	9,519	Septicemia	26,310

NOTE: For cause of death codes based on the *International Classification of Diseases, 9th Revision* (ICD–9) in 1980 and ICD–10 in 2010, see [Appendix II, Cause of death](#); [Table III](#); [Table IV](#).

SOURCE: CDC/NCHS, National Vital Statistics System; Vital statistics of the United States, Vol II, mortality, part A, 1980. Washington, DC: Public Health Service. 1985; 2010 public-use Mortality File. Murphy SL, Xu JQ, Kochanek KD. Deaths: Final data for 2010. National vital statistics reports; vol 61 no 4. Hyattsville, MD: NCHS; 2012. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_04.pdf. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 24 (page 1 of 3). Age-adjusted death rates, by race, sex, region, and urbanization level: United States, average annual, selected years 1996–1998 through 2008–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#024>.

[Data are based on death certificates]

Sex, region, and urbanization level ¹	All races			White			Black or African American		
	1996–1998	1999–2001	2008–2010	1996–1998	1999–2001	2008–2010	1996–1998	1999–2001	2008–2010
Both sexes									
Age-adjusted death rate per 100,000 population ²									
All regions:									
Metropolitan counties:									
Large:									
Central	894.5	869.0	727.3	858.8	836.7	715.4	1,164.2	1,133.6	919.4
Fringe	839.3	833.0	711.3	828.0	823.7	712.4	1,059.6	1,040.8	823.6
Medium	865.6	859.0	757.7	846.5	842.2	749.0	1,152.4	1,137.3	944.1
Small	887.8	887.9	794.3	866.5	868.8	781.9	1,173.1	1,164.3	983.3
Nonmetropolitan counties:									
Micropolitan	913.0	907.1	831.1	892.1	890.0	818.8	1,208.2	1,174.9	1,029.7
Nonmicropolitan	933.0	923.2	855.1	909.6	902.8	839.6	1,191.6	1,162.8	1,012.1
Northeast:									
Metropolitan counties:									
Large:									
Central	909.6	861.7	711.6	881.4	838.6	712.3	1,052.4	1,001.1	797.0
Fringe	827.8	814.0	680.4	823.3	810.8	686.4	1,000.0	986.6	757.7
Medium	851.9	836.2	721.2	842.2	828.6	720.4	1,076.6	1,040.8	814.1
Small	852.0	849.5	742.3	847.8	846.5	741.4	1,106.9	1,072.4	888.9
Nonmetropolitan counties:									
Micropolitan	878.4	854.4	765.4	877.9	855.7	768.4	*	*	*
Nonmicropolitan	893.6	877.4	776.8	892.0	876.3	778.8	*	*	*
Midwest:									
Metropolitan counties:									
Large:									
Central	951.7	939.6	807.3	880.7	868.9	756.7	1,213.7	1,205.9	997.5
Fringe	856.4	856.1	738.4	845.9	846.3	734.9	1,121.2	1,123.1	907.8
Medium	876.1	873.5	776.3	857.0	856.1	763.4	1,168.9	1,151.6	978.9
Small	860.8	861.5	765.7	847.4	850.8	758.1	1,178.9	1,146.9	962.0
Nonmetropolitan counties:									
Micropolitan	868.8	865.2	788.4	863.9	863.0	786.9	1,222.0	1,103.5	948.5
Nonmicropolitan	867.6	852.7	784.3	858.2	845.9	777.4	1,388.1	1,058.9	833.8
South:									
Metropolitan counties:									
Large:									
Central	938.1	926.8	785.4	864.9	859.1	743.9	1,241.9	1,212.8	983.9
Fringe	845.3	845.6	729.8	821.9	826.2	726.9	1,071.4	1,048.4	827.9
Medium	891.8	892.4	793.6	852.1	855.8	770.9	1,172.6	1,164.4	971.5
Small	943.6	950.5	859.4	907.5	917.9	839.9	1,183.2	1,180.0	1,004.9
Nonmetropolitan counties:									
Micropolitan	974.1	973.3	904.9	933.5	939.3	882.3	1,218.9	1,194.3	1,055.1
Nonmicropolitan	1,005.3	1,003.0	941.6	975.9	978.5	929.9	1,188.4	1,171.2	1,027.5
West:									
Metropolitan counties:									
Large:									
Central	819.2	792.4	655.9	829.4	804.1	678.5	1,107.9	1,077.7	872.6
Fringe	818.6	803.6	680.4	823.2	810.1	693.3	1,060.8	1,006.2	844.4
Medium	814.7	800.5	704.5	826.9	815.8	722.3	1,045.4	996.3	836.7
Small	827.6	815.7	729.0	826.6	815.7	731.7	973.5	990.7	706.3
Nonmetropolitan counties:									
Micropolitan	861.0	851.8	768.9	860.4	854.7	773.0	*	*	*
Nonmicropolitan	867.1	847.4	771.2	845.9	828.6	747.7	*	*	*

See footnotes at end of table.

Table 24 (page 2 of 3). Age-adjusted death rates, by race, sex, region, and urbanization level: United States, average annual, selected years 1996–1998 through 2008–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#024>.

[Data are based on death certificates]

Sex, region, and urbanization level ¹	All races			White			Black or African American		
	1996–1998	1999–2001	2008–2010	1996–1998	1999–2001	2008–2010	1996–1998	1999–2001	2008–2010
Male	Age-adjusted death rate per 100,000 population ²								
All regions:									
Metropolitan counties:									
Large:									
Central	1,108.6	1,057.6	870.3	1,060.6	1,015.2	852.3	1,503.8	1,436.1	1,144.2
Fringe	1,025.2	998.7	839.4	1,010.9	987.3	840.0	1,329.0	1,281.1	998.8
Medium	1,069.9	1,038.5	897.3	1,045.4	1,017.7	884.7	1,469.0	1,409.2	1,153.5
Small	1,104.6	1,079.2	941.8	1,077.4	1,056.1	926.3	1,497.6	1,449.1	1,199.3
Nonmetropolitan counties:									
Micropolitan	1,139.9	1,108.6	985.3	1,113.5	1,087.5	969.4	1,547.8	1,475.9	1,256.4
Nonmicropolitan	1,172.3	1,132.9	1,009.7	1,143.3	1,108.3	989.8	1,529.0	1,457.3	1,237.6
Northeast:									
Metropolitan counties:									
Large:									
Central	1,142.0	1,065.3	866.8	1,102.8	1,034.5	864.5	1,374.4	1,280.7	1,005.0
Fringe	1,018.1	985.3	811.8	1,012.6	982.3	819.3	1,263.0	1,219.0	931.9
Medium	1,061.6	1,018.1	858.2	1,049.9	1,009.7	857.3	1,351.2	1,262.4	981.5
Small	1,062.7	1,034.1	886.6	1,057.9	1,032.3	887.5	1,376.8	1,280.7	1,048.5
Nonmetropolitan counties:									
Micropolitan	1,093.5	1,042.5	909.1	1,093.7	1,045.6	914.3	*	*	*
Nonmicropolitan	1,096.9	1,056.9	908.0	1,096.1	1,056.6	911.8	*	*	*
Midwest:									
Metropolitan counties:									
Large:									
Central	1,192.6	1,155.5	970.1	1,101.0	1,064.6	901.2	1,559.8	1,525.5	1,252.4
Fringe	1,051.7	1,030.0	867.1	1,038.7	1,018.7	863.1	1,399.4	1,372.7	1,084.0
Medium	1,089.0	1,063.2	919.4	1,065.3	1,043.8	903.4	1,470.0	1,394.4	1,192.6
Small	1,076.0	1,057.3	912.9	1,059.7	1,045.0	904.2	1,463.9	1,401.9	1,153.3
Nonmetropolitan counties:									
Micropolitan	1,092.0	1,063.4	940.8	1,086.0	1,062.0	940.2	1,551.8	1,315.8	1,093.3
Nonmicropolitan	1,094.7	1,050.5	935.7	1,083.0	1,043.3	928.7	1,788.2	1,225.3	864.3
South:									
Metropolitan counties:									
Large:									
Central	1,172.0	1,130.9	941.9	1,074.6	1,042.9	888.4	1,616.0	1,542.6	1,227.0
Fringe	1,030.8	1,009.7	859.1	1,000.5	984.8	853.7	1,351.1	1,297.8	1,006.4
Medium	1,106.6	1,081.2	943.0	1,053.0	1,033.8	913.1	1,517.1	1,466.2	1,202.9
Small	1,185.9	1,160.8	1,023.0	1,138.6	1,118.6	996.1	1,526.9	1,487.0	1,242.2
Nonmetropolitan counties:									
Micropolitan	1,228.0	1,198.9	1,073.4	1,175.1	1,154.7	1,041.5	1,577.6	1,519.8	1,308.9
Nonmicropolitan	1,275.7	1,240.6	1,113.8	1,239.3	1,210.2	1,094.3	1,530.4	1,478.0	1,270.0
West:									
Metropolitan counties:									
Large:									
Central	996.3	949.8	776.8	1,006.7	962.4	800.7	1,383.8	1,323.2	1,038.4
Fringe	981.1	947.0	793.0	988.0	954.5	807.0	1,228.8	1,171.2	991.0
Medium	987.4	952.8	826.3	1,003.1	969.3	841.5	1,230.6	1,165.1	945.7
Small	1,003.7	970.5	850.4	1,001.7	971.6	853.3	1,178.9	1,088.1	801.3
Nonmetropolitan counties:									
Micropolitan	1,037.8	1,012.6	901.4	1,036.0	1,013.6	902.8	*	*	*
Nonmicropolitan	1,048.7	1,010.9	889.2	1,023.0	986.8	859.6	*	*	*

See footnotes at end of table.

Table 24 (page 3 of 3). Age-adjusted death rates, by race, sex, region, and urbanization level: United States, average annual, selected years 1996–1998 through 2008–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#024>.

[Data are based on death certificates]

Sex, region, and urbanization level ¹	All races			White			Black or African American		
	1996–1998	1999–2001	2008–2010	1996–1998	1999–2001	2008–2010	1996–1998	1999–2001	2008–2010
Female									
Age-adjusted death rate per 100,000 population ²									
All regions:									
Metropolitan counties:									
Large:									
Central	738.9	730.1	616.0	711.3	703.8	606.2	934.4	929.3	763.6
Fringe	705.7	711.1	611.2	696.3	702.7	611.5	875.9	876.4	700.7
Medium	716.8	724.6	645.5	701.9	710.6	638.6	932.0	945.4	792.3
Small	731.2	745.7	675.3	713.7	729.1	664.7	951.9	966.5	824.7
Nonmetropolitan counties:									
Micropolitan	745.9	754.8	704.0	728.8	740.2	693.9	975.6	968.3	862.4
Nonmicropolitan	750.6	759.5	722.1	731.4	741.9	709.4	951.5	953.0	846.3
Northeast:									
Metropolitan counties:									
Large:									
Central	748.4	719.6	598.1	725.6	699.1	597.3	848.3	823.6	662.2
Fringe	696.3	692.6	581.6	692.4	689.3	586.0	827.2	828.1	637.2
Medium	709.1	707.5	616.1	701.4	700.9	615.2	883.4	877.0	687.9
Small	706.7	717.3	629.4	703.2	713.8	627.3	919.9	930.0	765.2
Nonmetropolitan counties:									
Micropolitan	725.0	717.5	650.2	724.3	718.1	652.0	*	*	*
Nonmicropolitan	741.8	738.5	663.6	740.1	737.4	664.6	*	*	*
Midwest:									
Metropolitan counties:									
Large:									
Central	784.1	786.2	684.1	729.7	730.9	645.5	974.4	984.5	819.3
Fringe	722.9	733.8	638.4	714.5	725.1	635.2	924.6	948.2	778.1
Medium	728.9	739.6	665.5	713.6	724.3	654.9	955.1	972.7	821.3
Small	710.8	721.4	650.3	700.0	712.2	643.6	963.1	952.5	812.4
Nonmetropolitan counties:									
Micropolitan	711.2	721.2	667.6	707.3	718.6	665.7	998.7	948.8	847.6
Nonmicropolitan	696.1	700.0	656.5	688.9	693.9	649.9	1,123.8	955.4	821.2
South:									
Metropolitan counties:									
Large:									
Central	768.6	776.3	663.8	712.1	721.7	628.5	988.2	989.8	816.4
Fringe	705.7	719.6	626.3	686.1	702.4	622.6	882.4	881.0	705.3
Medium	731.2	746.6	671.3	700.1	716.0	651.8	938.9	958.2	810.2
Small	771.0	795.0	728.0	740.9	767.1	712.0	956.5	974.2	836.8
Nonmetropolitan counties:									
Micropolitan	788.4	803.8	765.4	754.8	774.5	747.8	977.3	975.7	873.4
Nonmicropolitan	803.4	821.3	796.0	778.3	799.5	788.1	946.7	955.0	851.6
West:									
Metropolitan counties:									
Large:									
Central	682.6	670.1	557.3	691.8	679.9	576.5	906.0	899.3	743.7
Fringe	696.3	693.8	589.2	699.2	699.1	600.4	920.1	876.5	727.9
Medium	680.5	681.3	603.2	691.6	696.1	621.7	890.3	855.7	731.7
Small	687.3	691.3	625.6	687.2	690.7	628.0	789.8	886.6	612.0
Nonmetropolitan counties:									
Micropolitan	712.6	715.1	650.7	713.8	720.0	656.6	*	*	*
Nonmicropolitan	710.4	704.0	657.2	694.2	690.7	639.6	*	*	*

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

¹Urbanization levels are for county of residence of decedent. The levels were developed by NCHS using information from the Office of Management and Budget, Department of Agriculture, and Census Bureau. More information on this six-level urban-rural classification scheme is available from: http://www.cdc.gov/nchs/data_access/urban_rural.htm. See [Appendix II, Urbanization](#).

²Age-adjusted rates are calculated using the year 2000 standard population. Prior to 2008, age-adjusted rates were calculated using standard million proportions based on rounded population numbers. Starting with 2008 data, unrounded population numbers are used to calculate age-adjusted rates. See [Appendix II, Age adjustment](#). Prior to 2008–2010, denominators for rates are resident population estimates for the middle year of each 3-year period, multiplied by 3. Starting with 2008–2010, denominators for rates are the 3-year average population. See [Appendix I, Population Census and Population Estimates](#).

NOTES: The race groups, white and black, include persons of Hispanic and non-Hispanic origin. Starting with 2003 data, some states allowed the reporting of more than one race on the death certificate. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See [Appendix II, Hispanic origin; Race](#). Rates for 1999–2001 were calculated using intercensal 1999 population estimates, 2000 bridged-race April 1 census counts, and postcensal population estimates for 2001. Rates for 2008–2010 were calculated using intercensal population estimates for 2008 and 2009, and 2010 bridged-race April 1 census counts.

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

Table 25 (page 1 of 4). Death rates for all causes, by sex, race, Hispanic origin, and age: United States, selected years 1950–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#025>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ¹	1960 ¹	1970	1980	1990	2000	2009	2010
Deaths per 100,000 resident population								
All persons								
All ages, age-adjusted ²	1,446.0	1,339.2	1,222.6	1,039.1	938.7	869.0	749.6	747.0
All ages, crude	963.8	954.7	945.3	878.3	863.8	854.0	794.5	799.5
Under 1 year	3,299.2	2,696.4	2,142.4	1,288.3	971.9	736.7	659.7	623.4
1–4 years	139.4	109.1	84.5	63.9	46.8	32.4	27.4	26.5
5–14 years	60.1	46.6	41.3	30.6	24.0	18.0	13.8	12.9
15–24 years	128.1	106.3	127.7	115.4	99.2	79.9	69.8	67.7
25–34 years	178.7	146.4	157.4	135.5	139.2	101.4	104.4	102.9
35–44 years	358.7	299.4	314.5	227.9	223.2	198.9	180.0	170.5
45–54 years	853.9	756.0	730.0	584.0	473.4	425.6	418.1	407.1
55–64 years	1,901.0	1,735.1	1,658.8	1,346.3	1,196.9	992.2	856.7	851.9
65–74 years	4,104.3	3,822.1	3,582.7	2,994.9	2,648.6	2,399.1	1,888.7	1,875.1
75–84 years	9,331.1	8,745.2	8,004.4	6,692.6	6,007.2	5,666.5	4,820.2	4,790.2
85 years and over	20,196.9	19,857.5	16,344.9	15,980.3	15,327.4	15,524.4	13,660.1	13,934.3
Male								
All ages, age-adjusted ²	1,674.2	1,609.0	1,542.1	1,348.1	1,202.8	1,053.8	890.9	887.1
All ages, crude	1,106.1	1,104.5	1,090.3	976.9	918.4	853.0	807.2	812.0
Under 1 year	3,728.0	3,059.3	2,410.0	1,428.5	1,082.8	806.5	725.0	680.2
1–4 years	151.7	119.5	93.2	72.6	52.4	35.9	30.1	29.6
5–14 years	70.9	55.7	50.5	36.7	28.5	20.9	15.6	14.6
15–24 years	167.9	152.1	188.5	172.3	147.4	114.9	100.0	97.6
25–34 years	216.5	187.9	215.3	196.1	204.3	138.6	142.7	141.5
35–44 years	428.8	372.8	402.6	299.2	310.4	255.2	225.5	212.5
45–54 years	1,067.1	992.2	958.5	767.3	610.3	542.8	520.3	505.9
55–64 years	2,395.3	2,309.5	2,282.7	1,815.1	1,553.4	1,230.7	1,078.4	1,075.5
65–74 years	4,931.4	4,914.4	4,873.8	4,105.2	3,491.5	2,979.6	2,290.5	2,275.1
75–84 years	10,426.0	10,178.4	10,010.2	8,816.7	7,888.6	6,972.6	5,725.8	5,693.7
85 years and over	21,636.0	21,186.3	17,821.5	18,801.1	18,056.6	17,501.4	15,142.9	15,414.3
Female								
All ages, age-adjusted ²	1,236.0	1,105.3	971.4	817.9	750.9	731.4	636.8	634.9
All ages, crude	823.5	809.2	807.8	785.3	812.0	855.0	782.1	787.4
Under 1 year	2,854.6	2,321.3	1,863.7	1,141.7	855.7	663.4	591.5	564.0
1–4 years	126.7	98.4	75.4	54.7	41.0	28.7	24.6	23.3
5–14 years	48.9	37.3	31.8	24.2	19.3	15.0	12.0	11.1
15–24 years	89.1	61.3	68.1	57.5	49.0	43.1	38.1	36.4
25–34 years	142.7	106.6	101.6	75.9	74.2	63.5	65.6	64.0
35–44 years	290.3	229.4	231.1	159.3	137.9	143.2	134.9	128.9
45–54 years	641.5	526.7	517.2	412.9	342.7	312.5	319.1	311.4
55–64 years	1,404.8	1,196.4	1,098.9	934.3	878.8	772.2	650.1	643.5
65–74 years	3,333.2	2,871.8	2,579.7	2,144.7	1,991.2	1,921.2	1,540.5	1,527.5
75–84 years	8,399.6	7,633.1	6,677.6	5,440.1	4,883.1	4,814.7	4,172.2	4,137.7
85 years and over	19,194.7	19,008.4	15,518.0	14,746.9	14,274.3	14,719.2	12,951.6	13,219.2
White male ³								
All ages, age-adjusted ²	1,642.5	1,586.0	1,513.7	1,317.6	1,165.9	1,029.4	880.5	878.5
All ages, crude	1,089.5	1,098.5	1,086.7	983.3	930.9	887.8	858.2	866.1
Under 1 year	3,400.5	2,694.1	2,113.2	1,230.3	896.1	667.6	611.2	584.3
1–4 years	135.5	104.9	83.6	66.1	45.9	32.6	28.3	27.4
5–14 years	67.2	52.7	48.0	35.0	26.4	19.8	14.5	13.8
15–24 years	152.4	143.7	170.8	167.0	131.3	105.8	94.9	91.8
25–34 years	185.3	163.2	176.6	171.3	176.1	124.1	135.9	135.6
35–44 years	380.9	332.6	343.5	257.4	268.2	233.6	216.8	206.6
45–54 years	984.5	932.2	882.9	698.9	548.7	496.9	502.3	491.9
55–64 years	2,304.4	2,225.2	2,202.6	1,728.5	1,467.2	1,163.3	1,032.2	1,033.0
65–74 years	4,864.9	4,848.4	4,810.1	4,035.7	3,397.7	2,905.7	2,245.3	2,232.4
75–84 years	10,526.3	10,299.6	10,098.8	8,829.8	7,844.9	6,933.1	5,737.1	5,703.6
85 years and over	22,116.3	21,750.0	18,551.7	19,097.3	18,268.3	17,716.4	15,362.2	15,640.3

See footnotes at end of table.

Table 25 (page 2 of 4). Death rates for all causes, by sex, race, Hispanic origin, and age: United States, selected years 1950–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#025>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ¹	1960 ¹	1970	1980	1990	2000	2009	2010
Deaths per 100,000 resident population								
Black or African American male ³								
All ages, age-adjusted ²	1,909.1	1,811.1	1,873.9	1,697.8	1,644.5	1,403.5	1,123.1	1,104.0
All ages, crude	1,257.7	1,181.7	1,186.6	1,034.1	1,008.0	834.1	735.3	725.4
Under 1 year	---	5,306.8	4,298.9	2,586.7	2,112.4	1,567.6	1,357.2	1,206.5
1–4 years ⁴	1,412.6	208.5	150.5	110.5	85.8	54.5	41.9	42.9
5–14 years	95.1	75.1	67.1	47.4	41.2	28.2	22.2	19.6
15–24 years	289.7	212.0	320.6	209.1	252.2	181.4	142.5	142.8
25–34 years	503.5	402.5	559.5	407.3	430.8	261.0	226.1	216.7
35–44 years	878.1	762.0	956.6	689.8	699.6	453.0	336.8	307.5
45–54 years	1,905.0	1,624.8	1,777.5	1,479.9	1,261.0	1,017.7	760.4	716.3
55–64 years	3,773.2	3,316.4	3,256.9	2,873.0	2,618.4	2,080.1	1,707.1	1,662.1
65–74 years	5,310.3	5,798.7	5,803.2	5,131.1	4,946.1	4,253.5	3,250.1	3,205.6
75–84 years ⁵	10,101.9	8,605.1	9,454.9	9,231.6	9,129.5	8,486.0	6,727.9	6,721.5
85 years and over	---	14,844.8	12,222.3	16,098.8	16,954.9	16,791.0	14,562.9	14,715.3
American Indian or Alaska Native male ³								
All ages, age-adjusted ²	---	---	---	1,111.5	916.2	841.5	709.0	730.2
All ages, crude	---	---	---	597.1	476.4	415.6	389.9	397.5
Under 1 year	---	---	---	1,598.1	1,056.6	700.2	548.7	542.5
1–4 years	---	---	---	82.7	77.4	44.9	31.2	34.3
5–14 years	---	---	---	43.7	33.4	20.2	15.5	18.1
15–24 years	---	---	---	311.1	219.8	136.2	121.0	116.4
25–34 years	---	---	---	360.6	256.1	179.1	154.9	156.2
35–44 years	---	---	---	556.8	365.4	295.2	275.6	258.2
45–54 years	---	---	---	871.3	619.9	520.0	486.7	496.1
55–64 years	---	---	---	1,547.5	1,211.3	1,090.4	941.0	951.2
65–74 years	---	---	---	2,968.4	2,461.7	2,478.3	1,969.9	1,971.0
75–84 years	---	---	---	5,607.0	5,389.2	5,351.2	4,342.4	4,451.8
85 years and over	---	---	---	12,635.2	11,243.9	10,725.8	9,174.7	10,268.1
Asian or Pacific Islander male ³								
All ages, age-adjusted ²	---	---	---	786.5	716.4	624.2	509.2	512.1
All ages, crude	---	---	---	375.3	334.3	332.9	321.2	327.0
Under 1 year	---	---	---	816.5	605.3	529.4	412.0	434.4
1–4 years	---	---	---	50.9	45.0	23.3	19.3	19.3
5–14 years	---	---	---	23.4	20.7	12.9	11.0	8.4
15–24 years	---	---	---	80.8	76.0	55.2	41.3	43.0
25–34 years	---	---	---	83.5	79.6	55.0	50.3	52.6
35–44 years	---	---	---	128.3	130.8	104.9	93.7	83.5
45–54 years	---	---	---	342.3	287.1	249.7	226.5	213.7
55–64 years	---	---	---	881.1	789.1	642.4	509.9	519.0
65–74 years	---	---	---	2,236.1	2,041.4	1,661.0	1,218.8	1,226.0
75–84 years	---	---	---	5,389.5	5,008.6	4,328.2	3,456.9	3,438.7
85 years and over	---	---	---	13,753.6	12,446.3	12,125.3	10,477.3	10,824.5
Hispanic or Latino male ^{3,6}								
All ages, age-adjusted ²	---	---	---	---	886.4	818.1	675.5	677.7
All ages, crude	---	---	---	---	411.6	331.3	311.8	310.8
Under 1 year	---	---	---	---	921.8	637.1	569.5	556.8
1–4 years	---	---	---	---	53.8	31.5	25.9	25.0
5–14 years	---	---	---	---	26.0	17.9	14.1	11.4
15–24 years	---	---	---	---	159.3	107.7	87.6	79.4
25–34 years	---	---	---	---	234.0	120.2	107.1	100.9
35–44 years	---	---	---	---	341.8	211.0	158.5	146.2
45–54 years	---	---	---	---	533.9	439.0	376.9	351.9
55–64 years	---	---	---	---	1,123.7	965.7	818.9	815.1
65–74 years	---	---	---	---	2,368.2	2,287.9	1,789.2	1,775.0
75–84 years	---	---	---	---	5,369.1	5,395.3	4,396.7	4,461.9
85 years and over	---	---	---	---	12,272.1	13,086.2	11,225.7	11,779.8

See footnotes at end of table.

Table 25 (page 3 of 4). Death rates for all causes, by sex, race, Hispanic origin, and age: United States, selected years 1950–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#025>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ¹	1960 ¹	1970	1980	1990	2000	2009	2010
Deaths per 100,000 resident population								
White, not Hispanic or Latino male ⁶								
All ages, age-adjusted ²	---	---	---	---	1,170.9	1,035.4	893.7	892.5
All ages, crude	---	---	---	---	985.9	978.5	975.7	987.5
Under 1 year	---	---	---	---	865.4	658.7	604.4	575.9
1–4 years	---	---	---	---	43.8	32.4	28.3	27.5
5–14 years	---	---	---	---	25.7	20.0	14.2	14.3
15–24 years	---	---	---	---	123.4	103.5	94.4	93.4
25–34 years	---	---	---	---	165.3	123.0	142.1	143.6
35–44 years	---	---	---	---	257.1	233.9	227.9	219.1
45–54 years	---	---	---	---	544.5	497.7	515.4	508.1
55–64 years	---	---	---	---	1,479.7	1,170.9	1,045.1	1,046.2
65–74 years	---	---	---	---	3,434.5	2,930.5	2,269.9	2,256.9
75–84 years	---	---	---	---	7,920.4	6,977.8	5,810.0	5,770.3
85 years and over	---	---	---	---	18,505.4	17,853.2	15,552.9	15,816.6
White female ³								
All ages, age-adjusted ²	1,198.0	1,074.4	944.0	796.1	728.8	715.3	631.3	630.8
All ages, crude	803.3	800.9	812.6	806.1	846.9	912.3	849.3	857.3
Under 1 year	2,566.8	2,007.7	1,614.6	962.5	690.0	550.5	502.3	488.0
1–4 years	112.2	85.2	66.1	49.3	36.1	25.5	22.6	21.6
5–14 years	45.1	34.7	29.9	22.9	17.9	14.1	11.1	10.6
15–24 years	71.5	54.9	61.6	55.5	45.9	41.1	37.1	36.2
25–34 years	112.8	85.0	84.1	65.4	61.5	55.1	62.9	61.4
35–44 years	235.8	191.1	193.3	138.2	117.4	125.7	128.2	122.8
45–54 years	546.4	458.8	462.9	372.7	309.3	281.4	301.6	295.1
55–64 years	1,293.8	1,078.9	1,014.9	876.2	822.7	730.9	624.8	617.8
65–74 years	3,242.8	2,779.3	2,470.7	2,066.6	1,923.5	1,868.3	1,517.9	1,504.9
75–84 years	8,481.5	7,696.6	6,698.7	5,401.7	4,839.1	4,785.3	4,190.9	4,165.4
85 years and over	19,679.5	19,477.7	15,980.2	14,979.6	14,400.6	14,890.7	13,132.7	13,419.3
Black or African American female ³								
All ages, age-adjusted ²	1,545.5	1,369.7	1,228.7	1,033.3	975.1	927.6	763.3	752.5
All ages, crude	1,002.0	905.0	829.2	733.3	747.9	733.0	645.6	642.7
Under 1 year	---	4,162.2	3,368.8	2,123.7	1,735.5	1,279.8	1,070.0	994.4
1–4 years ⁴	1,139.3	173.3	129.4	84.4	67.6	45.3	37.7	33.2
5–14 years	72.8	53.8	43.8	30.5	27.5	20.0	16.6	14.5
15–24 years	213.1	107.5	111.9	70.5	68.7	58.3	46.6	43.3
25–34 years	393.3	273.2	231.0	150.0	159.5	121.8	97.5	92.9
35–44 years	758.1	568.5	533.0	323.9	298.6	271.9	207.7	199.3
45–54 years	1,576.4	1,177.0	1,043.9	768.2	639.4	588.3	500.5	481.0
55–64 years	3,089.4	2,510.9	1,986.2	1,561.0	1,452.6	1,227.2	983.7	972.2
65–74 years	4,000.2	4,064.2	3,860.9	3,057.4	2,865.7	2,689.6	2,041.2	2,021.2
75–84 years ⁵	8,347.0	6,730.0	6,691.5	6,212.1	5,688.3	5,696.5	4,694.0	4,580.9
85 years and over	---	13,052.6	10,706.6	12,367.2	13,309.5	13,941.3	12,378.5	12,589.9
American Indian or Alaska Native female ³								
All ages, age-adjusted ²	---	---	---	662.4	561.8	604.5	536.4	541.7
All ages, crude	---	---	---	380.1	330.4	346.1	332.4	332.4
Under 1 year	---	---	---	1,352.6	688.7	492.2	444.2	366.4
1–4 years	---	---	---	87.5	37.8	39.8	23.5	24.4
5–14 years	---	---	---	33.5	25.5	17.7	16.2	10.5
15–24 years	---	---	---	90.3	69.0	58.9	56.3	43.6
25–34 years	---	---	---	178.5	102.3	84.8	81.9	85.6
35–44 years	---	---	---	286.0	156.4	171.9	171.8	146.6
45–54 years	---	---	---	491.4	380.9	284.9	346.5	326.2
55–64 years	---	---	---	837.1	805.9	772.1	603.9	623.8
65–74 years	---	---	---	1,765.5	1,679.4	1,899.8	1,472.4	1,481.7
75–84 years	---	---	---	3,612.9	3,073.2	3,850.0	3,332.7	3,391.9
85 years and over	---	---	---	8,567.4	8,201.1	9,118.2	8,619.3	9,277.9

See footnotes at end of table.

Table 25 (page 4 of 4). Death rates for all causes, by sex, race, Hispanic origin, and age: United States, selected years 1950–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#025>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ¹	1960 ¹	1970	1980	1990	2000	2009	2010
Deaths per 100,000 resident population								
Asian or Pacific Islander female ³								
All ages, age-adjusted ²	---	---	---	425.9	469.3	416.8	361.1	359.0
All ages, crude	---	---	---	222.5	234.3	262.3	273.5	277.3
Under 1 year	---	---	---	755.8	518.2	434.3	373.7	341.8
1–4 years	---	---	---	35.4	32.0	20.0	12.7	16.3
5–14 years	---	---	---	21.5	13.0	11.7	10.0	7.9
15–24 years	---	---	---	32.3	28.8	22.4	21.1	17.0
25–34 years	---	---	---	45.4	37.5	27.6	26.0	27.1
35–44 years	---	---	---	89.7	69.9	65.6	50.8	49.0
45–54 years	---	---	---	214.1	182.7	155.5	122.0	127.9
55–64 years	---	---	---	440.8	483.4	390.9	294.8	298.8
65–74 years	---	---	---	1,027.7	1,089.2	996.4	776.8	788.7
75–84 years	---	---	---	2,833.6	3,127.9	2,882.4	2,472.3	2,445.5
85 years and over	---	---	---	7,923.3	10,254.0	9,052.2	8,685.4	8,590.1
Hispanic or Latina female ^{3,6}								
All ages, age-adjusted ²	---	---	---	---	537.1	546.0	466.1	463.4
All ages, crude	---	---	---	---	285.4	274.6	261.4	260.9
Under 1 year	---	---	---	---	746.6	553.6	480.1	462.9
1–4 years	---	---	---	---	42.1	27.5	23.4	20.2
5–14 years	---	---	---	---	17.3	13.4	11.8	8.9
15–24 years	---	---	---	---	40.6	31.7	29.1	26.3
25–34 years	---	---	---	---	62.9	43.4	42.5	38.9
35–44 years	---	---	---	---	109.3	100.5	81.0	75.2
45–54 years	---	---	---	---	253.3	223.8	200.0	193.9
55–64 years	---	---	---	---	607.5	548.4	456.8	450.1
65–74 years	---	---	---	---	1,453.8	1,423.2	1,106.7	1,085.5
75–84 years	---	---	---	---	3,351.3	3,624.5	3,160.1	3,067.4
85 years and over	---	---	---	---	10,098.7	11,202.8	9,794.3	10,237.3
White, not Hispanic or Latina female ⁶								
All ages, age-adjusted ²	---	---	---	---	734.6	721.5	643.1	643.3
All ages, crude	---	---	---	---	903.6	1,007.3	969.1	981.2
Under 1 year	---	---	---	---	655.3	530.9	494.2	480.4
1–4 years	---	---	---	---	34.0	24.4	21.6	21.8
5–14 years	---	---	---	---	17.6	13.9	10.5	10.9
15–24 years	---	---	---	---	46.0	42.6	38.6	38.4
25–34 years	---	---	---	---	60.6	56.8	67.5	66.8
35–44 years	---	---	---	---	116.8	128.1	137.7	133.1
45–54 years	---	---	---	---	312.1	285.0	313.5	307.7
55–64 years	---	---	---	---	834.5	742.1	638.5	631.5
65–74 years	---	---	---	---	1,940.2	1,891.0	1,548.1	1,535.9
75–84 years	---	---	---	---	4,887.3	4,819.3	4,252.4	4,232.6
85 years and over	---	---	---	---	14,533.1	14,971.7	13,264.8	13,543.5

--- Data not available.

¹Includes deaths of persons who were not residents of the 50 states and the District of Columbia (D.C.).

²Age-adjusted rates are calculated using the year 2000 standard population. Prior to 2001, age-adjusted rates were calculated using standard million proportions based on rounded population numbers. Starting with 2001 data, unrounded population numbers are used to calculate age-adjusted rates. See [Appendix II, Age adjustment](#).

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 Hispanic, American Indian and Alaska Native, and Asian or Pacific Islander persons should be interpreted with caution because of inconsistencies in reporting Hispanic origin or race on the death certificate (death rate numerators) compared with population figures (death rate denominators). The net effect of misclassification is an underestimation of deaths and death rates for races other than white and black. See [Appendix II, Race](#), for a detailed 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, data from states that did not report Hispanic origin on the death certificate were excluded. See [Appendix II, Hispanic origin](#).

NOTES: Starting with *Health, United States, 2003*, rates for 1991–1999 were revised using intercensal population estimates based on the 1990 and 2000 censuses. For 2000, population estimates are bridged-race April 1 census counts. Starting with *Health, United States, 2012*, rates for 2001–2009 were revised using intercensal population estimates based on the 2000 and 2010 censuses. For 2010, population estimates are bridged-race April 1 census counts. See [Appendix I, Population Census and Population Estimates](#). Starting with 2003 data, some states allowed the reporting of more than one race on the death certificate. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See [Appendix II, Race](#). Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Vital Statistics System; Grove RD, Hetzel AM. Vital statistics rates in the United States, 1940–1960. Washington, DC: U.S. Government Printing Office, 1968; numerator data from National Vital Statistics System, annual public-use Mortality Files; denominator data from national population estimates for race groups from Table 1 and unpublished Hispanic population estimates for 1985–1996 prepared by the Housing and Household Economic Statistics Division, U.S. Census Bureau; Murphy SL, Xu JQ, Kochanek KD. Deaths: Final data for 2010. National vital statistics reports; vol 61 no 4. Hyattsville, MD: NCHS; 2012. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_04.pdf. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 26 (page 1 of 3). Death rates for diseases of heart, by sex, race, Hispanic origin, and age: United States, selected years 1950–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#026>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ^{1,2}	1960 ^{1,2}	1970 ²	1980 ²	1990 ²	2000 ³	2009 ³	2010 ³
Deaths per 100,000 resident population								
All persons								
All ages, age-adjusted ⁴	588.8	559.0	492.7	412.1	321.8	257.6	182.8	179.1
All ages, crude	356.8	369.0	362.0	336.0	289.5	252.6	195.4	193.6
Under 1 year	4.1	6.6	13.1	22.8	20.1	13.0	9.6	8.3
1–4 years	1.6	1.3	1.7	2.6	1.9	1.2	0.9	1.0
5–14 years	3.9	1.3	0.8	0.9	0.9	0.7	0.5	0.5
15–24 years	8.2	4.0	3.0	2.9	2.5	2.6	2.4	2.4
25–34 years	20.9	15.6	11.4	8.3	7.6	7.4	7.8	7.8
35–44 years	88.3	74.6	66.7	44.6	31.4	29.2	26.7	25.8
45–54 years	309.2	271.8	238.4	180.2	120.5	94.2	82.3	81.6
55–64 years	804.3	737.9	652.3	494.1	367.3	261.2	190.0	186.6
65–74 years	1,857.2	1,740.5	1,558.2	1,218.6	894.3	665.6	422.8	409.2
75–84 years	4,311.0	4,089.4	3,683.8	2,993.1	2,295.7	1,780.3	1,210.8	1,172.0
85 years and over	9,152.5	9,317.8	7,891.3	7,777.1	6,739.9	5,926.1	4,316.9	4,285.2
Male								
All ages, age-adjusted ⁴	699.0	687.6	634.0	538.9	412.4	320.0	229.4	225.1
All ages, crude	424.7	439.5	422.5	368.6	297.6	249.8	203.7	202.5
Under 1 year	4.7	7.8	15.1	25.5	21.9	13.3	10.5	9.8
1–4 years	1.7	1.4	1.9	2.8	1.9	1.4	0.9	1.1
5–14 years	3.5	1.4	0.9	1.0	0.9	0.8	0.5	0.5
15–24 years	8.3	4.2	3.7	3.7	3.1	3.2	3.1	3.2
25–34 years	24.4	20.1	15.2	11.4	10.3	9.6	10.6	10.7
35–44 years	120.4	112.7	103.2	68.7	48.1	41.4	37.5	36.0
45–54 years	441.2	420.4	376.4	282.6	183.0	140.2	119.8	117.8
55–64 years	1,100.5	1,066.9	987.2	746.8	537.3	371.7	274.1	269.5
65–74 years	2,310.2	2,291.3	2,170.3	1,728.0	1,250.0	898.3	571.1	553.0
75–84 years	4,825.8	4,742.4	4,534.8	3,834.3	2,968.2	2,248.1	1,514.8	1,475.7
85 years and over	9,661.4	9,788.9	8,426.2	8,752.7	7,418.4	6,430.0	4,862.8	4,833.6
Female								
All ages, age-adjusted ⁴	486.6	447.0	381.6	320.8	257.0	210.9	146.6	143.3
All ages, crude	289.7	300.6	304.5	305.1	281.8	255.3	187.3	184.9
Under 1 year	3.4	5.4	10.9	20.0	18.3	12.5	8.8	6.8
1–4 years	1.6	1.1	1.6	2.5	1.9	1.0	1.0	0.9
5–14 years	4.3	1.2	0.8	0.9	0.8	0.5	0.5	0.4
15–24 years	8.2	3.7	2.3	2.1	1.8	2.1	1.6	1.5
25–34 years	17.6	11.3	7.7	5.3	5.0	5.2	5.0	4.9
35–44 years	57.0	38.2	32.2	21.4	15.1	17.2	16.0	15.6
45–54 years	177.8	127.5	109.9	84.5	61.0	49.8	46.0	46.5
55–64 years	507.0	429.4	351.6	272.1	215.7	159.3	111.6	109.3
65–74 years	1,434.9	1,261.3	1,082.7	828.6	616.8	474.0	294.2	284.2
75–84 years	3,873.0	3,582.7	3,120.8	2,497.0	1,893.8	1,475.1	993.3	952.7
85 years and over	8,798.1	9,016.8	7,591.8	7,350.5	6,478.1	5,720.9	4,056.0	4,020.3
White male ⁵								
All ages, age-adjusted ⁴	701.4	694.5	640.2	539.6	409.2	316.7	226.6	222.9
All ages, crude	434.2	454.6	438.3	384.0	312.7	265.8	218.4	217.8
45–54 years	424.1	413.2	365.7	269.8	170.6	130.7	113.1	111.2
55–64 years	1,082.6	1,056.0	979.3	730.6	516.7	351.8	258.9	257.0
65–74 years	2,309.4	2,297.9	2,177.2	1,729.7	1,230.5	877.8	551.1	536.3
75–84 years	4,908.0	4,839.9	4,617.6	3,883.2	2,983.4	2,247.0	1,516.2	1,475.1
85 years and over	9,952.3	10,135.8	8,818.0	8,958.0	7,558.7	6,560.8	4,972.4	4,943.1
Black or African American male ⁵								
All ages, age-adjusted ⁴	641.5	615.2	607.3	561.4	485.4	392.5	289.0	280.6
All ages, crude	348.4	330.6	330.3	301.0	256.8	211.1	178.1	174.6
45–54 years	624.1	514.0	512.8	433.4	328.9	247.2	194.1	190.9
55–64 years	1,434.0	1,236.8	1,135.4	987.2	824.0	631.2	463.2	437.8
65–74 years	2,140.1	2,281.4	2,237.8	1,847.2	1,632.9	1,268.8	893.3	847.8
75–84 years ⁶	4,107.9	3,533.6	3,783.4	3,578.8	3,107.1	2,597.6	1,821.7	1,807.1
85 years and over	---	6,037.9	5,367.6	6,819.5	6,479.6	5,633.5	4,260.8	4,202.7

See footnotes at end of table.

Table 26 (page 2 of 3). Death rates for diseases of heart, by sex, race, Hispanic origin, and age: United States, selected years 1950–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#026>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ^{1,2}	1960 ^{1,2}	1970 ²	1980 ²	1990 ²	2000 ³	2009 ³	2010 ³
Deaths per 100,000 resident population								
American Indian or Alaska Native male⁵								
All ages, age-adjusted ⁴	---	---	---	320.5	264.1	222.2	162.2	158.7
All ages, crude	---	---	---	130.6	108.0	90.1	76.5	75.0
45–54 years	---	---	---	238.1	173.8	108.5	86.4	98.0
55–64 years	---	---	---	496.3	411.0	285.0	230.2	217.2
65–74 years	---	---	---	1,009.4	839.1	748.2	518.1	425.1
75–84 years	---	---	---	2,062.2	1,788.8	1,655.7	1,097.2	1,042.6
85 years and over	---	---	---	4,413.7	3,860.3	3,318.3	2,560.7	2,833.1
Asian or Pacific Islander male⁵								
All ages, age-adjusted ⁴	---	---	---	286.9	220.7	185.5	130.2	127.2
All ages, crude	---	---	---	119.8	88.7	90.6	78.4	77.0
45–54 years	---	---	---	112.0	70.4	61.1	54.1	49.2
55–64 years	---	---	---	306.7	226.1	182.6	129.2	119.3
65–74 years	---	---	---	852.4	623.5	482.5	307.6	294.4
75–84 years	---	---	---	2,010.9	1,642.2	1,354.7	874.4	855.5
85 years and over	---	---	---	5,923.0	4,617.8	4,154.2	3,080.5	3,132.9
Hispanic or Latino male^{5,7}								
All ages, age-adjusted ⁴	---	---	---	---	270.0	238.2	169.4	165.1
All ages, crude	---	---	---	---	91.0	74.7	65.0	64.1
45–54 years	---	---	---	---	116.4	84.3	71.0	66.1
55–64 years	---	---	---	---	363.0	264.8	195.5	185.9
65–74 years	---	---	---	---	829.9	684.8	452.0	424.5
75–84 years	---	---	---	---	1,971.3	1,733.2	1,211.9	1,160.9
85 years and over	---	---	---	---	4,711.9	4,897.5	3,486.6	3,577.9
White, not Hispanic or Latino male⁷								
All ages, age-adjusted ⁴	---	---	---	---	413.6	319.9	230.4	226.9
All ages, crude	---	---	---	---	336.5	297.5	251.8	251.8
45–54 years	---	---	---	---	172.8	134.3	118.4	117.2
55–64 years	---	---	---	---	521.3	356.3	263.1	261.9
65–74 years	---	---	---	---	1,243.4	885.1	555.4	542.2
75–84 years	---	---	---	---	3,007.7	2,261.9	1,531.7	1,491.4
85 years and over	---	---	---	---	7,663.4	6,606.6	5,042.8	5,006.6
White female⁵								
All ages, age-adjusted ⁴	479.2	441.7	376.7	315.9	250.9	205.6	143.4	140.4
All ages, crude	290.5	306.5	313.8	319.2	298.4	274.5	203.7	201.5
45–54 years	142.4	103.4	91.4	71.2	50.2	40.9	39.5	40.7
55–64 years	460.7	383.0	317.7	248.1	192.4	141.3	99.7	98.2
65–74 years	1,401.6	1,229.8	1,044.0	796.7	583.6	445.2	276.8	268.4
75–84 years	3,926.2	3,629.7	3,143.5	2,493.6	1,874.3	1,452.4	982.3	941.6
85 years and over	9,086.9	9,280.8	7,839.9	7,501.6	6,563.4	5,801.4	4,119.8	4,086.7
Black or African American female⁵								
All ages, age-adjusted ⁴	538.9	488.9	435.6	378.6	327.5	277.6	191.0	185.3
All ages, crude	289.9	268.5	261.0	249.7	237.0	212.6	157.6	154.8
45–54 years	526.8	360.7	290.9	202.4	155.3	125.0	99.5	96.6
55–64 years	1,210.7	952.3	710.5	530.1	442.0	332.8	228.5	218.6
65–74 years	1,659.4	1,680.5	1,553.2	1,210.3	1,017.5	815.2	498.5	475.9
75–84 years ⁶	3,499.3	2,926.9	2,964.1	2,707.2	2,250.9	1,913.1	1,272.0	1,227.2
85 years and over	---	5,650.0	5,003.8	5,796.5	5,766.1	5,298.7	3,833.3	3,783.8

See footnotes at end of table.

Table 26 (page 3 of 3). Death rates for diseases of heart, by sex, race, Hispanic origin, and age: United States, selected years 1950–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#026>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ^{1,2}	1960 ^{1,2}	1970 ²	1980 ²	1990 ²	2000 ³	2009 ³	2010 ³
Deaths per 100,000 resident population								
American Indian or Alaska Native female⁵								
All ages, age-adjusted ⁴	---	---	---	175.4	153.1	143.6	104.6	103.5
All ages, crude	---	---	---	80.3	77.5	71.9	56.9	55.9
45–54 years	---	---	---	65.2	62.0	40.2	42.0	37.7
55–64 years	---	---	---	193.5	197.0	149.4	102.1	89.0
65–74 years	---	---	---	577.2	492.8	391.8	262.7	248.1
75–84 years	---	---	---	1,364.3	1,050.3	1,044.1	734.4	684.7
85 years and over	---	---	---	2,893.3	2,868.7	3,146.3	2,352.1	2,614.1
Asian or Pacific Islander female⁵								
All ages, age-adjusted ⁴	---	---	---	132.3	149.2	115.7	83.6	81.2
All ages, crude	---	---	---	57.0	62.0	65.0	59.4	59.0
45–54 years	---	---	---	28.6	17.5	15.9	11.4	10.6
55–64 years	---	---	---	92.9	99.0	68.8	38.6	40.6
65–74 years	---	---	---	313.3	323.9	229.6	150.2	141.6
75–84 years	---	---	---	1,053.2	1,130.9	866.2	594.4	574.3
85 years and over	---	---	---	3,211.0	4,161.2	3,367.2	2,644.6	2,581.8
Hispanic or Latina female^{5,7}								
All ages, age-adjusted ⁴	---	---	---	---	177.2	163.7	109.6	107.8
All ages, crude	---	---	---	---	79.4	71.5	54.9	54.6
45–54 years	---	---	---	---	43.5	28.2	23.8	24.5
55–64 years	---	---	---	---	153.2	111.2	74.0	72.3
65–74 years	---	---	---	---	460.4	366.3	224.5	212.2
75–84 years	---	---	---	---	1,259.7	1,169.4	793.7	756.0
85 years and over	---	---	---	---	4,440.3	4,605.8	3,080.0	3,140.3
White, not Hispanic or Latina female⁷								
All ages, age-adjusted ⁴	---	---	---	---	252.6	206.8	145.4	142.5
All ages, crude	---	---	---	---	320.0	304.9	234.3	232.2
45–54 years	---	---	---	---	50.2	41.9	41.5	42.9
55–64 years	---	---	---	---	193.6	142.9	101.7	100.3
65–74 years	---	---	---	---	584.7	448.5	279.9	271.9
75–84 years	---	---	---	---	1,890.2	1,458.9	992.3	951.5
85 years and over	---	---	---	---	6,615.2	5,822.7	4,161.5	4,122.8

--- Data not available.

¹Includes deaths of persons who were not residents of the 50 states and the District of Columbia (D.C.).

²Underlying cause of death was coded according to the 6th Revision of the *International Classification of Diseases* (ICD) in 1950, 7th Revision in 1960, 8th Revision in 1970, and 9th Revision in 1980–1998. See [Appendix II, Cause of death; Table III; Table IV](#).

³Starting with 1999 data, cause of death is coded according to ICD–10. See [Appendix II, Cause of death; Comparability ratio; Table IV; Table V](#).

⁴Age-adjusted rates are calculated using the year 2000 standard population. Prior to 2001, age-adjusted rates were calculated using standard million proportions based on rounded population numbers. Starting with 2001 data, unrounded population numbers are used to calculate age-adjusted rates. See [Appendix II, Age adjustment](#).

⁵The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for Hispanic, American Indian and Alaska Native, and Asian or Pacific Islander persons should be interpreted with caution because of inconsistencies in reporting Hispanic origin or race on the death certificate (death rate numerators) compared with population figures (death rate denominators). The net effect of misclassification is an underestimation of deaths and death rates for races other than white and black. See [Appendix II, Race](#), for a detailed discussion of sources of bias in death rates by race and Hispanic origin.

⁶In 1950, rate is for the age group 75 years and over.

⁷Prior to 1997, data from states that did not report Hispanic origin on the death certificate were excluded. See [Appendix II, Hispanic origin](#).

NOTES: Starting with *Health, United States, 2003*, rates for 1991–1999 were revised using intercensal population estimates based on the 1990 and 2000 censuses. For 2000, population estimates are bridged-race April 1 census counts. Starting with *Health, United States, 2012*, rates for 2001–2009 were revised using intercensal population estimates based on the 2000 and 2010 censuses. For 2010, population estimates are bridged-race April 1 census counts. See [Appendix I, Population Census and Population Estimates](#). Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. Starting with 2003 data, some states allowed the reporting of more than one race on the death certificate. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See [Appendix II, Race](#). Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Vital Statistics System; numerator data from National Vital Statistics System, annual public-use Mortality Files; denominator data from national population estimates for race groups from Table 1 and unpublished Hispanic population estimates for 1985–1996 prepared by the Housing and Household Economic Statistics Division, U.S. Census Bureau; Murphy SL, Xu JQ, Kochanek KD. Deaths: Final data for 2010. National vital statistics reports; vol 61 no 4. Hyattsville, MD: NCHS; 2012. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_04.pdf. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 27 (page 1 of 3). Death rates for cerebrovascular diseases, by sex, race, Hispanic origin, and age: United States, selected years 1950–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#027>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ^{1,2}	1960 ^{1,2}	1970 ²	1980 ²	1990 ²	2000 ³	2009 ³	2010 ³
Deaths per 100,000 resident population								
All persons								
All ages, age-adjusted ⁴	180.7	177.9	147.7	96.2	65.3	60.9	39.6	39.1
All ages, crude	104.0	108.0	101.9	75.0	57.8	59.6	42.0	41.9
Under 1 year	5.1	4.1	5.0	4.4	3.8	3.3	3.7	3.3
1–4 years	0.9	0.8	1.0	0.5	0.3	0.3	0.3	0.3
5–14 years	0.5	0.7	0.7	0.3	0.2	0.2	0.2	0.2
15–24 years	1.6	1.8	1.6	1.0	0.6	0.5	0.4	0.4
25–34 years	4.2	4.7	4.5	2.6	2.2	1.5	1.3	1.3
35–44 years	18.7	14.7	15.6	8.5	6.4	5.8	4.6	4.6
45–54 years	70.4	49.2	41.6	25.2	18.7	16.0	13.7	13.1
55–64 years	194.2	147.3	115.8	65.1	47.9	41.0	29.7	29.3
65–74 years	554.7	469.2	384.1	219.0	144.2	128.6	82.8	81.7
75–84 years	1,499.6	1,491.3	1,254.2	786.9	498.0	461.3	294.9	288.3
85 years and over	2,990.1	3,680.5	3,014.3	2,283.7	1,628.9	1,589.2	992.2	993.8
Male								
All ages, age-adjusted ⁴	186.4	186.1	157.4	102.2	68.5	62.4	39.9	39.3
All ages, crude	102.5	104.5	94.5	63.4	46.7	46.9	34.5	34.5
Under 1 year	6.4	5.0	5.8	5.0	4.4	3.8	4.4	3.2
1–4 years	1.1	0.9	1.2	0.4	0.3	*	0.3	0.3
5–14 years	0.5	0.7	0.8	0.3	0.2	0.2	0.2	0.3
15–24 years	1.8	1.9	1.8	1.1	0.7	0.5	0.5	0.5
25–34 years	4.2	4.5	4.4	2.6	2.1	1.5	1.5	1.3
35–44 years	17.5	14.6	15.7	8.7	6.8	5.8	5.1	5.0
45–54 years	67.9	52.2	44.4	27.2	20.5	17.5	15.3	14.9
55–64 years	205.2	163.8	138.7	74.6	54.3	47.2	35.0	34.7
65–74 years	589.6	530.7	449.5	258.6	166.6	145.0	94.2	92.0
75–84 years	1,543.6	1,555.9	1,361.6	866.3	551.1	490.8	300.9	295.2
85 years and over	3,048.6	3,643.1	2,895.2	2,193.6	1,528.5	1,484.3	891.6	892.0
Female								
All ages, age-adjusted ⁴	175.8	170.7	140.0	91.7	62.6	59.1	38.8	38.3
All ages, crude	105.6	111.4	109.0	85.9	68.4	71.8	49.2	49.1
Under 1 year	3.7	3.2	4.0	3.8	3.1	2.7	3.0	3.4
1–4 years	0.7	0.7	0.7	0.5	0.3	0.4	0.3	0.3
5–14 years	0.4	0.6	0.6	0.3	0.2	0.2	0.1	0.2
15–24 years	1.5	1.6	1.4	0.8	0.6	0.5	0.4	0.4
25–34 years	4.3	4.9	4.7	2.6	2.2	1.5	1.2	1.2
35–44 years	19.9	14.8	15.6	8.4	6.1	5.7	4.2	4.2
45–54 years	72.9	46.3	39.0	23.3	17.0	14.5	12.2	11.4
55–64 years	183.1	131.8	95.3	56.8	42.2	35.3	24.8	24.3
65–74 years	522.1	415.7	333.3	188.7	126.7	115.1	72.9	72.8
75–84 years	1,462.2	1,441.1	1,183.1	740.1	466.2	442.1	290.6	283.4
85 years and over	2,949.4	3,704.4	3,081.0	2,323.1	1,667.6	1,632.0	1,040.2	1,043.0
White male ⁵								
All ages, age-adjusted ⁴	182.1	181.6	153.7	98.7	65.5	59.8	38.0	37.6
All ages, crude	100.5	102.7	93.5	63.1	46.9	48.4	35.7	35.8
45–54 years	53.7	40.9	35.6	21.7	15.4	13.6	12.7	12.2
55–64 years	182.2	139.0	119.9	64.0	45.7	39.7	29.3	29.0
65–74 years	569.7	501.0	420.0	239.8	152.9	133.8	86.2	83.3
75–84 years	1,556.3	1,564.8	1,361.6	852.7	539.2	480.0	292.9	288.3
85 years and over	3,127.1	3,734.8	3,018.1	2,230.8	1,545.4	1,490.7	896.0	903.2
Black or African American male ⁵								
All ages, age-adjusted ⁴	228.8	238.5	206.4	142.0	102.2	89.6	58.8	56.6
All ages, crude	122.0	122.9	108.8	73.0	53.0	46.1	35.0	34.5
45–54 years	211.9	166.1	136.1	82.1	68.4	49.5	34.5	33.6
55–64 years	522.8	439.9	343.4	189.7	141.7	115.4	84.5	83.2
65–74 years	783.6	899.2	780.1	472.3	326.9	268.5	182.8	182.6
75–84 years ⁶	1,504.9	1,475.2	1,445.7	1,066.3	721.5	659.2	412.7	398.0
85 years and over	---	2,700.0	1,963.1	1,873.2	1,421.5	1,458.8	887.4	804.5

See footnotes at end of table.

Table 27 (page 2 of 3). Death rates for cerebrovascular diseases, by sex, race, Hispanic origin, and age: United States, selected years 1950–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#027>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ^{1,2}	1960 ^{1,2}	1970 ²	1980 ²	1990 ²	2000 ³	2009 ³	2010 ³
Deaths per 100,000 resident population								
American Indian or Alaska Native male⁵								
All ages, age-adjusted ⁴	---	---	---	66.4	44.3	46.1	32.0	29.8
All ages, crude	---	---	---	23.1	16.0	16.8	12.7	12.0
45–54 years	---	---	---	*	*	13.3	14.4	11.7
55–64 years	---	---	---	72.0	39.8	48.6	25.2	22.1
65–74 years	---	---	---	170.5	120.3	144.7	68.4	68.0
75–84 years	---	---	---	523.9	325.9	373.3	288.5	267.5
85 years and over	---	---	---	1,384.7	949.8	834.9	629.2	580.4
Asian or Pacific Islander male⁵								
All ages, age-adjusted ⁴	---	---	---	71.4	59.1	58.0	35.4	35.2
All ages, crude	---	---	---	28.7	23.3	27.2	20.8	21.5
45–54 years	---	---	---	17.0	15.6	15.0	12.9	14.7
55–64 years	---	---	---	59.9	51.8	49.3	31.1	31.7
65–74 years	---	---	---	197.9	167.9	135.6	76.2	84.9
75–84 years	---	---	---	619.5	483.9	438.7	278.0	260.0
85 years and over	---	---	---	1,399.0	1,196.6	1,415.6	800.0	778.7
Hispanic or Latino male^{5,7}								
All ages, age-adjusted ⁴	---	---	---	---	46.5	50.5	34.0	33.9
All ages, crude	---	---	---	---	15.6	15.8	13.1	13.2
45–54 years	---	---	---	---	20.0	18.1	14.7	14.3
55–64 years	---	---	---	---	49.2	48.8	33.7	31.9
65–74 years	---	---	---	---	126.4	136.1	92.6	84.4
75–84 years	---	---	---	---	356.6	392.9	253.0	266.5
85 years and over	---	---	---	---	866.3	1,029.9	678.8	679.1
White, not Hispanic or Latino male⁷								
All ages, age-adjusted ⁴	---	---	---	---	66.3	59.9	37.9	37.5
All ages, crude	---	---	---	---	50.6	53.9	40.6	40.7
45–54 years	---	---	---	---	14.9	13.0	12.1	11.6
55–64 years	---	---	---	---	45.1	38.7	28.6	28.4
65–74 years	---	---	---	---	154.5	133.1	85.1	82.6
75–84 years	---	---	---	---	547.3	482.3	294.7	288.6
85 years and over	---	---	---	---	1,578.7	1,505.9	906.2	913.2
White female⁵								
All ages, age-adjusted ⁴	169.7	165.0	135.5	89.0	60.3	57.3	37.6	37.2
All ages, crude	103.3	110.1	109.8	88.6	71.6	76.9	53.1	53.0
45–54 years	55.0	33.8	30.5	18.6	13.5	11.2	9.6	9.1
55–64 years	156.9	103.0	78.1	48.6	35.8	30.2	21.1	20.6
65–74 years	498.1	383.3	303.2	172.5	116.1	107.3	67.5	66.8
75–84 years	1,471.3	1,444.7	1,176.8	728.8	456.5	434.2	286.4	280.2
85 years and over	3,017.9	3,795.7	3,167.6	2,362.7	1,685.9	1,646.7	1,052.0	1,052.8
Black or African American female⁵								
All ages, age-adjusted ⁴	238.4	232.5	189.3	119.6	84.0	76.2	50.0	49.6
All ages, crude	128.3	127.7	112.2	77.8	60.7	58.3	41.0	41.1
45–54 years	248.9	166.2	119.4	61.8	44.1	38.1	28.8	26.7
55–64 years	567.7	452.0	272.4	138.4	96.9	76.4	53.5	51.3
65–74 years	754.4	830.5	673.5	361.7	236.7	190.9	122.5	126.2
75–84 years ⁶	1,496.7	1,413.1	1,338.3	917.5	595.0	549.2	360.1	347.2
85 years and over	---	2,578.9	2,210.5	1,891.6	1,495.2	1,556.5	989.6	1,001.5

See footnotes at end of table.

Table 27 (page 3 of 3). Death rates for cerebrovascular diseases, by sex, race, Hispanic origin, and age: United States, selected years 1950–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#027>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ^{1,2}	1960 ^{1,2}	1970 ²	1980 ²	1990 ²	2000 ³	2009 ³	2010 ³
Deaths per 100,000 resident population								
American Indian or Alaska Native female⁵								
All ages, age-adjusted ⁴	---	---	---	51.2	38.4	43.7	27.0	26.5
All ages, crude	---	---	---	22.0	19.3	21.5	14.4	14.2
45–54 years	---	---	---	*	*	14.4	11.6	10.6
55–64 years	---	---	---	—	40.7	37.9	24.6	22.4
65–74 years	---	---	---	128.3	100.5	79.5	69.3	59.4
75–84 years	---	---	---	404.2	282.0	391.1	169.7	173.6
85 years and over	---	---	---	1,095.5	776.2	931.5	692.2	700.0
Asian or Pacific Islander female⁵								
All ages, age-adjusted ⁴	---	---	---	60.8	54.9	49.1	31.2	31.4
All ages, crude	---	---	---	26.4	24.3	28.7	22.9	23.5
45–54 years	---	---	---	20.3	19.7	13.3	9.4	7.9
55–64 years	---	---	---	43.7	42.1	33.3	20.6	22.1
65–74 years	---	---	---	136.1	124.0	102.8	61.4	65.6
75–84 years	---	---	---	446.6	396.6	386.0	237.1	218.4
85 years and over	---	---	---	1,545.2	1,395.0	1,246.6	814.3	872.8
Hispanic or Latina female^{5,7}								
All ages, age-adjusted ⁴	---	---	---	---	43.7	43.0	30.4	30.2
All ages, crude	---	---	---	---	20.1	19.4	15.6	15.7
45–54 years	---	---	---	---	15.2	12.4	9.1	9.2
55–64 years	---	---	---	---	38.5	31.9	22.9	22.1
65–74 years	---	---	---	---	102.6	95.2	58.4	60.6
75–84 years	---	---	---	---	308.5	311.3	234.0	221.6
85 years and over	---	---	---	---	1,055.3	1,108.9	774.8	799.3
White, not Hispanic or Latina female⁷								
All ages, age-adjusted ⁴	---	---	---	---	61.0	57.6	37.8	37.4
All ages, crude	---	---	---	---	77.2	85.5	60.8	60.8
45–54 years	---	---	---	---	13.2	10.9	9.6	9.0
55–64 years	---	---	---	---	35.7	29.9	20.7	20.3
65–74 years	---	---	---	---	116.9	107.6	68.0	66.9
75–84 years	---	---	---	---	461.9	438.3	289.1	283.4
85 years and over	---	---	---	---	1,714.7	1,661.6	1,062.9	1,063.0

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

--- Data not available.

¹Includes deaths of persons who were not residents of the 50 states and the District of Columbia (D.C.).

²Underlying cause of death was coded according to the 6th Revision of the *International Classification of Diseases* (ICD) in 1950, 7th Revision in 1960, 8th Revision in 1970, and 9th Revision in 1980–1998. See [Appendix II, Cause of death; Table III; Table IV](#).

³Starting with 1999 data, cause of death is coded according to ICD–10. See [Appendix II, Cause of death; Comparability ratio; Table IV; Table V](#).

⁴Age-adjusted rates are calculated using the year 2000 standard population. Prior to 2001, age-adjusted rates were calculated using standard million proportions based on rounded population numbers. Starting with 2001 data, unrounded population numbers are used to calculate age-adjusted rates. See [Appendix II, Age adjustment](#).

⁵The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for Hispanic, American Indian and Alaska Native, and Asian or Pacific Islander persons should be interpreted with caution because of inconsistencies in reporting Hispanic origin or race on the death certificate (death rate numerators) compared with population figures (death rate denominators). The net effect of misclassification is an underestimation of deaths and death rates for races other than white and black. See [Appendix II, Race](#), for a detailed discussion of sources of bias in death rates by race and Hispanic origin.

⁶In 1950, rate is for the age group 75 years and over.

⁷Prior to 1997, data from states that did not report Hispanic origin on the birth certificate were excluded. See [Appendix II, Hispanic origin](#).

NOTES: Starting with *Health, United States, 2003*, rates for 1991–1999 were revised using intercensal population estimates based on the 1990 and 2000 censuses. For 2000, population estimates are bridged-race April 1 census counts. Starting with *Health, United States, 2012*, rates for 2001–2009 were revised using intercensal population estimates based on the 2000 and 2010 censuses. For 2010, population estimates are bridged-race April 1 census counts. See [Appendix I, Population Census and Population Estimates](#). Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. Starting with 2003 data, some states allowed the reporting of more than one race on the death certificate. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See [Appendix II, Race](#). Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Vital Statistics System; Grove RD, Hetzel AM. Vital statistics rates in the United States, 1940–1960. Washington, DC: U.S. Government Printing Office, 1968; numerator data from National Vital Statistics System, annual public-use Mortality Files; denominator data from national population estimates for race groups from Table 1 and unpublished Hispanic population estimates for 1985–1996 prepared by the Housing and Household Economic Statistics Division, U.S. Census Bureau; Murphy SL, Xu JQ, Kochanek KD. Deaths: Final data for 2010. National vital statistics reports; vol 61 no 4. Hyattsville, MD: NCHS; 2012. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_04.pdf. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 28 (page 1 of 4). Death rates for malignant neoplasms, by sex, race, Hispanic origin, and age: United States, selected years 1950–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#028>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ^{1,2}	1960 ^{1,2}	1970 ²	1980 ²	1990 ²	2000 ³	2009 ³	2010 ³
Deaths per 100,000 resident population								
All persons								
All ages, age-adjusted ⁴	193.9	193.9	198.6	207.9	216.0	199.6	173.5	172.8
All ages, crude	139.8	149.2	162.8	183.9	203.2	196.5	185.0	186.2
Under 1 year	8.7	7.2	4.7	3.2	2.3	2.4	1.8	1.6
1–4 years	11.7	10.9	7.5	4.5	3.5	2.7	2.2	2.1
5–14 years	6.7	6.8	6.0	4.3	3.1	2.5	2.2	2.2
15–24 years	8.6	8.3	8.3	6.3	4.9	4.4	3.8	3.7
25–34 years	20.0	19.5	16.5	13.7	12.6	9.8	9.0	8.8
35–44 years	62.7	59.7	59.5	48.6	43.3	36.6	30.2	28.8
45–54 years	175.1	177.0	182.5	180.0	158.9	127.5	112.8	111.6
55–64 years	390.7	396.8	423.0	436.1	449.6	366.7	301.7	300.1
65–74 years	698.8	713.9	754.2	817.9	872.3	816.3	668.2	666.1
75–84 years	1,153.3	1,127.4	1,169.2	1,232.3	1,348.5	1,335.6	1,213.0	1,202.2
85 years and over	1,451.0	1,450.0	1,320.7	1,594.6	1,752.9	1,819.4	1,699.3	1,729.5
Male								
All ages, age-adjusted ⁴	208.1	225.1	247.6	271.2	280.4	248.9	210.9	209.9
All ages, crude	142.9	162.5	182.1	205.3	221.3	207.2	196.8	198.3
Under 1 year	9.7	7.7	4.4	3.7	2.4	2.6	2.2	1.5
1–4 years	12.5	12.4	8.3	5.2	3.7	3.0	2.2	2.4
5–14 years	7.4	7.6	6.7	4.9	3.5	2.7	2.3	2.3
15–24 years	9.7	10.2	10.4	7.8	5.7	5.1	4.5	4.5
25–34 years	17.7	18.8	16.3	13.4	12.6	9.2	8.8	8.6
35–44 years	45.6	48.9	53.0	44.0	38.5	32.7	26.1	25.2
45–54 years	156.2	170.8	183.5	188.7	162.5	130.9	115.3	113.8
55–64 years	413.1	459.9	511.8	520.8	532.9	415.8	345.9	344.9
65–74 years	791.5	890.5	1,006.8	1,093.2	1,122.2	1,001.9	790.4	789.2
75–84 years	1,332.6	1,389.4	1,588.3	1,790.5	1,914.4	1,760.6	1,538.3	1,514.2
85 years and over	1,668.3	1,741.2	1,720.8	2,369.5	2,739.9	2,710.7	2,412.2	2,452.6
Female								
All ages, age-adjusted ⁴	182.3	168.7	163.2	166.7	175.7	167.6	147.4	146.7
All ages, crude	136.8	136.4	144.4	163.6	186.0	186.2	173.7	174.4
Under 1 year	7.6	6.8	5.0	2.7	2.2	2.3	1.5	1.6
1–4 years	10.8	9.3	6.7	3.7	3.2	2.5	2.1	1.9
5–14 years	6.0	6.0	5.2	3.6	2.8	2.2	2.0	2.2
15–24 years	7.6	6.5	6.2	4.8	4.1	3.6	3.0	2.8
25–34 years	22.2	20.1	16.7	14.0	12.6	10.4	9.1	9.0
35–44 years	79.3	70.0	65.6	53.1	48.1	40.4	34.2	32.3
45–54 years	194.0	183.0	181.5	171.8	155.5	124.2	110.4	109.4
55–64 years	368.2	337.7	343.2	361.7	375.2	321.3	260.6	258.5
65–74 years	612.3	560.2	557.9	607.1	677.4	663.6	562.2	559.1
75–84 years	1,000.7	924.1	891.9	903.1	1,010.3	1,058.5	980.1	977.0
85 years and over	1,299.7	1,263.9	1,096.7	1,255.7	1,372.1	1,456.4	1,358.6	1,380.1
White male ⁵								
All ages, age-adjusted ⁴	210.0	224.7	244.8	265.1	272.2	243.9	209.2	208.2
All ages, crude	147.2	166.1	185.1	208.7	227.7	218.1	211.0	212.7
25–34 years	17.7	18.8	16.2	13.6	12.3	9.2	8.9	8.8
35–44 years	44.5	46.3	50.1	41.1	35.8	30.9	25.9	25.2
45–54 years	150.8	164.1	172.0	175.4	149.9	123.5	112.5	111.6
55–64 years	409.4	450.9	498.1	497.4	508.2	401.9	335.8	334.9
65–74 years	798.7	887.3	997.0	1,070.7	1,090.7	984.3	784.2	782.8
75–84 years	1,367.6	1,413.7	1,592.7	1,779.7	1,883.2	1,736.0	1,538.3	1,511.6
85 years and over	1,732.7	1,791.4	1,772.2	2,375.6	2,715.1	2,693.7	2,412.5	2,453.5
Black or African American male ⁵								
All ages, age-adjusted ⁴	178.9	227.6	291.9	353.4	397.9	340.3	266.7	264.8
All ages, crude	106.6	136.7	171.6	205.5	221.9	188.5	168.2	169.0
25–34 years	18.0	18.4	18.8	14.1	15.7	10.1	10.4	9.2
35–44 years	55.7	72.9	81.3	73.8	64.3	48.4	31.3	30.1
45–54 years	211.7	244.7	311.2	333.0	302.6	214.2	157.4	150.9
55–64 years	490.8	579.7	689.2	812.5	859.2	626.4	502.0	496.7
65–74 years	636.5	938.5	1,168.9	1,417.2	1,613.9	1,363.8	1,038.6	1,027.8
75–84 years ⁶	853.5	1,053.3	1,624.8	2,029.6	2,478.3	2,351.8	1,835.3	1,826.8
85 years and over	---	1,155.2	1,387.0	2,393.9	3,238.3	3,264.8	2,791.3	2,854.6

See footnotes at end of table.

Table 28 (page 2 of 4). Death rates for malignant neoplasms, by sex, race, Hispanic origin, and age: United States, selected years 1950–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#028>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ^{1,2}	1960 ^{1,2}	1970 ²	1980 ²	1990 ²	2000 ³	2009 ³	2010 ³
Deaths per 100,000 resident population								
American Indian or Alaska Native male⁵								
All ages, age-adjusted ⁴	---	---	---	140.5	145.8	155.8	132.8	151.0
All ages, crude	---	---	---	58.1	61.4	67.0	66.4	74.1
25–34 years	---	---	---	*	*	*	6.5	7.4
35–44 years	---	---	---	*	22.8	21.4	12.3	13.4
45–54 years	---	---	---	86.9	86.9	70.3	73.2	70.0
55–64 years	---	---	---	213.4	246.2	255.6	229.6	249.5
65–74 years	---	---	---	613.0	530.6	648.0	541.3	597.7
75–84 years	---	---	---	936.4	1,038.4	1,152.5	936.9	1,104.4
85 years and over	---	---	---	1,471.2	1,654.4	1,584.2	1,390.1	1,741.3
Asian or Pacific Islander male⁵								
All ages, age-adjusted ⁴	---	---	---	165.2	172.5	150.8	131.0	131.0
All ages, crude	---	---	---	81.9	82.7	85.2	86.7	88.6
25–34 years	---	---	---	6.3	9.2	7.4	5.7	6.5
35–44 years	---	---	---	29.4	27.7	26.1	21.2	18.2
45–54 years	---	---	---	108.2	92.6	78.5	67.5	67.4
55–64 years	---	---	---	298.5	274.6	229.2	193.4	195.2
65–74 years	---	---	---	581.2	687.2	559.4	425.8	446.2
75–84 years	---	---	---	1,147.6	1,229.9	1,086.1	988.2	980.4
85 years and over	---	---	---	1,798.7	1,837.0	1,823.2	1,762.0	1,707.2
Hispanic or Latino male^{5,7}								
All ages, age-adjusted ⁴	---	---	---	---	174.7	171.7	148.6	149.4
All ages, crude	---	---	---	---	65.5	61.3	62.9	64.2
25–34 years	---	---	---	---	8.0	6.9	7.7	7.2
35–44 years	---	---	---	---	22.5	20.1	18.0	16.5
45–54 years	---	---	---	---	96.6	79.4	70.7	69.7
55–64 years	---	---	---	---	294.0	253.1	222.9	225.4
65–74 years	---	---	---	---	655.5	651.2	545.9	552.0
75–84 years	---	---	---	---	1,233.4	1,306.4	1,128.7	1,118.7
85 years and over	---	---	---	---	2,019.4	2,049.7	1,794.7	1,861.2
White, not Hispanic or Latino male⁷								
All ages, age-adjusted ⁴	---	---	---	---	276.7	247.7	213.6	212.6
All ages, crude	---	---	---	---	246.2	244.4	243.5	245.8
25–34 years	---	---	---	---	12.8	9.7	9.1	9.1
35–44 years	---	---	---	---	36.8	32.3	27.6	27.0
45–54 years	---	---	---	---	153.9	127.2	117.9	117.2
55–64 years	---	---	---	---	520.6	412.0	345.4	344.2
65–74 years	---	---	---	---	1,109.0	1,002.1	800.4	798.5
75–84 years	---	---	---	---	1,906.6	1,750.2	1,561.8	1,534.4
85 years and over	---	---	---	---	2,744.4	2,714.1	2,440.5	2,480.8
White female⁵								
All ages, age-adjusted ⁴	182.0	167.7	162.5	165.2	174.0	166.9	147.9	146.9
All ages, crude	139.9	139.8	149.4	170.3	196.1	199.4	187.8	188.2
25–34 years	20.9	18.8	16.3	13.5	11.9	10.1	9.1	8.8
35–44 years	74.5	66.6	62.4	50.9	46.2	38.2	33.6	31.3
45–54 years	185.8	175.7	177.3	166.4	150.9	120.1	108.4	106.5
55–64 years	362.5	329.0	338.6	355.5	368.5	319.7	258.9	255.3
65–74 years	616.5	562.1	554.7	605.2	675.1	665.6	567.1	563.7
75–84 years	1,026.6	939.3	903.5	905.4	1,011.8	1,063.4	991.2	988.6
85 years and over	1,348.3	1,304.9	1,126.6	1,266.8	1,372.3	1,459.1	1,370.0	1,389.8

See footnotes at end of table.

Table 28 (page 3 of 4). Death rates for malignant neoplasms, by sex, race, Hispanic origin, and age: United States, selected years 1950–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#028>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ^{1,2}	1960 ^{1,2}	1970 ²	1980 ²	1990 ²	2000 ³	2009 ³	2010 ³
Deaths per 100,000 resident population								
Black or African American female ⁵								
All ages, age-adjusted ⁴	174.1	174.3	173.4	189.5	205.9	193.8	167.0	167.1
All ages, crude	111.8	113.8	117.3	136.5	156.1	151.8	143.5	145.5
25–34 years	34.3	31.0	20.9	18.3	18.7	13.5	11.4	10.8
35–44 years	119.8	102.4	94.6	73.5	67.4	58.9	44.6	44.5
45–54 years	277.0	254.8	228.6	230.2	209.9	173.9	145.7	146.4
55–64 years	484.6	442.7	404.8	450.4	482.4	391.0	327.2	331.1
65–74 years	477.3	541.6	615.8	662.4	773.2	753.1	638.2	631.0
75–84 years ⁶	605.3	696.3	763.3	923.9	1,059.9	1,124.0	1,026.7	1,008.2
85 years and over	---	728.9	791.5	1,159.9	1,431.3	1,527.7	1,345.7	1,418.6
American Indian or Alaska Native female ⁵								
All ages, age-adjusted ⁴	---	---	---	94.0	106.9	108.3	102.2	102.0
All ages, crude	---	---	---	50.4	62.1	61.3	64.4	64.8
25–34 years	---	---	---	*	*	*	6.6	6.3
35–44 years	---	---	---	36.9	31.0	23.7	20.4	14.2
45–54 years	---	---	---	96.9	104.5	59.7	70.5	68.7
55–64 years	---	---	---	198.4	213.3	200.9	183.1	185.9
65–74 years	---	---	---	350.8	438.9	458.3	414.4	432.2
75–84 years	---	---	---	446.4	554.3	714.0	696.4	682.3
85 years and over	---	---	---	786.5	843.7	983.2	863.4	885.7
Asian or Pacific Islander female ⁵								
All ages, age-adjusted ⁴	---	---	---	93.0	103.0	100.7	89.6	93.5
All ages, crude	---	---	---	54.1	60.5	72.1	73.7	78.5
25–34 years	---	---	---	9.5	7.3	8.1	5.8	7.1
35–44 years	---	---	---	38.7	29.8	28.9	21.3	21.7
45–54 years	---	---	---	99.8	93.9	78.2	60.2	69.5
55–64 years	---	---	---	174.7	196.2	176.5	144.9	152.6
65–74 years	---	---	---	301.9	346.2	357.4	300.8	314.4
75–84 years	---	---	---	522.1	641.4	650.1	618.7	654.5
85 years and over	---	---	---	800.0	971.7	988.5	1,053.5	994.4
Hispanic or Latina female ^{5,7}								
All ages, age-adjusted ⁴	---	---	---	---	111.9	110.8	99.8	99.4
All ages, crude	---	---	---	---	60.7	58.5	58.4	59.0
25–34 years	---	---	---	---	9.7	7.8	7.4	8.4
35–44 years	---	---	---	---	34.8	30.7	24.4	23.5
45–54 years	---	---	---	---	100.5	84.7	70.8	74.0
55–64 years	---	---	---	---	205.4	192.5	170.0	165.9
65–74 years	---	---	---	---	404.8	410.0	351.7	355.2
75–84 years	---	---	---	---	663.0	716.5	665.4	657.6
85 years and over	---	---	---	---	1,022.7	1,056.5	1,061.0	1,043.4
White, not Hispanic or Latina female ⁷								
All ages, age-adjusted ⁴	---	---	---	---	177.5	170.0	151.8	150.6
All ages, crude	---	---	---	---	210.6	220.6	214.2	215.0
25–34 years	---	---	---	---	11.9	10.5	9.3	8.8
35–44 years	---	---	---	---	47.0	38.9	35.4	32.8
45–54 years	---	---	---	---	154.9	123.0	113.1	110.5
55–64 years	---	---	---	---	379.5	328.9	266.9	263.4
65–74 years	---	---	---	---	688.5	681.0	584.6	580.4
75–84 years	---	---	---	---	1,027.2	1,075.3	1,012.4	1,010.4
85 years and over	---	---	---	---	1,385.7	1,468.7	1,382.3	1,403.8

See footnotes at end of table.

Table 28 (page 4 of 4). Death rates for malignant neoplasms, by sex, race, Hispanic origin, and age: United States, selected years 1950–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#028>.

[Data are based on death certificates]

-- Data not available.

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

¹Includes deaths of persons who were not residents of the 50 states and the District of Columbia (D.C.).

²Underlying cause of death was coded according to the 6th Revision of the *International Classification of Diseases* (ICD) in 1950, 7th Revision in 1960, 8th Revision in 1970, and 9th Revision in 1980–1998. See [Appendix II, Cause of death; Tables III; and IV](#).

³Starting with 1999 data, cause of death is coded according to ICD–10. See [Appendix II, Cause of death; Comparability ratio; Table IV; Table V](#).

⁴Age-adjusted rates are calculated using the year 2000 standard population. Prior to 2001, age-adjusted rates were calculated using standard million proportions based on rounded population numbers. Starting with 2001 data, unrounded population numbers are used to calculate age-adjusted rates. See [Appendix II, Age adjustment](#).

⁵The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for Hispanic, American Indian and Alaska Native, and Asian or Pacific Islander persons should be interpreted with caution because of inconsistencies in reporting Hispanic origin or race on the death certificate (death rate numerators) compared with population figures (death rate denominators). The net effect of misclassification is an underestimation of deaths and death rates for races other than white and black. See [Appendix II, Race](#), for a detailed discussion of sources of bias in death rates by race and Hispanic origin.

⁶In 1950, rate is for the age group 75 years and over.

⁷Prior to 1997, data from states that did not report Hispanic origin on the death certificate were excluded. See [Appendix II, Hispanic origin](#).

NOTES: Starting with *Health, United States, 2003*, rates for 1991–1999 were revised using intercensal population estimates based on the 1990 and 2000 censuses. For 2000, population estimates are bridged-race April 1 census counts. Starting with *Health, United States, 2012*, rates for 2001–2009 were revised using intercensal population estimates based on the 2000 and 2010 censuses. For 2010, population estimates are bridged-race April 1 census counts. See [Appendix I, Population Census and Population Estimates](#). Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. Starting with 2003 data, some states allowed the reporting of more than one race on the death certificate. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See [Appendix II, Race](#). Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Vital Statistics System; Grove RD, Hetzel AM. Vital statistics rates in the United States, 1940–1960. Washington, DC: U.S. Government Printing Office. 1968; numerator data from National Vital Statistics System, annual public-use Mortality Files; denominator data from national population estimates for race groups from Table 1 and unpublished Hispanic population estimates for 1985–1996 prepared by the Housing and Household Economic Statistics Division, U.S. Census Bureau; Murphy SL, Xu JQ, Kochanek KD. Deaths: Final data for 2010. National vital statistics reports; vol 61 no 4. Hyattsville, MD: NCHS; 2012. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_04.pdf. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 29 (page 1 of 3). Death rates for malignant neoplasms of trachea, bronchus, and lung, by sex, race, Hispanic origin, and age: United States, selected years 1950–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#029>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ^{1,2}	1960 ^{1,2}	1970 ²	1980 ²	1990 ²	2000 ³	2009 ³	2010 ³
Deaths per 100,000 resident population								
All persons								
All ages, age-adjusted ⁴	15.0	24.1	37.1	49.9	59.3	56.1	48.4	47.6
All ages, crude	12.2	20.3	32.1	45.8	56.8	55.3	51.6	51.3
Under 25 years	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0
25–34 years	0.8	1.0	0.9	0.6	0.7	0.5	0.4	0.4
35–44 years	4.5	6.8	11.0	9.2	6.8	6.1	3.7	3.3
45–54 years	20.4	29.6	43.4	54.1	46.8	31.6	27.8	26.9
55–64 years	48.7	75.3	109.1	138.2	160.6	122.4	87.5	85.4
65–74 years	59.7	108.1	164.5	233.3	288.4	284.2	228.6	223.9
75–84 years	55.8	91.5	163.2	240.5	333.3	370.8	359.8	357.2
85 years and over	42.3	65.6	101.7	176.0	242.5	302.1	328.0	332.4
Male								
All ages, age-adjusted ⁴	24.6	43.6	67.5	85.2	91.1	76.7	61.4	60.3
All ages, crude	19.9	35.4	53.4	68.6	75.1	65.5	58.2	57.8
Under 25 years	0.0	0.0	0.1	0.1	0.0	*	0.0	*
25–34 years	1.1	1.4	1.3	0.8	0.9	0.5	0.4	0.4
35–44 years	7.1	10.5	16.1	11.9	8.5	6.9	3.7	3.2
45–54 years	35.0	50.6	67.5	76.0	59.7	38.5	31.0	30.0
55–64 years	83.8	139.3	189.7	213.6	222.9	154.0	107.9	104.9
65–74 years	98.7	204.3	320.8	403.9	430.4	377.9	279.4	274.9
75–84 years	82.6	167.1	330.8	488.8	572.9	532.2	470.5	461.9
85 years and over	62.5	107.7	194.0	368.1	513.2	521.2	489.1	492.3
Female								
All ages, age-adjusted ⁴	5.8	7.5	13.1	24.4	37.1	41.3	38.6	38.1
All ages, crude	4.5	6.4	11.9	24.3	39.4	45.4	45.1	45.0
Under 25 years	0.1	0.0	0.0	*	*	*	*	0.0
25–34 years	0.5	0.5	0.5	0.5	0.5	0.5	0.3	0.4
35–44 years	1.9	3.2	6.1	6.5	5.2	5.3	3.6	3.3
45–54 years	5.8	9.2	21.0	33.7	34.5	25.0	24.7	23.8
55–64 years	13.6	15.4	36.8	72.0	105.0	93.3	68.4	67.2
65–74 years	23.3	24.4	43.1	102.7	177.6	206.9	184.5	179.5
75–84 years	32.9	32.8	52.4	94.1	190.1	265.6	280.6	281.7
85 years and over	28.2	38.8	50.0	91.9	138.1	212.8	251.0	255.2
White male ⁵								
All ages, age-adjusted ⁴	25.1	43.6	67.1	83.8	89.0	75.7	61.3	60.1
All ages, crude	20.8	36.4	54.6	70.2	77.8	69.4	62.8	62.3
45–54 years	35.1	49.2	63.3	70.9	55.2	35.7	30.3	28.8
55–64 years	85.4	139.2	186.8	205.6	213.7	150.8	105.2	101.8
65–74 years	101.5	207.5	325.0	401.0	422.1	374.9	280.7	275.7
75–84 years	85.5	170.4	336.7	493.5	572.2	529.9	474.3	465.5
85 years and over	67.4	109.4	199.6	374.1	516.3	522.4	489.5	495.0
Black or African American male ⁵								
All ages, age-adjusted ⁴	17.8	42.6	75.4	107.6	125.4	101.1	75.0	73.7
All ages, crude	12.1	28.1	47.7	66.6	73.7	58.3	48.7	48.7
45–54 years	34.4	68.4	115.4	133.8	114.9	70.7	45.1	45.2
55–64 years	68.3	146.8	234.3	321.1	358.6	223.5	158.1	155.4
65–74 years	53.8	168.3	300.5	472.3	585.4	488.8	348.8	341.3
75–84 years ⁶	36.2	107.3	271.6	472.9	645.4	642.5	516.0	509.1
85 years and over	---	82.8	137.0	311.3	499.5	562.8	526.6	521.8
American Indian or Alaska Native male ⁵								
All ages, age-adjusted ⁴	---	---	---	31.7	47.5	42.9	35.4	41.6
All ages, crude	---	---	---	14.2	20.0	18.1	17.7	20.8
45–54 years	---	---	---	*	26.6	14.5	14.4	19.7
55–64 years	---	---	---	72.0	97.8	86.0	65.4	67.6
65–74 years	---	---	---	202.8	194.3	184.8	183.2	213.2
75–84 years	---	---	---	*	356.2	367.9	249.4	325.8
85 years and over	---	---	---	*	*	*	*	276.4

See footnotes at end of table.

Table 29 (page 2 of 3). Death rates for malignant neoplasms of trachea, bronchus, and lung, by sex, race, Hispanic origin, and age: United States, selected years 1950–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#029>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ^{1,2}	1960 ^{1,2}	1970 ²	1980 ²	1990 ²	2000 ³	2009 ³	2010 ³
Deaths per 100,000 resident population								
Asian or Pacific Islander male ⁵								
All ages, age-adjusted ⁴	---	---	---	43.3	44.2	40.9	34.8	33.8
All ages, crude	---	---	---	22.1	20.7	22.7	22.3	22.5
45–54 years	---	---	---	33.3	18.8	17.2	13.1	13.8
55–64 years	---	---	---	94.4	74.4	61.4	49.6	51.1
65–74 years	---	---	---	174.3	215.8	183.2	117.7	127.0
75–84 years	---	---	---	301.3	307.5	323.2	304.9	286.4
85 years and over	---	---	---	*	421.3	378.0	429.9	382.0
Hispanic or Latino male ^{5,7}								
All ages, age-adjusted ⁴	---	---	---	---	44.1	39.0	29.8	29.6
All ages, crude	---	---	---	---	16.2	13.3	11.8	11.9
45–54 years	---	---	---	---	21.5	14.8	10.3	9.0
55–64 years	---	---	---	---	80.7	58.6	38.5	40.1
65–74 years	---	---	---	---	195.5	167.3	128.6	126.2
75–84 years	---	---	---	---	313.4	327.5	263.3	256.3
85 years and over	---	---	---	---	420.7	368.8	290.7	307.9
White, not Hispanic or Latino male ⁷								
All ages, age-adjusted ⁴	---	---	---	---	91.1	77.9	63.9	62.7
All ages, crude	---	---	---	---	84.7	78.9	74.2	73.8
45–54 years	---	---	---	---	57.8	37.7	33.2	31.8
55–64 years	---	---	---	---	221.0	157.7	111.6	107.8
65–74 years	---	---	---	---	431.4	387.3	292.3	287.3
75–84 years	---	---	---	---	580.4	537.7	487.7	479.3
85 years and over	---	---	---	---	520.9	527.3	499.5	504.4
White female ⁵								
All ages, age-adjusted ⁴	5.9	6.8	13.1	24.5	37.6	42.3	40.0	39.3
All ages, crude	4.7	5.9	12.3	25.6	42.4	49.9	50.4	50.0
45–54 years	5.7	9.0	20.9	33.0	34.6	24.8	25.2	24.3
55–64 years	13.7	15.1	37.2	71.9	105.7	96.1	70.1	68.9
65–74 years	23.7	24.8	42.9	104.6	181.3	213.2	193.6	187.4
75–84 years	34.0	32.7	52.6	95.2	194.6	272.7	289.8	290.5
85 years and over	29.3	39.1	50.6	92.4	138.3	215.9	257.3	258.3
Black or African American female ⁵								
All ages, age-adjusted ⁴	4.5	6.8	13.7	24.8	36.8	39.8	35.8	36.5
All ages, crude	2.8	4.3	9.4	18.3	28.1	30.8	30.5	31.4
45–54 years	7.5	11.3	23.9	43.4	41.3	32.9	29.0	27.7
55–64 years	12.9	17.9	33.5	79.9	117.9	95.3	76.3	74.0
65–74 years	14.0	18.1	46.1	88.0	164.3	194.1	161.4	163.1
75–84 years ⁶	*	31.3	49.1	79.4	148.1	224.3	243.2	249.2
85 years and over	---	34.2	44.8	85.8	134.9	185.9	197.6	249.3
American Indian or Alaska Native female ⁵								
All ages, age-adjusted ⁴	---	---	---	11.7	19.3	24.8	25.1	26.3
All ages, crude	---	---	---	6.0	11.2	14.0	15.5	16.0
45–54 years	---	---	---	*	22.9	12.1	12.7	13.2
55–64 years	---	---	---	*	53.7	52.6	50.5	40.3
65–74 years	---	---	---	*	78.5	151.5	119.4	141.8
75–84 years	---	---	---	*	111.8	136.3	197.5	185.9
85 years and over	---	---	---	*	*	*	*	200.0

See footnotes at end of table.

Table 29 (page 3 of 3). Death rates for malignant neoplasms of trachea, bronchus, and lung, by sex, race, Hispanic origin, and age: United States, selected years 1950–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#029>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ^{1,2}	1960 ^{1,2}	1970 ²	1980 ²	1990 ²	2000 ³	2009 ³	2010 ³
Deaths per 100,000 resident population								
Asian or Pacific Islander female ⁵								
All ages, age-adjusted ⁴	---	---	---	15.4	18.9	18.4	18.3	18.3
All ages, crude	---	---	---	8.4	10.5	12.6	14.5	14.9
45–54 years	---	---	---	13.5	11.3	9.9	8.7	8.8
55–64 years	---	---	---	24.6	38.3	30.4	25.1	28.0
65–74 years	---	---	---	62.4	71.6	77.0	68.0	67.0
75–84 years	---	---	---	117.7	137.9	135.0	153.9	160.3
85 years and over	---	---	---	*	172.9	175.3	203.9	171.1
Hispanic or Latina female ^{5,7}								
All ages, age-adjusted ⁴	---	---	---	---	14.1	14.7	13.6	13.8
All ages, crude	---	---	---	---	7.2	7.2	7.5	7.7
45–54 years	---	---	---	---	8.7	7.1	5.9	7.1
55–64 years	---	---	---	---	25.1	22.2	20.5	19.3
65–74 years	---	---	---	---	66.8	66.0	58.5	51.7
75–84 years	---	---	---	---	94.3	112.3	104.0	117.3
85 years and over	---	---	---	---	118.2	137.5	144.9	143.4
White, not Hispanic or Latina female ⁷								
All ages, age-adjusted ⁴	---	---	---	---	39.0	44.1	42.3	41.7
All ages, crude	---	---	---	---	46.2	56.4	59.3	59.0
45–54 years	---	---	---	---	36.6	26.4	28.0	26.9
55–64 years	---	---	---	---	111.3	102.2	75.1	74.0
65–74 years	---	---	---	---	186.4	222.9	205.6	199.5
75–84 years	---	---	---	---	199.1	279.2	303.1	303.0
85 years and over	---	---	---	---	139.0	218.0	262.3	263.8

0.0 Quantity more than zero but less than 0.05.

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

--- Data not available.

¹Includes deaths of persons who were not residents of the 50 states and the District of Columbia (D.C.).

²Underlying cause of death was coded according to the 6th Revision of the *International Classification of Diseases* (ICD) in 1950, 7th Revision in 1960, 8th Revision in 1970, and 9th Revision in 1980–1998. See [Appendix II, Cause of death; Table III; Table IV](#).

³Starting with 1999 data, cause of death is coded according to ICD–10. See [Appendix II, Cause of death; Comparability ratio; Table IV; Table V](#).

⁴Age-adjusted rates are calculated using the year 2000 standard population. Prior to 2001, age-adjusted rates were calculated using standard million proportions based on rounded population numbers. Starting with 2001 data, unrounded population numbers are used to calculate age-adjusted rates. See [Appendix II, Age adjustment](#).

⁵The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for Hispanic, American Indian and Alaska Native, and Asian or Pacific Islander persons should be interpreted with caution because of inconsistencies in reporting Hispanic origin or race on the death certificate (death rate numerators) compared with population figures (death rate denominators). The net effect of misclassification is an underestimation of deaths and death rates for races other than white and black. See [Appendix II, Race](#), for a detailed discussion of sources of bias in death rates by race and Hispanic origin.

⁶In 1950, rate is for the age group 75 years and over.

⁷Prior to 1997, data from states that did not report Hispanic origin on the death certificate were excluded. See [Appendix II, Hispanic origin](#).

NOTES: Starting with *Health, United States, 2003*, rates for 1991–1999 were revised using intercensal population estimates based on the 1990 and 2000 censuses. For 2000, population estimates are bridged-race April 1 census counts. Starting with *Health, United States, 2012*, rates for 2001–2009 were revised using intercensal population estimates based on the 2000 and 2010 censuses. For 2010, population estimates are bridged-race April 1 census counts. See [Appendix I, Population Census and Population Estimates](#). Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. Starting with 2003 data, some states allowed the reporting of more than one race on the death certificate. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See [Appendix II, Race](#). Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Vital Statistics System; Grove RD, Hetzel AM. Vital statistics rates in the United States, 1940–1960. Washington, DC: U.S. Government Printing Office. 1968; numerator data from National Vital Statistics System, annual public-use Mortality Files; denominator data from national population estimates for race groups from Table 1 and unpublished Hispanic population estimates for 1985–1996 prepared by the Housing and Household Economic Statistics Division, U.S. Census Bureau; Murphy SL, Xu JQ, Kochanek KD. Deaths: Final data for 2010. National vital statistics reports; vol 61 no 4. Hyattsville, MD: NCHS; 2012. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_04.pdf. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 30 (page 1 of 2). Death rates for malignant neoplasm of breast among females, by race, Hispanic origin, and age: United States, selected years 1950–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#030>.

[Data are based on death certificates]

<i>Race, Hispanic origin, and age</i>	1950 ^{1,2}	1960 ^{1,2}	1970 ²	1980 ²	1990 ²	2000 ³	2009 ³	2010 ³
Deaths per 100,000 resident population								
All females								
All ages, age-adjusted ⁴	31.9	31.7	32.1	31.9	33.3	26.8	22.3	22.1
All ages, crude	24.7	26.1	28.4	30.6	34.0	29.2	26.1	26.1
Under 25 years	*	*	*	*	*	*	*	*
25–34 years	3.8	3.8	3.9	3.3	2.9	2.3	1.7	1.6
35–44 years	20.8	20.2	20.4	17.9	17.8	12.4	10.5	9.8
45–54 years	46.9	51.4	52.6	48.1	45.4	33.0	26.2	25.7
55–64 years	69.9	70.8	77.6	80.5	78.6	59.3	47.9	47.7
65–74 years	95.0	90.0	93.8	101.1	111.7	88.3	73.4	73.9
75–84 years	139.8	129.9	127.4	126.4	146.3	128.9	112.6	109.1
85 years and over	195.5	191.9	157.1	169.3	196.8	205.7	178.0	185.8
White ⁵								
All ages, age-adjusted ⁴	32.4	32.0	32.5	32.1	33.2	26.3	21.9	21.5
All ages, crude	25.7	27.2	29.9	32.3	35.9	30.7	27.4	27.3
35–44 years	20.8	19.7	20.2	17.3	17.1	11.3	9.8	8.8
45–54 years	47.1	51.2	53.0	48.1	44.3	31.2	24.8	23.9
55–64 years	70.9	71.8	79.3	81.3	78.5	57.9	46.4	45.9
65–74 years	96.3	91.6	95.9	103.7	113.3	89.3	73.2	73.3
75–84 years	143.6	132.8	129.6	128.4	148.2	130.2	113.1	110.2
85 years and over	204.2	199.7	161.9	171.7	198.0	205.5	179.2	186.8
Black or African American ⁵								
All ages, age-adjusted ⁴	25.3	27.9	28.9	31.7	38.1	34.5	30.2	30.3
All ages, crude	16.4	18.7	19.7	22.9	29.0	27.9	26.9	27.5
35–44 years	21.0	24.8	24.4	24.1	25.8	20.9	17.6	18.3
45–54 years	46.5	54.4	52.0	52.7	60.5	51.5	40.6	40.9
55–64 years	64.3	63.2	64.7	79.9	93.1	80.9	68.5	70.5
65–74 years	67.0	72.3	77.3	84.3	112.2	98.6	92.4	97.4
75–84 years ⁶	81.0	87.5	101.8	114.1	140.5	139.8	136.4	123.2
85 years and over	---	92.1	112.1	149.9	201.5	238.7	201.9	214.6
American Indian or Alaska Native ⁵								
All ages, age-adjusted ⁴	---	---	---	10.8	13.7	13.6	12.2	11.5
All ages, crude	---	---	---	6.1	8.6	8.7	8.4	8.0
35–44 years	---	---	---	*	*	*	*	*
45–54 years	---	---	---	*	23.9	14.4	12.0	13.2
55–64 years	---	---	---	*	*	40.0	29.9	25.2
65–74 years	---	---	---	*	*	42.5	51.3	34.3
75–84 years	---	---	---	*	*	71.8	53.2	61.1
85 years and over	---	---	---	*	*	*	*	*
Asian or Pacific Islander ⁵								
All ages, age-adjusted ⁴	---	---	---	11.9	13.7	12.3	11.1	11.9
All ages, crude	---	---	---	8.2	9.3	10.2	10.1	10.8
35–44 years	---	---	---	10.4	8.4	8.1	5.4	5.4
45–54 years	---	---	---	23.4	26.4	22.3	15.5	17.0
55–64 years	---	---	---	35.7	33.8	31.3	28.8	28.4
65–74 years	---	---	---	*	38.5	34.7	34.6	37.9
75–84 years	---	---	---	*	48.0	37.5	46.4	53.2
85 years and over	---	---	---	*	*	68.2	72.9	77.5
Hispanic or Latina ^{5,7}								
All ages, age-adjusted ⁴	---	---	---	---	19.5	16.9	14.8	14.4
All ages, crude	---	---	---	---	11.5	9.7	9.4	9.2
35–44 years	---	---	---	---	11.7	8.7	7.0	6.2
45–54 years	---	---	---	---	32.8	23.9	19.0	18.6
55–64 years	---	---	---	---	45.8	39.1	32.6	32.7
65–74 years	---	---	---	---	64.8	54.9	46.3	49.0
75–84 years	---	---	---	---	67.2	74.9	72.4	61.8
85 years and over	---	---	---	---	102.8	105.8	111.4	117.8

See footnotes at end of table.

Table 30 (page 2 of 2). Death rates for malignant neoplasm of breast among females, by race,Hispanic origin, and age: United States, selected years 1950–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#030>.

[Data are based on death certificates]

Race, Hispanic origin, and age	1950 ^{1,2}	1960 ^{1,2}	1970 ²	1980 ²	1990 ²	2000 ³	2009 ³	2010 ³
White, not Hispanic or Latina ⁷	Deaths per 100,000 resident population							
All ages, age-adjusted ⁴	---	---	---	---	33.9	26.8	22.5	22.1
All ages, crude	---	---	---	---	38.5	33.8	31.0	31.0
35–44 years	---	---	---	---	17.5	11.6	10.3	9.3
45–54 years	---	---	---	---	45.2	31.7	25.4	24.5
55–64 years	---	---	---	---	80.6	59.2	47.6	47.1
65–74 years	---	---	---	---	115.7	91.4	75.3	75.1
75–84 years	---	---	---	---	151.4	132.2	115.9	113.6
85 years and over	---	---	---	---	201.5	208.3	182.3	189.9

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

--- Data not available.

¹Includes deaths of persons who were not residents of the 50 states and the District of Columbia (D.C.).

²Underlying cause of death was coded according to the 6th Revision of the *International Classification of Diseases* (ICD) in 1950, 7th Revision in 1960, 8th Revision in 1970, and 9th Revision in 1980–1998. See [Appendix II, Cause of death; Table III; Table IV](#).

³Starting with 1999 data, cause of death is coded according to ICD–10. See [Appendix II, Cause of death; Comparability ratio; Table IV; Table V](#).

⁴Age-adjusted rates are calculated using the year 2000 standard population. Prior to 2001, age-adjusted rates were calculated using standard million proportions based on rounded population numbers. Starting with 2001 data, unrounded population numbers are used to calculate age-adjusted rates. See [Appendix II, Age adjustment](#).

⁵The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for Hispanic, American Indian and Alaska Native, and Asian or Pacific Islander persons should be interpreted with caution because of inconsistencies in reporting Hispanic origin or race on the death certificate (death rate numerators) compared with population figures (death rate denominators). The net effect of misclassification is an underestimation of deaths and death rates for races other than white and black. See [Appendix II, Race](#), for a detailed discussion of sources of bias in death rates by race and Hispanic origin.

⁶In 1950, rate is for the age group 75 years and over.

⁷Prior to 1997, data from states that did not report Hispanic origin on the death certificate were excluded. See [Appendix II, Hispanic origin](#).

NOTES: Starting with *Health, United States, 2003*, rates for 1991–1999 were revised using intercensal population estimates based on the 1990 and 2000 censuses. For 2000, population estimates are bridged-race April 1 census counts. Starting with *Health, United States, 2012*, rates for 2001–2009 were revised using intercensal population estimates based on the 2000 and 2010 censuses. For 2010, population estimates are bridged-race April 1 census counts. See [Appendix I, Population Census and Population Estimates](#). Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. Starting with 2003 data, some states allowed the reporting of more than one race on the death certificate. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See [Appendix II, Race](#). Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Vital Statistics System; numerator data from National Vital Statistics System, annual public-use Mortality Files; denominator data from national population estimates for race groups from Table 1 and unpublished Hispanic population estimates for 1985–1996 prepared by the Housing and Household Economic Statistics Division, U.S. Census Bureau; Murphy SL, Xu JQ, Kochanek KD. Deaths: Final data for 2010. National vital statistics reports; vol 61 no 4. Hyattsville, MD: NCHS; 2012. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_04.pdf. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 31 (page 1 of 2). Death rates for human immunodeficiency virus (HIV) disease, by sex, race, Hispanic origin, and age: United States, selected years 1987–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#031>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age ¹	1987 ²	1990 ²	1995 ²	1996 ²	1997 ²	1998 ²	1999 ³	2000 ³	2005 ³	2009 ³	2010 ³
Deaths per 100,000 resident population											
All persons											
All ages, age-adjusted ⁴	5.6	10.2	16.2	11.5	6.0	4.9	5.3	5.2	4.2	3.0	2.6
All ages, crude	5.6	10.1	16.2	11.6	6.1	4.9	5.3	5.1	4.2	3.1	2.7
Under 1 year	2.3	2.7	1.5	1.1	*	*	*	*	*	*	*
1–4 years	0.7	0.8	1.3	0.9	0.3	0.2	0.2	*	*	*	*
5–14 years	0.1	0.2	0.5	0.5	0.3	0.1	0.2	0.1	*	*	*
15–24 years	1.3	1.5	1.7	1.1	0.7	0.5	0.5	0.5	0.4	0.3	0.3
25–34 years	11.7	19.7	28.3	19.2	9.7	7.1	6.8	6.1	3.4	2.2	1.8
35–44 years	14.0	27.4	44.2	31.3	16.0	12.8	13.8	13.1	10.0	5.8	4.6
45–54 years	8.0	15.2	26.0	19.1	10.3	8.9	10.7	11.0	10.6	7.6	6.9
55–64 years	3.5	6.2	10.9	8.3	4.8	4.3	4.8	5.1	5.3	5.2	5.0
65–74 years	1.3	2.0	3.6	2.7	1.8	1.6	2.2	2.2	2.3	2.6	2.2
75–84 years	0.8	0.7	0.7	0.8	0.6	0.5	0.6	0.7	0.8	0.9	0.9
85 years and over	*	*	*	*	*	*	*	*	*	0.4	0.4
Male											
All ages, age-adjusted ⁴	10.4	18.5	27.3	19.0	9.6	7.6	8.2	7.9	6.3	4.4	3.8
All ages, crude	10.2	18.5	27.6	19.2	9.7	7.6	8.2	7.9	6.3	4.5	4.0
Under 1 year	2.2	2.4	1.7	1.1	*	*	*	*	*	*	*
1–4 years	0.7	0.8	1.2	0.9	0.3	*	*	*	*	*	*
5–14 years	0.2	0.3	0.5	0.5	0.3	0.1	0.2	0.1	*	*	*
15–24 years	2.2	2.2	2.0	1.3	0.8	0.5	0.5	0.5	0.4	0.4	0.4
25–34 years	20.7	34.5	45.5	30.2	14.4	10.0	9.5	8.0	4.1	2.7	2.3
35–44 years	26.3	50.2	75.5	51.7	25.4	20.0	21.0	19.8	14.5	8.2	6.3
45–54 years	15.5	29.1	46.2	33.1	17.1	14.8	17.5	17.8	16.4	11.2	10.6
55–64 years	6.8	12.0	19.7	14.7	8.3	7.2	8.3	8.7	8.7	8.5	7.9
65–74 years	2.4	3.7	6.4	5.0	3.4	2.9	3.8	3.8	4.0	4.4	3.8
75–84 years	1.2	1.1	1.3	1.5	1.0	0.9	1.0	1.3	1.4	1.6	1.7
85 years and over	*	*	*	*	*	*	*	*	*	*	*
Female											
All ages, age-adjusted ⁴	1.1	2.2	5.3	4.2	2.6	2.2	2.5	2.5	2.3	1.7	1.4
All ages, crude	1.1	2.2	5.3	4.3	2.6	2.2	2.5	2.5	2.2	1.7	1.4
Under 1 year	2.5	3.0	1.2	*	*	*	*	*	*	*	*
1–4 years	0.7	0.8	1.5	1.0	0.4	*	*	*	*	*	*
5–14 years	*	0.2	0.5	0.4	0.2	0.2	0.2	0.1	*	*	*
15–24 years	0.3	0.7	1.4	0.9	0.7	0.5	0.5	0.4	0.3	0.3	0.2
25–34 years	2.8	4.9	10.9	8.2	4.9	4.2	4.1	4.2	2.6	1.6	1.3
35–44 years	2.1	5.2	13.3	11.2	6.7	5.7	6.7	6.5	5.6	3.5	2.9
45–54 years	0.8	1.9	6.6	5.6	3.7	3.1	4.1	4.4	5.1	4.0	3.4
55–64 years	0.5	1.1	2.8	2.5	1.6	1.6	1.6	1.8	2.0	2.2	2.3
65–74 years	0.5	0.8	1.4	0.8	0.5	0.6	0.8	0.8	0.9	1.1	0.9
75–84 years	0.5	0.4	0.3	0.3	0.4	0.3	0.3	0.3	0.4	0.4	0.4
85 years and over	*	*	*	*	*	*	*	*	*	*	*
All ages, age-adjusted ⁴											
Male:											
White	8.7	15.7	20.4	13.1	5.9	4.5	4.9	4.6	3.7	2.5	2.3
Black or African American	26.2	46.3	89.0	70.3	40.9	33.2	36.1	35.1	27.7	19.5	16.5
American Indian or Alaska Native	*	3.3	10.5	6.4	3.3	3.5	4.2	3.5	3.7	2.4	2.6
Asian or Pacific Islander	2.5	4.3	6.0	4.4	1.6	1.3	1.4	1.2	1.0	0.7	0.7
Hispanic or Latino ⁵	18.8	28.8	40.8	28.0	14.0	10.2	10.9	10.6	7.7	5.0	4.6
White, not Hispanic or Latino ⁵	10.7	14.1	17.9	11.2	4.8	3.7	4.0	3.8	3.0	2.0	1.8
Female:											
White	0.6	1.1	2.5	1.9	1.0	0.8	1.0	1.0	0.8	0.6	0.5
Black or African American	4.6	10.1	24.4	20.8	13.7	12.0	13.1	13.2	11.9	8.8	7.5
American Indian or Alaska Native	*	*	2.5	1.4	1.0	0.6	1.0	1.0	1.3	*	*
Asian or Pacific Islander	*	*	0.6	0.5	0.2	0.3	0.2	0.2	*	*	*
Hispanic or Latina ⁵	2.1	3.8	8.8	6.3	3.3	2.8	3.0	2.9	1.9	1.4	1.1
White, not Hispanic or Latina ⁵	0.5	0.7	1.7	1.3	0.7	0.5	0.7	0.7	0.6	0.4	0.4

See footnotes at end of table.

Table 31 (page 2 of 2). Death rates for human immunodeficiency virus (HIV) disease, by sex, race, Hispanic origin, and age: United States, selected years 1987–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#031>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age ¹	1987 ²	1990 ²	1995 ²	1996 ²	1997 ²	1998 ²	1999 ³	2000 ³	2005 ³	2009 ³	2010 ³
Age 25–44 years											
Deaths per 100,000 resident population											
All persons	12.7	23.2	36.3	25.4	12.9	10.1	10.5	9.8	6.9	4.0	3.2
Male:											
White	19.2	35.0	46.1	29.1	12.9	9.6	9.7	8.8	5.9	3.1	2.5
Black or African American	60.2	102.0	179.4	136.8	75.2	58.1	59.3	55.4	36.9	22.3	17.1
American Indian or Alaska Native	*	7.7	28.5	16.6	9.5	7.5	9.1	5.5	5.6	*	*
Asian or Pacific Islander	4.1	8.1	12.1	7.7	3.3	2.4	2.4	1.9	1.4	0.8	*
Hispanic or Latino ⁵	36.8	59.3	73.9	48.0	23.3	16.6	16.5	14.3	8.8	4.8	4.1
White, not Hispanic or Latino ⁵	23.3	31.6	41.2	25.6	10.9	8.1	8.2	7.4	5.0	2.5	1.9
Female:											
White	1.2	2.3	5.9	4.3	2.3	1.8	2.2	2.1	1.5	0.8	0.7
Black or African American	11.6	23.6	53.6	45.7	28.6	25.5	26.6	26.7	20.6	13.1	10.3
American Indian or Alaska Native	*	*	*	*	*	*	*	*	*	*	*
Asian or Pacific Islander	*	*	1.2	*	*	*	*	*	*	*	*
Hispanic or Latina ⁵	4.9	8.9	17.2	12.0	6.2	4.6	5.3	4.6	2.6	1.3	1.2
White, not Hispanic or Latina ⁵	1.0	1.5	4.2	3.1	1.7	1.3	1.6	1.6	1.2	0.6	0.6
Age 45–64 years											
All persons	5.8	11.1	19.9	14.8	8.1	7.0	8.4	8.7	8.4	6.5	6.1
Male:											
White	9.9	18.6	26.0	17.3	7.9	6.6	7.8	8.1	7.3	5.7	5.6
Black or African American	27.3	53.0	133.2	110.7	69.3	60.9	70.7	71.6	64.1	45.3	39.8
American Indian or Alaska Native	*	*	*	*	*	*	*	*	8.3	6.7	7.0
Asian or Pacific Islander	*	6.5	9.1	7.9	2.3	2.4	2.3	2.1	2.0	1.6	1.9
Hispanic or Latino ⁵	25.8	37.9	67.1	49.7	25.1	18.3	21.2	23.3	18.1	12.6	11.5
White, not Hispanic or Latino ⁵	12.6	16.9	22.4	14.2	6.3	5.4	6.4	6.5	6.0	4.7	4.7
Female:											
White	0.5	0.9	2.4	1.9	1.1	0.9	1.2	1.3	1.4	1.2	1.0
Black or African American	2.6	7.5	27.0	24.3	17.5	15.4	18.6	19.6	21.7	17.7	16.3
American Indian or Alaska Native	*	*	*	*	*	*	*	*	*	*	*
Asian or Pacific Islander	*	*	*	*	*	*	*	*	*	*	*
Hispanic or Latina ⁵	*	3.1	12.6	9.8	5.4	4.9	5.1	5.8	4.0	3.4	2.5
White, not Hispanic or Latina ⁵	0.5	0.7	1.5	1.2	0.7	0.5	0.8	0.9	1.1	0.8	0.8

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

¹The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for Hispanic, American Indian and Alaska Native, and Asian or Pacific Islander persons should be interpreted with caution because of inconsistencies in reporting Hispanic origin or race on the death certificate (death rate numerators) compared with population figures (death rate denominators). The net effect of misclassification is an underestimation of deaths and death rates for races other than white and black. See [Appendix II, Race](#), for a detailed discussion of sources of bias in death rates by race and Hispanic origin.

²Categories for the coding and classification of human immunodeficiency virus (HIV) disease were introduced in the United States in 1987. For the period 1987–1998, underlying cause of death was coded according to the 9th Revision of the *International Classification of Diseases (ICD)*. See [Appendix II, Cause of death; Human immunodeficiency virus \(HIV\) disease; Table III; Table IV](#).

³Starting with 1999 data, cause of death is coded according to ICD–10. See [Appendix II, Cause of death; Comparability ratio; Table IV; Table V](#).

⁴Age-adjusted rates are calculated using the year 2000 standard population. Prior to 2001, age-adjusted rates were calculated using standard million proportions based on rounded population numbers. Starting with 2001 data, unrounded population numbers are used to calculate age-adjusted rates. See [Appendix II, Age adjustment](#).

⁵Prior to 1997, data from states that did not report Hispanic origin on the death certificate were excluded. See [Appendix II, Hispanic origin](#).

NOTES: Starting with *Health, United States, 2003*, rates for 1991–1999 were revised using intercensal population estimates based on the 1990 and 2000 censuses. For 2000, population estimates are bridged-race April 1 census counts. Starting with *Health, United States, 2012*, rates for 2001–2009 were revised using intercensal population estimates based on the 2000 and 2010 censuses. For 2010, population estimates are bridged-race April 1 census counts. See [Appendix I, Population Census and Population Estimates](#). Starting with 2003 data, some states allowed the reporting of more than one race on the death certificate. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See [Appendix II, Race](#). Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Vital Statistics System; numerator data from annual public-use Mortality Files; denominator data from national population estimates for race groups from Table 1 and unpublished Hispanic population estimates for 1987–1996 prepared by the Housing and Household Economic Statistics Division, U.S. Census Bureau; Murphy SL, Xu JQ, Kochanek KD. Deaths: Final data for 2010. National vital statistics reports; vol 61 no 4. Hyattsville, MD: NCHS; 2012. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_04.pdf. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 32 (page 1 of 3). Death rates for drug poisoning and drug poisoning involving opioid analgesics, by sex, age, race, and Hispanic origin: United States, selected years 1999–2010

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2013.htm#032>.

[Data are based on death certificates]

Sex, age, race, and Hispanic origin	1999	2000	2001	2002	2003	2004	2005	2009	2010
Drug poisoning deaths per 100,000 resident population ¹									
All persons									
All ages, age-adjusted ²	6.1	6.2	6.8	8.2	8.9	9.4	10.1	11.9	12.3
All ages, crude	6.0	6.2	6.8	8.2	8.9	9.4	10.1	12.1	12.4
Under 15 years	0.1	0.1	0.2	0.2	0.2	0.2	0.2	0.2	0.2
15–24 years	3.2	3.7	4.2	5.1	6.0	6.6	6.9	7.7	8.2
25–34 years	8.1	7.9	8.6	10.5	11.4	11.9	13.6	17.2	18.4
35–44 years	14.0	14.3	15.5	18.1	18.9	19.3	19.6	20.5	20.8
45–54 years	11.1	11.6	13.0	16.2	17.9	19.3	21.1	25.4	25.1
55–64 years	4.2	4.2	4.7	6.0	6.9	7.8	9.0	13.7	15.0
65–74 years	2.4	2.0	2.4	2.8	2.9	2.9	3.2	4.7	4.7
75–84 years	2.8	2.4	2.5	2.8	2.7	2.9	3.1	3.8	3.4
85 years and over	3.8	4.4	3.7	4.4	4.1	4.0	4.1	4.4	4.7
Male									
All ages, age-adjusted ²	8.2	8.3	9.0	10.6	11.5	11.8	12.8	14.8	15.0
All ages, crude	8.2	8.4	9.0	10.6	11.5	11.9	12.9	15.0	15.2
Under 15 years	0.1	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.3
15–24 years	4.5	5.3	6.1	7.3	8.8	9.6	10.0	11.3	11.6
25–34 years	11.5	11.3	12.0	14.7	15.7	16.6	18.7	24.0	25.0
35–44 years	19.2	19.5	20.6	23.4	24.3	23.8	24.4	25.2	24.9
45–54 years	15.2	15.7	17.0	20.3	22.6	23.8	25.8	29.1	28.5
55–64 years	4.9	4.4	5.3	6.8	7.8	8.6	10.6	16.0	17.3
65–74 years	2.7	2.1	2.7	2.8	2.9	2.9	3.3	4.8	4.5
75–84 years	2.5	2.5	2.6	3.1	2.9	2.8	3.4	3.5	3.6
85 years and over	4.4	5.9	3.6	5.7	4.8	4.8	5.2	5.2	5.1
Female									
All ages, age-adjusted ²	3.9	4.1	4.6	5.8	6.4	6.9	7.3	9.1	9.6
All ages, crude	3.9	4.1	4.6	5.8	6.4	6.9	7.4	9.2	9.8
Under 15 years	0.1	0.1	0.1	0.2	0.1	0.2	0.2	0.2	0.2
15–24 years	1.8	1.9	2.2	2.8	3.1	3.3	3.5	4.1	4.6
25–34 years	4.6	4.6	5.2	6.2	7.1	7.2	8.5	10.4	11.9
35–44 years	8.7	9.2	10.4	12.8	13.7	14.8	14.8	16.0	16.8
45–54 years	7.2	7.7	9.1	12.2	13.5	15.0	16.5	21.8	21.8
55–64 years	3.5	3.9	4.2	5.2	6.1	7.0	7.5	11.6	12.9
65–74 years	2.1	2.0	2.2	2.8	2.9	3.0	3.1	4.6	4.8
75–84 years	3.0	2.3	2.4	2.6	2.6	2.9	2.9	3.9	3.3
85 years and over	3.5	3.9	3.7	3.9	3.8	3.7	3.7	3.9	4.5
All ages, age-adjusted ^{2,3}									
Male:									
White	8.1	8.4	9.2	11.1	12.2	12.6	13.6	16.4	16.8
Black or African American	11.5	10.8	11.0	11.5	11.3	11.1	12.8	10.8	10.1
American Indian or Alaska Native	5.7	6.1	5.9	8.2	9.4	11.2	10.8	14.2	11.8
Asian or Pacific Islander	1.5	1.4	1.6	1.9	1.7	2.1	2.2	2.8	2.5
Hispanic or Latino	8.6	7.1	6.7	8.0	8.3	7.5	8.4	8.2	7.6
White, not Hispanic or Latino	8.0	8.6	9.6	11.6	12.9	13.7	14.7	18.3	19.0
Female:									
White	4.0	4.3	4.9	6.2	6.9	7.5	8.0	10.3	10.9
Black or African American	3.9	4.1	4.4	5.0	5.2	5.5	6.0	5.6	5.7
American Indian or Alaska Native	4.6	3.7	5.2	5.6	7.3	7.9	8.6	9.6	9.7
Asian or Pacific Islander	1.0	0.8	0.8	1.1	1.2	1.1	1.3	1.3	1.5
Hispanic or Latina	2.2	2.0	2.2	2.7	2.9	2.9	3.0	3.5	3.6
White, not Hispanic or Latina	4.3	4.5	5.3	6.8	7.5	8.3	8.8	11.6	12.5

See footnotes at end of table.

Table 32 (page 2 of 3). Death rates for drug poisoning and drug poisoning involving opioid analgesics, by sex, age, race, and Hispanic origin: United States, selected years 1999–2010

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2013.htm#032>.

[Data are based on death certificates]

Sex, age, race, and Hispanic origin	1999	2000	2001	2002	2003	2004	2005	2009	2010
Drug poisoning deaths involving opioid analgesics per 100,000 resident population ⁴									
All persons									
All ages, age-adjusted ²	1.4	1.5	1.9	2.6	2.9	3.4	3.7	5.0	5.4
All ages, crude	1.4	1.6	1.9	2.6	2.9	3.4	3.7	5.1	5.4
Under 15 years	*	0.0	0.0	0.1	0.1	0.1	0.1	0.1	0.1
15–24 years	0.7	0.8	1.3	1.7	2.2	2.7	2.7	3.6	3.9
25–34 years	1.9	1.9	2.3	3.3	3.7	4.4	5.3	7.6	8.5
35–44 years	3.5	3.7	4.4	5.7	6.2	6.8	6.9	8.6	9.1
45–54 years	2.9	3.2	4.0	5.5	6.2	7.1	7.9	10.6	10.9
55–64 years	1.0	1.1	1.4	1.8	2.2	2.6	3.1	5.8	6.2
65–74 years	0.4	0.4	0.4	0.7	0.7	0.8	1.0	1.7	1.5
75–84 years	0.3	0.2	0.3	0.4	0.4	0.5	0.6	0.8	0.7
85 years and over	*	*	*	0.6	0.7	0.5	0.9	0.7	1.1
Male									
All ages, age-adjusted ²	2.0	2.0	2.5	3.3	3.7	4.2	4.6	6.2	6.5
All ages, crude	2.0	2.1	2.5	3.3	3.8	4.2	4.6	6.2	6.6
Under 15 years	*	*	0.1	0.1	0.1	0.1	0.1	0.1	0.2
15–24 years	1.0	1.2	2.0	2.6	3.3	4.2	4.2	5.3	5.6
25–34 years	2.7	2.7	3.1	4.6	5.1	6.1	7.2	10.6	11.7
35–44 years	5.0	4.9	5.7	7.1	7.8	8.2	8.3	10.4	10.9
45–54 years	3.9	4.3	5.0	6.8	7.5	8.3	9.4	11.6	12.0
55–64 years	1.1	1.0	1.5	1.9	2.3	2.8	3.5	6.3	7.0
65–74 years	0.5	0.3	0.4	0.5	0.7	0.7	0.7	1.6	1.2
75–84 years	*	*	0.4	0.4	*	0.4	0.6	0.6	0.7
85 years and over	*	*	*	*	*	*	*	1.2	1.3
Female									
All ages, age-adjusted ²	0.9	1.1	1.4	1.9	2.2	2.5	2.8	3.9	4.2
All ages, crude	0.9	1.1	1.4	1.9	2.1	2.5	2.8	4.0	4.2
Under 15 years	*	*	*	*	*	0.1	*	0.1	0.1
15–24 years	0.3	0.4	0.6	0.8	1.0	1.1	1.2	1.7	2.1
25–34 years	1.1	1.2	1.5	2.0	2.4	2.8	3.4	4.7	5.3
35–44 years	2.1	2.5	3.2	4.4	4.7	5.4	5.6	6.9	7.3
45–54 years	1.9	2.2	3.0	4.2	4.9	5.9	6.5	9.7	9.8
55–64 years	0.8	1.1	1.3	1.6	2.0	2.4	2.8	5.2	5.5
65–74 years	0.3	0.4	0.4	0.7	0.7	0.9	1.2	1.7	1.7
75–84 years	0.4	*	0.3	0.4	0.5	0.6	0.6	0.9	0.7
85 years and over	*	*	*	*	0.7	*	0.8	*	1.1
All ages, age-adjusted ^{2,3}									
Male:									
White	2.2	2.3	2.8	3.7	4.3	4.8	5.3	7.2	7.7
Black or African American	1.2	1.2	1.4	1.6	1.5	1.8	2.1	2.4	2.2
American Indian or Alaska Native	*	1.9	1.6	2.7	3.1	4.5	4.4	7.5	5.3
Asian or Pacific Islander	*	*	*	0.6	*	0.4	0.5	0.7	0.8
Hispanic or Latino	2.9	1.7	1.8	2.1	2.3	2.1	2.2	2.6	2.4
White, not Hispanic or Latino	2.1	2.3	3.0	4.0	4.7	5.3	5.9	8.2	9.0
Female:									
White	1.0	1.2	1.5	2.1	2.5	2.9	3.2	4.5	4.8
Black or African American	0.6	0.6	0.8	1.0	1.0	1.2	1.4	1.8	2.0
American Indian or Alaska Native	*	*	1.8	2.1	2.9	2.7	3.8	4.7	4.9
Asian or Pacific Islander	*	*	*	*	*	*	0.4	0.4	0.5
Hispanic or Latina	0.5	0.5	0.5	1.0	0.9	1.0	1.0	1.3	1.3
White, not Hispanic or Latina	1.1	1.3	1.7	2.3	2.7	3.2	3.5	5.2	5.6

See footnotes at end of table.

Table 32 (page 3 of 3). Death rates for drug poisoning and drug poisoning involving opioid analgesics, by sex, age, race, and Hispanic origin: United States, selected years 1999–2010

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2013.htm#032>.

[Data are based on death certificates]

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

0.0 Rate more than zero but less than 0.05.

¹Drug poisoning was coded using underlying cause of death according to the 10th Revision of the *International Classification of Diseases* (ICD–10). See [Appendix II, Cause of death; Table IV](#). Drug poisoning deaths include those resulting from accidental or intentional overdoses of a drug, being given the wrong drug, taking the wrong drug in error, taking a drug inadvertently, or other misuses of drugs. These deaths are from all manners and intents, including unintentional, suicide, homicide, undetermined intent, legal intervention, and operations of war.

²Age-adjusted rates are calculated using the year 2000 standard population with unrounded population numbers. See [Appendix II, Age adjustment](#).

³The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for Hispanic, American Indian and Alaska Native, and Asian or Pacific Islander persons should be interpreted with caution because of inconsistencies in reporting Hispanic origin or race on the death certificate (death rate numerators) compared with population figures (death rate denominators). The net effect of misclassification is an underestimation of deaths and death rates for races other than white and black. See [Appendix II, Race](#), for a detailed discussion of sources of bias in death rates by race and Hispanic origin.

⁴Opioid analgesics include pharmaceutical opioids such as hydrocodone, codeine, and methadone, and synthetic narcotics such as fentanyl and propoxyphene. Drug poisoning deaths involving opioid analgesics include those with an underlying cause of drug poisoning and with opioid analgesics mentioned in the (ICD–10) multiple causes of death. See [Appendix I, National Vital Statistics System \(NVSS\), Multiple Cause-of-death File](#), for information about tabulating cause-of-death data in this table. These deaths include all manners and intents. See [Appendix II, Cause of death; Table IV](#). In 1999–2010, 21%–25% of drug poisoning deaths did not include specific information on the death certificate on the type of drug that was involved.

NOTES: Rates for 1999 were computed using intercensal population estimates based on the 1990 and 2000 censuses. Rates for 2000 were computed based on 2000 bridged-race April 1 census counts. Starting with *Health, United States, 2012*, rates for 2001–2009 were revised using intercensal population estimates based on the 2000 and 2010 censuses. Rates for 2010 were based on 2010 bridged-race April 1 census counts. See [Appendix I, Population Census and Population Estimates](#). Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. For additional injury-related statistics, see the Web-based Injury Statistics Query and Reporting System, available from:

<http://www.cdc.gov/injury/wisqars/index.html>. Starting with 2003 data, some states allowed the reporting of more than one race on the death certificate. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See [Appendix II, Race](#). Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Vital Statistics System; numerator data from National Vital Statistics System, annual public-use Mortality Files; denominator data from national population estimates for race groups from Table 1; Murphy SL, Xu JQ, Kochanek KD. Deaths: Final data for 2010. National vital statistics reports; vol 61 no 4. Hyattsville, MD: NCHS; 2012. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_04.pdf. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 33 (page 1 of 4). Death rates for motor vehicle-related injuries, by sex, race, Hispanic origin, and age: United States, selected years 1950–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#033>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ^{1,2}	1960 ^{1,2}	1970 ²	1980 ²	1990 ²	2000 ³	2009 ³	2010 ³
Deaths per 100,000 resident population								
All persons								
All ages, age-adjusted ⁴	24.6	23.1	27.6	22.3	18.5	15.4	11.6	11.3
All ages, crude	23.1	21.3	26.9	23.5	18.8	15.4	11.8	11.4
Under 1 year	8.4	8.1	9.8	7.0	4.9	4.4	2.4	2.0
1–14 years	9.8	8.6	10.5	8.2	6.0	4.3	2.5	2.3
1–4 years	11.5	10.0	11.5	9.2	6.3	4.2	2.9	2.8
5–14 years	8.8	7.9	10.2	7.9	5.9	4.3	2.4	2.2
15–24 years	34.4	38.0	47.2	44.8	34.1	26.9	17.6	16.6
15–19 years	29.6	33.9	43.6	43.0	33.1	26.0	15.2	13.6
20–24 years	38.8	42.9	51.3	46.6	35.0	28.0	20.2	19.7
25–34 years	24.6	24.3	30.9	29.1	23.6	17.3	14.5	14.0
35–44 years	20.3	19.3	24.9	20.9	16.9	15.3	12.2	11.6
45–64 years	25.2	23.0	26.5	18.0	15.7	14.3	12.2	11.9
45–54 years	22.2	21.4	25.5	18.6	15.6	14.2	12.7	12.0
55–64 years	29.0	25.1	27.9	17.4	15.9	14.4	11.5	11.9
65 years and over	43.1	34.7	36.2	22.5	23.1	21.4	15.8	16.0
65–74 years	39.1	31.4	32.8	19.2	18.6	16.5	12.7	12.3
75–84 years	52.7	41.8	43.5	28.1	29.1	25.7	18.6	18.8
85 years and over	45.1	37.9	34.2	27.6	31.2	30.4	20.9	23.8
Male								
All ages, age-adjusted ⁴	38.5	35.4	41.5	33.6	26.5	21.7	16.8	16.2
All ages, crude	35.4	31.8	39.7	35.3	26.7	21.3	16.9	16.3
Under 1 year	9.1	8.6	9.3	7.3	5.0	4.6	2.6	2.2
1–14 years	12.3	10.7	13.0	10.0	7.0	4.9	2.9	2.7
1–4 years	13.0	11.5	12.9	10.2	6.9	4.7	3.4	3.0
5–14 years	11.9	10.4	13.1	9.9	7.0	5.0	2.7	2.5
15–24 years	56.7	61.2	73.2	68.4	49.5	37.4	24.5	23.1
15–19 years	46.3	51.7	64.1	62.6	45.5	33.9	19.2	17.8
20–24 years	66.7	73.2	84.4	74.3	53.3	41.2	30.0	28.5
25–34 years	40.8	40.1	49.4	46.3	35.7	25.5	21.7	21.0
35–44 years	32.5	29.9	37.7	31.7	24.7	22.0	18.2	16.9
45–64 years	37.7	33.3	38.9	26.5	21.9	20.2	18.2	17.9
45–54 years	33.6	31.6	37.2	27.6	22.0	20.4	19.0	17.9
55–64 years	43.1	35.6	40.9	25.4	21.7	19.8	17.2	17.8
65 years and over	66.6	52.1	54.4	33.9	32.1	29.5	22.0	22.2
65–74 years	59.1	45.8	47.3	27.3	24.2	21.7	17.5	17.1
75–84 years	85.0	66.0	68.2	44.3	41.2	35.6	25.8	25.9
85 years and over	78.1	62.7	63.1	56.1	64.5	57.5	35.3	40.2
Female								
All ages, age-adjusted ⁴	11.5	11.7	14.9	11.8	11.0	9.5	6.7	6.5
All ages, crude	10.9	11.0	14.7	12.3	11.3	9.7	6.9	6.8
Under 1 year	7.6	7.5	10.4	6.7	4.9	4.2	2.1	1.8
1–14 years	7.2	6.3	7.9	6.3	4.9	3.7	2.2	2.0
1–4 years	10.0	8.4	10.0	8.1	5.6	3.8	2.5	2.5
5–14 years	5.7	5.4	7.2	5.7	4.7	3.6	2.0	1.8
15–24 years	12.6	15.1	21.6	20.8	17.9	15.9	10.5	9.9
15–19 years	12.9	16.0	22.7	22.8	20.0	17.5	10.9	9.2
20–24 years	12.2	14.0	20.4	18.9	16.0	14.2	10.0	10.5
25–34 years	9.3	9.2	13.0	12.2	11.5	8.8	7.2	6.9
35–44 years	8.5	9.1	12.9	10.4	9.2	8.8	6.2	6.2
45–64 years	12.6	13.1	15.3	10.3	10.1	8.7	6.5	6.3
45–54 years	10.9	11.6	14.5	10.2	9.6	8.2	6.6	6.3
55–64 years	14.9	15.2	16.2	10.5	10.8	9.5	6.3	6.3
65 years and over	21.9	20.3	23.1	15.0	17.2	15.8	11.1	11.3
65–74 years	20.6	19.0	21.6	13.0	14.1	12.3	8.5	8.2
75–84 years	25.2	23.0	27.2	18.5	21.9	19.2	13.5	13.7
85 years and over	22.1	22.0	18.0	15.2	18.3	19.3	14.0	15.9
White male ⁵								
All ages, age-adjusted ⁴	37.9	34.8	40.4	33.8	26.3	21.8	17.3	16.7
All ages, crude	35.1	31.5	39.1	35.9	26.7	21.6	17.5	17.0
Under 1 year	9.1	8.8	9.1	7.0	4.8	4.2	2.5	2.0
1–14 years	12.4	10.6	12.5	9.8	6.6	4.8	2.8	2.7
15–24 years	58.3	62.7	75.2	73.8	52.5	39.6	26.6	24.6
25–34 years	39.1	38.6	47.0	46.6	35.4	25.1	21.8	21.4
35–44 years	30.9	28.4	35.2	30.7	23.7	21.8	18.5	17.4
45–64 years	36.2	31.7	36.5	25.2	20.6	19.7	18.7	18.3
65 years and over	67.1	52.1	54.2	32.7	31.4	29.4	22.3	22.7

See footnotes at end of table.

Table 33 (page 2 of 4). Death rates for motor vehicle-related injuries, by sex, race, Hispanic origin, and age: United States, selected years 1950–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#033>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ^{1,2}	1960 ^{1,2}	1970 ²	1980 ²	1990 ²	2000 ³	2009 ³	2010 ³
Deaths per 100,000 resident population								
Black or African American male ⁵								
All ages, age-adjusted ⁴	34.8	39.6	51.0	34.2	29.9	24.4	17.8	16.7
All ages, crude	37.2	33.1	44.3	31.1	28.1	22.5	16.7	15.9
Under 1 year	---	*	10.6	7.8	*	6.7	*	*
1–14 years ⁶	10.4	11.2	16.3	11.4	8.9	5.5	3.5	3.0
15–24 years	42.5	46.4	58.1	34.9	36.1	30.2	18.5	19.4
25–34 years	54.4	51.0	70.4	44.9	39.5	32.6	26.9	24.9
35–44 years	46.7	43.6	59.5	41.2	33.5	27.2	21.9	19.4
45–64 years	54.6	47.8	61.7	39.5	33.3	27.1	19.3	19.1
65 years and over	52.6	48.2	53.4	42.4	36.3	32.1	22.8	20.0
American Indian or Alaska Native male ⁵								
All ages, age-adjusted ⁴	---	---	---	78.9	48.3	35.8	22.7	21.1
All ages, crude	---	---	---	74.6	47.6	33.6	22.0	19.8
1–14 years	---	---	---	15.1	11.6	7.8	4.8	*
15–24 years	---	---	---	126.1	75.2	56.8	35.2	31.9
25–34 years	---	---	---	107.0	78.2	49.8	29.3	23.8
35–44 years	---	---	---	82.8	57.0	36.3	28.5	24.5
45–64 years	---	---	---	77.4	45.9	32.0	22.8	23.2
65 years and over	---	---	---	97.0	43.0	48.5	22.2	26.6
Asian or Pacific Islander male ⁵								
All ages, age-adjusted ⁴	---	---	---	19.0	17.9	10.6	6.2	6.5
All ages, crude	---	---	---	17.1	15.8	9.8	5.8	6.2
1–14 years	---	---	---	8.2	6.3	2.5	1.5	*
15–24 years	---	---	---	27.2	25.7	17.0	8.8	9.6
25–34 years	---	---	---	18.8	17.0	10.4	7.3	7.8
35–44 years	---	---	---	13.1	12.2	6.9	4.5	4.1
45–64 years	---	---	---	13.7	15.1	10.1	5.6	6.0
65 years and over	---	---	---	37.3	33.6	21.1	11.9	14.6
Hispanic or Latino male ^{5,7}								
All ages, age-adjusted ⁴	---	---	---	---	29.5	21.3	14.7	14.0
All ages, crude	---	---	---	---	29.2	20.1	14.2	12.8
1–14 years	---	---	---	---	7.2	4.4	3.0	2.5
15–24 years	---	---	---	---	48.2	34.7	24.1	20.2
25–34 years	---	---	---	---	41.0	24.9	20.1	18.0
35–44 years	---	---	---	---	28.0	21.6	15.5	13.9
45–64 years	---	---	---	---	28.9	21.7	14.4	14.3
65 years and over	---	---	---	---	35.3	28.9	16.9	20.7
White, not Hispanic or Latino male ⁷								
All ages, age-adjusted ⁴	---	---	---	---	25.7	21.7	17.4	17.1
All ages, crude	---	---	---	---	26.0	21.5	17.9	17.6
1–14 years	---	---	---	---	6.4	4.9	2.6	2.7
15–24 years	---	---	---	---	52.3	40.3	26.6	25.4
25–34 years	---	---	---	---	34.0	24.7	21.8	21.9
35–44 years	---	---	---	---	23.1	21.6	18.9	18.0
45–64 years	---	---	---	---	19.8	19.3	19.0	18.6
65 years and over	---	---	---	---	31.1	29.3	22.6	22.7
White female ⁵								
All ages, age-adjusted ⁴	11.4	11.7	14.9	12.2	11.2	9.8	6.9	6.8
All ages, crude	10.9	11.2	14.8	12.8	11.6	10.0	7.2	7.1
Under 1 year	7.8	7.5	10.2	7.1	4.7	3.5	1.5	1.9
1–14 years	7.2	6.2	7.5	6.2	4.8	3.7	2.1	2.1
15–24 years	12.6	15.6	22.7	23.0	19.5	17.1	11.3	10.8
25–34 years	9.0	9.0	12.7	12.2	11.6	8.9	7.4	7.1
35–44 years	8.1	8.9	12.3	10.6	9.2	8.9	6.5	6.5
45–64 years	12.7	13.1	15.1	10.4	9.9	8.7	6.6	6.4
65 years and over	22.2	20.8	23.7	15.3	17.4	16.2	11.4	11.5

See footnotes at end of table.

Table 33 (page 3 of 4). Death rates for motor vehicle-related injuries, by sex, race, Hispanic origin, and age: United States, selected years 1950–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#033>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ^{1,2}	1960 ^{1,2}	1970 ²	1980 ²	1990 ²	2000 ³	2009 ³	2010 ³
Deaths per 100,000 resident population								
Black or African American female⁵								
All ages, age-adjusted ⁴	9.3	10.4	14.1	8.5	9.6	8.4	6.2	5.9
All ages, crude	10.2	9.7	13.4	8.3	9.4	8.2	6.1	5.8
Under 1 year	---	8.1	11.9	*	7.0	*	*	*
1–14 years ⁶	7.2	6.9	10.2	6.3	5.3	3.9	2.6	2.0
15–24 years	11.6	9.9	13.4	8.0	9.9	11.7	8.1	7.8
25–34 years	10.8	9.8	13.3	10.6	11.1	9.4	7.6	6.8
35–44 years	11.1	11.0	16.1	8.3	9.4	8.2	6.0	5.8
45–64 years	11.8	12.7	16.7	9.2	10.7	9.0	6.5	6.3
65 years and over	14.3	13.2	15.7	9.5	13.5	10.4	7.9	8.6
American Indian or Alaska Native female⁵								
All ages, age-adjusted ⁴	---	---	---	32.0	17.5	19.5	11.8	10.6
All ages, crude	---	---	---	32.0	17.3	18.6	11.7	10.0
1–14 years	---	---	---	15.0	8.1	6.5	*	*
15–24 years	---	---	---	42.3	31.4	30.3	19.8	13.4
25–34 years	---	---	---	52.5	18.8	22.3	13.8	17.7
35–44 years	---	---	---	38.1	18.2	22.0	16.9	13.1
45–64 years	---	---	---	32.6	17.6	17.8	11.7	8.4
65 years and over	---	---	---	*	*	24.0	*	14.8
Asian or Pacific Islander female⁵								
All ages, age-adjusted ⁴	---	---	---	9.3	10.4	6.7	3.8	3.9
All ages, crude	---	---	---	8.2	9.0	5.9	3.5	3.6
1–14 years	---	---	---	7.4	3.6	2.3	1.5	*
15–24 years	---	---	---	7.4	11.4	6.0	4.3	3.3
25–34 years	---	---	---	7.3	7.3	4.5	2.9	3.1
35–44 years	---	---	---	8.6	7.5	4.9	2.1	2.0
45–64 years	---	---	---	8.5	11.8	6.4	3.0	4.3
65 years and over	---	---	---	18.6	24.3	18.5	11.4	12.2
Hispanic or Latina female^{5,7}								
All ages, age-adjusted ⁴	---	---	---	---	9.6	7.9	5.5	5.3
All ages, crude	---	---	---	---	8.9	7.2	5.1	4.9
1–14 years	---	---	---	---	4.8	3.9	2.3	2.0
15–24 years	---	---	---	---	11.6	10.6	7.8	7.7
25–34 years	---	---	---	---	9.4	6.5	5.5	5.0
35–44 years	---	---	---	---	8.0	7.3	4.6	4.5
45–64 years	---	---	---	---	11.4	8.3	5.5	5.6
65 years and over	---	---	---	---	14.9	13.4	9.5	9.4
White, not Hispanic or Latina female⁷								
All ages, age-adjusted ⁴	---	---	---	---	11.3	10.0	7.1	7.0
All ages, crude	---	---	---	---	11.7	10.3	7.5	7.5
1–14 years	---	---	---	---	4.7	3.5	1.9	2.0
15–24 years	---	---	---	---	20.4	18.4	12.0	11.4
25–34 years	---	---	---	---	11.7	9.3	7.7	7.6
35–44 years	---	---	---	---	9.3	9.0	6.8	6.9
45–64 years	---	---	---	---	9.7	8.7	6.7	6.4
65 years and over	---	---	---	---	17.5	16.3	11.5	11.6

See footnotes at end of table.

Table 33 (page 4 of 4). Death rates for motor vehicle-related injuries, by sex, race, Hispanic origin, and age: United States, selected years 1950–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#033>.

[Data are based on death certificates]

-- Data not available.

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

¹Includes deaths of persons who were not residents of the 50 states and the District of Columbia (D.C.).

²Underlying cause of death was coded according to the 6th Revision of the *International Classification of Diseases* (ICD) in 1950, 7th Revision in 1960, 8th Revision in 1970, and 9th Revision in 1980–1998. See [Appendix II, Cause of death; Table III; Table IV](#).

³Starting with 1999 data, cause of death is coded according to ICD–10. See [Appendix II, Cause of death; Comparability ratio; Table IV; Table V](#).

⁴Age-adjusted rates are calculated using the year 2000 standard population. Prior to 2001, age-adjusted rates were calculated using standard million proportions based on rounded population numbers. Starting with 2001 data, unrounded population numbers are used to calculate age-adjusted rates. See [Appendix II, Age adjustment](#).

⁵The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for Hispanic, American Indian and Alaska Native, and Asian or Pacific Islander persons should be interpreted with caution because of inconsistencies in reporting Hispanic origin or race on the death certificate (death rate numerators) compared with population figures (death rate denominators). The net effect of misclassification is an underestimation of deaths and death rates for races other than white and black. See [Appendix II, Race](#), for a detailed discussion of sources of bias in death rates by race and Hispanic origin.

⁶In 1950, rate is for the age group under 15 years.

⁷Prior to 1997, data from states that did not report Hispanic origin on the death certificate were excluded. See [Appendix II, Hispanic origin](#).

NOTES: Starting with *Health, United States, 2003*, rates for 1991–1999 were revised using intercensal population estimates based on the 1990 and 2000 censuses. For 2000, population estimates are bridged-race April 1 census counts. Starting with *Health, United States, 2012*, rates for 2001–2009 were revised using intercensal population estimates based on the 2000 and 2010 censuses. For 2010, population estimates are bridged-race April 1 census counts. See [Appendix I, Population Census and Population Estimates](#). Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. For additional injury-related statistics, see Web-based Injury Statistics Query and Reporting System (WISQARS), available from: <http://www.cdc.gov/injury/wisqars/index.html>. Starting with 2003 data, some states allowed the reporting of more than one race on the death certificate. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See [Appendix II, Race](#). Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Vital Statistics System; Grove RD, Hetzel AM. Vital statistics rates in the United States, 1940–1960. Washington, DC: U.S. Government Printing Office, 1968; numerator data from National Vital Statistics System, annual public-use Mortality Files; denominator data from national population estimates for race groups from Table 1 and unpublished Hispanic population estimates for 1985–1996 prepared by the Housing and Household Economic Statistics Division, U.S. Census Bureau; Murphy SL, Xu JQ, Kochanek KD. Deaths: Final data for 2010. National vital statistics reports; vol 61 no 4. Hyattsville, MD: NCHS; 2012. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_04.pdf. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 34 (page 1 of 4). Death rates for homicide, by sex, race, Hispanic origin, and age: United States, selected years 1950–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#034>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ^{1,2}	1960 ^{1,2}	1970 ²	1980 ²	1990 ²	2000 ³	2009 ³	2010 ³
Deaths per 100,000 resident population								
All persons								
All ages, age-adjusted ⁴	5.1	5.0	8.8	10.4	9.4	5.9	5.5	5.3
All ages, crude	5.0	4.6	8.1	10.6	9.9	6.0	5.5	5.3
Under 1 year	4.4	4.8	4.3	5.9	8.4	9.2	7.9	7.9
1–14 years	0.6	0.6	1.1	1.5	1.8	1.3	1.2	1.1
1–4 years	0.6	0.7	1.9	2.5	2.5	2.3	2.3	2.4
5–14 years	0.5	0.5	0.9	1.2	1.5	0.9	0.7	0.6
15–24 years	5.8	5.6	11.3	15.4	19.7	12.6	11.2	10.7
15–19 years	3.9	3.9	7.7	10.5	16.9	9.5	8.6	8.3
20–24 years	8.5	7.7	15.6	20.2	22.2	16.0	13.8	13.2
25–44 years	8.9	8.5	14.9	17.5	14.7	8.7	8.5	8.2
25–34 years	9.3	9.2	16.2	19.3	17.4	10.4	10.4	10.4
35–44 years	8.4	7.8	13.5	14.9	11.6	7.1	6.7	6.0
45–64 years	5.0	5.3	8.7	9.0	6.3	4.0	3.8	3.8
45–54 years	5.9	6.1	10.0	11.0	7.5	4.7	4.6	4.4
55–64 years	3.9	4.1	7.1	7.0	5.0	3.0	2.9	2.9
65 years and over	3.0	2.7	4.6	5.5	4.0	2.4	2.2	2.0
65–74 years	3.2	2.8	4.9	5.7	3.8	2.4	2.2	2.1
75–84 years	2.5	2.3	4.0	5.2	4.3	2.4	2.0	1.9
85 years and over	2.3	2.4	4.2	5.3	4.6	2.4	2.3	2.0
Male								
All ages, age-adjusted ⁴	7.9	7.5	14.3	16.6	14.8	9.0	8.6	8.4
All ages, crude	7.7	6.8	13.1	17.1	15.9	9.3	8.7	8.4
Under 1 year	4.5	4.7	4.5	6.3	8.8	10.4	9.0	8.8
1–14 years	0.6	0.6	1.2	1.6	2.0	1.5	1.3	1.4
1–4 years	0.5	0.7	1.9	2.7	2.7	2.5	2.3	2.8
5–14 years	0.6	0.5	1.0	1.2	1.7	1.1	0.9	0.8
15–24 years	8.6	8.4	18.2	24.0	32.5	20.9	18.8	18.2
15–19 years	5.5	5.7	12.1	15.9	27.8	15.5	14.5	14.0
20–24 years	13.5	11.8	25.6	32.2	36.9	26.7	23.4	22.6
25–44 years	13.8	12.8	24.4	28.9	23.5	13.3	13.6	13.3
25–34 years	14.4	13.9	26.8	31.9	27.7	16.7	17.0	17.3
35–44 years	13.2	11.7	21.7	24.5	18.6	10.3	10.3	9.2
45–64 years	8.1	8.1	14.8	15.2	10.2	6.0	5.7	5.6
45–54 years	9.5	9.4	16.8	18.4	11.9	6.9	6.8	6.7
55–64 years	6.3	6.4	12.1	11.8	8.0	4.6	4.2	4.3
65 years and over	4.8	4.3	7.7	8.8	5.8	3.3	3.0	2.6
65–74 years	5.2	4.6	8.5	9.2	5.8	3.4	3.2	2.9
75–84 years	3.9	3.7	5.9	8.1	5.7	3.2	2.6	2.1
85 years and over	2.5	3.6	7.4	7.5	6.7	3.3	3.1	2.2
Female								
All ages, age-adjusted ⁴	2.4	2.6	3.7	4.4	4.0	2.8	2.4	2.3
All ages, crude	2.4	2.4	3.4	4.5	4.2	2.8	2.4	2.2
Under 1 year	4.2	4.9	4.1	5.6	8.0	7.9	6.8	6.9
1–14 years	0.6	0.5	1.0	1.4	1.6	1.1	1.1	0.9
1–4 years	0.7	0.7	1.9	2.2	2.3	2.1	2.4	1.9
5–14 years	0.5	0.4	0.7	1.1	1.2	0.7	0.5	0.5
15–24 years	3.0	2.8	4.6	6.6	6.2	3.9	3.1	2.9
15–19 years	2.4	1.9	3.2	4.9	5.4	3.1	2.5	2.3
20–24 years	3.7	3.8	6.2	8.2	7.0	4.7	3.7	3.4
25–44 years	4.2	4.3	5.8	6.4	6.0	4.0	3.4	3.1
25–34 years	4.5	4.6	6.0	6.9	7.1	4.1	3.7	3.3
35–44 years	3.8	4.0	5.7	5.7	4.8	4.0	3.1	2.9
45–64 years	1.9	2.5	3.1	3.4	2.8	2.1	2.1	2.0
45–54 years	2.3	2.9	3.7	4.1	3.2	2.5	2.4	2.3
55–64 years	1.4	2.0	2.5	2.8	2.3	1.6	1.6	1.7
65 years and over	1.4	1.3	2.3	3.3	2.8	1.8	1.6	1.6
65–74 years	1.3	1.3	2.2	3.0	2.2	1.6	1.5	1.4
75–84 years	1.4	1.3	2.7	3.5	3.4	2.0	1.5	1.8
85 years and over	2.1	1.6	2.5	4.3	3.8	2.0	2.0	2.0

See footnotes at end of table.

Table 34 (page 2 of 4). Death rates for homicide, by sex, race, Hispanic origin, and age: United States, selected years 1950–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#034>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ^{1,2}	1960 ^{1,2}	1970 ²	1980 ²	1990 ²	2000 ³	2009 ³	2010 ³
Deaths per 100,000 resident population								
White male ⁵								
All ages, age-adjusted ⁴	3.8	3.9	7.2	10.4	8.3	5.2	4.9	4.7
All ages, crude	3.6	3.6	6.6	10.7	8.8	5.2	4.9	4.7
Under 1 year	4.3	3.8	2.9	4.3	6.4	8.2	7.1	8.5
1–14 years	0.4	0.5	0.7	1.2	1.3	1.2	1.0	1.0
15–24 years	3.2	5.0	7.6	15.1	15.2	9.9	9.1	8.2
25–44 years	5.4	5.5	11.6	17.2	13.0	7.4	7.3	6.9
25–34 years	4.9	5.7	12.5	18.5	14.7	8.4	8.3	8.3
35–44 years	6.1	5.2	10.8	15.2	11.1	6.5	6.3	5.5
45–64 years	4.8	4.6	8.3	9.8	6.9	4.1	4.1	4.1
65 years and over	3.8	3.1	5.4	6.7	4.1	2.5	2.5	2.1
Black or African American male ⁵								
All ages, age-adjusted ⁴	47.0	42.3	78.2	69.4	63.1	35.4	32.0	31.5
All ages, crude	44.7	35.0	66.0	65.7	68.5	37.2	33.8	33.4
Under 1 year	---	10.3	14.3	18.6	21.4	23.3	18.7	12.3
1–14 years ⁶	1.8	1.5	4.4	4.1	5.8	3.1	3.2	3.4
15–24 years	53.8	43.2	98.3	82.6	137.1	85.3	70.7	71.0
25–44 years	92.8	80.5	140.2	130.0	105.4	55.8	56.4	55.9
25–34 years	104.3	86.4	154.5	142.9	123.7	73.9	74.1	76.1
35–44 years	80.0	74.4	124.0	109.3	81.2	38.5	38.0	34.5
45–64 years	46.0	44.6	82.3	70.6	41.4	21.9	18.0	17.6
65 years and over	16.5	17.3	33.3	30.9	25.7	12.8	8.8	8.0
American Indian or Alaska Native male ⁵								
All ages, age-adjusted ⁴	---	---	---	23.3	16.7	10.7	8.9	8.8
All ages, crude	---	---	---	23.1	16.6	10.7	9.3	9.5
15–24 years	---	---	---	35.4	25.1	17.0	15.8	17.6
25–44 years	---	---	---	39.2	25.7	17.0	15.0	14.8
45–64 years	---	---	---	22.1	14.8	*	7.5	6.5
Asian or Pacific Islander male ⁵								
All ages, age-adjusted ⁴	---	---	---	9.1	7.3	4.3	2.8	2.6
All ages, crude	---	---	---	8.3	7.9	4.4	3.0	2.7
15–24 years	---	---	---	9.3	14.9	7.8	4.4	4.0
25–44 years	---	---	---	11.3	9.6	4.6	3.2	3.3
45–64 years	---	---	---	10.4	7.0	6.1	3.7	3.1
Hispanic or Latino male ^{5,7}								
All ages, age-adjusted ⁴	---	---	---	---	27.4	11.8	9.7	8.7
All ages, crude	---	---	---	---	31.0	13.4	10.5	9.5
Under 1 year	---	---	---	---	8.7	6.6	5.7	7.0
1–14 years	---	---	---	---	3.1	1.7	1.2	1.1
15–24 years	---	---	---	---	55.4	28.5	22.9	19.7
25–44 years	---	---	---	---	46.4	17.2	14.2	13.2
25–34 years	---	---	---	---	50.9	19.9	16.5	16.8
35–44 years	---	---	---	---	39.3	13.5	11.5	8.9
45–64 years	---	---	---	---	20.5	9.1	6.9	6.9
65 years and over	---	---	---	---	9.4	4.4	4.9	3.2
White, not Hispanic or Latino male ⁷								
All ages, age-adjusted ⁴	---	---	---	---	5.6	3.6	3.4	3.3
All ages, crude	---	---	---	---	5.8	3.6	3.4	3.3
Under 1 year	---	---	---	---	5.4	8.3	7.3	8.7
1–14 years	---	---	---	---	0.9	1.0	0.8	0.9
15–24 years	---	---	---	---	7.5	4.7	4.1	4.1
25–44 years	---	---	---	---	8.7	5.2	4.9	4.7
25–34 years	---	---	---	---	9.3	5.2	5.2	5.0
35–44 years	---	---	---	---	8.0	5.2	4.7	4.4
45–64 years	---	---	---	---	5.7	3.6	3.7	3.6
65 years and over	---	---	---	---	3.7	2.3	2.3	2.0

See footnotes at end of table.

Table 34 (page 3 of 4). Death rates for homicide, by sex, race, Hispanic origin, and age: United States, selected years 1950–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#034>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ^{1,2}	1960 ^{1,2}	1970 ²	1980 ²	1990 ²	2000 ³	2009 ³	2010 ³
Deaths per 100,000 resident population								
White female ⁵								
All ages, age-adjusted ⁴	1.4	1.5	2.3	3.2	2.7	2.1	1.9	1.8
All ages, crude	1.4	1.4	2.1	3.2	2.8	2.1	1.9	1.8
Under 1 year	3.9	3.5	2.9	4.3	5.1	5.0	5.1	5.8
1–14 years	0.4	0.4	0.7	1.1	1.0	0.8	0.9	0.7
15–24 years	1.3	1.5	2.7	4.7	4.0	2.7	2.1	2.0
25–44 years	2.0	2.1	3.3	4.2	3.8	2.9	2.7	2.4
45–64 years	1.5	1.7	2.1	2.6	2.3	1.8	1.8	1.7
65 years and over	1.2	1.2	1.9	2.9	2.2	1.6	1.5	1.6
Black or African American female ⁵								
All ages, age-adjusted ⁴	11.1	11.4	14.7	13.2	12.5	7.1	5.2	5.0
All ages, crude	11.5	10.4	13.2	13.5	13.4	7.2	5.3	5.1
Under 1 year	---	13.8	10.7	12.8	22.8	22.2	15.4	13.9
1–14 years ⁵	1.8	1.2	3.1	3.3	4.7	2.7	2.2	2.0
15–24 years	16.5	11.9	17.7	18.4	18.9	10.7	8.0	7.5
25–44 years	22.5	22.7	25.3	22.6	21.0	11.0	7.8	7.4
45–64 years	6.8	10.3	13.4	10.8	6.5	4.5	4.0	4.2
65 years and over	3.6	3.0	7.4	8.0	9.4	3.5	2.2	1.8
American Indian or Alaska Native female ⁵								
All ages, age-adjusted ⁴	---	---	---	8.1	4.6	3.0	2.9	2.5
All ages, crude	---	---	---	7.7	4.8	2.9	3.0	2.5
15–24 years	---	---	---	*	*	*	*	*
25–44 years	---	---	---	13.7	6.9	5.9	*	4.7
45–64 years	---	---	---	*	*	*	*	*
Asian or Pacific Islander female ⁵								
All ages, age-adjusted ⁴	---	---	---	3.1	2.8	1.7	1.3	1.2
All ages, crude	---	---	---	3.1	2.8	1.7	1.3	1.2
15–24 years	---	---	---	*	*	*	*	*
25–44 years	---	---	---	4.6	3.8	2.2	1.5	1.3
45–64 years	---	---	---	*	*	2.0	1.6	1.4
Hispanic or Latina female ^{5,7}								
All ages, age-adjusted ⁴	---	---	---	---	4.3	2.8	2.2	1.8
All ages, crude	---	---	---	---	4.7	2.8	2.2	1.8
Under 1 year	---	---	---	---	*	7.4	6.1	6.6
1–14 years	---	---	---	---	1.9	1.0	1.1	0.5
15–24 years	---	---	---	---	8.1	3.7	3.0	2.6
25–44 years	---	---	---	---	6.1	3.7	2.9	2.5
45–64 years	---	---	---	---	3.3	2.9	2.0	1.6
65 years and over	---	---	---	---	*	2.4	1.3	1.3
White, not Hispanic or Latina female ⁷								
All ages, age-adjusted ⁴	---	---	---	---	2.5	1.9	1.8	1.8
All ages, crude	---	---	---	---	2.5	1.9	1.8	1.7
Under 1 year	---	---	---	---	4.4	4.1	4.2	5.3
1–14 years	---	---	---	---	0.8	0.8	0.8	0.7
15–24 years	---	---	---	---	3.3	2.3	1.7	1.8
25–44 years	---	---	---	---	3.5	2.7	2.5	2.4
45–64 years	---	---	---	---	2.2	1.6	1.7	1.7
65 years and over	---	---	---	---	2.2	1.6	1.5	1.6

See footnotes at end of table.

Table 34 (page 4 of 4). Death rates for homicide, by sex, race, Hispanic origin, and age: United States, selected years 1950–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#034>.

[Data are based on death certificates]

-- Data not available.

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

¹Includes deaths of persons who were not residents of the 50 states and the District of Columbia (D.C.).

²Underlying cause of death was coded according to the 6th Revision of the *International Classification of Diseases* (ICD) in 1950, 7th Revision in 1960, 8th Revision in 1970, and 9th Revision in 1980–1998. See [Appendix II, Cause of death; Table III; Table IV](#).

³Starting with 1999 data, cause of death is coded according to ICD–10. See [Appendix II, Cause of death; Comparability ratio; Table IV; Table V](#).

⁴Age-adjusted rates are calculated using the year 2000 standard population. Prior to 2001, age-adjusted rates were calculated using standard million proportions based on rounded population numbers. Starting with 2001 data, unrounded population numbers are used to calculate age-adjusted rates. See [Appendix II, Age adjustment](#).

⁵The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for Hispanic, American Indian and Alaska Native, and Asian or Pacific Islander persons should be interpreted with caution because of inconsistencies in reporting Hispanic origin or race on the death certificate (death rate numerators) compared with population figures (death rate denominators). The net effect of misclassification is an underestimation of deaths and death rates for races other than white and black. See [Appendix II, Race](#), for a detailed discussion of sources of bias in death rates by race and Hispanic origin.

⁶In 1950, rate is for the age group under 15 years.

⁷Prior to 1997, data from states that did not report Hispanic origin on the death certificate were excluded. See [Appendix II, Hispanic origin](#).

NOTES: Starting with *Health, United States, 2003*, rates for 1991–1999 were revised using intercensal population estimates based on the 1990 and 2000 censuses. For 2000, population estimates are bridged-race April 1 census counts. Starting with *Health, United States, 2012*, rates for 2001–2009 were revised using intercensal population estimates based on the 2000 and 2010 censuses. For 2010, population estimates are bridged-race April 1 census counts. See [Appendix I, Population Census and Population Estimates](#). Figures for 2001 include September 11-related deaths for which death certificates were filed as of October 24, 2002. See [Appendix II, Cause of death; Table IV](#) for terrorism-related ICD–10 codes. Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. For additional injury-related statistics, see Web-based Injury Statistics Query and Reporting System (WISQARS), available from: <http://www.cdc.gov/injury/wisqars/index.html>. Starting with 2003 data, some states allowed the reporting of more than one race on the death certificate. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See [Appendix II, Race](#). Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Vital Statistics System; Grove RD, Hetzel AM. Vital statistics rates in the United States, 1940–1960. Washington, DC: U.S. Government Printing Office, 1968; numerator data from National Vital Statistics System, annual public-use Mortality Files; denominator data from national population estimates for race groups from Table 1 and unpublished Hispanic population estimates for 1985–1996 prepared by the Housing and Household Economic Statistics Division, U.S. Census Bureau; Murphy SL, Xu JQ, Kochanek KD. Deaths: Final data for 2010. National vital statistics reports; vol 61 no 4. Hyattsville, MD: NCHS; 2012. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_04.pdf. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 35 (page 1 of 3). Death rates for suicide, by sex, race, Hispanic origin, and age: United States, selected years 1950–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#035>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ^{1,2}	1960 ^{1,2}	1970 ²	1980 ²	1990 ²	2000 ³	2009 ³	2010 ³
Deaths per 100,000 resident population								
All persons								
All ages, age-adjusted ⁴	13.2	12.5	13.1	12.2	12.5	10.4	11.8	12.1
All ages, crude	11.4	10.6	11.6	11.9	12.4	10.4	12.0	12.4
Under 1 year	...	...	...	...	...	...	...	...
1–4 years	...	...	...	...	...	...	...	...
5–14 years	0.2	0.3	0.3	0.4	0.8	0.7	0.6	0.7
15–24 years	4.5	5.2	8.8	12.3	13.2	10.2	10.0	10.5
15–19 years	2.7	3.6	5.9	8.5	11.1	8.0	7.5	7.5
20–24 years	6.2	7.1	12.2	16.1	15.1	12.5	12.6	13.6
25–44 years	11.6	12.2	15.4	15.6	15.2	13.4	14.6	15.0
25–34 years	9.1	10.0	14.1	16.0	15.2	12.0	13.1	14.0
35–44 years	14.3	14.2	16.9	15.4	15.3	14.5	16.1	16.0
45–64 years	23.5	22.0	20.6	15.9	15.3	13.5	17.9	18.6
45–54 years	20.9	20.7	20.0	15.9	14.8	14.4	19.2	19.6
55–64 years	26.8	23.7	21.4	15.9	16.0	12.1	16.4	17.5
65 years and over	30.0	24.5	20.8	17.6	20.5	15.2	14.8	14.9
65–74 years	29.6	23.0	20.8	16.9	17.9	12.5	13.7	13.7
75–84 years	31.1	27.9	21.2	19.1	24.9	17.6	15.8	15.7
85 years and over	28.8	26.0	19.0	19.2	22.2	19.6	16.4	17.6
Male								
All ages, age-adjusted ⁴	21.2	20.0	19.8	19.9	21.5	17.7	19.2	19.8
All ages, crude	17.8	16.5	16.8	18.6	20.4	17.1	19.3	19.9
Under 1 year	...	...	...	...	...	...	...	...
1–4 years	...	...	...	...	...	...	...	...
5–14 years	0.3	0.4	0.5	0.6	1.1	1.2	0.8	0.9
15–24 years	6.5	8.2	13.5	20.2	22.0	17.1	16.1	16.9
15–19 years	3.5	5.6	8.8	13.8	18.1	13.0	11.6	11.7
20–24 years	9.3	11.5	19.3	26.8	25.7	21.4	20.8	22.2
25–44 years	17.2	17.9	20.9	24.0	24.4	21.3	23.0	23.6
25–34 years	13.4	14.7	19.8	25.0	24.8	19.6	21.0	22.5
35–44 years	21.3	21.0	22.1	22.5	23.9	22.8	24.9	24.6
45–64 years	37.1	34.4	30.0	23.7	24.3	21.3	27.9	29.2
45–54 years	32.0	31.6	27.9	22.9	23.2	22.4	29.3	30.4
55–64 years	43.6	38.1	32.7	24.5	25.7	19.4	26.1	27.7
65 years and over	52.8	44.0	38.4	35.0	41.6	31.1	29.1	29.0
65–74 years	50.5	39.6	36.0	30.4	32.2	22.7	24.3	23.9
75–84 years	58.3	52.5	42.8	42.3	56.1	38.6	32.9	32.3
85 years and over	58.3	57.4	42.4	50.6	65.9	57.5	44.0	47.3
Female								
All ages, age-adjusted ⁴	5.6	5.6	7.4	5.7	4.8	4.0	4.9	5.0
All ages, crude	5.1	4.9	6.6	5.5	4.8	4.0	5.0	5.2
Under 1 year	...	...	...	...	...	...	...	...
1–4 years	...	...	...	...	...	...	...	...
5–14 years	0.1	0.1	0.2	0.2	0.4	0.3	0.5	0.4
15–24 years	2.6	2.2	4.2	4.3	3.9	3.0	3.6	3.9
15–19 years	1.8	1.6	2.9	3.0	3.7	2.7	3.2	3.1
20–24 years	3.3	2.9	5.7	5.5	4.1	3.2	4.1	4.7
25–44 years	6.2	6.6	10.2	7.7	6.2	5.4	6.2	6.4
25–34 years	4.9	5.5	8.6	7.1	5.6	4.3	5.1	5.3
35–44 years	7.5	7.7	11.9	8.5	6.8	6.4	7.4	7.5
45–64 years	9.9	10.2	12.0	8.9	7.1	6.2	8.5	8.6
45–54 years	9.9	10.2	12.6	9.4	6.9	6.7	9.3	9.0
55–64 years	9.9	10.2	11.4	8.4	7.3	5.4	7.4	8.0
65 years and over	9.4	8.4	8.1	6.1	6.4	4.0	4.0	4.2
65–74 years	10.1	8.4	9.0	6.5	6.7	4.0	4.6	4.8
75–84 years	8.1	8.9	7.0	5.5	6.3	4.0	3.6	3.7
85 years and over	8.2	6.0	5.9	5.5	5.4	4.2	3.2	3.3
White male ⁵								
All ages, age-adjusted ⁴	22.3	21.1	20.8	20.9	22.8	19.1	21.4	22.0
All ages, crude	19.0	17.6	18.0	19.9	22.0	18.8	21.9	22.6
15–24 years	6.6	8.6	13.9	21.4	23.2	17.9	17.6	18.3
25–44 years	17.9	18.5	21.5	24.6	25.4	22.9	25.7	26.2
45–64 years	39.3	36.5	31.9	25.0	26.0	23.2	31.4	33.0
65 years and over	55.8	46.7	41.1	37.2	44.2	33.3	31.5	31.7
65–74 years	53.2	42.0	38.7	32.5	34.2	24.3	26.6	26.3
75–84 years	61.9	55.7	45.5	45.5	60.2	41.1	35.3	34.9
85 years and over	61.9	61.3	45.8	52.8	70.3	61.6	46.9	50.8

See footnotes at end of table.

Table 35 (page 2 of 3). Death rates for suicide, by sex, race, Hispanic origin, and age: United States, selected years 1950–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#035>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ^{1,2}	1960 ^{1,2}	1970 ²	1980 ²	1990 ²	2000 ³	2009 ³	2010 ³
Deaths per 100,000 resident population								
Black or African American male⁵								
All ages, age-adjusted ⁴	7.5	8.4	10.0	11.4	12.8	10.0	8.9	9.1
All ages, crude	6.3	6.4	8.0	10.3	12.0	9.4	8.5	8.7
15–24 years	4.9	4.1	10.5	12.3	15.1	14.2	10.4	11.1
25–44 years	9.8	12.6	16.1	19.2	19.6	14.3	13.2	14.5
45–64 years	12.7	13.0	12.4	11.8	13.1	9.9	9.6	9.5
65 years and over	9.0	9.9	8.7	11.4	14.9	11.5	9.6	8.3
65–74 years	10.0	11.3	8.7	11.1	14.7	11.1	8.0	7.6
75–84 years ⁶	*	*	*	10.5	14.4	12.1	11.9	9.9
85 years and over	---	*	*	*	*	*	*	*
American Indian or Alaska Native male⁵								
All ages, age-adjusted ⁴	---	---	---	19.3	20.1	16.0	14.6	15.5
All ages, crude	---	---	---	20.9	20.9	15.9	15.1	16.1
15–24 years	---	---	---	45.3	49.1	26.2	28.9	30.6
25–44 years	---	---	---	31.2	27.8	24.5	20.4	20.9
45–64 years	---	---	---	*	*	15.4	15.4	17.8
65 years and over	---	---	---	*	*	*	*	*
Asian or Pacific Islander male⁵								
All ages, age-adjusted ⁴	---	---	---	10.7	9.6	8.6	8.7	9.5
All ages, crude	---	---	---	8.8	8.7	7.9	8.4	9.3
15–24 years	---	---	---	10.8	13.5	9.1	8.0	10.9
25–44 years	---	---	---	11.0	10.6	9.9	9.7	10.6
45–64 years	---	---	---	13.0	9.7	9.7	12.1	12.8
65 years and over	---	---	---	18.6	16.8	15.4	15.3	14.9
Hispanic or Latino male^{5,7}								
All ages, age-adjusted ⁴	---	---	---	---	13.7	10.3	9.9	9.9
All ages, crude	---	---	---	---	11.4	8.4	8.5	8.5
15–24 years	---	---	---	---	14.7	10.9	10.7	10.7
25–44 years	---	---	---	---	16.2	11.2	11.4	11.2
45–64 years	---	---	---	---	16.1	12.0	12.6	12.9
65 years and over	---	---	---	---	23.4	19.5	16.0	15.7
White, not Hispanic or Latino male⁷								
All ages, age-adjusted ⁴	---	---	---	---	23.5	20.2	23.4	24.2
All ages, crude	---	---	---	---	23.1	20.4	24.7	25.7
15–24 years	---	---	---	---	24.4	19.5	19.4	20.4
25–44 years	---	---	---	---	26.4	25.1	29.5	30.3
45–64 years	---	---	---	---	26.8	24.0	33.6	35.4
65 years and over	---	---	---	---	45.4	33.9	32.5	32.7
White female⁵								
All ages, age-adjusted ⁴	6.0	5.9	7.9	6.1	5.2	4.3	5.5	5.6
All ages, crude	5.5	5.3	7.1	5.9	5.3	4.4	5.7	5.9
15–24 years	2.7	2.3	4.2	4.6	4.2	3.1	3.8	4.2
25–44 years	6.6	7.0	11.0	8.1	6.6	6.0	7.1	7.3
45–64 years	10.6	10.9	13.0	9.6	7.7	6.9	9.6	9.9
65 years and over	9.9	8.8	8.5	6.4	6.8	4.3	4.4	4.5
Black or African American female⁵								
All ages, age-adjusted ⁴	1.8	2.0	2.9	2.4	2.4	1.8	1.8	1.8
All ages, crude	1.5	1.6	2.6	2.2	2.3	1.7	1.8	1.8
15–24 years	1.8	*	3.8	2.3	2.3	2.2	2.1	2.0
25–44 years	2.3	3.0	4.8	4.3	3.8	2.6	2.7	2.8
45–64 years	2.7	3.1	2.9	2.5	2.9	2.1	2.5	2.1
65 years and over	*	*	2.6	*	1.9	1.3	1.0	*

See footnotes at end of table.

Table 35 (page 3 of 3). Death rates for suicide, by sex, race, Hispanic origin, and age: United States, selected years 1950–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#035>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ^{1,2}	1960 ^{1,2}	1970 ²	1980 ²	1990 ²	2000 ³	2009 ³	2010 ³
Deaths per 100,000 resident population								
American Indian or Alaska Native female⁵								
All ages, age-adjusted ⁴	---	---	---	4.7	3.6	3.8	5.4	6.1
All ages, crude	---	---	---	4.7	3.7	4.0	5.6	5.9
15–24 years	---	---	---	*	*	*	11.1	10.4
25–44 years	---	---	---	10.7	*	7.2	7.5	7.4
45–64 years	---	---	---	*	*	*	5.9	6.2
65 years and over	---	---	---	*	*	*	*	*
Asian or Pacific Islander female⁵								
All ages, age-adjusted ⁴	---	---	---	5.5	4.1	2.8	3.5	3.4
All ages, crude	---	---	---	4.7	3.4	2.7	3.5	3.4
15–24 years	---	---	---	*	3.9	2.7	4.4	3.5
25–44 years	---	---	---	5.4	3.8	3.3	3.9	4.1
45–64 years	---	---	---	7.9	5.0	3.2	4.7	4.7
65 years and over	---	---	---	*	8.5	5.2	4.8	4.3
Hispanic or Latina female^{5,7}								
All ages, age-adjusted ⁴	---	---	---	---	2.3	1.7	2.0	2.1
All ages, crude	---	---	---	---	2.2	1.5	1.8	2.0
15–24 years	---	---	---	---	3.1	2.0	2.3	3.1
25–44 years	---	---	---	---	3.1	2.1	2.5	2.4
45–64 years	---	---	---	---	2.5	2.5	2.5	2.8
65 years and over	---	---	---	---	*	*	2.3	2.2
White, not Hispanic or Latina female⁷								
All ages, age-adjusted ⁴	---	---	---	---	5.4	4.7	6.1	6.2
All ages, crude	---	---	---	---	5.6	4.9	6.5	6.7
15–24 years	---	---	---	---	4.3	3.3	4.1	4.4
25–44 years	---	---	---	---	7.0	6.7	8.3	8.6
45–64 years	---	---	---	---	8.0	7.3	10.5	10.7
65 years and over	---	---	---	---	7.0	4.4	4.5	4.7

... Category not applicable.

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

--- Data not available.

¹Includes deaths of persons who were not residents of the 50 states and the District of Columbia (D.C.).

²Underlying cause of death was coded according to the 6th Revision of the *International Classification of Diseases* (ICD) in 1950, 7th Revision in 1960, 8th Revision in 1970, and 9th Revision in 1980–1998. See [Appendix II, Cause of death; Table III; Table IV](#).

³Starting with 1999 data, cause of death is coded according to ICD–10. See [Appendix II, Cause of death; Comparability ratio; Table IV; Table V](#).

⁴Age-adjusted rates are calculated using the year 2000 standard population. Prior to 2001, age-adjusted rates were calculated using standard million proportions based on rounded population numbers. Starting with 2001 data, unrounded population numbers are used to calculate age-adjusted rates. See [Appendix II, Age adjustment](#).

⁵The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for Hispanic, American Indian and Alaska Native, and Asian or Pacific Islander persons should be interpreted with caution because of inconsistencies in reporting Hispanic origin or race on the death certificate (death rate numerators) compared with population figures (death rate denominators). The net effect of misclassification is an underestimation of deaths and death rates for races other than white and black. See [Appendix II, Race](#), for a detailed discussion of sources of bias in death rates by race and Hispanic origin.

⁶In 1950, rate is for the age group 75 years and over.

⁷Prior to 1997, data from states that did not report Hispanic origin on the death certificate were excluded. See [Appendix II, Hispanic origin](#).

NOTES: Starting with *Health, United States, 2003*, rates for 1991–1999 were revised using intercensal population estimates based on the 1990 and 2000 censuses. For 2000, population estimates are bridged-race April 1 census counts. Starting with *Health, United States, 2012*, rates for 2001–2009 were revised using intercensal population estimates based on the 2000 and 2010 censuses. For 2010, population estimates are bridged-race April 1 census counts. See [Appendix I, Population Census and Population Estimates](#). Figures for 2001 include September 11-related deaths for which death certificates were filed as of October 24, 2002. See [Appendix II, Cause of death; Table IV](#) for terrorism-related ICD–10 codes. Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. For additional injury-related statistics, see Web-based Injury Statistics Query and Reporting System (WISQARS), available from: <http://www.cdc.gov/injury/wisqars/index.html>. Starting with 2003 data, some states allowed the reporting of more than one race on the death certificate. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See [Appendix II, Race](#). Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Vital Statistics System; Grove RD, Hetzel AM. Vital statistics rates in the United States, 1940–1960. Washington, DC: U.S. Government Printing Office, 1968; numerator data from National Vital Statistics System, annual public-use Mortality Files; denominator data from national population estimates for race groups from Table 1 and unpublished Hispanic population estimates for 1985–1996 prepared by the Housing and Household Economic Statistics Division, U.S. Census Bureau; Murphy SL, Xu JQ, Kochanek KD. Deaths: Final data for 2010. National vital statistics reports; vol 61 no 4. Hyattsville, MD: NCHS; 2012. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_04.pdf. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 36 (page 1 of 3). Death rates for firearm-related injuries, by sex, race, Hispanic origin, and age: United States, selected years 1970–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#036>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1970 ¹	1980 ¹	1990 ¹	1995 ¹	2000 ²	2005 ²	2009 ²	2010 ²
Deaths per 100,000 resident population								
All persons								
All ages, age-adjusted ³	14.3	14.8	14.6	13.4	10.2	10.3	10.1	10.1
All ages, crude	13.1	14.9	14.9	13.5	10.2	10.4	10.2	10.3
Under 1 year	*	*	*	*	*	*	*	*
1–14 years	1.6	1.4	1.5	1.6	0.7	0.7	0.6	0.6
1–4 years	1.0	0.7	0.6	0.6	0.3	0.4	0.4	0.4
5–14 years	1.7	1.6	1.9	1.9	0.9	0.8	0.7	0.7
15–24 years	15.5	20.6	25.8	26.7	16.8	16.1	14.4	14.2
15–19 years	11.4	14.7	23.3	24.1	12.9	12.2	11.1	10.6
20–24 years	20.3	26.4	28.1	29.2	20.9	20.0	18.0	17.9
25–44 years	20.9	22.5	19.3	16.9	13.1	13.8	13.2	13.3
25–34 years	22.2	24.3	21.8	19.6	14.5	16.1	14.5	15.0
35–44 years	19.6	20.0	16.3	14.3	11.9	11.7	11.9	11.7
45–64 years	17.6	15.2	13.6	11.7	10.0	10.6	11.4	11.6
45–54 years	18.1	16.4	13.9	12.0	10.5	11.2	11.8	12.0
55–64 years	17.0	13.9	13.3	11.3	9.4	9.7	10.8	11.1
65 years and over	13.8	13.5	16.0	14.1	12.2	11.8	11.9	11.7
65–74 years	14.5	13.8	14.4	12.8	10.6	10.2	10.9	10.7
75–84 years	13.4	13.4	19.4	16.3	13.9	13.6	13.3	12.7
85 years and over	10.2	11.6	14.7	14.4	14.2	13.0	12.5	13.2
Male								
All ages, age-adjusted ³	24.8	25.9	26.1	23.8	18.1	18.5	17.8	17.9
All ages, crude	22.2	25.7	26.2	23.6	17.8	18.4	17.9	18.0
Under 1 year	*	*	*	*	*	*	*	*
1–14 years	2.3	2.0	2.2	2.3	1.1	1.0	0.9	1.0
1–4 years	1.2	0.9	0.7	0.8	0.4	0.5	0.5	0.6
5–14 years	2.7	2.5	2.9	2.9	1.4	1.2	1.0	1.1
15–24 years	26.4	34.8	44.7	46.5	29.4	28.5	25.3	25.0
15–19 years	19.2	24.5	40.1	41.6	22.4	21.5	19.3	18.4
20–24 years	35.1	45.2	49.1	51.5	37.0	35.7	31.6	31.8
25–44 years	34.1	38.1	32.6	28.4	22.0	23.7	22.4	22.9
25–34 years	36.5	41.4	37.0	33.2	24.9	28.2	25.0	26.4
35–44 years	31.6	33.2	27.4	23.6	19.4	19.5	19.9	19.3
45–64 years	31.0	25.9	23.4	20.0	17.1	18.2	19.3	19.9
45–54 years	30.7	27.3	23.2	20.1	17.6	18.9	19.6	20.3
55–64 years	31.3	24.5	23.7	19.8	16.3	17.2	19.1	19.3
65 years and over	29.7	29.7	35.3	30.7	26.4	25.1	24.8	24.1
65–74 years	29.5	27.8	28.2	25.1	20.3	19.3	20.6	20.0
75–84 years	31.0	33.0	46.9	37.8	32.2	30.5	28.8	27.5
85 years and over	26.2	34.9	49.3	47.1	44.7	39.3	35.7	37.4
Female								
All ages, age-adjusted ³	4.8	4.7	4.2	3.8	2.8	2.7	2.8	2.7
All ages, crude	4.4	4.7	4.3	3.8	2.8	2.7	2.8	2.7
Under 1 year	*	*	*	*	*	*	*	*
1–14 years	0.8	0.7	0.8	0.8	0.3	0.4	0.3	0.3
1–4 years	0.9	0.5	0.5	0.5	*	0.3	0.4	0.3
5–14 years	0.8	0.7	1.0	0.9	0.4	0.4	0.3	0.3
15–24 years	4.8	6.1	6.0	5.9	3.5	3.0	3.1	2.9
15–19 years	3.5	4.6	5.7	5.6	2.9	2.4	2.4	2.3
20–24 years	6.4	7.7	6.3	6.1	4.2	3.6	3.7	3.5
25–44 years	8.3	7.4	6.1	5.5	4.2	3.9	3.9	3.8
25–34 years	8.4	7.5	6.7	5.8	4.0	3.8	3.9	3.5
35–44 years	8.2	7.2	5.4	5.2	4.4	4.0	3.9	4.1
45–64 years	5.4	5.4	4.5	3.9	3.4	3.3	3.8	3.7
45–54 years	6.4	6.2	4.9	4.2	3.6	3.7	4.3	3.8
55–64 years	4.2	4.6	4.0	3.5	3.0	2.8	3.2	3.4
65 years and over	2.4	2.5	3.1	2.8	2.2	2.1	2.2	2.2
65–74 years	2.8	3.1	3.6	3.0	2.5	2.5	2.6	2.6
75–84 years	1.7	1.7	2.9	2.8	2.0	2.1	2.2	2.1
85 years and over	*	1.3	1.3	1.8	1.7	1.4	1.3	1.5
White male ⁴								
All ages, age-adjusted ³	19.7	22.1	22.0	20.1	15.9	15.9	15.9	16.1
All ages, crude	17.6	21.8	21.8	19.9	15.6	16.0	16.2	16.5
1–14 years	1.8	1.9	1.9	1.9	1.0	0.8	0.8	0.8
15–24 years	16.9	28.4	29.5	30.8	19.6	18.3	16.9	16.2
25–44 years	24.2	29.5	25.7	23.2	18.0	18.4	18.1	18.6
25–34 years	24.3	31.1	27.8	25.2	18.1	19.4	17.9	19.1
35–44 years	24.1	27.1	23.3	21.2	17.9	17.5	18.2	18.0
45–64 years	27.4	23.3	22.8	19.5	17.4	19.0	20.5	21.3
65 years and over	29.9	30.1	36.8	32.2	28.2	27.0	26.9	26.5

See footnotes at end of table.

Table 36 (page 2 of 3). Death rates for firearm-related injuries, by sex, race, Hispanic origin, and age: United States, selected years 1970–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#036>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1970 ¹	1980 ¹	1990 ¹	1995 ¹	2000 ²	2005 ²	2009 ²	2010 ²
Deaths per 100,000 resident population								
Black or African American male ⁴								
All ages, age-adjusted ³	70.8	60.1	56.3	49.2	34.2	36.7	32.3	31.8
All ages, crude	60.8	57.7	61.9	52.9	36.1	38.6	33.7	33.4
1–14 years	5.3	3.0	4.4	4.4	1.8	2.1	1.6	1.9
15–24 years	97.3	77.9	138.0	138.7	89.3	86.2	72.8	73.2
25–44 years	126.2	114.1	90.3	70.2	54.1	64.8	57.2	57.3
25–34 years	145.6	128.4	108.6	92.3	74.8	92.1	76.0	78.2
35–44 years	104.2	92.3	66.1	46.3	34.3	38.6	37.7	35.2
45–64 years	71.1	55.6	34.5	28.3	18.4	17.2	17.1	16.5
65 years and over	30.6	29.7	23.9	21.8	13.8	13.5	12.1	9.4
American Indian or Alaska Native male ⁴								
All ages, age-adjusted ³	---	24.0	19.4	19.4	13.1	14.4	11.4	11.7
All ages, crude	---	27.5	20.5	20.9	13.2	14.9	11.6	12.5
15–24 years	---	55.3	49.1	40.9	26.9	28.6	22.2	26.0
25–44 years	---	43.9	25.4	31.2	16.6	21.3	16.3	16.9
45–64 years	---	*	*	14.2	12.2	12.1	11.1	11.1
65 years and over	---	*	*	*	*	*	*	*
Asian or Pacific Islander male ⁴								
All ages, age-adjusted ³	---	7.8	8.8	9.2	6.0	5.1	4.4	4.2
All ages, crude	---	8.2	9.4	10.0	6.2	5.4	4.5	4.4
15–24 years	---	10.8	21.0	24.3	9.3	10.9	5.4	6.8
25–44 years	---	12.8	10.9	10.6	8.1	6.4	6.2	6.0
45–64 years	---	10.4	8.1	8.2	7.4	5.7	5.2	4.4
65 years and over	---	*	*	*	*	*	4.7	3.9
Hispanic or Latino male ^{4,5}								
All ages, age-adjusted ³	---	---	27.6	23.8	13.6	13.4	11.4	10.5
All ages, crude	---	---	29.9	26.2	14.2	14.3	11.4	10.5
1–14 years	---	---	2.6	2.8	1.0	0.7	0.7	0.6
15–24 years	---	---	55.5	61.7	30.8	30.8	23.3	20.9
25–44 years	---	---	42.7	31.4	17.3	19.7	15.5	14.4
25–34 years	---	---	47.3	36.4	20.3	24.4	18.0	18.0
35–44 years	---	---	35.4	24.2	13.2	13.9	12.4	10.2
45–64 years	---	---	21.4	17.2	12.0	9.2	9.5	9.1
65 years and over	---	---	19.1	16.5	12.2	10.2	10.8	9.9
White, not Hispanic or Latino male ⁵								
All ages, age-adjusted ³	---	---	20.6	18.6	15.5	15.5	16.1	16.6
All ages, crude	---	---	20.4	18.5	15.7	16.1	17.0	17.6
1–14 years	---	---	1.6	1.6	1.0	0.9	0.7	0.9
15–24 years	---	---	24.1	23.5	16.2	14.1	14.2	14.2
25–44 years	---	---	23.3	21.4	17.9	17.7	18.4	19.4
25–34 years	---	---	24.7	22.5	17.2	17.4	17.4	18.9
35–44 years	---	---	21.6	20.4	18.4	17.9	19.4	19.9
45–64 years	---	---	22.7	19.5	17.8	20.0	21.8	22.8
65 years and over	---	---	37.4	32.5	29.0	28.1	27.9	27.6
White female ⁴								
All ages, age-adjusted ³	4.0	4.2	3.8	3.5	2.7	2.6	2.8	2.7
All ages, crude	3.7	4.1	3.8	3.5	2.7	2.6	2.9	2.8
15–24 years	3.4	5.1	4.8	4.5	2.8	2.3	2.4	2.3
25–44 years	6.9	6.2	5.3	4.9	3.9	3.8	3.8	3.7
45–64 years	5.0	5.1	4.5	4.0	3.5	3.5	4.2	4.1
65 years and over	2.2	2.5	3.1	2.8	2.4	2.3	2.5	2.5

See footnotes at end of table.

Table 36 (page 3 of 3). Death rates for firearm-related injuries, by sex, race, Hispanic origin, and age: United States, selected years 1970–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#036>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1970 ¹	1980 ¹	1990 ¹	1995 ¹	2000 ²	2005 ²	2009 ²	2010 ²
Deaths per 100,000 resident population								
Black or African American female ⁴								
All ages, age-adjusted ³	11.1	8.7	7.3	6.2	3.9	3.6	3.4	3.3
All ages, crude	10.0	8.8	7.8	6.5	4.0	3.7	3.5	3.3
15–24 years	15.2	12.3	13.3	13.2	7.6	6.6	6.7	6.4
25–44 years	19.4	16.1	12.4	9.8	6.5	6.0	5.7	5.6
45–64 years	10.2	8.2	4.8	4.1	3.1	2.7	2.4	2.2
65 years and over	4.3	3.1	3.1	2.6	1.3	1.3	*	*
American Indian or Alaska Native female ⁴								
All ages, age-adjusted ³	---	5.8	3.3	3.8	2.9	2.2	2.5	2.6
All ages, crude	---	5.8	3.4	4.1	2.9	2.3	2.4	2.4
15–24 years	---	*	*	*	*	*	*	*
25–44 years	---	10.2	*	7.0	5.5	*	3.6	3.7
45–64 years	---	*	*	*	*	*	*	*
65 years and over	---	*	*	*	*	*	*	*
Asian or Pacific Islander female ⁴								
All ages, age-adjusted ³	---	2.0	1.9	2.0	1.1	0.9	0.9	0.6
All ages, crude	---	2.1	2.1	2.1	1.2	0.9	0.9	0.6
15–24 years	---	*	*	3.9	*	2.0	*	*
25–44 years	---	3.2	2.7	2.7	1.5	0.9	1.1	1.1
45–64 years	---	*	*	*	*	*	1.2	*
65 years and over	---	*	*	*	*	*	*	*
Hispanic or Latina female ^{4,5}								
All ages, age-adjusted ³	---	---	3.3	3.1	1.8	1.5	1.4	1.3
All ages, crude	---	---	3.6	3.3	1.8	1.5	1.4	1.3
15–24 years	---	---	6.9	6.1	2.9	2.4	2.6	2.1
25–44 years	---	---	5.1	4.7	2.5	2.6	1.9	1.8
45–64 years	---	---	2.4	2.4	2.2	1.2	1.4	1.5
65 years and over	---	---	*	*	*	*	*	*
White, not Hispanic or Latina female ⁵								
All ages, age-adjusted ³	---	---	3.7	3.4	2.8	2.7	3.0	3.0
All ages, crude	---	---	3.7	3.5	2.9	2.8	3.1	3.1
15–24 years	---	---	4.3	4.1	2.7	2.2	2.2	2.3
25–44 years	---	---	5.1	4.8	4.2	4.0	4.3	4.2
45–64 years	---	---	4.6	4.1	3.6	3.8	4.5	4.4
65 years and over	---	---	3.2	2.8	2.4	2.4	2.6	2.6

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

--- Data not available.

¹Underlying cause of death was coded according to the 8th Revision of the *International Classification of Diseases* (ICD) in 1970 and 9th Revision in 1980–1998. See [Appendix II, Cause of death; Table III; Table IV](#).

²Starting with 1999 data, cause of death is coded according to ICD–10. See [Appendix II, Cause of death; Comparability ratio; Table IV; Table V](#).

³Age-adjusted rates are calculated using the year 2000 standard population. Prior to 2001, age-adjusted rates were calculated using standard million proportions based on rounded population numbers. Starting with 2001 data, unrounded population numbers are used to calculate age-adjusted rates. See [Appendix II, Age adjustment](#).

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 Hispanic, American Indian and Alaska Native, and Asian or Pacific Islander persons should be interpreted with caution because of inconsistencies in reporting Hispanic origin or race on the death certificate (death rate numerators) compared with population figures (death rate denominators). The net effect of misclassification is an underestimation of deaths and death rates for races other than white and black. See [Appendix II, Race](#), for a detailed discussion of sources of bias in death rates by race and Hispanic origin.

⁵Prior to 1997, data from states that did not report Hispanic origin on the death certificate were excluded. See [Appendix II, Hispanic origin](#).

NOTES: Starting with *Health, United States, 2003*, rates for 1991–1999 were revised using intercensal population estimates based on the 1990 and 2000 censuses. For 2000, population estimates are bridged-race April 1 census counts. Starting with *Health, United States, 2012*, rates for 2001–2009 were revised using intercensal population estimates based on the 2000 and 2010 censuses. For 2010, population estimates are bridged-race April 1 census counts. See [Appendix I, Population Census and Population Estimates](#). Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. For additional injury-related statistics, see Web-based Injury Statistics Query and Reporting System (WISQARS), available from: <http://www.cdc.gov/injury/wisqars/index.html>. Starting with 2003 data, some states allowed the reporting of more than one race on the death certificate. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See [Appendix II, Race](#). Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Vital Statistics System; numerator data from National Vital Statistics System, annual public-use Mortality Files; denominator data from national population estimates for race groups from Table 1 and unpublished Hispanic population estimates for 1985–1996 prepared by the Housing and Household Economic Statistics Division, U.S. Census Bureau; Murphy SL, Xu JQ, Kochanek KD. Deaths: Final data for 2010. National vital statistics reports; vol 61 no 4. Hyattsville, MD: NCHS; 2012. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_04.pdf. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 37. Deaths from selected occupational diseases among persons aged 15 and over: United States, selected years 1980–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#037>.

[Data are based on death certificates]

Cause of death	1980 ¹	1985 ¹	1990 ¹	1995 ¹	2000 ²	2005 ²	2009 ²	2010 ²
Multiple cause of death		Number of death certificates with cause of death code(s) mentioned						
Angiosarcoma of liver ³	---	---	---	---	16	26	27	29
Malignant mesothelioma ⁴	699	715	874	897	2,531	2,704	2,753	2,744
Pneumoconiosis ⁵	4,151	3,783	3,644	3,151	2,859	2,425	1,993	2,028
Coal workers' pneumoconiosis	2,576	2,615	1,990	1,413	949	652	480	486
Asbestosis	339	534	948	1,169	1,486	1,416	1,255	1,308
Silicosis	448	334	308	242	151	160	121	101
Other (including unspecified)	814	321	413	343	290	222	158	146
Underlying cause of death		Number of deaths						
Angiosarcoma of liver ³	---	---	---	---	15	23	25	28
Malignant mesothelioma ⁴	531	573	725	780	2,384	2,553	2,606	2,573
Pneumoconiosis	1,581	1,355	1,335	1,117	1,142	983	830	820
Coal workers' pneumoconiosis	982	958	734	533	389	270	206	213
Asbestosis	101	139	302	355	558	532	485	486
Silicosis	207	143	150	114	71	74	66	52
Other (including unspecified)	291	115	149	115	124	107	73	69

--- Data not available.

¹For the period 1980–1998, underlying cause of death was coded according to the 9th Revision of the *International Classification of Diseases* (ICD). See [Appendix II, Cause of death; Table III; Table IV](#).

²Starting with 1999 data, ICD–10 was introduced for coding cause of death. Discontinuities exist between 1998 and 1999 due to ICD–10 coding and classification changes. Caution should be exercised in interpreting trends for the causes of death in this table, especially for those with major ICD–10 changes (e.g., malignant mesothelioma). See [Appendix II, International Classification of Diseases \(ICD\); Table IV](#).

³Prior to 1999, there was no discrete code for this condition.

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

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

NOTES: Multiple cause of death includes underlying and nonunderlying causes of death. Cause-of-death titles for selected occupational diseases and corresponding code numbers according to the *International Classification of Diseases*, 9th and 10th Revisions. See [Appendix II, Cause of death; Table IV](#). See [Appendix I, National Vital Statistics System \(NVSS\), Multiple Cause-of-death File](#), for information about tabulating cause-of-death data in this table. Selection of occupational diseases is based on definitions in Mullan RJ, Murthy LI. Occupational sentinel health events: An updated list for physician recognition and public health surveillance. 1991; *Am J Ind Med* 19(6):775–99. For more detailed information about pneumoconiosis deaths, see: Work-Related Lung Disease Surveillance System available from: <http://www2a.cdc.gov/drds/WorldReportData/>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Vital Statistics System; annual public-use Mortality Files for underlying and multiple cause of death. See [Appendix I, National Vital Statistics System \(NVSS\)](#).

Table 38 (page 1 of 3). Occupational fatal injuries and rates, by industry, sex, age, race, and Hispanic origin: United States, selected years 1995–2011

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2013.htm#038>.

[Data are compiled from various federal, state, and local administrative sources]

Characteristic	1995	2000	2005	2008	2009	2010	2011
	Deaths per 100,000 employed workers ²			Deaths per full-time equivalent workers ³			
Total workforce	4.9	4.3	4.0	3.7	3.5	3.6	3.5
Sex							
Male	8.3	7.4	6.9	6.1	5.7	5.8	5.7
Female	0.9	0.7	0.6	0.6	0.6	0.6	0.7
Age ⁴							
16–17 years	1.6	1.6	1.4	2.5	*	3.0	*
18–19 years	3.3	2.7	2.9	2.4	2.5	2.8	3.0
20–24 years	3.8	3.2	2.8	2.8	2.4	2.2	2.5
25–34 years	4.3	3.8	3.3	2.8	2.4	2.7	2.4
35–44 years	4.6	4.0	3.6	3.3	3.0	2.9	2.9
45–54 years	5.2	4.4	4.2	3.8	3.6	3.6	3.8
55–64 years	7.2	6.1	5.1	4.7	4.3	4.7	4.4
65 years and over	14.0	12.0	11.3	12.7	12.1	11.9	11.0
Race and Hispanic origin ⁵							
Hispanic or Latino	5.5	5.6	4.9	4.2	4.0	3.9	4.0
Not Hispanic or Latino	---	---	---	---	---	---	---
White	---	4.2	3.9	3.8	3.5	3.7	3.6
Black or African American	---	3.8	3.9	3.7	3.1	3.0	3.3
Industry ⁶							
Private sector	---	---	4.3	4.0	3.7	3.8	3.7
Agriculture, forestry, fishing, and hunting	---	---	32.5	30.4	27.2	27.9	24.9
Mining	---	---	25.6	18.1	12.4	19.8	15.9
Utilities	---	---	3.6	3.9	1.7	2.8	4.2
Construction	---	---	11.1	9.7	9.9	9.8	9.1
Manufacturing	---	---	2.4	2.5	2.3	2.3	2.2
Wholesale trade	---	---	4.6	4.4	5.0	4.9	4.9
Retail trade	---	---	2.4	2.0	2.2	2.2	1.9
Transportation and warehousing	---	---	17.7	14.9	13.3	13.7	15.3
Information	---	---	2.0	1.5	1.1	1.5	1.9
Finance and insurance	---	---	0.6	0.3	0.5	0.4	0.6
Real estate and rental and leasing	---	---	1.9	3.1	3.0	3.6	2.5
Professional, scientific, and technical services	---	---	1.0	0.8	1.0	0.9	0.8
Management of companies and enterprises	---	---	*	*	*	*	---
Administrative and support and waste management and remediation services	---	---	7.2	6.1	6.7	5.3	---
Management, administrative, and waste services ⁷	---	---	---	---	---	---	6.4
Educational services	---	---	1.3	0.9	0.7	0.8	1.0
Health care and social assistance	---	---	0.7	0.7	0.8	0.9	0.7
Arts, entertainment, and recreation	---	---	3.2	4.0	3.6	3.6	3.9
Accommodation and food services	---	---	1.5	1.8	1.9	2.0	1.7
Other services (except public administration)	---	---	3.0	2.6	2.8	3.0	3.0
Government ⁸	---	---	2.4	2.4	1.9	2.2	2.2
	Number of deaths ⁹						
Total workforce	6,275	5,920	5,734	5,214	4,551	4,690	4,693
Sex							
Male	5,736	5,471	5,328	4,827	4,216	4,322	4,308
Female	539	449	406	387	335	368	385
Age ⁴							
Under 16 years	26	29	23	11	13	16	10
16–17 years	42	44	31	23	14	18	13
18–19 years	130	127	111	66	57	56	61
20–24 years	486	446	403	353	275	245	292
25–34 years	1,409	1,163	1,017	850	704	785	714
35–44 years	1,571	1,473	1,243	1,113	908	868	875
45–54 years	1,256	1,313	1,389	1,292	1,173	1,169	1,222
55–64 years	827	831	933	920	853	948	936
65 years and over	515	488	578	580	551	582	569
Unspecified	13	6	6	6	3	3	1

See footnotes at end of table.

Table 38 (page 2 of 3). Occupational fatal injuries and rates, by industry, sex, age, race, and Hispanic origin: United States, selected years 1995–2011

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2013.htm#038>.

[Data are compiled from various federal, state, and local administrative sources]

Characteristic	1995	2000	2005	2008	2009	2010	2011
Race and Hispanic origin ⁵		Number of deaths ⁹					
White	5,120	---	---	---	---	---	---
Black or African American	697	---	---	---	---	---	---
Hispanic or Latino	619	815	923	804	713	707	749
Not Hispanic or Latino	5,656	5,105	4,809	4,410	3,838	3,983	3,944
White	4,599	4,244	3,977	3,663	3,204	3,363	3,323
Black or African American	684	575	584	533	421	412	440
American Indian or Alaska Native	27	33	50	32	33	32	30
Asian ¹⁰	188	171	154	145	141	143	121
Native Hawaiian or Other Pacific Islander	---	14	9	7	7	6	3
Multiple races	---	---	---	6	7	8	15
Other races or not reported	158	68	35	24	25	19	12
Industry ⁶							
Private sector	---	---	5,214	4,670	4,090	4,206	4,188
Agriculture, forestry, fishing, and hunting	---	---	715	672	575	621	566
Mining	---	---	159	176	99	172	155
Utilities	---	---	30	37	16	26	39
Construction	---	---	1,192	975	834	774	738
Manufacturing	---	---	393	411	319	329	327
Wholesale trade	---	---	209	180	190	191	190
Retail trade	---	---	400	301	307	311	268
Transportation and warehousing	---	---	885	796	633	661	749
Information	---	---	65	47	33	43	56
Finance and insurance	---	---	42	24	33	24	36
Real estate and rental and leasing	---	---	57	82	75	89	62
Professional, scientific, and technical services	---	---	83	69	85	76	74
Management of companies and enterprises	---	---	*	*	*	*	---
Administrative and support and waste management and remediation services	---	---	398	332	336	288	---
Management, administrative, and waste services ⁷	---	---	---	---	---	---	359
Educational services	---	---	46	28	27	30	37
Health care and social assistance	---	---	104	113	123	141	117
Arts, entertainment, and recreation	---	---	77	92	80	84	93
Accommodation and food services	---	---	136	146	151	154	138
Other services (except public administration)	---	---	210	178	173	192	183
Government ⁸	---	---	520	544	461	484	505

--- Data not available.

* Estimates are unreliable or data do not meet publication criteria.

¹The 2001 data (shown in spreadsheet version) excludes 2,886 fatal work injuries due to the September 11 terrorist attacks.

²Rates represent the number of fatal occupational injuries per 100,000 workers and were calculated for workers 16 years and over. The numerator (number of deaths) excludes deaths to workers under age 16. The employment data (denominators) are annual average estimates of employed civilians aged 16 and over from the Current Population Survey (CPS). These denominator data are supplemented with data for resident military, from the U.S. Census Bureau (1995–1998) and the Department of Defense (1999–2008). Starting with 2004 data, rates are taken directly from the U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries (CFOI), revised annual data. Starting with 2008 data, employment data in denominators are based on hours. See [Appendix I, Census of Fatal Occupational Injuries \(CFOI\)](#).

³Starting in 2008, rates represent the number of fatal occupational injuries per 100,000 full-time equivalent workers and were calculated for workers 16 years and over. The numerator excludes deaths to workers under age 16, members of the resident military, and volunteers. Hours worked figures are annual average estimates of total at work multiplied by average hours for civilians, 16 years of age and older, from the Current Population Survey. Hours worked are converted to full-time equivalent workers. 200,000,000 hours worked = 100,000 full-time equivalent workers (working 40 hours per week, 50 weeks per year). Rates from 2008 forward are not directly comparable with rates from earlier years. Hours-based rates attempt to standardize the amount of exposure and are generally considered more accurate than employment-based rates. Employment- and hours-based rates are similar for groups of workers who usually work full-time. Differences in rates are more likely for worker groups that have a high percentage of part-time workers, such as younger workers. For more information, see <http://www.bls.gov/iif/oshnotice10.htm>.

⁴Employment data for Under 16 years and Unspecified were not available for the calculation of rates.

⁵Employment data for American Indian or Alaska Native workers and, prior to 2003, for Asian or Pacific Islander workers, were not available for the calculation of rates. Employment data for non-Hispanic white and non-Hispanic black workers were not available before the year 2000. In 1999 and earlier years, the race groups white and black included persons of Hispanic and non-Hispanic origin.

⁶Industry data from 2003 to 2008 are based on the North American Industry Classification System (NAICS), 2002. Industry data from 2009 to the present are based on NAICS 2007. NAICS replaces the Standard Industrial Classification (SIC) system. Because of substantial differences between these systems, industry data classified by these two systems are not comparable. Industry data for 1995–2002 classified by SIC are presented in *Health, United States, 2004*, Table 49, available from: <http://www.cdc.gov/nchs/hus.htm>. See [Appendix II, Industry of employment](#).

⁷Starting with 2011 data, CFOI combined the categories “Management of companies and enterprises” and “Administrative and support and waste management and remediation services” into one category entitled “Management, administrative, and waste services.”

⁸Includes fatal work injuries to workers employed by governmental organizations, regardless of industry.

⁹Includes fatal work injuries to all workers, regardless of age.

¹⁰In 1999 and earlier years, category also included Native Hawaiian or Other Pacific Islander.

See notes at end of table.

Table 38 (page 3 of 3). Occupational fatal injuries and rates, by industry, sex, age, race, and Hispanic origin: United States, selected years 1995–2011

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2013.htm#038>.

[Data are compiled from various federal, state, and local administrative sources]

NOTES: Fatal work injuries and rates are based on revised data and may differ from originally published data from CFOI. See [Appendix I, Census of Fatal Occupational Injuries \(CFOI\)](#). Private sector totals include injuries with unknown industry. CFOI began collecting fatal work injury data in 1992. For data for prior years, see CDC. Fatal Occupational Injuries—United States, 1980–1997. MMWR 2001;50(16):317–20. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5016a4.htm>, which reports trend data from the National Traumatic Occupational Fatalities (NTOF) surveillance system. NTOF was established at the National Institute of Occupational Safety and Health (NIOSH) to monitor occupational injury deaths through death certificates. Because of methodological differences between CFOI and NTOF, the data are not directly comparable.

SOURCE: Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries. Revised annual data. See [Appendix I, Census of Fatal Occupational Injuries \(CFOI\)](#).

Table 39 (page 1 of 2). Selected notifiable disease rates and number of new cases: United States, selected years 1950–2011

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#039>.

[Data are based on reporting by state health departments]

Disease	1950	1960	1970	1980	1990	2000	2009	2010	2011
New cases per 100,000 population									
Diphtheria	3.83	0.51	0.21	0.00	0.00	0.00	—	—	—
<i>Haemophilus influenzae</i> , invasive	---	---	---	---	---	0.51	0.99	1.03	1.15
Hepatitis A	---	---	27.87	12.84	12.64	4.91	0.65	0.54	0.45
Hepatitis B	---	---	4.08	8.39	8.48	2.95	1.12	1.10	0.94
Lyme disease ¹	---	---	---	---	---	6.53	12.71	9.86	10.78
Meningococcal disease	---	---	1.23	1.25	0.99	0.83	0.32	0.27	0.25
Mumps	---	---	55.55	3.86	2.17	0.13	0.65	0.85	0.13
Pertussis (whooping cough)	79.82	8.23	2.08	0.76	1.84	2.88	5.54	8.97	6.06
Poliomyelitis, paralytic ²	---	1.40	0.02	0.00	0.00	—	0.00	—	—
Rocky Mountain spotted fever ³	---	---	0.19	0.52	0.26	0.18	0.60	0.65	0.91
Rubella (German measles)	---	---	27.75	1.72	0.45	0.06	0.00	0.00	0.00
Rubeola (measles)	211.01	245.42	23.23	5.96	11.17	0.03	0.02	0.02	0.06
Salmonellosis, excluding typhoid fever	---	3.85	10.84	14.88	19.54	14.51	16.18	17.73	16.79
Shigellosis	15.45	6.94	6.79	8.41	10.89	8.41	5.24	4.82	4.32
Tuberculosis ⁴	---	30.83	18.28	12.25	10.33	6.01	3.80	3.64	3.41
Sexually transmitted diseases: ⁵									
Syphilis ⁶	146.02	68.78	44.80	30.30	54.32	11.20	14.74	14.93	14.91
Primary and secondary	16.73	9.06	10.80	12.00	20.26	2.12	4.60	4.49	4.52
Early latent	39.71	10.11	8.00	8.90	22.19	3.35	4.30	4.43	4.25
Late and late latent ⁷	70.22	45.91	24.70	9.20	10.32	5.53	5.70	5.89	6.02
Congenital ⁸	368.30	103.70	52.30	7.70	92.95	14.29	10.01	8.73	8.48
Chlamydia ⁹	---	---	---	---	160.19	251.38	409.19	426.01	457.59
Gonorrhea ¹⁰	192.50	145.40	294.20	442.10	276.43	128.67	99.05	100.76	104.24
Chancroid	3.34	0.94	0.70	0.30	1.69	0.03	0.01	0.01	0.00
Number of new cases									
Diphtheria	5,796	918	435	3	4	1	—	—	—
<i>Haemophilus influenzae</i> , invasive	---	---	---	---	---	1,398	3,022	3,151	3,539
Hepatitis A	---	---	56,797	29,087	31,441	13,397	1,987	1,670	1,398
Hepatitis B	---	---	8,310	19,015	21,102	8,036	3,405	3,374	2,903
Lyme disease ¹	---	---	---	---	---	17,730	38,468	30,158	33,097
Meningococcal disease	---	---	2,505	2,840	2,451	2,256	980	833	759
Mumps	---	---	104,953	8,576	5,292	338	1,991	2,612	404
Pertussis (whooping cough)	120,718	14,809	4,249	1,730	4,570	7,867	16,858	27,550	18,719
Poliomyelitis, paralytic ²	---	2,525	31	4	6	—	1	—	—
Rocky Mountain spotted fever ³	464	---	380	1,163	651	495	1,815	1,985	2,802
Rubella (German measles)	---	---	56,552	3,904	1,125	176	3	5	4
Rubeola (measles)	319,124	441,703	47,351	13,506	27,786	86	71	63	220
Salmonellosis, excluding typhoid fever	---	6,929	22,096	33,715	48,603	39,574	49,192	54,424	51,887
Shigellosis	23,367	12,487	13,845	19,041	27,077	22,922	15,931	14,786	13,352
Tuberculosis ⁴	---	55,494	37,137	27,749	25,701	16,377	11,545	11,182	10,528
Sexually transmitted diseases: ⁵									
Syphilis ⁶	217,558	122,538	91,382	68,832	135,590	31,618	44,830	45,844	46,042
Primary and secondary	23,939	16,145	21,982	27,204	50,578	5,979	13,997	13,774	13,970
Early latent	59,256	18,017	16,311	20,297	55,397	9,465	13,066	13,604	13,136
Late and late latent ⁷	113,569	81,798	50,348	20,979	25,750	15,594	17,338	18,079	18,576
Congenital ⁸	13,377	4,416	1,953	277	3,865	580	429	387	360
Chlamydia ⁹	---	---	---	---	323,663	709,452	1,244,180	1,307,893	1,412,791
Gonorrhea ¹⁰	286,746	258,933	600,072	1,004,029	690,042	363,136	301,174	309,341	321,849
Chancroid	4,977	1,680	1,416	788	4,212	78	28	24	8

See footnotes at end of table.

Table 39 (page 2 of 2). Selected notifiable disease rates and number of new cases: United States, selected years 1950–2011

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#039>.

[Data are based on reporting by state health departments]

0.00 Rate more than zero but less than 0.005.

– Quantity zero.

- - - Data not available.

¹National surveillance case definition revised in 2008; probable cases not previously reported.

²Cases of vaccine-associated paralytic poliomyelitis caused by polio vaccine virus.

³Beginning in 2010, cases of Rocky Mountain Spotted Fever were reported as Spotted Fever Rickettsiosis.

⁴Case reporting for tuberculosis began in 1953. Data prior to 1975 are not comparable with subsequent years because of changes in reporting criteria effective in 1975. Data from 1993 to 2009 were updated through the Division of Tuberculosis Elimination, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), as of May 14, 2010.

⁵Starting with 1991, data include both civilian and military cases. Adjustments to the number of cases reported from state health departments were made for hardcopy forms and for electronic data submissions through June 9, 2010. For 1950, data for Alaska and Hawaii were not included. Cases and rates shown do not include outlying areas of Guam, Puerto Rico, and the Virgin Islands.

⁶Includes stage of syphilis not stated.

⁷Includes cases of unknown duration.

⁸Rates include all cases of congenitally acquired syphilis per 100,000 live births. Cases of congenitally acquired syphilis were reported through 1994. Starting with 1995 data, only congenital syphilis for cases under 1 year of age were reported. See STD Surveillance Report for congenital syphilis rates per 100,000 live births.

⁹Prior to 1994, chlamydia was not notifiable. In 1994–1999, cases for New York were exclusively reported by New York City. Starting with 2000 data, includes cases for the entire state.

¹⁰Data for 1994 do not include cases from Georgia.

NOTES: The total resident population was used to calculate all rates except sexually transmitted diseases (STDs), which used the civilian resident population prior to 1991. STD rates for 1990–2002 have been revised and may differ from previous editions of *Health, United States*. Revised rates are due to revision of population estimates to incorporate bridged single-race estimates. 2008 population estimates were used to calculate 2009 rates. See [Appendix I, Sexually Transmitted Disease \(STD\) Surveillance; Population Census and Population Estimates](#). Population data from states where diseases were not notifiable or not available were excluded from the rate calculation; see [Appendix II, Notifiable disease](#). See [Appendix I, National Notifiable Disease Surveillance System \(NNDSS\)](#), for information on underreporting of notifiable diseases. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC, Office of Public Health Scientific Services (OPHSS); Center for Surveillance, Epidemiology and Laboratory Services (CELS); Division of Health Informatics and Surveillance (DHIS). MMWR 2013;60(53):1–117 and CDC. Available from: http://www.cdc.gov/mmwr/mmwr_nd/index.html. Sexually transmitted disease surveillance, 2011. Atlanta, GA: U.S. Department of Health and Human Services, 2012. Available from: <http://www.cdc.gov/std/stats/>. See [Appendix I, National Notifiable Diseases Surveillance System \(NNDSS\)](#).

Table 40 (page 1 of 3). Human immunodeficiency virus (HIV) diagnoses, by year of diagnosis and selected characteristics: United States, 2008–2011

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2013.htm#040>.

[Data are based on reporting by 50 states and the District of Columbia]

Sex, race and Hispanic origin, age at diagnosis, and region of residence	Year of diagnosis				
	All years (2008–2011) ¹	2008	2009	2010	2011
		Estimated number of HIV diagnoses ²			
All persons ³	193,451	50,501	47,408	46,268	49,273
Male, 13 years and over	149,238	38,104	36,392	35,918	38,825
Female, 13 years and over	43,332	12,146	10,804	10,125	10,257
Children, under 13 years	881	252	213	226	192
Region of residence					
Northeast	40,520	10,711	10,061	9,725	10,024
Midwest	23,846	5,902	5,933	5,774	6,237
South	94,758	25,091	22,992	22,379	24,296
West	34,327	8,797	8,423	8,390	8,717
Male, 13 years and over					
Hispanic origin and race:					
Not Hispanic or Latino:					
White	47,185	12,206	11,583	11,355	12,041
Black or African American	63,508	16,277	15,491	15,293	16,447
Asian ⁴	2,764	685	612	646	821
Native Hawaiian or Other Pacific Islander	253	68	62	53	70
American Indian or Alaska Native	652	179	151	161	161
Hispanic or Latino ⁵	32,133	7,979	7,825	7,725	8,605
Multiple race	2,742	710	667	686	679
Age at diagnosis:					
13–14 years	72	13	11	20	27
15–24 years	31,366	7,113	7,480	8,093	8,680
25–34 years	41,156	10,127	9,990	9,933	11,107
35–44 years	36,363	10,319	9,146	8,371	8,527
45–54 years	27,905	7,352	6,787	6,547	7,220
55–64 years	9,773	2,503	2,363	2,357	2,551
65 years and over	2,603	677	616	597	713
Female, 13 years and over					
Hispanic origin and race:					
Not Hispanic or Latina:					
White	7,274	2,046	1,772	1,680	1,776
Black or African American	28,132	7,967	6,977	6,592	6,595
Asian ⁴	542	123	134	132	153
Native Hawaiian or Other Pacific Islander	46	10	18	9	8
American Indian or Alaska Native	210	44	53	61	51
Hispanic or Latina ⁵	6,309	1,681	1,635	1,463	1,530
Multiple race	820	274	214	188	144
Age at diagnosis:					
13–14 years	100	30	20	25	26
15–24 years	6,716	1,835	1,704	1,563	1,615
25–34 years	11,060	3,206	2,687	2,581	2,586
35–44 years	11,213	3,242	2,898	2,562	2,511
45–54 years	9,530	2,618	2,388	2,229	2,295
55–64 years	3,774	966	874	944	990
65 years and over	939	249	234	221	235
Children, under 13 years					
Hispanic origin and race:					
Not Hispanic or Latino:					
White	106	26	16	35	29
Black or African American	596	176	149	146	125
Asian ⁴	24	7	7	2	8
Native Hawaiian or Other Pacific Islander	0	0	0	0	0
American Indian or Alaska Native	2	2	0	0	0
Hispanic or Latino ⁵	129	31	35	38	25
Multiple race	25	10	5	5	4

See footnotes at end of table.

Table 40 (page 2 of 3). Human immunodeficiency virus (HIV) diagnoses, by year of diagnosis and selected characteristics: United States, 2008–2011

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2013.htm#040>.

[Data are based on reporting by 50 states and the District of Columbia]

Sex, race and Hispanic origin, age at diagnosis, and region of residence	Year of diagnosis				
	All years (2008–2011) ¹	2008	2009	2010	2011
	Percent distribution ⁶				
All persons ³	100.0	100.0	100.0	100.0	100.0
Male, 13 years and over	77.1	75.5	76.8	77.6	78.8
Female, 13 years and over	22.4	24.1	22.8	21.9	20.8
Children, under 13 years	0.5	0.5	0.4	0.5	0.4
Region of residence					
Northeast	20.9	21.2	21.2	21.0	20.3
Midwest	12.3	11.7	12.5	12.5	12.7
South	49.0	49.7	48.5	48.4	49.3
West	17.7	17.4	17.8	18.1	17.7
Male, 13 years and over					
Hispanic origin and race:					
Not Hispanic or Latino:					
White	31.6	32.0	31.8	31.6	31.0
Black or African American	42.6	42.7	42.6	42.6	42.4
Asian ⁴	1.9	1.8	1.7	1.8	2.1
Native Hawaiian or Other Pacific Islander	0.2	0.2	0.2	0.1	0.2
American Indian or Alaska Native	0.4	0.5	0.4	0.4	0.4
Hispanic or Latino ⁵	21.5	20.9	21.5	21.5	22.2
Multiple race	1.8	1.9	1.8	1.9	1.7
Age at diagnosis:					
13–14 years	0.0	0.0	0.0	0.1	0.1
15–24 years	21.0	18.7	20.6	22.5	22.4
25–34 years	27.6	26.6	27.5	27.7	28.6
35–44 years	24.4	27.1	25.1	23.3	22.0
45–54 years	18.7	19.3	18.6	18.2	18.6
55–64 years	6.5	6.6	6.5	6.6	6.6
65 years and over	1.7	1.8	1.7	1.7	1.8
Female, 13 years and over					
Hispanic origin and race:					
Not Hispanic or Latina:					
White	16.8	16.8	16.4	16.6	17.3
Black or African American	64.9	65.6	64.6	65.1	64.3
Asian ⁴	1.3	1.0	1.2	1.3	1.5
Native Hawaiian or Other Pacific Islander	0.1	0.1	0.2	0.1	0.1
American Indian or Alaska Native	0.5	0.4	0.5	0.6	0.5
Hispanic or Latina ⁵	14.6	13.8	15.1	14.4	14.9
Multiple race	1.9	2.3	2.0	1.9	1.4
Age at diagnosis:					
13–14 years	0.2	0.2	0.2	0.2	0.3
15–24 years	15.5	15.1	15.8	15.4	15.7
25–34 years	25.5	26.4	24.9	25.5	25.2
35–44 years	25.9	26.7	26.8	25.3	24.5
45–54 years	22.0	21.6	22.1	22.0	22.4
55–64 years	8.7	8.0	8.1	9.3	9.7
65 years and over	2.2	2.1	2.2	2.2	2.3
Children, under 13 years					
Hispanic origin and race:					
Not Hispanic or Latino:					
White	12.0	10.2	7.7	15.3	15.1
Black or African American	67.6	69.8	70.0	64.6	65.5
Asian ⁴	2.8	2.9	3.5	0.9	4.0
Native Hawaiian or Other Pacific Islander	—	—	—	—	—
American Indian or Alaska Native	0.2	0.9	—	—	—
Hispanic or Latino ⁵	14.6	12.3	16.4	16.8	13.1
Multiple race	2.8	4.1	2.4	2.3	2.3

See footnotes at end of table.

Table 40 (page 3 of 3). Human immunodeficiency virus (HIV) diagnoses, by year of diagnosis and selected characteristics: United States, 2008–2011

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2013.htm#040>.

[Data are based on reporting by 50 states and the District of Columbia]

0.0 Quantity more than zero but less than 0.05.

– Quantity zero.

¹Based on diagnoses that occurred during 2008–2011 that were reported to CDC through June 2012.

²Numbers are point estimates that result from statistical adjustments for reporting delays and missing risk factor information. The estimates do not include adjustments for incomplete reporting. See [Appendix I, National HIV Surveillance System](#).

³All persons totals were calculated independent of values for subpopulations. Consequently, sums of subpopulations may not equal totals for all persons.

⁴Includes Asian and Pacific Islander legacy cases.

⁵Persons of Hispanic origin may be of any race. See [Appendix II, Hispanic origin](#).

⁶Percents may not sum to 100% due to rounding.

NOTES: See [Appendix II, Human immunodeficiency virus \(HIV\); Acquired immunodeficiency syndrome \(AIDS\)](#), for discussion of HIV/AIDS diagnoses reporting definitions and other issues affecting interpretation of trends. Data shown are for the 50 states and the District of Columbia. Starting with *Health, United States, 2013*, this table shows HIV diagnoses data. In previous editions of *Health, United States* AIDS diagnoses data were shown.

SOURCE: CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Division of HIV/AIDS Prevention. HIV Surveillance Report. Diagnoses of HIV infection in the United States and Dependent Areas, 2011 (vol. 23). Atlanta, GA: U.S. Department of Health and Human Services, CDC. 2011 and unpublished data. Available from: http://www.cdc.gov/hiv/library/reports/surveillance/2011/surveillance_Report_vol_23.html. See [Appendix I, National HIV Surveillance System](#).

Table 41 (page 1 of 5). Health conditions among children under age 18, by selected characteristics: United States, average annual, selected years 1997–1999 through 2010–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#041>.

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

Characteristic	Current asthma ¹				Asthma attack in the past 12 months ²			
	1997–1999	2000–2002	2003–2005	2010–2012	1997–1999	2000–2002	2003–2005	2010–2012
Percent of children								
Under 18 years ³	---	---	8.7	9.4	5.4	5.7	5.4	5.5
Age								
0–4 years	---	---	6.1	6.1	4.3	4.7	4.2	4.2
5–17 years	---	---	9.6	10.7	5.7	6.1	5.8	6.1
5–9 years	---	---	9.1	10.3	5.6	6.3	6.1	6.6
10–17 years	---	---	9.9	10.9	5.8	5.9	5.7	5.7
Sex								
Male	---	---	9.9	10.2	6.2	6.6	6.3	6.3
Female	---	---	7.3	8.5	4.5	4.7	4.4	4.8
Race ⁴								
White only	---	---	7.7	8.1	5.0	5.2	4.9	4.9
Black or African American only	---	---	13.0	16.0	7.0	8.0	7.6	8.9
American Indian or Alaska Native only	---	---	12.2	9.4	6.4	*8.7	*6.1	*5.5
Asian only	---	---	4.8	6.8	4.3	4.7	3.3	4.4
Native Hawaiian or Other Pacific Islander only	---	---	*	*	---	*	*	*
2 or more races	---	---	13.5	12.7	---	7.3	8.8	7.1
Hispanic origin and race ⁴								
Hispanic or Latino	---	---	7.6	8.8	4.8	4.2	4.6	4.9
Not Hispanic or Latino	---	---	8.9	9.6	5.5	6.0	5.6	5.7
White only	---	---	7.9	8.0	5.1	5.5	5.0	5.0
Black or African American only	---	---	13.0	16.1	7.0	7.9	7.5	9.0
Percent of poverty level ⁵								
Below 100%	---	---	10.4	12.5	6.1	7.1	6.5	7.5
100%–199%	---	---	8.6	9.9	5.3	5.4	5.2	6.0
200%–399%	---	---	8.3	8.7	5.0	5.3	5.2	4.7
400% or more	---	---	7.9	7.0	5.2	5.5	4.9	4.4
Health insurance status at the time of interview ⁶								
Insured	---	---	9.0	9.6	5.6	5.9	5.6	5.7
Private	---	---	8.0	8.1	5.0	5.3	5.0	4.8
Medicaid	---	---	11.4	11.9	7.7	7.7	7.1	7.0
Uninsured	---	---	5.6	6.7	3.9	4.3	3.3	4.0

See footnotes at end of table.

Table 41 (page 2 of 5). Health conditions among children under age 18, by selected characteristics: United States, average annual, selected years 1997–1999 through 2010–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#041>.

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

Characteristic	Attention deficit hyperactivity disorder ⁷				Serious emotional or behavioral difficulties ⁸				
	1997–1999	2000–2002	2003–2005	2010–2012	1997–1999	2000–2002	2003–2005	2010–2012	
Age		Percent of children							
5–17 years ³	6.5	7.5	7.6	9.9	---	---	5.1	5.8	
5–9 years	4.8	5.2	5.6	7.0	---	---	4.3	5.1	
10–17 years	7.6	9.0	8.9	11.8	---	---	5.6	6.2	
Sex									
Male	9.6	10.8	10.7	13.7	---	---	6.1	7.1	
Female	3.2	4.2	4.4	5.9	---	---	4.1	4.4	
Race⁴									
White only	7.1	8.1	7.8	10.2	---	---	5.1	5.7	
Black or African American only	5.0	7.0	7.7	10.5	---	---	5.3	6.3	
American Indian or Alaska Native only	*8.5	*	*9.4	*11.5	---	---	*	*7.4	
Asian only	*1.7	*	*1.6	2.5	---	---	*1.7	2.7	
Native Hawaiian or Other Pacific Islander only	---	*	*	*	---	---	*	*	
2 or more races	---	7.4	9.7	10.4	---	---	8.2	8.5	
Hispanic origin and race⁴									
Hispanic or Latino	3.6	4.2	4.6	5.8	---	---	3.8	4.3	
Not Hispanic or Latino	7.0	8.2	8.3	11.1	---	---	5.4	6.2	
White only	7.7	9.0	8.8	11.9	---	---	5.6	6.3	
Black or African American only	5.0	6.8	7.5	10.7	---	---	5.2	6.4	
Percent of poverty level⁵									
Below 100%	7.2	8.2	8.4	13.1	---	---	7.4	8.8	
100%–199%	6.7	7.5	7.8	9.2	---	---	5.4	5.9	
200%–399%	6.2	7.7	7.8	8.9	---	---	4.9	5.0	
400% or more	6.1	7.1	6.9	9.1	---	---	3.7	4.2	
Health insurance status at the time of interview⁶									
Insured	6.7	7.8	7.8	10.2	---	---	5.2	5.9	
Private	5.9	7.0	7.0	8.4	---	---	4.1	4.1	
Medicaid	10.5	10.7	10.3	13.1	---	---	8.5	8.9	
Uninsured	4.8	5.4	6.1	6.2	---	---	4.6	4.1	

See footnotes at end of table.

Table 41 (page 3 of 5). Health conditions among children under age 18, by selected characteristics: United States, average annual, selected years 1997–1999 through 2010–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#041>.

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

Characteristic	Food allergy ⁹				Skin allergy ¹⁰			
	1997–1999	2000–2002	2003–2005	2010–2012	1997–1999	2000–2002	2003–2005	2010–2012
	Percent of children							
Under 18 years ³	3.4	3.6	3.8	5.2	7.4	8.1	9.6	12.5
Age								
0–4 years	3.8	4.0	4.3	5.1	8.1	8.7	11.0	14.5
5–17 years	3.3	3.4	3.6	5.3	7.2	7.9	9.1	11.7
5–9 years	3.1	3.6	3.5	5.5	7.5	8.6	10.0	12.9
10–17 years	3.4	3.3	3.6	5.2	7.1	7.5	8.6	10.9
Sex								
Male	3.4	3.7	3.8	5.3	7.3	7.9	9.5	12.4
Female	3.5	3.4	3.8	5.2	7.6	8.4	9.8	12.5
Race ⁴								
White only	3.5	3.6	3.8	4.8	7.1	7.6	9.0	11.3
Black or African American only	3.1	3.0	3.7	6.6	9.0	10.4	12.4	17.7
American Indian or Alaska Native only	*	*4.8	*	*4.8	*4.1	*9.1	11.3	10.5
Asian only	3.9	4.4	4.3	6.5	8.0	8.4	7.5	11.4
Native Hawaiian or Other Pacific Islander only	---	*	*	*	---	*	*	*
2 or more races	---	5.2	4.6	6.6	---	10.9	14.0	16.2
Hispanic origin and race ⁴								
Hispanic or Latino	2.1	2.5	2.8	3.7	5.5	5.6	7.2	10.2
Not Hispanic or Latino	3.7	3.8	4.0	5.7	7.8	8.7	10.2	13.2
White only	3.8	3.9	4.1	5.3	7.5	8.2	9.7	11.9
Black or African American only	3.1	3.1	3.7	6.6	9.0	10.4	12.4	17.8
Percent of poverty level ⁵								
Below 100%	3.3	3.2	3.3	5.0	7.3	7.1	9.0	13.1
100%–199%	3.0	3.4	3.8	5.1	7.2	7.6	8.7	12.5
200%–399%	3.2	3.4	3.8	5.1	7.3	8.5	10.0	12.6
400% or more	4.2	4.0	4.1	5.8	7.9	8.8	10.5	11.7
Health insurance status at the time of interview ⁶								
Insured	3.5	3.7	3.9	5.3	7.7	8.5	10.0	12.7
Private	3.5	3.7	4.0	5.5	7.4	8.5	10.1	12.4
Medicaid	3.6	3.7	3.6	4.9	8.4	8.4	9.5	12.9
Uninsured	2.6	2.4	3.0	4.4	5.9	5.3	6.8	10.2

See footnotes at end of table.

Table 41 (page 4 of 5). Health conditions among children under age 18, by selected characteristics: United States, average annual, selected years 1997–1999 through 2010–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#041>.

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

Characteristic	Hay fever or respiratory allergy ¹¹				Three or more ear infections ¹²			
	1997–1999	2000–2002	2003–2005	2010–2012	1997–1999	2000–2002	2003–2005	2010–2012
	Percent of children							
Under 18 years ³	17.5	17.7	17.3	16.8	7.1	6.7	5.8	5.6
Age								
0–4 years	10.7	10.4	10.1	11.0	13.7	12.8	11.0	10.5
5–17 years	19.9	20.3	20.0	19.1	4.8	4.5	3.8	3.7
5–9 years	17.3	18.1	17.9	16.7	7.1	6.9	5.7	6.0
10–17 years	21.6	21.7	21.2	20.6	3.2	2.9	2.7	2.3
Sex								
Male	18.6	18.8	18.9	18.3	7.3	6.9	5.9	6.0
Female	16.3	16.5	15.6	15.4	6.9	6.5	5.6	5.3
Race ⁴								
White only	17.9	18.5	17.8	17.3	7.4	7.2	6.3	5.9
Black or African American only	16.2	15.6	15.2	15.2	5.9	5.0	4.1	4.3
American Indian or Alaska Native only	15.2	16.4	16.5	15.8	*10.8	*6.3	*5.1	*
Asian only	15.3	12.6	11.3	14.2	3.7	2.6	3.3	4.1
Native Hawaiian or Other Pacific Islander only	---	*	*	*	---	*	*	*
2 or more races	---	20.9	20.8	18.2	---	7.4	5.0	5.7
Hispanic origin and race ⁴								
Hispanic or Latino	12.4	12.4	12.8	13.2	6.1	6.7	6.2	5.8
Not Hispanic or Latino	18.4	18.8	18.3	18.0	7.3	6.7	5.7	5.6
White only	19.1	19.9	19.4	18.9	7.7	7.3	6.3	5.9
Black or African American only	16.3	15.5	15.1	15.3	5.9	4.9	4.0	4.2
Percent of poverty level ⁵								
Below 100%	14.3	14.0	14.2	14.2	8.3	7.9	6.7	7.5
100%–199%	15.4	15.6	16.0	15.3	7.1	6.8	5.7	6.1
200%–399%	18.5	18.1	17.7	17.2	6.8	6.5	5.6	4.5
400% or more	20.3	21.1	19.7	20.2	6.6	6.1	5.5	4.9
Health insurance status at the time of interview ⁶								
Insured	18.0	18.3	17.7	17.0	7.3	6.9	5.8	5.7
Private	18.8	19.2	18.5	18.7	6.6	6.4	5.2	4.6
Medicaid	15.0	16.0	16.1	14.6	10.2	8.7	7.4	7.4
Uninsured	14.3	12.6	13.5	14.3	5.9	4.9	5.4	4.4

See footnotes at end of table.

Table 41 (page 5 of 5). Health conditions among children under age 18, by selected characteristics: United States, average annual, selected years 1997–1999 through 2010–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#041>.

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

-- Data not available.

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

¹Based on parent or knowledgeable adult responding to both questions, “Has a doctor or other health professional ever told you that your child had asthma?” and “Does your child still have asthma?”

²Based on parent or knowledgeable adult responding to both questions, “Has a doctor or other health professional ever told you that your child had asthma?” and “During the past 12 months, did your child have an episode of asthma or an asthma attack?”

³Includes all other races not shown separately and unknown health insurance status.

⁴The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Prior to 1999, data were tabulated according to the 1977 Standards with four racial groups, and the Asian only category included Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁵Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed for 1997 and beyond. See [Appendix II, Family income; Poverty; Table VI](#).

⁶Health insurance categories are mutually exclusive. Persons who reported both Medicaid and private coverage are classified as having private coverage. Starting with 1997 data, state-sponsored health plan coverage is included as Medicaid coverage. Starting with 1999 data, coverage by the Children’s Health Insurance Program (CHIP) is included as Medicaid coverage. In addition to private and Medicaid, the insured category also includes military, other government, and Medicare coverage. Persons not covered by private insurance, Medicaid, CHIP, state-sponsored or other government-sponsored health plans, Medicare, or military plans are considered to have no health insurance coverage. Persons with only Indian Health Service coverage are considered to have no health insurance coverage. See [Appendix II, Health insurance coverage](#).

⁷Based on parent or knowledgeable adult responding to the question, “Has a doctor or health professional ever told you that your child had attention deficit hyperactivity disorder (ADHD) or attention deficit disorder (ADD)?”

⁸Based on parent or knowledgeable adult responding to the question, “Overall, do you think that [child] has difficulties in any of the following areas: emotions, concentration, behavior, or being able to get along with other people?”

⁹Based on parent or knowledgeable adult responding to the question, “During the past 12 months, has your child had any kind of food or digestive allergy?”

¹⁰Based on parent or knowledgeable adult responding to the question, “During the past 12 months, has your child had any eczema or any kind of skin allergy?”

¹¹Based on parent or knowledgeable adult responding to the questions, “During the past 12 months, has your child had hay fever?” or to the question, “During the past 12 months, has your child had any kind of respiratory allergy?”

¹²Based on parent or knowledgeable adult responding to the question, “During the past 12 months, has your child had three or more ear infections?”

NOTES: Answers to questions are supplied by the parents or a knowledgeable adult in the family. Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Health Interview Survey, family core and sample child questionnaires. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 42 (page 1 of 4). Age-adjusted cancer incidence rates for selected cancer sites, by sex, race, and Hispanic origin: United States, selected geographic areas, selected years 1990–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#042>.

[Data are based on the Surveillance, Epidemiology, and End Results (SEER) Program's 13 population-based cancer registries]

Site, sex, race, and Hispanic origin	1990	1995	2000	2002	2003	2005	2008	2009	2010	1990–2010 APC ¹
All sites										
Number of new cases per 100,000 population ²										
All persons	475.7	471.1	474.6	473.7	462.7	459.7	459.8	456.8	443.1	†–0.4
White	483.4	477.8	486.1	484.8	474.1	472.6	472.0	468.3	453.8	†–0.3
Black or African American	513.3	535.7	520.2	520.2	509.2	498.8	496.1	493.7	470.8	†–0.6
American Indian or Alaska Native ³	347.0	367.9	362.1	354.6	376.2	401.6	383.2	385.8	390.2	†0.3
Asian or Pacific Islander	334.2	337.3	337.1	342.5	330.5	326.8	325.7	320.7	313.8	†–0.4
Hispanic or Latino ⁴	357.4	360.1	362.0	373.0	360.2	366.9	359.1	355.5	341.1	†–0.2
White, not Hispanic or Latino ⁴	495.1	491.5	503.8	502.1	492.1	490.5	492.0	488.9	474.6	†–0.2
Male	584.0	564.4	564.8	557.8	545.0	533.6	528.5	520.2	502.6	†–0.9
White	591.1	563.8	570.0	563.9	550.7	542.8	535.8	526.9	508.3	†–0.8
Black or African American	686.4	737.1	700.0	683.9	663.0	627.8	631.4	614.5	578.3	†–1.3
American Indian or Alaska Native ³	393.8	420.7	371.7	379.4	439.1	423.9	422.5	429.0	430.7	–0.1
Asian or Pacific Islander	385.1	395.8	394.9	385.6	382.7	366.3	354.6	345.2	334.8	†–0.9
Hispanic or Latino ⁴	416.1	439.1	434.6	441.4	422.7	425.9	410.8	407.6	386.6	†–0.5
White, not Hispanic or Latino ⁴	606.7	577.8	589.1	581.7	569.3	560.8	556.7	547.4	529.3	†–0.7
Female	411.4	410.4	413.6	416.7	406.6	408.8	411.5	412.3	401.1	–0.1
White	421.5	423.6	430.5	431.8	422.4	424.7	427.6	427.4	415.6	0.0
Black or African American	404.7	401.0	399.2	411.1	405.9	411.7	403.4	411.9	396.2	0.0
American Indian or Alaska Native ³	315.6	334.3	361.7	335.3	335.3	386.3	361.4	360.2	367.6	†0.7
Asian or Pacific Islander	294.2	294.3	297.3	315.6	296.4	302.0	308.9	307.8	303.0	0.1
Hispanic or Latina ⁴	326.1	312.1	319.3	331.3	322.2	330.2	327.6	322.9	314.0	0.0
White, not Hispanic or Latina ⁴	430.4	436.8	446.2	448.0	439.4	441.8	446.1	447.5	435.4	0.1
Lung and bronchus										
Male	95.0	86.9	77.8	75.7	75.5	71.5	67.2	66.0	62.0	†–2.0
White	94.2	85.0	76.4	75.0	74.4	70.9	66.1	65.2	61.9	†–1.9
Black or African American	133.9	136.7	110.7	109.1	111.1	97.6	95.4	94.5	80.6	†–2.4
American Indian or Alaska Native ³	74.8	82.8	62.6	46.2	72.6	67.4	69.5	62.0	58.6	–0.8
Asian or Pacific Islander	64.2	60.0	63.3	57.6	58.2	57.7	55.3	51.9	49.3	†–1.1
Hispanic or Latino ⁴	59.3	52.2	45.4	49.0	46.6	44.1	39.9	38.5	33.8	†–1.9
White, not Hispanic or Latino ⁴	97.4	88.5	80.3	78.5	78.0	74.7	70.0	69.2	66.2	†–1.8
Female	47.2	49.3	48.6	49.4	49.8	49.9	47.7	48.0	45.2	–0.1
White	48.5	51.8	50.8	51.6	52.4	51.9	50.3	50.1	47.3	0.0
Black or African American	52.9	49.7	54.7	55.1	54.7	57.9	53.0	54.9	51.4	0.2
American Indian or Alaska Native ³	30.4	46.1	38.5	39.9	41.4	45.5	44.6	34.8	36.4	1.3
Asian or Pacific Islander	28.3	27.2	27.1	29.2	28.8	30.5	27.1	30.4	28.4	0.2
Hispanic or Latina ⁴	26.4	25.0	24.0	25.3	25.4	24.2	25.0	26.0	24.2	–0.3
White, not Hispanic or Latina ⁴	50.8	54.9	54.5	55.5	56.5	56.3	54.6	54.3	51.2	0.1
Colon and rectum										
Male	72.3	63.2	62.6	60.1	58.4	54.6	51.6	48.9	46.5	†–1.9
White	73.0	62.5	62.2	59.0	57.2	54.2	50.6	47.5	44.8	†–2.1
Black or African American	72.7	74.7	72.6	72.3	75.6	66.2	65.7	60.7	57.2	†–1.1
American Indian or Alaska Native ³	61.9	65.2	48.0	49.4	68.6	65.6	48.0	64.7	64.0	–0.3
Asian or Pacific Islander	60.8	58.2	57.3	58.3	52.7	46.9	46.2	45.9	44.7	†–1.5
Hispanic or Latino ⁴	47.3	45.7	50.4	45.9	47.3	47.2	47.3	45.7	41.6	†–0.5
White, not Hispanic or Latino ⁴	75.1	64.0	63.5	60.3	58.3	55.0	50.9	47.5	45.5	†–2.2
Female	50.2	45.9	46.1	45.1	43.5	41.4	39.7	37.9	35.7	†–1.4
White	49.8	45.5	45.6	44.1	43.0	40.3	39.0	36.6	34.2	†–1.5
Black or African American	61.1	54.7	57.9	56.0	55.2	53.8	48.4	50.1	45.3	†–0.9
American Indian or Alaska Native ³	45.8	47.9	39.1	50.3	44.5	48.3	46.2	43.9	41.0	–0.2
Asian or Pacific Islander	37.6	38.5	37.3	41.5	36.3	36.7	35.0	34.1	33.3	†–0.9
Hispanic or Latina ⁴	34.9	32.1	34.1	32.2	34.9	33.9	32.5	31.5	30.6	–0.3
White, not Hispanic or Latina ⁴	50.9	46.7	46.8	45.6	43.8	41.3	40.0	37.3	34.7	†–1.5
Prostate										
Male	166.9	166.4	178.8	177.7	165.2	153.7	152.5	148.7	140.1	†–1.5
White	168.5	161.4	174.9	174.6	161.5	149.7	148.2	143.6	135.0	†–1.6
Black or African American	218.9	276.5	288.3	278.1	251.3	238.6	235.0	231.4	210.9	†–1.5
American Indian or Alaska Native ³	99.5	92.5	69.6	93.0	110.3	92.7	81.9	91.2	81.9	†–1.5
Asian or Pacific Islander	88.3	103.8	106.6	102.4	103.5	94.2	85.9	82.3	75.6	†–1.4
Hispanic or Latino ⁴	118.6	140.2	149.6	151.5	138.7	132.3	125.2	122.0	113.1	†–1.0
White, not Hispanic or Latino ⁴	172.2	163.8	178.8	177.8	165.1	152.3	152.6	147.9	139.1	†–1.6

See footnotes at end of table.

Table 42 (page 2 of 4). Age-adjusted cancer incidence rates for selected cancer sites, by sex, race, and Hispanic origin: United States, selected geographic areas, selected years 1990–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#042>.

[Data are based on the Surveillance, Epidemiology, and End Results (SEER) Program's 13 population-based cancer registries]

Site, sex, race, and Hispanic origin	1990	1995	2000	2002	2003	2005	2008	2009	2010	1990–2010 APC ¹
Breast										
Number of new cases per 100,000 population ²										
Female	129.4	130.9	134.1	132.7	124.0	124.2	125.8	127.1	122.4	†–0.3
White	134.3	136.5	140.9	138.9	129.2	129.8	129.8	131.8	126.6	†–0.3
Black or African American	116.9	122.3	120.6	122.5	122.3	118.1	124.2	126.8	121.2	†0.2
American Indian or Alaska Native ³	69.6	94.2	99.1	80.1	93.0	104.5	88.1	97.2	90.5	0.3
Asian or Pacific Islander	87.5	86.8	93.6	99.4	90.6	93.0	100.6	97.5	97.8	†0.6
Hispanic or Latina ⁴	92.0	90.3	97.3	94.4	88.2	93.3	93.2	90.7	85.5	–0.1
White, not Hispanic or Latina ⁴	138.5	141.9	147.2	145.9	135.8	136.5	136.5	139.8	135.0	–0.2
Cervix uteri										
Female	11.9	9.9	8.9	8.4	8.2	7.9	7.6	7.4	7.1	†–2.5
White	11.2	9.2	8.9	8.3	7.9	7.8	7.5	7.4	7.1	†–2.1
Black or African American	16.5	14.8	10.6	10.0	10.7	9.2	9.2	7.9	8.3	†–3.7
American Indian or Alaska Native ³	14.7	*	*	*	*	10.7	9.1	10.6	8.3	†–2.2
Asian or Pacific Islander	12.1	11.0	7.9	8.2	8.1	7.7	6.2	6.6	6.3	†–4.0
Hispanic or Latina ⁴	21.4	17.4	17.1	14.6	14.1	13.7	11.8	10.1	10.3	†–3.7
White, not Hispanic or Latina ⁴	9.7	7.8	7.1	6.9	6.5	6.4	6.4	6.6	6.1	†–2.1
Corpus and uterus, not otherwise specified										
Female	24.7	24.9	23.9	24.0	23.6	24.1	25.2	26.5	26.6	0.2
White	26.4	26.4	25.6	24.8	25.0	25.4	26.3	27.4	27.4	0.0
Black or African American	16.9	17.7	17.2	22.1	20.2	21.4	23.8	25.3	24.4	†2.0
American Indian or Alaska Native ³	19.3	*	18.5	18.6	19.5	14.4	18.9	28.7	27.5	*
Asian or Pacific Islander	13.5	17.7	16.5	18.7	16.5	18.6	19.9	21.0	22.1	†1.7
Hispanic or Latina ⁴	18.1	16.6	16.2	17.8	18.1	19.4	19.3	21.0	20.3	†1.0
White, not Hispanic or Latina ⁴	27.0	27.5	26.8	25.8	25.9	26.2	27.3	28.3	28.3	0.0
Ovary										
Female	15.6	14.5	14.2	13.9	13.5	13.1	12.9	12.6	12.3	†–1.0
White	16.4	15.4	15.1	14.7	14.3	13.9	13.7	13.4	13.2	†–1.0
Black or African American	11.3	10.8	10.7	9.8	11.5	10.6	9.9	10.0	8.9	–0.5
American Indian or Alaska Native ³	21.9	*	18.9	*	13.4	12.2	11.1	16.1	11.8	*
Asian or Pacific Islander	11.2	10.4	10.1	12.0	10.1	10.7	9.9	9.4	9.4	–0.5
Hispanic or Latina ⁴	12.3	11.7	10.9	14.0	12.0	11.9	12.3	10.3	11.7	–0.4
White, not Hispanic or Latina ⁴	16.7	15.9	15.6	14.7	14.6	14.1	13.9	13.8	13.2	†–1.0
Oral cavity and pharynx										
Male	18.5	16.5	15.8	15.7	15.2	15.1	15.8	15.8	15.3	†–0.9
White	18.0	16.3	15.7	15.9	15.3	15.5	16.3	16.4	15.8	†–0.6
Black or African American	25.4	22.3	19.3	17.9	17.4	15.7	14.3	14.8	13.3	†–2.9
American Indian or Alaska Native ³	*	*	*	*	15.7	10.4	*	10.0	21.1	*
Asian or Pacific Islander	14.9	11.8	13.2	12.8	11.6	11.3	12.6	11.5	11.4	†–1.1
Hispanic or Latino ⁴	10.7	12.3	9.0	9.5	8.9	9.7	10.3	11.2	8.6	†–0.9
White, not Hispanic or Latino ⁴	18.8	16.9	16.7	16.9	16.3	16.4	17.5	17.5	17.2	†–0.4
Female	7.3	7.0	6.2	6.5	5.9	6.1	6.3	6.1	6.0	†–1.0
White	7.4	7.1	6.2	6.5	5.9	6.0	6.4	6.1	6.2	†–1.0
Black or African American	6.4	6.6	5.4	6.3	6.7	6.9	5.0	6.1	5.2	†–1.2
American Indian or Alaska Native ³	*	*	*	*	*	*	*	*	*	*
Asian or Pacific Islander	6.1	5.2	6.1	6.0	5.1	5.8	5.7	4.7	5.1	†–1.0
Hispanic or Latina ⁴	4.1	3.7	3.7	3.8	4.0	3.5	4.5	4.2	4.0	–0.4
White, not Hispanic or Latina ⁴	7.8	7.6	6.6	7.1	6.2	6.5	6.7	6.6	6.6	†–0.8
Stomach										
Male	14.6	13.5	12.6	12.0	11.7	11.4	10.6	11.3	10.3	†–1.7
White	12.8	11.9	10.7	10.4	10.1	9.6	9.3	9.9	9.2	†–1.7
Black or African American	21.4	18.6	18.4	15.8	18.5	17.4	16.6	15.3	13.0	†–2.2
American Indian or Alaska Native ³	*	24.1	20.2	25.3	*	20.8	12.7	16.6	19.2	–0.5
Asian or Pacific Islander	26.8	24.5	22.8	20.4	19.1	20.1	15.6	17.2	14.8	†–2.8
Hispanic or Latino ⁴	20.2	19.3	16.1	16.4	16.2	15.5	16.0	16.1	14.7	†–1.5
White, not Hispanic or Latino ⁴	12.1	11.1	10.0	9.6	9.2	8.7	8.2	8.8	8.2	†–2.0

See footnotes at end of table.

Table 42 (page 3 of 4). Age-adjusted cancer incidence rates for selected cancer sites, by sex, race, and Hispanic origin: United States, selected geographic areas, selected years 1990–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#042>.

[Data are based on the Surveillance, Epidemiology, and End Results (SEER) Program's 13 population-based cancer registries]

Site, sex, race, and Hispanic origin	1990	1995	2000	2002	2003	2005	2008	2009	2010	1990–2010 APC ¹
Stomach										
Number of new cases per 100,000 population ²										
Female	6.7	6.2	6.1	6.2	6.0	5.7	5.6	5.7	5.6	†–0.9
White	5.7	5.1	5.0	5.1	5.0	4.7	4.6	4.5	4.7	†–1.0
Black or African American	9.9	9.8	8.6	9.9	9.5	8.1	8.1	8.8	8.3	†–1.1
American Indian or Alaska Native ³	*	*	*	17.2	*	*	*	9.9	13.0	*
Asian or Pacific Islander	15.4	13.0	13.0	11.3	11.1	10.3	9.8	10.7	8.7	†–2.6
Hispanic or Latina ⁴	10.8	11.3	10.9	10.8	10.4	10.4	8.6	8.3	9.2	†–1.0
White, not Hispanic or Latina ⁴	5.1	4.4	4.2	4.2	4.1	3.7	3.7	3.7	3.6	†–1.7
Pancreas										
Male	13.0	12.7	12.8	12.8	12.5	13.6	14.0	14.0	13.5	†0.5
White	12.7	12.4	12.6	13.0	12.4	13.4	13.8	14.1	13.3	†0.6
Black or African American	19.3	19.1	18.1	13.7	17.2	18.1	18.5	18.8	18.5	–0.3
American Indian or Alaska Native ³	*	*	*	*	*	21.2	16.0	13.7	17.2	*
Asian or Pacific Islander	11.0	10.3	10.7	9.8	10.1	11.7	11.6	10.4	11.1	–0.1
Hispanic or Latino ⁴	10.7	12.0	12.2	10.9	10.0	12.2	11.6	13.4	11.3	†0.9
White, not Hispanic or Latino ⁴	12.8	12.4	12.7	13.3	12.7	13.5	14.1	14.2	13.5	†0.6
Female	10.0	9.9	9.9	10.5	10.3	10.8	10.9	11.2	11.1	†0.6
White	9.7	9.6	9.6	10.1	10.2	10.6	10.6	11.0	10.7	†0.6
Black or African American	12.9	15.5	12.7	15.8	14.4	16.4	15.2	14.5	14.9	–0.1
American Indian or Alaska Native ³	*	*	20.4	*	*	12.4	12.6	11.4	12.0	*
Asian or Pacific Islander	9.9	8.1	9.2	8.9	8.1	8.0	9.1	9.5	10.2	†0.9
Hispanic or Latina ⁴	9.9	8.9	9.3	11.0	9.0	11.6	9.9	10.1	10.1	0.3
White, not Hispanic or Latina ⁴	9.7	9.7	9.6	10.1	10.4	10.5	10.8	11.3	10.8	†0.7
Urinary bladder										
Male	37.2	35.4	36.8	35.8	36.9	37.0	35.5	34.9	35.5	–0.1
White	40.7	38.9	40.8	39.4	40.8	40.9	39.1	38.3	39.5	–0.1
Black or African American	19.5	19.3	20.2	20.5	22.8	22.8	22.6	21.9	21.8	†0.5
American Indian or Alaska Native ³	*	*	*	*	*	16.8	21.7	20.2	13.0	*
Asian or Pacific Islander	15.4	16.6	16.6	19.4	17.8	17.0	17.8	17.2	16.9	†0.8
Hispanic or Latino ⁴	22.1	17.8	20.4	21.1	20.1	20.0	17.3	19.0	18.0	–0.3
White, not Hispanic or Latino ⁴	42.4	41.0	43.2	41.7	43.4	43.6	42.2	41.2	42.7	0.1
Female	9.5	9.3	9.1	9.1	9.2	9.0	8.8	8.4	8.5	†–0.5
White	10.0	10.1	10.0	10.1	10.0	9.7	9.7	9.1	9.3	†–0.3
Black or African American	8.6	7.2	7.7	8.5	7.7	7.8	6.4	6.8	6.9	–0.4
American Indian or Alaska Native ³	*	*	*	*	*	*	*	*	*	*
Asian or Pacific Islander	5.3	4.4	4.1	3.2	4.9	5.1	4.9	3.8	4.6	–0.2
Hispanic or Latina ⁴	6.0	5.3	5.7	6.5	4.6	6.3	5.6	4.9	4.4	–0.6
White, not Hispanic or Latina ⁴	10.3	10.6	10.5	10.6	10.8	10.2	10.4	9.9	10.2	–0.1
Non-Hodgkin lymphoma										
Male	22.6	25.1	23.5	23.8	24.2	24.6	24.6	24.7	25.0	†0.3
White	23.6	26.2	25.0	25.1	25.7	25.9	26.0	26.1	26.1	†0.3
Black or African American	17.4	21.5	17.5	18.0	19.2	19.5	18.3	18.9	21.0	0.2
American Indian or Alaska Native ³	*	*	15.3	16.6	*	23.2	13.7	20.3	18.1	*
Asian or Pacific Islander	16.7	16.5	15.9	16.3	16.2	17.8	17.6	17.1	16.9	0.1
Hispanic or Latino ⁴	17.3	21.0	20.4	20.5	19.5	19.9	21.0	19.9	22.3	†0.6
White, not Hispanic or Latino ⁴	24.3	26.7	25.5	25.7	26.5	26.9	26.8	27.2	26.7	†0.4
Female	14.5	15.2	16.0	16.5	17.2	16.4	16.5	16.8	16.8	†0.8
White	15.4	16.0	16.9	17.5	18.0	17.7	17.3	17.9	17.8	†0.9
Black or African American	10.3	10.2	11.7	11.8	13.2	13.1	13.1	11.9	12.4	†1.5
American Indian or Alaska Native ³	*	*	13.5	*	*	13.1	12.1	15.6	12.5	*
Asian or Pacific Islander	9.1	11.8	11.4	12.2	12.6	9.5	12.2	11.6	11.7	0.6
Hispanic or Latina ⁴	13.9	13.3	13.7	14.0	15.6	15.3	14.8	17.3	15.5	†1.1
White, not Hispanic or Latina ⁴	15.6	16.2	17.3	18.0	18.4	18.0	17.7	18.0	18.1	†0.9

See footnotes at end of table.

Table 42 (page 4 of 4). Age-adjusted cancer incidence rates for selected cancer sites, by sex, race, and Hispanic origin: United States, selected geographic areas, selected years 1990–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#042>.

[Data are based on the Surveillance, Epidemiology, and End Results (SEER) Program's 13 population-based cancer registries]

Site, sex, race, and Hispanic origin	1990	1995	2000	2002	2003	2005	2008	2009	2010	1990–2010 APC [†]
Leukemia										
Number of new cases per 100,000 population ²										
Male	17.1	17.6	17.0	17.0	17.2	17.1	17.0	16.7	17.0	–0.1
White	18.0	19.0	18.1	18.4	18.3	18.6	18.1	17.8	18.3	0.0
Black or African American	16.0	13.3	14.1	12.6	14.4	12.4	13.9	14.1	12.5	–0.2
American Indian or Alaska Native ³	*	*	*	7.9	*	12.3	14.1	*	*	*
Asian or Pacific Islander	8.5	10.0	10.4	9.3	10.3	9.0	9.7	9.4	9.7	–0.3
Hispanic or Latino ⁴	12.2	14.6	12.9	12.3	12.3	13.1	12.3	12.2	12.3	0.2
White, not Hispanic or Latino ⁴	18.3	19.3	18.6	19.0	18.9	19.0	18.6	18.4	18.8	0.1
Female	9.9	10.2	10.3	10.0	10.0	9.9	10.5	9.9	10.1	0.1
White	10.3	10.9	11.0	10.8	10.6	10.4	11.1	10.4	10.7	0.2
Black or African American	8.5	8.2	9.7	7.4	9.0	9.3	7.8	7.6	8.6	–0.3
American Indian or Alaska Native ³	*	*	*	*	*	*	10.7	*	7.7	*
Asian or Pacific Islander	5.7	6.3	6.3	6.3	6.4	6.3	6.9	6.7	5.6	–0.1
Hispanic or Latina ⁴	8.6	8.2	7.8	8.6	7.2	8.4	9.4	8.2	8.6	0.3
White, not Hispanic or Latina ⁴	10.3	11.1	11.0	10.8	11.0	10.5	11.1	10.5	11.0	†0.3

[†] Annual percent change (APC) is significantly different from zero ($p < 0.05$).

0.0 APC is greater than –0.05 but less than 0.05.

* Estimates are considered unreliable. Data not shown if the rate is based on fewer than 16 cases for the time interval. The trend is not shown if it is based on fewer than 10 cases for at least 1 year within the time interval.

¹ APC was calculated by fitting a linear regression model to the natural logarithm of the yearly rates from 1990–2010.

² Age-adjusted by 5-year age groups to the year 2000 U.S. standard population. Age-adjusted rates are based on at least 16 cases. See [Appendix II, Age adjustment](#).

³ Starting with *Health, United States, 2007*, estimates for the American Indian or Alaska Native populations are based on the Contract Health Service Delivery Area (CHSDA) counties within SEER areas.

⁴ Starting with *Health, United States, 2007*, Hispanic data exclude cases from Alaska. The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. The North American Association of Central Cancer Registries (NAACCR) Hispanic Identification Algorithm was used on a combination of variables to classify cases as Hispanic for analytic purposes. See the report, NAACCR Guideline for Enhancing Hispanic-Latino Identification, for more information. Available from: http://seer.cancer.gov/seerstat/variables/seer/yr1973_2006/race_ethnicity/. See [Appendix II, Hispanic origin](#).

NOTES: See [Appendix II, Incidence](#). Estimates are based on 13 SEER areas (November 2012 submission) and differ from published estimates based on 9 SEER areas or other submission dates. See [Appendix I, Surveillance, Epidemiology, and End Results Program \(SEER\)](#). The site variable distinguishes Kaposi Sarcoma and Mesothelioma as individual cancer sites. As a result, Kaposi Sarcoma and Mesothelioma cases do not contribute to other cancer sites. Estimates for 2001–2009 were computed using intercensal population estimates based on the 2000 and 2010 censuses. Data have been revised and differ from previous editions of *Health, United States*. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. Available from: <http://www.seer.cancer.gov>. See [Appendix I, Surveillance, Epidemiology, and End Results Program \(SEER\)](#).

Table 43. Five-year relative cancer survival rates for selected cancer sites, by race and sex: United States, selected geographic areas, selected years 1975–1977 through 2003–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#043>.

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

Sex and site	White					Black or African American				
	1975–1977	1981–1983	1987–1989	1999–2002	2003–2009	1975–1977	1981–1983	1987–1989	1999–2002	2003–2009
Both sexes						Percent of patients				
All sites	49.8	51.3	56.6	67.5	69.2	39.0	38.8	42.9	58.1	60.8
Oral cavity and pharynx	54.0	54.0	55.9	62.6	67.3	35.8	30.9	33.9	43.9	45.7
Esophagus	5.5	7.3	10.5	18.7	20.4	3.5	4.3	6.6	11.7	13.8
Stomach	14.1	16.2	18.3	23.1	27.7	16.1	16.4	18.8	24.2	29.0
Colon	50.9	55.4	60.6	66.4	66.6	44.7	48.6	52.2	53.6	55.6
Rectum	48.2	52.0	58.6	67.6	68.1	44.4	39.9	52.3	60.0	61.7
Pancreas	2.5	2.6	3.2	5.3	6.5	2.3	3.6	5.5	5.0	5.5
Lung and bronchus	12.2	13.3	13.3	15.6	18.0	11.3	11.4	10.9	12.4	14.2
Urinary bladder	73.2	77.4	79.8	81.1	80.5	50.3	59.5	62.6	66.0	63.7
Non-Hodgkin lymphoma	46.8	50.8	51.3	66.3	72.3	48.4	49.4	46.1	57.2	63.5
Leukemia	34.6	38.1	43.9	52.7	60.0	33.1	33.9	35.0	44.6	53.2
Male										
All sites	42.7	46.5	52.8	67.9	69.9	32.7	34.1	38.8	61.7	64.4
Oral cavity and pharynx	53.7	52.8	54.0	62.5	67.3	29.7	25.3	29.8	38.7	42.9
Esophagus	4.8	6.5	11.0	18.6	20.6	2.0	3.7	5.3	9.9	12.6
Stomach	13.1	15.4	15.5	21.5	26.1	16.1	16.2	16.6	23.9	24.9
Colon	50.5	56.1	61.4	67.0	67.5	43.9	44.8	50.6	54.7	54.2
Rectum	47.3	50.9	58.8	67.3	68.8	41.4	37.7	47.7	60.4	57.4
Pancreas	2.6	2.1	3.1	5.7	6.1	2.5	3.7	5.1	3.3	6.0
Lung and bronchus	11.1	11.7	12.0	13.5	15.7	10.6	10.2	10.8	10.8	13.0
Prostate gland	68.5	73.1	84.4	99.7	99.8	60.6	62.7	71.2	97.4	98.0
Urinary bladder	74.3	78.5	81.9	82.0	82.0	56.5	64.9	67.5	70.2	68.6
Non-Hodgkin lymphoma	46.3	50.5	48.1	64.3	71.5	42.6	49.0	41.7	52.2	58.8
Leukemia	33.6	37.8	45.5	53.2	60.6	30.0	33.4	32.7	46.6	55.7
Female										
All sites	56.5	56.0	60.6	67.1	68.4	46.2	44.3	47.7	54.0	56.9
Colon	51.2	54.8	59.9	65.8	65.8	45.3	51.5	53.6	52.8	56.7
Rectum	49.4	53.2	58.3	67.9	67.2	46.8	42.2	56.9	59.2	66.1
Pancreas	2.3	3.0	3.3	4.9	6.9	1.9	3.2	5.8	6.5	5.1
Lung and bronchus	15.4	16.5	15.3	18.2	20.4	13.7	14.9	11.1	14.7	15.6
Melanoma of skin	86.2	87.1	91.2	95.0	95.1	*	*	89.5	72.7	79.4
Breast	75.6	77.1	85.1	91.1	91.7	62.1	63.3	71.2	78.2	79.1
Cervix uteri	69.7	67.7	72.5	72.8	70.5	64.4	59.2	57.1	65.0	62.7
Corpus and uterus, not otherwise specified	88.0	82.1	83.9	85.9	85.5	60.2	50.6	57.0	61.4	63.7
Ovary	35.3	38.5	38.1	43.0	43.9	41.8	37.5	33.6	36.2	35.9
Non-Hodgkin lymphoma	47.4	51.1	55.3	68.7	73.3	54.8	49.8	51.2	62.9	68.9

* Data for population groups with fewer than 25 cases are not shown because estimates are considered unreliable.

NOTES: Rates are based on follow-up of patients through 2010. The rate is the ratio of the observed survival rate for the patient group to the expected survival rate for persons in the general population similar to the patient group with respect to age, sex, race, and calendar year of observation. It estimates the chance of surviving the effects of cancer. The site variable distinguishes Kaposi Sarcoma and Mesothelioma as individual cancer sites. As a result, Kaposi Sarcoma and Mesothelioma cases are excluded from each of the sites shown except all sites combined. The race groups, white and black, include persons of Hispanic and non-Hispanic origin. Due to death certificate race-ethnicity classification and other methodological issues related to developing life tables, survival rates for race-ethnicity groups other than white and black are not calculated. Data have been revised and differ from previous editions of *Health, United States*. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. Available from: <http://www.seer.cancer.gov>. See [Appendix I, Surveillance, Epidemiology, and End Results Program \(SEER\)](#).

Table 44 (page 1 of 3). Respondent-reported prevalence of heart disease, cancer, and stroke among adults aged 18 and over, by selected characteristics: United States, average annual, selected years 1997–1998 through 2011–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#044>.

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

Characteristic	Heart disease ¹				Cancer ²				Stroke ³			
	1997–1998	2001–2002	2009–2010	2011–2012	1997–1998	2001–2002	2009–2010	2011–2012	1997–1998	2001–2002	2009–2010	2011–2012
	Percent of adults											
18 years and over, age-adjusted ^{4,5}	12.0	11.5	11.4	10.8	4.9	5.3	6.0	5.9	2.3	2.4	2.6	2.5
18 years and over, crude ⁵	11.6	11.3	11.8	11.4	4.8	5.2	6.3	6.2	2.2	2.4	2.7	2.7
Age												
18–44 years	4.6	4.3	4.4	3.7	1.7	1.7	1.6	1.6	0.4	0.4	0.6	0.5
18–24 years	3.2	3.3	3.4	2.6	0.8	0.8	0.7	*0.7	*	*	*	*
25–44 years	5.0	4.6	4.8	4.0	2.0	2.1	2.0	1.9	0.4	0.5	0.7	0.7
45–64 years	13.5	12.9	13.1	12.5	5.4	5.7	7.1	6.5	2.3	2.4	2.8	2.8
45–54 years	10.9	10.0	10.1	9.2	4.0	4.2	5.3	4.4	1.4	1.8	1.9	2.1
55–64 years	17.4	17.4	17.0	16.2	7.4	7.9	9.3	8.9	3.8	3.3	3.8	3.7
65 years and over	31.8	31.3	30.4	30.3	14.1	15.6	18.1	18.5	8.1	8.8	8.6	8.3
65–74 years	27.8	26.6	25.1	25.5	12.4	13.9	16.1	16.2	6.7	6.6	6.3	6.4
75 years and over	37.0	36.8	37.0	36.4	16.2	17.6	20.5	21.5	9.8	11.2	11.4	10.6
Sex ⁴												
Male	12.3	12.4	12.8	12.1	4.1	4.7	5.5	5.3	2.6	2.6	2.7	2.5
Female	11.8	10.8	10.3	9.7	5.8	6.0	6.6	6.5	2.1	2.3	2.6	2.6
Sex and age												
Male:												
18–44 years	3.7	3.6	4.3	3.6	0.8	0.7	0.8	0.8	0.3	0.4	0.5	0.6
45–54 years	11.0	10.1	10.4	9.6	2.0	2.2	3.3	2.9	1.2	1.9	1.6	1.9
55–64 years	18.7	19.9	19.0	18.5	5.8	6.5	7.8	7.0	4.6	3.5	4.1	3.5
65–74 years	32.0	31.9	30.8	30.7	12.8	16.1	17.6	17.3	8.1	7.2	6.9	6.4
75 years and over	40.8	43.6	45.3	43.5	18.3	20.8	24.8	24.7	11.2	12.6	12.1	10.3
Female:												
18–44 years	5.5	4.9	4.5	3.8	2.6	2.7	2.4	2.3	0.4	0.5	0.6	0.5
45–54 years	10.8	9.9	9.8	8.9	6.0	6.1	7.3	5.8	1.5	1.6	2.3	2.3
55–64 years	16.2	15.2	15.1	14.1	8.8	9.1	10.7	10.7	3.2	3.2	3.5	3.8
65–74 years	24.5	22.2	20.2	21.0	12.1	12.1	14.9	15.2	5.5	6.1	5.7	6.4
75 years and over	34.6	32.6	31.3	31.5	14.9	15.5	17.6	19.3	9.0	10.4	10.9	10.8
Race ^{4,6}												
White only	12.2	11.7	11.6	10.8	5.2	5.6	6.3	6.1	2.2	2.3	2.5	2.3
Black or African American only	11.4	10.6	11.0	10.7	3.5	3.3	4.7	4.9	3.3	3.3	3.9	4.1
American Indian or Alaska Native only	18.6	11.4	10.3	12.1	*6.5	*	7.0	*	*5.0	*	*	*4.3
Asian only	6.9	8.8	6.7	7.0	2.4	*1.6	2.9	3.7	*1.2	*3.1	1.6	2.3
Native Hawaiian or Other Pacific Islander only	---	*	*	*	---	*	*	*	---	*	*	*
2 or more races	---	16.5	15.5	16.8	---	7.1	9.8	7.5	---	*4.9	*3.3	5.1
Hispanic origin and race ^{4,6}												
Hispanic or Latino	8.7	8.0	8.3	8.2	2.9	2.9	3.4	3.3	2.1	2.5	2.3	2.7
Mexican	7.5	7.8	8.4	8.1	3.0	2.9	3.2	2.9	2.5	2.7	2.4	2.7
Not Hispanic or Latino	12.2	11.8	11.8	11.1	5.1	5.5	6.3	6.2	2.3	2.4	2.6	2.5
White only	12.5	12.1	12.1	11.3	5.4	5.9	6.7	6.5	2.2	2.3	2.5	2.2
Black or African American only	11.4	10.5	11.1	10.8	3.6	3.3	4.7	4.8	3.3	3.3	3.9	4.2
Education ^{7,8}												
No high school diploma or GED	15.1	14.3	14.5	13.9	5.3	5.4	5.9	5.4	3.9	3.8	4.2	4.5
High school diploma or GED	12.8	12.4	12.7	11.9	5.5	6.3	6.7	6.8	2.5	2.9	3.2	3.2
Some college or more	12.7	12.4	12.2	11.6	6.0	6.2	7.4	7.0	2.1	2.3	2.5	2.3

See footnotes at end of table.

Table 44 (page 2 of 3). Respondent-reported prevalence of heart disease, cancer, and stroke among adults aged 18 and over, by selected characteristics: United States, average annual, selected years 1997–1998 through 2011–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#044>.

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

Characteristic	Heart disease ¹				Cancer ²				Stroke ³			
	1997–1998	2001–2002	2009–2010	2011–2012	1997–1998	2001–2002	2009–2010	2011–2012	1997–1998	2001–2002	2009–2010	2011–2012
Percent of poverty level ^{4,9}												
Below 100%	15.3	14.4	14.5	13.3	4.9	5.4	5.4	5.8	4.3	3.7	4.4	4.6
100%–199%	13.2	12.4	12.8	11.9	4.8	5.0	6.1	5.3	3.1	3.3	3.5	3.6
200%–399%	11.5	11.3	11.3	10.7	4.9	5.6	5.9	5.9	2.1	2.4	2.6	2.4
400% or more	11.0	10.9	10.0	9.5	5.2	5.2	6.3	6.2	1.6	1.9	1.7	1.5
Hispanic origin and race and percent of poverty level ^{4,6,9}												
Hispanic or Latino:												
Below 100%	9.7	8.7	10.3	9.4	2.2	2.9	2.8	3.4	3.0	2.7	2.9	3.6
100%–199%	8.7	9.0	7.9	8.5	2.8	2.3	2.5	2.7	2.2	3.2	2.3	3.4
200%–399%	8.4	6.5	8.4	7.9	2.7	3.5	4.3	3.9	*1.8	2.0	2.0	2.4
400% or more	8.4	6.9	7.2	7.3	*5.5	*3.1	4.2	3.5	*	*	*2.6	*
Not Hispanic or Latino:												
White only:												
Below 100%	17.8	16.5	16.3	15.1	6.3	7.2	6.9	7.5	4.4	3.6	4.4	4.3
100%–199%	14.1	13.5	15.1	13.3	5.6	5.9	7.3	6.5	3.2	3.2	3.9	3.4
200%–399%	12.2	12.1	12.1	11.3	5.2	6.1	6.5	6.3	2.1	2.3	2.5	2.3
400% or more	11.3	11.3	10.5	9.9	5.4	5.5	6.6	6.6	1.6	1.8	1.7	1.5
Black or African American only:												
Below 100%	14.6	14.1	15.7	14.3	4.4	3.2	4.9	4.3	5.0	4.8	6.2	6.5
100%–199%	12.9	12.3	10.5	11.8	3.3	3.2	4.9	4.5	4.2	3.9	3.9	4.6
200%–399%	9.2	9.0	10.2	9.4	3.2	3.6	4.3	5.5	2.5	2.8	3.7	3.3
400% or more	9.5	8.0	8.7	8.7	4.0	*3.3	5.2	5.0	*	*	*2.6	2.8
Geographic region ⁴												
Northeast	11.6	10.9	10.8	9.8	4.5	5.0	5.9	5.7	1.8	2.1	2.1	1.9
Midwest	12.1	12.1	12.1	11.2	5.1	5.7	6.4	6.4	2.3	2.4	2.6	2.4
South	12.5	11.7	12.3	11.7	5.0	5.3	6.1	5.8	2.6	2.5	3.0	3.0
West	11.1	10.9	9.8	9.5	5.1	5.1	5.6	5.6	2.1	2.7	2.3	2.4
Location of residence ⁴												
Within MSA ¹⁰	11.7	11.2	11.2	10.4	4.9	5.1	5.9	5.7	2.2	2.4	2.4	2.4
Outside MSA ¹⁰	12.8	12.7	12.5	12.7	5.1	6.0	6.8	6.8	2.7	2.5	3.3	3.2

See footnotes at end of table.

Table 44 (page 3 of 3). Respondent-reported prevalence of heart disease, cancer, and stroke among adults aged 18 and over, by selected characteristics: United States, average annual, selected years 1997–1998 through 2011–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#044>.

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

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

- - - Data not available.

¹Heart disease is based on self-reported responses to questions about whether respondents had ever been told by a doctor or other health professional that they had coronary heart disease, angina (angina pectoris), a heart attack (myocardial infarction), or any other kind of heart disease or heart condition.

²Cancer is based on self-reported responses to a question about whether respondents had ever been told by a doctor or other health professional that they had cancer or a malignancy of any kind. Excludes squamous cell and basal cell carcinomas.

³Stroke is based on self-reported responses to a question about whether respondents had ever been told by a doctor or other health professional that they had a stroke.

⁴Estimates are age-adjusted to the year 2000 standard population using five age groups: 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. Age-adjusted estimates in this table may differ from other age-adjusted estimates based on the same data and presented elsewhere if different age groups are used in the adjustment procedure. See [Appendix II, Age adjustment](#).

⁵Includes all other races not shown separately and unknown education level.

⁶The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Prior to 1999, data were tabulated according to the 1977 Standards with four racial groups, and the Asian only category included Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁷Estimates are for persons aged 25 and over and are age-adjusted to the year 2000 standard population using five age groups: 25–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See [Appendix II, Age adjustment](#).

⁸GED is General Educational Development high school equivalency diploma. See [Appendix II, Education](#).

⁹Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed for 1997–1998 and beyond. See [Appendix II, Family income; Poverty; Table VI](#).

¹⁰MSA is metropolitan statistical area. Starting with 2006 data, MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2006, see [Appendix II, Metropolitan statistical area \(MSA\)](#) for the applicable standards.

NOTES: Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Health Interview Survey, family core and sample adult questionnaires. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 45 (page 1 of 2). Number of respondent-reported chronic conditions from 10 selected conditions among adults aged 18 and over, by selected characteristics: United States, selected years 2002–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#045>.

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

Characteristic	Number of respondent-reported chronic conditions from 10 selected conditions ¹											
	0–1 chronic conditions				2–3 chronic conditions				4 or more chronic conditions			
	2002	2005	2011	2012	2002	2005	2011	2012	2002	2005	2011	2012
	Percent distribution											
Total, age-adjusted ^{2,3}	78.5	77.4	75.8	76.5	17.9	18.7	19.6	19.1	3.6	3.9	4.7	4.3
Total, crude ²	78.5	77.0	74.1	74.6	17.9	19.0	20.9	20.7	3.6	4.0	5.0	4.7
Age												
18–64 years	85.1	84.0	81.7	82.2	12.9	13.9	15.4	15.1	2.0	2.2	2.8	2.7
18–44 years	93.3	93.0	92.3	93.0	6.2	6.4	7.0	6.5	0.5	0.6	0.7	0.5
18–24 years	96.4	96.6	96.9	96.6	3.5	3.3	2.8	3.3	*	*	*	*
25–44 years	92.3	91.7	90.6	91.6	7.1	7.5	8.5	7.7	0.7	0.8	0.8	0.7
45–64 years	71.4	70.2	67.2	67.7	24.2	25.2	27.0	26.6	4.4	4.6	5.8	5.7
45–54 years	78.4	77.8	75.9	75.3	18.6	19.3	20.7	21.1	3.1	2.9	3.4	3.6
55–64 years	60.9	59.6	57.0	58.9	32.7	33.4	34.4	33.1	6.4	7.0	8.5	8.0
65 years and over	44.6	40.7	37.1	39.2	43.4	46.0	47.2	46.7	12.0	13.3	15.7	14.1
65–74 years	47.6	44.3	38.7	42.4	41.4	43.7	46.5	45.4	11.0	12.0	14.8	12.2
75 years and over	41.1	36.7	35.0	35.0	45.8	48.6	48.0	48.4	13.2	14.7	16.9	16.6
Sex ³												
Male	79.7	78.9	76.6	77.5	16.5	17.6	19.0	18.1	3.8	3.5	4.5	4.4
Female	77.3	76.0	74.9	75.7	19.1	19.6	20.1	20.0	3.6	4.4	4.9	4.3
Race ^{3,4}												
White only	78.8	77.7	76.3	77.0	17.7	18.4	19.2	18.9	3.5	3.8	4.5	4.1
Black or African American only	74.3	73.3	70.1	71.7	21.3	22.1	23.4	22.6	4.4	4.6	6.5	5.8
American Indian or Alaska Native only	69.5	77.6	69.0	69.8	25.5	13.1	24.4	23.9	*	*9.3	*6.6	*6.3
Asian only	86.5	84.3	83.1	82.5	11.3	13.6	14.3	15.0	*	*2.1	2.6	2.4
Native Hawaiian or Other Pacific Islander only	*	*	*	*	*	*	*	*	*	*	*	*
2 or more races	72.3	67.1	69.6	69.7	20.2	23.9	21.8	20.5	*7.6	9.0	8.6	9.8
Hispanic origin and race ^{3,4}												
Hispanic or Latino	82.2	79.9	78.8	79.4	14.8	16.2	16.7	16.4	3.0	3.9	4.5	4.2
Mexican	81.8	79.8	79.2	80.0	15.0	16.4	16.9	16.2	3.2	3.8	3.9	3.8
Not Hispanic or Latino	78.0	77.0	75.3	76.0	18.3	19.0	20.0	19.6	3.7	4.0	4.7	4.3
White only	78.3	77.3	75.8	76.4	18.1	18.8	19.7	19.4	3.6	3.9	4.5	4.2
Black or African American only	74.3	73.1	69.9	71.4	21.3	22.3	23.6	22.8	4.4	4.6	6.5	5.8
Percent of poverty level ^{3,5}												
Below 100%	71.9	71.1	69.5	68.4	21.3	21.8	22.0	23.4	6.8	7.1	8.5	8.2
100%–199%	76.4	74.5	72.8	73.5	18.6	19.9	21.1	20.3	5.0	5.5	6.1	6.2
200%–399%	77.8	77.0	75.6	77.0	18.9	19.4	19.8	19.0	3.3	3.6	4.6	4.0
400% or more	81.2	80.3	79.0	80.0	15.9	16.9	18.0	17.3	2.8	2.8	3.0	2.7
Health insurance status at the time of interview ^{6,7}												
18–64 years:												
Insured	85.1	84.4	83.2	84.0	13.0	13.5	14.2	13.7	1.9	2.1	2.5	2.4
Private	86.9	86.5	86.0	86.8	11.8	12.3	12.6	11.9	1.2	1.2	1.4	1.3
Medicaid	69.2	69.2	69.9	70.2	22.3	22.5	21.7	21.5	8.5	8.3	8.4	8.3
Uninsured	87.5	87.0	85.9	85.6	10.7	11.2	12.5	12.7	1.8	1.9	1.6	1.7

See footnotes at end of table.

Table 45 (page 2 of 2). Number of respondent-reported chronic conditions from 10 selected conditions among adults aged 18 and over, by selected characteristics: United States, selected years 2002–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#045>.

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

Characteristic	Number of respondent-reported chronic conditions from 10 selected conditions ¹											
	0–1 chronic conditions				2–3 chronic conditions				4 or more chronic conditions			
	2002	2005	2011	2012	2002	2005	2011	2012	2002	2005	2011	2012
Geographic region ³						Percent distribution						
Northeast	79.4	78.6	78.4	78.4	17.4	18.0	18.0	17.9	3.1	3.4	3.6	3.7
Midwest	78.4	76.7	75.1	75.9	17.9	19.2	20.1	19.4	3.7	4.2	4.8	4.7
South	77.3	76.1	73.6	74.7	18.6	19.5	20.9	20.3	4.0	4.4	5.5	4.9
West	79.7	79.3	77.7	78.6	17.0	17.4	18.1	18.0	3.3	3.3	4.1	3.4
Location of residence ³												
Within MSA ⁸	79.1	78.4	76.6	77.4	17.5	18.0	19.0	18.5	3.4	3.7	4.4	4.1
Outside MSA ⁸	76.0	73.6	71.1	71.8	19.6	21.5	22.8	22.7	4.4	4.9	6.1	5.5

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

¹Adults were categorized as having 0 to 1, 2 to 3, or 4 or more of the following chronic conditions: hypertension, coronary heart disease, stroke, diabetes, cancer, arthritis, hepatitis, weak or failing kidneys, chronic obstructive pulmonary disease, or current asthma. Data from the National Health Interview Survey capture 10 of 20 chronic conditions used in a standardized approach for defining chronic conditions in the United States. Thus, these estimates are conservative in nature. For more information, see: Goodman RA, Posner SF, Huang ES, Parekh AK, Koh HK. Defining and measuring chronic conditions: imperatives for research, policy, program, and practice. *Prev Chronic Dis* 2013;10:120239. Available from: DOI: http://www.cdc.gov/pcd/issues/2013/12_0239.htm, and Ward BW, Schiller JS. Prevalence of Multiple Chronic Conditions Among US Adults: Estimates From the National Health Interview Survey, 2010. *Prev Chronic Dis* 2013;10:120203. Available from: DOI: <http://dx.doi.org/10.5888/pcd10.120203>.

²Includes all other races not shown separately and unknown health insurance status.

³Estimates are age-adjusted to the year 2000 standard population using five age groups: 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See [Appendix II, Age adjustment](#).

⁴The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity*. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. 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. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁵Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed. See [Appendix II, Family income; Poverty; Table VI](#).

⁶Estimates are age-adjusted to the year 2000 standard population using three age groups: 18–44 years, 45–54 years, and 55–64 years. See [Appendix II, Age adjustment](#).

⁷Health insurance categories are mutually exclusive. Persons who reported both Medicaid and private coverage are classified as having private coverage. State-sponsored health plan coverage is included as Medicaid coverage. Coverage by the Children’s Health Insurance Program (CHIP) is included with Medicaid coverage. In addition to private and Medicaid, the insured category also includes military plans, other government-sponsored health plans, and Medicare, not shown separately. Persons not covered by private insurance, Medicaid, CHIP, state-sponsored or other government-sponsored health plans (starting in 1997), Medicare, or military plans are considered to have no health insurance coverage. Persons with only Indian Health Service coverage are considered to have no health insurance coverage. See [Appendix II, Health insurance coverage](#).

⁸MSA is metropolitan statistical area. Starting with 2006 data, MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2006, see [Appendix II, Metropolitan statistical area \(MSA\)](#) for the applicable standards.

NOTES: In 1997, the National Health Interview Survey questionnaire was redesigned. See [Appendix I, National Health Interview Survey \(NHIS\)](#). Standard errors are available in the spreadsheet version of this table. See <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Health Interview Survey, family core and sample adult questionnaires. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 46 (page 1 of 2). Diabetes prevalence and glycemic control among adults aged 20 and over, by sex, age, and race and Hispanic origin: United States, selected years 1988–1994 through 2007–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#046>.

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

Sex, age, and race and Hispanic origin ³	Physician-diagnosed and undiagnosed diabetes ^{1,2}			Physician-diagnosed diabetes ¹				Undiagnosed diabetes ²				
	1988– 1994	1999– 2002	2003– 2006	2007– 2010	1988– 1994	1999– 2002	2003– 2006	2007– 2010	1988– 1994	1999– 2002	2003– 2006	2007– 2010
20 years and over, age-adjusted ⁴	Percent of population											
All persons ⁵	9.1	9.8	10.6	11.4	5.5	6.6	7.6	8.1	3.6	3.2	2.9	3.3
Male	9.6	10.8	11.5	13.0	5.5	7.0	7.5	8.5	4.1	3.8	4.0	4.5
Female.	8.7	8.8	9.8	10.1	5.6	6.2	7.8	7.7	3.1	2.6	2.0	2.3
Not Hispanic or Latino:												
White only	8.0	8.3	9.0	9.5	5.1	5.3	6.3	6.7	2.9	3.0	2.7	2.8
Black or African American only	16.0	16.3	16.4	19.6	8.8	11.9	12.6	14.7	7.2	4.4	3.8	4.9
Mexican origin	14.9	13.2	16.3	17.9	9.8	10.1	12.1	12.3	5.0	*3.1	4.2	5.6
Percent of poverty level: ⁶												
Below 100%	14.2	14.5	15.1	14.5	8.8	9.1	12.8	10.9	5.4	5.4	*	3.7
100% or more	8.4	8.9	9.9	10.9	5.1	6.0	6.9	7.5	3.3	2.9	3.0	3.3
100%–199%	10.9	12.6	13.3	14.6	6.6	9.0	8.9	10.7	4.3	*3.6	4.4	3.9
200% or more	7.7	7.7	8.8	10.0	4.6	5.1	6.2	6.7	3.1	2.7	2.6	3.2
200%–399%	8.4	10.0	10.1	11.5	4.8	6.8	7.1	8.1	3.6	3.2	*3.0	3.4
400% or more	6.8	5.9	7.4	8.5	4.3	3.6	5.6	5.6	2.6	2.3	*	2.9
20 years and over, crude												
All persons ⁵	8.4	9.7	10.7	11.9	5.1	6.5	7.7	8.5	3.3	3.2	3.0	3.4
Male	8.6	10.4	11.4	13.2	4.8	6.7	7.4	8.7	3.7	3.7	4.0	4.5
Female.	8.3	9.0	10.1	10.8	5.4	6.3	8.1	8.3	3.0	2.7	2.0	2.5
Not Hispanic or Latino:												
White only	7.8	8.7	9.8	10.8	5.0	5.5	6.9	7.6	2.8	3.2	2.9	3.2
Black or African American only	12.9	14.1	15.2	18.1	6.9	10.1	11.8	13.6	6.0	4.0	3.4	4.5
Mexican origin	9.7	8.5	11.6	12.7	5.6	6.5	7.9	8.5	4.1	1.9	*3.6	4.2
Percent of poverty level: ⁶												
Below 100%	11.3	13.0	12.8	12.0	7.0	8.1	10.7	9.0	4.3	4.9	*	3.0
100% or more	7.8	8.8	10.2	11.6	4.7	5.9	7.1	8.1	3.0	2.8	3.1	3.5
100%–199%	10.1	12.6	14.3	15.3	6.4	9.1	9.7	11.3	3.8	*3.5	4.6	4.1
200% or more	7.0	7.5	9.0	10.5	4.2	4.9	6.3	7.1	2.8	2.6	2.6	3.4
200%–399%	7.3	9.6	10.5	11.9	4.3	6.5	7.3	8.4	3.1	*3.1	*3.2	3.5
400% or more	6.5	6.0	7.6	9.3	4.1	3.7	5.5	6.1	*2.4	2.2	*2.1	3.2
Age												
20–44 years	2.6	3.4	3.6	3.4	1.6	2.3	2.6	2.3	*1.0	*	*1.1	1.1
45–64 years	13.9	13.0	13.5	15.0	7.9	8.5	9.9	11.1	6.0	4.5	3.5	3.9
65 years and over.	19.6	22.4	25.7	28.5	12.9	15.8	18.3	19.7	6.7	6.6	7.3	8.8

See footnotes at end of table.

Table 46 (page 2 of 2). Diabetes prevalence and glycemic control among adults aged 20 and over, by sex, age, and race and Hispanic origin: United States, selected years 1988–1994 through 2007–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#046>.

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

Sex, age, and race and Hispanic origin ³	Poor glycemic control (A1c greater than 9%) among persons with diagnosed diabetes			
	1988–1994	1999–2002	2003–2006	2007–2010
20 years and over, age-adjusted ⁴	Percent of population with diagnosed diabetes			
All persons ⁵	26.3	24.4	18.5	18.3
Male	22.4	27.7	20.7	20.8
Female.	29.4	*19.8	16.6	15.7
Not Hispanic or Latino:				
White only	23.7	*22.8	*14.5	*11.2
Black or African American only	38.9	25.4	25.5	30.4
Mexican origin	29.8	27.3	*26.2	*23.6
Percent of poverty level: ⁶				
Below 100%	37.2	30.6	*19.8	22.9
100% or more	22.8	*22.2	19.4	17.1
100%–199%	*	*	*19.1	*
200% or more	21.2	*24.9	20.2	18.0
200%–399%	*24.2	*25.8	*18.1	*20.2
400% or more	*	*	*	*
20 years and over, crude				
All persons ⁵	23.3	18.4	13.0	12.5
Male	20.2	20.2	14.8	14.0
Female.	25.8	16.6	11.4	11.0
Not Hispanic or Latino:				
White only	20.6	13.6	8.6	9.5
Black or African American only	34.2	25.4	21.0	19.0
Mexican origin	29.2	26.5	24.0	19.5
Percent of poverty level: ⁶				
Below 100%	30.2	25.6	17.6	18.5
100% or more	21.4	15.9	12.2	11.1
100%–199%	24.2	*14.9	*11.5	9.8
200% or more	20.0	16.4	12.5	11.8
200%–399%	*21.2	*17.3	*10.6	12.4
400% or more	*18.3	*	14.8	*11.2
Age				
20–44 years	29.5	*32.1	24.7	24.7
45–64 years	26.0	19.9	16.6	14.1
65 years and over	18.0	*10.2	*4.1	6.8

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

¹Physician-diagnosed diabetes was obtained by self-report and excludes women who reported having diabetes only during pregnancy.

²Undiagnosed diabetes is defined as a fasting plasma glucose (FPG) of at least 126 mg/dL or a hemoglobin A1c of at least 6.5% and no reported physician diagnosis. Respondents had fasted for at least 8 hours and less than 24 hours. Estimates in some prior editions of *Health, United States* included data from respondents who had fasted for at least 9 hours and less than 24 hours. Starting in 2005–2006, testing was performed at a different laboratory and using different instruments than testing in earlier years. The National Health and Nutrition Examination Survey (NHANES) conducted crossover studies to evaluate the impact of these changes on FPG and A1c measurements and recommended adjustments to the FPG data. The adjustments recommended by NHANES were incorporated into the data presented here. For more information, see http://www.cdc.gov/nchs/nhanes/nhanes2005-2006/GLU_D.htm. Prior to *Health, United States, 2010*, the definition of undiagnosed diabetes did not consider hemoglobin A1c. The revised definition of undiagnosed diabetes was based on recommendations from the American Diabetes Association. For more information, see Standards of medical care in diabetes—2010. *Diabetes Care* 2010;33(suppl 1):S11–S61. To ensure data comparability, the revised definition of undiagnosed diabetes was applied to all data in this table. Also see [Appendix II, Diabetes](#).

³Persons of Mexican origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The two non-Hispanic race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group. Prior to data year 1999, estimates were tabulated according to the 1977 Standards. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. See [Appendix II, Hispanic origin; Race](#).

⁴Estimates are age-adjusted to the year 2000 standard population using three age groups: 20–44 years, 45–64 years, and 65 years and over. Age-adjusted estimates in this table may differ from other age-adjusted estimates based on the same data and presented elsewhere if different age groups are used in the adjustment procedure. See [Appendix II, Age adjustment](#).

⁵Includes all other races and Hispanic origins not shown separately.

⁶Percent of poverty level was calculated by dividing family income by the U.S. Department of Health and Human Services' poverty guideline specific to family size, as well as the appropriate year, and state. Persons with unknown percent of poverty level are excluded (8% in 2007–2010). See [Appendix II, Family income; Poverty](#).

NOTES: Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

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

Table 47 (page 1 of 2). End-stage renal disease patients, by selected characteristics: United States, selected years 1980–2011

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#047>.

[Data are based on the Centers for Medicare & Medicaid Services' Renal Beneficiary and Utilization System]

Characteristic	Incidence					Prevalence				
	1980	1990	2000	2010	2011	1980	1990	2000	2010	2011
	Number of new patients					Number of patients alive on December 31				
Total	17,341	49,760	92,088	114,860	112,812	56,459	180,650	382,734	582,555	601,801
Age										
Under 20 years	737	1,052	1,173	1,315	1,314	2,352	4,487	6,295	7,405	7,536
20–44 years	4,705	10,342	12,817	13,524	13,219	19,616	56,909	87,853	98,559	99,452
45–64 years	6,951	17,163	32,136	43,992	43,787	22,926	66,545	156,540	262,586	270,707
65–74 years	3,643	13,338	23,347	27,247	26,566	8,934	35,021	75,966	120,356	127,628
75 years and over	1,305	7,865	22,615	28,782	27,926	2,631	17,688	56,080	93,649	96,478
Sex										
Male	9,663	26,676	49,170	65,387	64,493	30,988	97,149	208,847	330,174	342,036
Female	7,678	23,084	42,918	49,473	48,319	25,471	83,501	173,887	252,381	259,765
Race ¹										
White	12,293	33,141	61,071	75,727	74,311	39,554	117,039	236,254	355,406	365,828
Black or African American	4,815	14,818	26,664	32,169	31,578	16,134	56,922	125,858	187,596	194,032
American Indian or Alaska Native	127	606	1,204	1,406	1,355	370	2,174	5,395	7,992	8,302
Asian or Pacific Islander	106	1,195	3,149	5,558	5,568	401	4,515	15,227	31,561	33,639
Hispanic origin ^{1,2}										
Hispanic	---	---	10,726	15,370	15,637	---	---	42,377	85,390	90,584
Not Hispanic ³	---	---	81,362	99,490	97,175	---	---	340,357	497,165	511,217
Primary diagnosis										
Diabetes	2,592	17,707	41,126	50,621	49,603	5,425	46,675	135,870	220,517	228,114
Hypertension	3,096	15,199	24,714	32,730	31,831	9,274	46,876	94,528	145,811	151,317
Glomerulonephritis	2,721	6,916	8,448	7,368	7,215	12,883	39,313	67,502	84,687	86,307
Cystic kidney	757	1,552	2,144	2,618	2,502	3,524	9,906	17,828	27,996	28,932
Other urologic	459	1,258	2,661	1,549	1,460	1,554	6,003	11,557	12,916	12,868
Other cause	1,797	4,811	8,929	14,859	14,808	6,469	21,253	39,483	64,718	67,183
Unknown cause	1,509	1,844	3,637	3,940	3,656	5,579	7,901	13,492	21,325	21,512
Missing disease	4,410	473	429	1,175	1,737	11,751	2,723	2,474	4,585	5,568

See footnotes at end of table.

Table 47 (page 2 of 2). End-stage renal disease patients, by selected characteristics: United States, selected years 1980–2011

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#047>.

[Data are based on the Centers for Medicare & Medicaid Services' Renal Beneficiary and Utilization System]

Characteristic	Incidence					Prevalence				
	1980	1990	2000	2010	2011	1980	1990	2000	2010	2011
	New patients per million population					Patients alive on December 31 per million population				
Total	76.3	199.3	326.4	371.3	362.1	247.2	718.9	1,349.7	1,876.4	1,924.4
Age										
Under 20 years	10.2	14.6	14.6	15.8	15.9	32.5	62.1	78.0	89.2	91.2
20–44 years	55.6	103.3	123.1	130.2	126.4	229.6	563.6	843.2	945.5	948.0
45–64 years	156.2	370.6	514.8	538.0	529.0	513.9	1,428.4	2,466.8	3,191.6	3,250.3
65–74 years	232.8	736.7	1,270.0	1,246.7	1,181.7	566.2	1,924.3	4,132.2	5,429.1	5,599.0
75 years and over	129.8	598.4	1,355.4	1,545.6	1,476.6	257.8	1,326.9	3,338.9	4,990.1	5,062.4
Sex										
Male	87.5	219.2	355.2	429.9	420.7	279.1	792.6	1,500.7	2,162.3	2,222.6
Female	65.7	180.5	298.6	314.6	305.2	216.9	648.6	1,204.2	1,599.7	1,635.4
Race ¹										
White	63.0	158.3	264.9	308.1	300.7	201.8	556.0	1,021.1	1,442.2	1,476.5
Black or African American	179.8	483.5	726.0	762.3	739.9	597.9	1,838.0	3,402.6	4,420.4	4,520.9
American Indian or Alaska Native	88.8	294.4	402.2	328.7	311.7	253.0	1,038.8	1,771.6	1,853.3	1,894.4
Asian or Pacific Islander	27.7	158.3	264.8	325.2	318.7	99.9	582.3	1,252.1	1,826.4	1,904.6
Hispanic origin ^{1,2}										
Hispanic	---	---	300.8	302.6	300.5	---	---	1,164.1	1,660.7	1,719.8
Not Hispanic ³	---	---	330.1	384.8	374.4	---	---	1,377.1	1,919.2	1,965.8
Primary diagnosis										
Diabetes	11.4	70.9	145.8	163.6	159.2	23.7	185.7	479.1	710.3	729.4
Hypertension	13.6	60.9	87.6	105.8	102.2	40.6	186.5	333.4	469.7	483.9
Glomerulonephritis	12.0	27.7	29.9	23.8	23.2	56.4	156.4	238.0	272.8	276.0
Cystic kidney	3.3	6.2	7.6	8.5	8.0	15.4	39.4	62.9	90.2	92.5
Other urologic	2.0	5.0	9.4	5.0	4.7	6.8	23.9	40.8	41.6	41.1
Other cause	7.9	19.3	31.6	48.0	47.5	28.3	84.6	139.2	208.5	214.8
Unknown cause	6.6	7.4	12.9	12.7	11.7	24.4	31.4	47.6	68.7	68.8
Missing disease	19.4	1.9	1.5	3.8	5.6	51.4	10.8	8.7	14.8	17.8

--- Data not available.

¹The race groups, white, black or African American, American Indian or Alaska Native, and Asian or Pacific Islander, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. See [Appendix II, Hispanic origin; Race](#).

²The Centers for Medicare & Medicaid Services began collecting Hispanic ethnicity data in April 1995.

³Not Hispanic includes unknown ethnicity.

NOTES: Persons with unknown age, gender, or race are excluded. For incidence estimates, age is determined as of the date of end-stage renal disease initiation. For prevalence estimates, age is calculated as of December 31 of each year. Prevalence estimates are for patients alive on end-stage renal disease therapy and not lost to follow-up at any time during each year. Prevalence estimates include patients with a functioning transplant. See [Appendix I, United States Renal Data System \(USRDS\)](#). See [Appendix II, End-stage renal disease \(ESRD\); Incidence; Prevalence](#). Data have been revised and differ from previous editions of *Health, United States*.

SOURCE: United States Renal Data System, USRDS 2013 Annual data report: Atlas of chronic kidney disease and end-stage renal disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2013. Tables A1(2), A2, B1(2), B2. Available from: <http://www.usrds.org/reference.htm>. See [Appendix I, United States Renal Data System \(USRDS\)](#).

Table 48 (page 1 of 3). Severe headache or migraine, low back pain, and neck pain among adults aged 18 and over, by selected characteristics: United States, selected years 1997–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#048>.

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

Characteristic	Severe headache or migraine ¹			Low back pain ¹			Neck pain ¹		
	1997	2010	2012	1997	2010	2012	1997	2010	2012
Percent of adults with pain during the past 3 months									
18 years and over, age-adjusted ^{2,3}	15.8	16.6	14.2	28.2	28.4	27.5	14.7	15.4	13.9
18 years and over, crude ³	16.0	16.4	13.8	28.1	28.8	28.0	14.6	15.8	14.3
Age									
18–44 years	18.7	20.4	17.1	26.1	25.2	24.0	13.3	13.1	11.3
18–24 years	18.7	19.6	15.7	21.9	19.4	19.1	9.8	8.3	6.5
25–44 years	18.7	20.7	17.6	27.3	27.2	25.8	14.3	14.8	13.1
45–64 years	15.8	15.6	13.6	31.3	32.4	32.3	17.0	20.0	18.4
45–54 years	17.8	16.7	16.0	31.3	31.3	31.6	17.3	19.1	19.1
55–64 years	12.7	14.1	10.7	31.2	33.8	33.1	16.6	21.0	17.4
65 years and over	7.0	6.4	5.7	29.5	31.8	30.4	15.0	14.8	14.2
65–74 years	8.2	7.4	6.5	30.2	32.5	29.9	15.0	15.5	14.5
75 years and over	5.4	5.1	4.7	28.6	30.9	31.1	15.0	14.0	13.7
Sex ²									
Male	9.9	11.0	9.0	26.5	26.3	25.4	12.6	13.1	11.3
Female	21.4	22.1	19.1	29.6	30.3	29.6	16.6	17.6	16.4
Sex and age									
Male:									
18–44 years	11.9	13.5	10.5	24.8	23.2	21.9	11.6	11.0	9.1
45–54 years	10.3	10.4	11.0	29.4	29.6	30.4	13.9	16.3	16.1
55–64 years	8.8	9.6	7.7	30.7	32.8	31.3	14.6	17.6	14.4
65–74 years	5.0	5.5	3.8	29.0	28.4	25.5	13.6	12.8	10.8
75 years and over	*2.4	4.0	2.9	22.5	27.4	27.9	12.6	13.0	11.5
Female:									
18–44 years	25.4	27.3	23.5	27.3	27.1	26.0	14.9	15.2	13.5
45–54 years	24.9	22.9	20.9	33.1	33.0	32.8	20.6	21.8	22.0
55–64 years	16.3	18.2	13.5	31.7	34.7	34.7	18.4	24.1	20.3
65–74 years	10.7	9.1	8.9	31.1	36.1	33.8	16.1	17.8	17.8
75 years and over	7.4	5.8	5.9	32.4	33.2	33.2	16.5	14.6	15.2
Race ^{2,4}									
White only	15.9	16.7	14.4	28.7	29.1	28.3	15.1	16.0	14.5
Black or African American only	16.7	18.2	14.1	26.9	27.2	24.7	13.3	13.3	10.7
American Indian or Alaska Native only	18.9	18.8	17.8	33.3	33.6	29.2	16.2	16.9	18.0
Asian only	11.7	10.1	9.2	21.0	19.1	19.7	9.2	9.6	11.4
Native Hawaiian or Other Pacific Islander only	---	*	*	---	*	*	---	*	*
2 or more races	---	21.5	21.2	---	35.6	41.2	---	22.0	20.9
Hispanic origin and race ^{2,4}									
Hispanic or Latino	15.5	16.2	12.9	26.4	27.4	26.5	13.9	15.1	13.9
Mexican	14.6	15.7	11.9	25.2	26.5	24.7	12.9	14.7	13.1
Not Hispanic or Latino	15.9	16.8	14.6	28.4	28.7	27.8	14.9	15.5	14.1
White only	16.1	17.0	15.1	29.1	29.7	28.8	15.4	16.3	14.8
Black or African American only	16.8	18.4	14.0	26.9	27.1	24.8	13.3	13.3	10.6
Education ^{5,6}									
25 years and over:									
No high school diploma or GED	19.2	18.2	16.7	33.6	34.5	33.2	16.5	18.9	16.6
High school diploma or GED	16.0	17.4	13.0	30.2	31.9	31.0	15.5	16.8	15.2
Some college or more	13.8	15.1	13.8	26.9	28.0	27.3	14.6	15.8	14.8

See footnotes at end of table.

Table 48 (page 2 of 3). Severe headache or migraine, low back pain, and neck pain among adults aged 18 and over, by selected characteristics: United States, selected years 1997–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#048>.

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

Characteristic	Severe headache or migraine ¹			Low back pain ¹			Neck pain ¹		
	1997	2010	2012	1997	2010	2012	1997	2010	2012
Percent of poverty level ^{2,7}									
Below 100%	23.3	22.7	20.4	35.4	34.9	35.4	18.6	20.2	18.2
100%–199%	18.9	19.5	16.4	30.8	32.5	31.4	16.1	17.7	16.4
200%–399%	15.5	16.6	13.2	27.9	28.5	28.0	14.8	15.2	13.5
400% or more	12.4	13.3	11.7	24.8	24.7	22.9	12.8	13.1	11.8
Percent of adults with pain during the past 3 months									
Hispanic origin and race and percent of poverty level ^{2,4,7}									
Hispanic or Latino:									
Below 100%	18.9	19.6	16.5	29.5	29.0	29.8	16.4	17.4	17.1
100%–199%	15.7	15.1	14.4	26.8	27.2	27.4	12.9	15.7	14.0
200%–399%	14.0	16.5	10.2	25.0	27.5	25.7	13.8	12.9	12.1
400% or more	13.0	14.0	10.5	21.6	25.6	22.9	12.1	15.3	13.7
Not Hispanic or Latino:									
White only:									
Below 100%	26.1	24.8	23.3	38.9	40.5	39.5	20.5	23.7	20.3
100%–199%	20.4	22.0	18.2	33.3	35.9	35.1	18.0	19.9	19.0
200%–399%	16.3	16.9	14.6	29.1	30.5	29.8	15.9	16.8	14.6
400% or more	12.5	13.8	12.3	25.4	25.2	23.8	13.1	13.6	12.2
Black or African American only:									
Below 100%	22.7	24.0	20.5	34.5	32.5	34.2	17.9	18.6	15.1
100%–199%	17.6	19.6	15.8	27.7	31.2	26.4	14.0	14.4	10.5
200%–399%	14.0	17.6	10.9	24.3	23.7	22.8	10.2	11.7	10.6
400% or more	12.9	12.2	9.9	21.5	21.0	16.9	11.9	8.5	6.7
Disability measure ^{2,8}									
Any basic actions difficulty or complex activity limitation									
Any basic actions difficulty	29.3	30.1	27.9	48.0	49.5	48.6	27.2	28.1	27.0
Any complex activity limitation	30.0	30.9	28.8	49.3	51.1	50.5	27.9	29.0	28.1
No disability	34.6	36.0	31.9	55.1	54.5	53.9	33.1	34.3	31.8
No disability	11.0	11.7	9.6	19.4	19.0	18.6	9.1	9.7	8.4
Geographic region ²									
Northeast	14.5	15.4	12.4	27.1	28.0	25.6	14.0	14.9	11.9
Midwest	15.6	16.8	15.9	28.7	28.1	28.0	15.3	16.0	15.0
South	17.1	18.2	14.1	27.5	28.3	27.7	13.9	14.6	13.1
West	15.3	15.1	14.1	30.0	29.3	28.2	16.1	16.5	15.8
Location of residence ²									
Within MSA ⁹	15.2	16.3	13.8	27.0	27.5	27.0	14.2	14.9	13.7
Outside MSA ⁹	18.1	18.6	16.1	32.5	33.8	30.6	16.4	18.1	15.1

See footnotes at end of table.

Table 48 (page 3 of 3). Severe headache or migraine, low back pain, and neck pain among adults aged 18 and over, by selected characteristics: United States, selected years 1997–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#048>.

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

--- Data not available.

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

¹In three separate questions, respondents were asked, “During the past 3 months, did you have a severe headache or migraine? ...low back pain? ...neck pain?” Respondents were instructed to report pain that had lasted a whole day or more, and not to report fleeting or minor aches or pains. Persons may be represented in more than one column.

²Estimates are age-adjusted to the year 2000 standard population using five age groups: 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. Age-adjusted estimates in this table may differ from other age-adjusted estimates based on the same data and presented elsewhere if different age groups are used in the adjustment procedure. See [Appendix II, Age adjustment](#).

³Includes all other races not shown separately, unknown education level, and unknown disability status.

⁴The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Prior to 1999, data were tabulated according to the 1977 Standards with four racial groups, and the Asian only category included Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁵Estimates are for persons aged 25 and over and are age-adjusted to the year 2000 standard population using five age groups: 25–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See [Appendix II, Age adjustment](#).

⁶GED is General Educational Development high school equivalency diploma. See [Appendix II, Education](#).

⁷Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed for 1997 and beyond. See [Appendix II, Family income; Poverty; Table VI](#).

⁸Any basic actions difficulty or complex activity limitation is defined as having one or more of the following limitations or difficulties: movement difficulty, emotional difficulty, sensory (seeing or hearing) difficulty, cognitive difficulty, self-care (activities of daily living or instrumental activities of daily living) limitation, social limitation, or work limitation. For more information, see [Appendix II, Basic actions difficulty; Complex activity limitation](#). Starting with 2007 data, the hearing question, a component of the basic actions difficulty measure, was revised. Consequently, data prior to 2007 are not comparable with data for 2007 and beyond. For more information on the impact of the revised hearing question, see [Appendix II, Hearing trouble](#).

⁹MSA is metropolitan statistical area. Starting with 2006 data, MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2006, see [Appendix II, Metropolitan statistical area \(MSA\)](#) for the applicable standards.

NOTES: Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

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

Table 49 (page 1 of 2). Disability measures among adults aged 18 and over, by selected characteristics: United States, selected years 1997–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#049>.

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

Characteristic	18 years and over				18–64 years				65 years and over			
	1997	2000	2010 ¹	2012 ¹	1997	2000	2010 ¹	2012 ¹	1997	2000	2010 ¹	2012 ¹
Number, in millions												
At least one basic actions difficulty or complex activity limitation ^{2,3}	60.9	59.0	73.7	73.5	41.3	39.3	50.7	49.8	19.6	19.7	23.0	23.6
At least one basic actions difficulty ²	56.7	55.2	69.2	68.1	38.1	36.4	47.2	45.6	18.6	18.7	22.0	22.5
At least one complex activity limitation ³	29.0	27.2	35.0	36.6	18.1	16.7	22.9	23.8	11.0	10.5	12.1	12.8
At least one basic actions difficulty or complex activity limitation ^{2,3}												
Percent												
Total, age-adjusted ^{4,5}	32.5	29.9	31.9	30.7	...	...	...	...	...	...	...	...
Total, crude ⁴	31.8	29.5	32.8	31.9	25.8	23.5	27.1	26.2	62.2	60.8	61.7	58.7
At least one basic actions difficulty ²												
Percent												
Total, age-adjusted ^{4,5}	30.1	27.9	29.9	28.4	...	...	...	...	...	...	...	...
Total, crude ⁴	29.4	27.5	30.8	29.5	23.6	21.7	25.1	23.9	58.8	58.1	59.3	56.0
Sex												
Male	25.6	23.8	26.3	25.4	20.7	18.9	21.4	20.7	54.5	53.4	53.8	50.0
Female	32.9	31.0	35.1	33.4	26.4	24.3	28.8	27.1	61.9	61.5	63.6	60.7
Race ⁶												
White only	29.6	28.1	31.2	30.0	23.5	21.8	25.1	24.1	58.5	58.0	59.2	55.6
Black or African American only	31.4	27.2	32.3	30.7	26.9	22.7	28.4	26.2	64.4	60.6	62.9	61.4
American Indian or Alaska Native only	43.8	36.8	41.6	34.3	41.9	34.1	38.5	32.1	66.0	70.2	74.0	*56.6
Asian only	15.5	15.5	17.5	17.3	13.0	12.6	12.8	12.8	46.4	44.7	50.1	49.0
Native Hawaiian or Other Pacific Islander only	---	*	*	*	---	*	*	*	---	*	*	*
2 or more races	---	38.0	36.3	34.6	---	34.4	33.9	31.5	---	70.7	65.4	73.0
Hispanic origin and race ⁶												
Hispanic or Latino	23.8	19.6	24.7	23.2	21.0	16.6	21.2	19.8	54.6	57.5	61.5	57.7
Not Hispanic or Latino	30.0	28.5	31.8	30.7	23.9	22.4	25.9	24.8	59.0	58.2	59.1	55.8
White only	30.3	29.1	32.4	31.5	23.8	22.5	26.0	25.2	58.7	58.2	59.0	55.4
Black or African American only	31.5	27.3	32.6	30.9	27.0	22.9	28.6	26.4	64.4	60.4	63.2	61.6
Percent of poverty level ⁷												
Below 100%	41.9	38.4	40.6	38.4	36.2	31.9	36.3	34.5	74.1	71.6	72.7	70.4
100%–199%	38.2	37.1	38.7	37.0	29.2	26.5	30.5	29.2	66.6	69.4	69.5	67.1
200%–399%	28.4	28.2	31.1	30.2	22.0	22.1	24.1	23.3	56.1	53.9	58.9	57.1
400% or more	21.0	19.4	23.0	21.7	18.2	16.8	19.3	17.6	45.5	44.7	47.0	43.5
Location of residence												
Within MSA ⁸	27.7	25.9	29.2	27.9	22.3	20.3	23.6	22.6	56.6	56.7	59.2	54.4
Outside MSA ⁸	35.6	33.6	39.3	38.2	28.6	26.8	33.8	31.5	65.8	62.6	59.9	62.2

See footnotes at end of table.

Table 49 (page 2 of 2). Disability measures among adults aged 18 and over, by selected characteristics: United States, selected years 1997–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#049>.

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

Characteristic	18 years and over				18–64 years				65 years and over			
	1997	2000	2010 ¹	2012 ¹	1997	2000	2010 ¹	2012 ¹	1997	2000	2010 ¹	2012 ¹
At least one complex activity limitation ³												
Percent												
Total, age-adjusted ^{4,5}	15.6	13.7	14.9	15.1	...	...	...	...	...	...	...	...
Total, crude ⁴	15.1	13.4	15.5	15.8	11.2	9.8	12.1	12.5	35.1	32.0	32.3	31.6
Sex												
Male	13.7	12.0	14.0	14.7	10.6	9.4	11.3	12.0	31.9	28.1	30.1	28.9
Female	16.5	14.7	16.8	16.9	11.9	10.3	12.9	12.9	37.4	34.9	34.0	33.8
Race ⁶												
White only	15.0	13.6	15.2	15.7	10.9	9.8	11.7	12.3	34.3	31.5	31.7	30.4
Black or African American only	19.0	15.0	19.7	19.0	15.2	11.7	17.0	15.9	47.1	40.4	39.9	40.5
American Indian or Alaska Native only	23.7	20.6	15.4	18.9	22.1	17.8	14.5	16.2	*42.6	*54.9	*	*45.7
Asian only	5.7	4.7	7.7	8.3	4.9	3.6	5.0	4.8	*14.8	*15.5	26.7	33.0
Native Hawaiian or Other Pacific Islander only	---	*	*	*	---	*	*	*	---	*	*	*
2 or more races	---	22.5	19.6	22.4	---	20.3	17.0	19.3	---	*42.2	53.6	59.8
Hispanic origin and race ⁶												
Hispanic or Latino	11.9	9.1	10.4	11.3	9.8	7.3	7.9	8.9	33.9	32.4	37.6	37.3
Not Hispanic or Latino	15.5	14.0	16.3	16.6	11.4	10.2	12.9	13.2	35.1	32.0	31.9	31.2
White only	15.4	14.1	16.1	16.6	11.1	10.1	12.5	13.2	34.4	31.5	31.1	29.7
Black or African American only	18.8	15.1	20.0	19.1	15.0	11.7	17.3	15.9	46.8	40.3	40.0	40.7
Percent of poverty level ⁷												
Below 100%	30.0	26.0	27.5	27.7	25.2	22.0	24.0	24.8	56.9	46.7	54.5	51.7
100%–199%	23.3	22.0	23.7	23.7	16.7	15.1	18.4	18.8	43.9	42.8	43.7	42.7
200%–399%	13.3	12.8	14.5	14.7	9.3	9.2	10.8	10.5	30.6	27.5	29.3	31.0
400% or more	7.3	6.4	7.7	8.1	5.8	5.0	5.8	6.0	20.2	19.6	19.8	19.5
Location of residence												
Within MSA ⁸	14.1	12.1	14.2	14.5	10.6	8.9	10.9	11.4	32.7	29.8	31.6	30.0
Outside MSA ⁸	19.0	18.2	22.2	22.5	13.6	13.4	18.8	18.2	42.8	38.8	35.2	37.9

... Category not applicable.

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

--- Data not available.

¹ Starting with 2007 data, the hearing question, a component of the basic actions difficulty measure, was revised. Consequently, data for basic actions difficulty prior to 2007 are not comparable with 2007 data and beyond. For more information on the impact of the revised hearing question, see [Appendix II, Hearing trouble](#).

² A basic actions difficulty is defined as having one or more of the following difficulties: movement, emotional, sensory (seeing or hearing), or cognitive. For more information, see [Appendix II, Basic actions difficulty](#). Starting with 2007 data, the hearing question, a component of basic actions difficulty, was revised. Consequently, data prior to 2007 are not comparable with data for 2007 and beyond. For more information on the impact of the revised hearing question, see [Appendix II, Hearing trouble](#).

³ A complex activity limitation is defined as having one or more of the following limitations: self-care (activities of daily living or instrumental activities of daily living), social, or work. For more information, see [Appendix II, Complex activity limitation](#).

⁴ Includes all other races not shown separately.

⁵ Estimates are age-adjusted to the year 2000 standard population using five age groups: 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See [Appendix II, Age adjustment](#).

⁶ The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Prior to 1999, data were tabulated according to the 1977 Standards with four racial groups, and the Asian only category included Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁷ Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed for 1997 and beyond. See [Appendix II, Family income; Poverty; Table VI](#).

⁸ MSA is metropolitan statistical area. Starting with 2006 data, MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2006, see [Appendix II, Metropolitan statistical area \(MSA\)](#) for the applicable standards.

NOTES: Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

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

Table 50 (page 1 of 2). Vision limitations among adults aged 18 and over, by selected characteristics: United States, selected years 1997–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#050>.

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

Characteristic	Any trouble seeing, even with glasses or contacts ¹									
	1997	2000	2005	2006	2007	2008	2009	2010	2011	2012
	Percent of adults									
18 years and over, age-adjusted ^{2,3}	10.0	9.0	9.2	9.5	9.9	10.9	8.3	9.1	8.8	8.4
18 years and over, crude ³	9.8	8.9	9.3	9.6	10.0	11.2	8.6	9.4	9.2	8.8
Age										
18–44 years	6.2	5.3	5.5	5.4	6.9	7.2	5.3	6.2	5.5	5.4
18–24 years	5.4	4.2	5.0	5.0	6.9	7.8	4.8	5.8	5.2	5.1
25–44 years	6.5	5.7	5.7	5.6	6.8	7.0	5.6	6.3	5.6	5.5
45–64 years	12.0	10.7	11.2	12.2	12.2	13.8	10.8	11.6	12.0	11.3
45–54 years	12.2	10.9	11.0	11.7	12.3	13.3	10.5	10.7	11.7	11.2
55–64 years	11.6	10.5	11.5	12.7	12.1	14.4	11.2	12.7	12.4	11.5
65 years and over	18.1	17.4	17.4	17.4	15.3	17.5	13.1	13.9	13.6	12.7
65–74 years	14.2	13.6	13.2	13.6	12.9	14.3	10.3	12.2	12.2	11.0
75 years and over	23.1	21.9	22.0	21.7	17.9	21.1	16.5	16.1	15.2	14.9
Sex ²										
Male	8.8	7.9	7.9	8.4	8.5	9.3	7.2	7.9	7.6	7.1
Female	11.1	10.1	10.5	10.5	11.2	12.5	9.3	10.3	10.1	9.7
Sex and age										
Male:										
18–44 years	5.3	4.4	4.5	4.4	5.6	6.1	4.5	5.2	4.2	4.4
45–54 years	10.1	8.8	8.8	10.6	10.6	11.3	9.1	9.1	10.4	9.3
55–64 years	10.5	9.5	10.5	11.3	10.0	11.9	9.7	10.7	11.8	9.8
65–74 years	13.2	12.8	11.4	11.9	11.4	11.3	9.3	10.5	9.7	9.9
75 years and over	21.4	20.7	20.4	21.8	17.2	19.8	15.1	15.7	14.9	12.8
Female:										
18–44 years	7.1	6.2	6.5	6.5	8.1	8.4	6.2	7.1	6.9	6.4
45–54 years	14.2	12.8	13.2	12.8	13.9	15.2	11.9	12.3	13.0	12.9
55–64 years	12.6	11.5	12.4	14.0	14.2	16.7	12.6	14.6	13.0	13.1
65–74 years	15.0	14.4	14.8	15.1	14.2	16.9	11.2	13.6	14.5	11.9
75 years and over	24.2	22.7	23.0	21.7	18.4	22.0	17.4	16.4	15.4	16.4
Race ^{2,4}										
White only	9.7	8.8	9.1	9.5	9.9	10.9	8.1	8.8	8.6	8.4
Black or African American only	12.8	10.6	10.9	10.4	10.5	11.7	10.4	12.1	10.8	9.2
American Indian or Alaska Native only	19.2	16.6	*14.9	*16.7	18.0	14.2	*12.3	15.0	15.0	13.0
Asian only	6.2	6.3	5.5	7.0	5.7	8.9	5.5	5.3	6.3	5.7
Native Hawaiian or Other Pacific Islander only	---	*	*	*	*	*	*	*	*	*
2 or more races	---	16.2	16.4	15.5	16.9	16.1	14.8	13.1	12.4	15.6
Hispanic origin and race ^{2,4}										
Hispanic or Latino	10.0	9.7	9.6	9.9	9.9	10.4	8.7	9.2	9.4	9.4
Mexican	10.2	8.3	9.9	11.1	10.1	10.4	8.7	9.0	10.4	9.3
Not Hispanic or Latino	10.0	9.1	9.2	9.5	10.0	11.0	8.3	9.2	8.8	8.4
White only	9.8	8.9	9.1	9.5	10.1	11.1	8.1	8.9	8.6	8.4
Black or African American only	12.8	10.6	10.9	10.3	10.6	11.7	10.5	12.2	10.7	9.3
Education ^{5,6}										
25 years of age and over:										
No high school diploma or GED	15.0	12.2	13.5	12.9	13.4	15.9	12.6	14.1	13.9	12.9
High school diploma or GED	10.6	9.5	10.3	10.6	10.9	11.2	9.2	10.5	10.4	9.3
Some college or more	8.9	8.9	8.6	9.2	9.2	10.4	7.6	8.0	7.9	7.9

See footnotes at end of table.

Table 50 (page 2 of 2). Vision limitations among adults aged 18 and over, by selected characteristics: United States, selected years 1997–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#050>.

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

Characteristic	Any trouble seeing, even with glasses or contacts ¹									
	1997	2000	2005	2006	2007	2008	2009	2010	2011	2012
Percent of poverty level ^{2,7}		Percent of adults								
Below 100%	17.0	12.9	15.3	14.2	15.0	16.7	14.3	14.8	14.2	13.7
100%–199%	12.9	11.6	11.5	12.2	13.0	14.2	11.1	12.2	11.5	10.9
200%–399%	9.1	8.8	8.9	9.3	9.4	11.3	8.0	9.0	8.7	7.9
400% or more	7.3	7.1	6.9	7.1	7.8	7.8	5.7	6.4	6.0	6.1
Hispanic origin and race and percent of poverty level ^{2,4,7}										
Hispanic or Latino:										
Below 100%	12.8	11.0	13.6	13.2	13.4	12.9	12.2	10.8	13.9	13.1
100%–199%	11.2	9.4	8.8	9.8	11.1	11.3	8.1	10.8	9.6	10.0
200%–399%	8.1	9.2	8.2	8.3	7.2	10.2	9.0	8.9	8.3	6.8
400% or more	*8.1	10.5	8.0	*7.5	10.6	7.5	*4.6	5.3	5.1	7.8
Not Hispanic or Latino:										
White only:										
Below 100%	17.9	13.1	16.2	14.9	16.3	19.5	13.4	16.8	14.4	14.5
100%–199%	13.1	12.0	12.7	13.4	14.2	15.6	12.1	12.6	12.3	11.7
200%–399%	9.2	9.2	9.0	9.6	10.3	11.5	8.3	8.8	9.0	8.5
400% or more	7.3	7.0	6.9	7.3	7.7	7.9	5.8	6.7	5.9	6.0
Black or African American only:										
Below 100%	17.9	13.6	16.0	14.1	15.1	16.9	17.8	15.8	15.5	13.7
100%–199%	16.0	12.9	11.3	10.9	14.0	14.5	11.7	14.9	12.3	11.3
200%–399%	9.3	7.7	9.7	9.5	7.3	9.8	8.1	12.0	8.5	6.8
400% or more	7.7	8.3	6.4	6.7	6.9	7.4	5.6	6.6	8.6	6.4
Geographic region ²										
Northeast	8.6	7.4	8.1	7.3	8.1	9.3	7.3	7.8	7.6	6.4
Midwest	9.5	9.6	9.7	10.4	10.3	10.7	8.2	9.1	8.7	8.7
South	11.4	9.2	9.8	10.2	10.1	12.4	8.7	10.6	9.4	9.1
West	9.7	9.9	8.6	9.2	10.5	10.2	8.6	8.0	9.1	8.9
Location of residence ²										
Within MSA ⁸	9.5	8.5	8.6	9.2	9.6	10.6	8.2	8.6	8.6	8.2
Outside MSA ⁸	12.0	11.1	11.7	10.8	11.4	12.5	9.0	11.6	10.3	9.8

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

--- Data not available.

¹ Respondents were asked, “Do you have any trouble seeing, even when wearing glasses or contact lenses?” Respondents were also asked, “Are you blind or unable to see at all?” In this analysis, any trouble seeing and blind are combined into one category.

² Estimates are age-adjusted to the year 2000 standard population using five age groups: 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. Age-adjusted estimates in this table may differ from other age-adjusted estimates based on the same data and presented elsewhere if different age groups are used in the adjustment procedure. See [Appendix II, Age adjustment](#).

³ Includes all other races not shown separately and unknown education level.

⁴ The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Prior to 1999, data were tabulated according to the 1977 Standards with four racial groups, and the Asian only category included Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁵ Estimates are for persons aged 25 and over and are age-adjusted to the year 2000 standard population using five age groups: 25–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See [Appendix II, Age adjustment](#).

⁶ GED is General Educational Development high school equivalency diploma. See [Appendix II, Education](#).

⁷ Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed for 1997 and beyond. See [Appendix II, Family income; Poverty; Table VI](#).

⁸ MSA is metropolitan statistical area. Starting with 2006 data, MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2006, see [Appendix II, Metropolitan statistical area \(MSA\)](#) for the applicable standards.

NOTES: Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

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

Table 51 (page 1 of 2). Hearing limitations among adults aged 18 and over, by selected characteristics: United States, selected years 2007–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#051>.

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

Characteristic	Level of hearing trouble											
	Any hearing trouble (a little, moderate, a lot of trouble, or deaf) ¹				Moderate, a lot of trouble, or deaf ¹				A lot of trouble or deaf ¹			
	2007	2010	2011	2012	2007	2010	2011	2012	2007	2010	2011	2012
	Percent of adults											
18 years and over, age-adjusted ^{2,3}	14.7	15.6	15.3	15.1	5.6	5.7	5.7	5.4	2.3	2.1	2.2	2.0
18 years and over, crude ³	14.9	16.2	16.0	16.0	5.7	5.9	5.9	5.7	2.3	2.2	2.2	2.0
Age												
18–44 years	6.0	6.7	6.2	6.2	1.3	1.7	1.5	1.6	0.4	0.5	0.6	0.4
18–24 years	4.1	5.4	4.1	4.3	*	*1.2	*0.7	*1.2	*	*	*	*
25–44 years	6.6	7.2	6.9	6.8	1.6	1.8	1.8	1.7	0.5	0.5	0.7	0.5
45–64 years	17.6	18.9	18.9	19.2	6.0	6.1	6.1	5.8	2.0	1.9	1.9	1.7
45–54 years	14.7	15.6	15.4	16.0	4.1	4.8	4.7	4.6	1.2	1.2	1.5	1.3
55–64 years	21.5	23.2	23.0	22.9	8.5	7.8	7.7	7.1	3.0	2.7	2.4	2.0
65 years and over	36.9	37.5	37.9	35.9	18.6	17.7	18.0	16.3	8.7	7.6	7.7	7.0
65–74 years	29.8	31.2	30.2	29.4	11.9	12.9	12.6	10.7	4.7	4.6	4.6	4.0
75 years and over	45.0	45.2	47.4	44.4	26.3	23.7	24.6	23.6	13.3	11.1	11.6	11.1
Sex ²												
Male	18.3	18.9	18.7	18.2	7.7	7.4	7.5	7.2	3.1	2.8	2.7	2.6
Female	11.5	12.7	12.3	12.3	3.9	4.3	4.1	3.9	1.6	1.6	1.7	1.5
Sex and age												
Male:												
18–44 years	6.8	7.7	7.2	6.9	1.6	1.9	1.8	1.8	*0.5	*0.7	*0.6	*0.5
45–54 years	18.7	18.2	18.3	18.7	5.3	5.7	6.1	5.6	1.5	*1.1	*1.8	1.6
55–64 years	28.4	30.1	30.0	29.1	12.9	11.5	11.2	10.3	4.7	3.9	3.2	2.8
65–74 years	39.4	41.0	38.7	39.3	17.7	17.9	17.3	16.1	7.0	6.7	6.0	5.9
75 years and over	54.6	53.1	56.5	52.1	34.8	29.7	32.2	31.8	16.9	14.5	14.7	14.2
Female:												
18–44 years	5.1	5.8	5.1	5.4	1.0	1.4	1.3	1.3	*0.3	*0.3	0.5	0.4
45–54 years	11.0	13.0	12.5	13.3	2.9	3.9	3.3	3.7	*1.0	*1.3	1.1	*1.1
55–64 years	15.0	16.7	16.4	17.1	4.3	4.4	4.3	4.1	*1.3	1.6	1.6	1.3
65–74 years	21.8	22.8	22.8	20.8	6.9	8.6	8.5	5.9	2.8	2.9	3.3	*2.2
75 years and over	38.8	39.9	41.1	39.1	20.9	19.7	19.3	18.1	11.1	8.9	9.5	9.0
Race ^{2,4}												
White only	15.6	16.5	16.2	16.0	6.0	6.1	6.1	5.8	2.4	2.3	2.3	2.1
Black or African American only	8.5	10.3	10.0	10.0	2.7	3.3	3.1	2.7	1.2	1.1	1.2	1.1
American Indian or Alaska Native only	17.9	21.1	16.0	13.0	*8.8	*7.1	*6.2	*	*3.8	*	*	*
Asian only	8.0	8.0	9.1	9.7	2.8	2.6	3.6	3.4	*	*1.0	*1.8	*1.2
Native Hawaiian or Other Pacific Islander only	*	*	*	*	*	*	*	*	*	*	*	*
2 or more races	24.4	23.3	21.2	19.3	11.5	8.7	*6.7	*5.4	*4.9	*	*	*
Hispanic origin and race ^{2,4}												
Hispanic or Latino	10.9	10.9	11.8	11.3	4.3	3.5	3.6	4.1	2.5	1.4	1.4	2.0
Mexican	11.8	11.5	13.2	12.4	4.4	3.5	3.9	4.5	2.5	*1.5	1.6	*2.0
Not Hispanic or Latino	15.2	16.2	15.8	15.7	5.8	6.0	5.9	5.5	2.3	2.2	2.3	2.0
White only	16.5	17.5	17.0	16.9	6.3	6.5	6.4	6.0	2.5	2.4	2.4	2.1
Black or African American only	8.4	10.3	10.0	9.9	2.7	3.3	3.1	2.8	1.2	1.1	1.2	1.1
Education ^{5,6}												
25 years and over:												
No high school diploma or GED	17.9	19.7	18.7	17.2	7.6	8.1	7.4	5.7	4.1	3.2	3.1	2.5
High school diploma or GED	17.2	18.1	19.2	18.3	6.4	6.5	7.5	6.8	2.8	2.5	2.8	2.6
Some college or more	15.4	16.2	15.5	15.9	6.1	6.0	5.5	5.7	1.9	2.0	2.0	1.9

See footnotes at end of table.

Table 51 (page 2 of 2). Hearing limitations among adults aged 18 and over, by selected characteristics: United States, selected years 2007–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#051>.

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

Characteristic	Level of hearing trouble												
	Any hearing trouble (a little, moderate, a lot of trouble, or deaf) ¹				Moderate, a lot of trouble, or deaf ¹				A lot of trouble or deaf ¹				
	2007	2010	2011	2012	2007	2010	2011	2012	2007	2010	2011	2012	
Percent of poverty level ^{2,7}						Percent of adults							
Below 100%	16.2	16.7	16.7	16.6	6.8	6.8	6.1	6.1	3.4	2.7	2.7	2.7	
100%–199%	15.5	17.2	16.2	16.0	5.8	6.6	6.1	5.9	2.8	2.5	2.5	2.3	
200%–399%	15.1	15.7	16.2	15.6	5.8	5.6	6.3	5.4	2.4	2.1	2.4	1.9	
400% or more	13.6	14.5	13.5	13.7	5.3	5.0	4.9	4.9	1.6	1.8	1.7	1.7	
Hispanic origin and race and percent of poverty level ^{2,4,7}													
Hispanic or Latino:													
Below 100%	12.7	9.1	11.0	12.2	*6.1	*3.5	3.3	4.5	*	*	*1.3	*1.8	
100%–199%	9.7	11.8	12.7	11.3	*3.1	4.3	3.7	3.6	*2.1	*2.3	*1.8	*	
200%–399%	9.8	10.3	11.8	10.8	*3.9	*2.6	3.2	4.1	*	*	*1.3	*2.0	
400% or more	13.3	12.4	11.6	11.0	*5.6	*3.2	*4.6	*4.9	*	*	*	*	
Not Hispanic or Latino:													
White only:													
Below 100%	20.9	21.7	20.5	21.1	8.8	9.2	8.2	8.3	4.3	3.7	3.6	3.6	
100%–199%	18.8	20.8	18.6	19.5	7.2	8.3	7.3	7.3	3.3	3.0	2.8	2.7	
200%–399%	17.2	17.9	18.2	17.8	6.4	6.5	7.2	6.2	2.6	2.3	2.8	2.0	
400% or more	14.3	15.4	14.6	14.6	5.6	5.4	5.2	5.2	1.7	2.0	1.8	1.8	
Black or African American only:													
Below 100%	9.3	11.6	13.9	12.9	*2.8	4.0	3.6	4.1	*	*1.5	*1.6	*2.1	
100%–199%	9.8	11.1	12.0	10.3	*3.1	3.0	3.4	3.1	*	*0.7	*1.5	*1.2	
200%–399%	7.8	10.4	8.8	8.9	*2.2	3.6	2.7	*2.1	*	*	*1.0	*	
400% or more	7.1	7.7	6.1	8.2	*	*2.8	*3.1	*	*	*	*	*	
Geographic region ²													
Northeast	13.3	13.9	13.0	12.7	5.2	4.4	4.9	4.1	1.7	1.4	2.3	1.6	
Midwest	16.0	17.5	16.4	17.1	6.1	6.3	6.0	5.8	2.3	2.3	1.9	2.0	
South	14.0	16.0	15.9	15.0	5.4	6.3	5.9	5.8	2.5	2.6	2.4	2.2	
West	15.5	14.4	15.1	15.1	5.9	5.3	5.7	5.4	2.4	1.9	2.1	1.9	
Location of residence ²													
Within MSA ⁸	14.0	14.7	14.6	14.5	5.3	5.4	5.3	5.2	2.1	1.9	2.0	1.9	
Outside MSA ⁸	18.0	20.1	19.1	18.0	7.2	7.5	7.5	6.4	3.3	3.0	3.0	2.4	

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

¹Starting in 2007, respondents were asked, "WITHOUT the use of hearing aids or other listening devices, is your hearing excellent, good, a little trouble hearing, moderate trouble, a lot of trouble, or are you deaf?"

²Estimates are age-adjusted to the year 2000 standard population using five age groups: 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. Age-adjusted estimates in this table may differ from other age-adjusted estimates based on the same data and presented elsewhere if different age groups are used in the adjustment procedure. See [Appendix II, Age adjustment](#).

³Includes all other races not shown separately and unknown education level.

⁴The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Prior to 1999, data were tabulated according to the 1977 Standards with four racial groups, and the Asian only category included Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁵Estimates are for persons aged 25 and over and are age-adjusted to the year 2000 standard population using five age groups: 25–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See [Appendix II, Age adjustment](#).

⁶GED is General Educational Development high school equivalency diploma. See [Appendix II, Education](#).

⁷Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed for 1997 and beyond. See [Appendix II, Family income; Poverty; Table VI](#).

⁸MSA is metropolitan statistical area. Starting with 2006 data, MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2006, see [Appendix II, Metropolitan statistical area \(MSA\)](#) for the applicable standards.

NOTES: Starting with *Health, United States, 2013*, the hearing measures shown in this table were revised to provide a consistent definition over time. For a longer trend, see *Health, United States, 2012*. Available from: <http://www.cdc.gov/nchs/hus.htm>. Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

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

Table 52 (page 1 of 2). Respondent-assessed fair-poor health status, by selected characteristics: United States, selected years 1991–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#052>.

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

Characteristic	1991 ¹	1995 ¹	1997	2000	2005	2010	2011	2012
Percent of persons with fair or poor health ²								
All ages, age-adjusted ^{3,4}	10.4	10.6	9.2	9.0	9.2	9.6	9.8	9.5
All ages, crude ⁴	10.0	10.1	8.9	8.9	9.3	10.1	10.4	10.3
Age								
Under 18 years	2.6	2.6	2.1	1.7	1.8	2.0	2.0	2.1
Under 6 years	2.7	2.7	1.9	1.5	1.6	1.8	1.5	1.5
6–17 years	2.6	2.5	2.1	1.8	1.9	2.2	2.2	2.4
18–44 years	6.1	6.6	5.3	5.1	5.5	6.3	6.5	6.4
18–24 years	4.8	4.5	3.4	3.3	3.3	3.9	4.2	3.8
25–44 years	6.4	7.2	5.9	5.7	6.3	7.2	7.3	7.4
45–54 years	13.4	13.4	11.7	11.9	11.6	13.3	14.1	14.2
55–64 years	20.7	21.4	18.2	17.9	18.3	19.4	19.1	19.3
65 years and over	29.0	28.3	26.7	26.9	26.6	24.4	24.7	22.7
65–74 years	26.0	25.6	23.1	22.5	23.4	21.2	21.5	19.6
75 years and over	33.6	32.2	31.5	32.1	30.2	28.3	28.6	26.6
Sex ³								
Male	10.0	10.1	8.8	8.8	8.8	9.2	9.4	9.2
Female	10.8	11.1	9.7	9.3	9.5	10.0	10.1	9.9
Race ^{3,5}								
White only	9.6	9.7	8.3	8.2	8.6	8.8	9.0	8.8
Black or African American only	16.8	17.2	15.8	14.6	14.3	14.9	15.0	14.9
American Indian or Alaska Native only	18.3	18.7	17.3	17.2	13.2	17.8	14.4	16.5
Asian only	7.8	9.3	7.8	7.4	6.8	8.1	8.7	7.9
Native Hawaiian or Other Pacific Islander only	---	---	---	*	*	*	*	*
2 or more races	---	---	---	16.2	14.5	15.6	14.2	13.0
Black or African American; White	---	---	---	*14.5	8.3	*16.7	16.7	16.3
American Indian or Alaska Native; White	---	---	---	18.7	17.2	19.0	16.5	14.4
Hispanic origin and race ^{3,5}								
Hispanic or Latino	15.6	15.1	13.0	12.8	13.3	13.1	13.2	13.3
Mexican	17.0	16.7	13.1	12.8	14.3	13.7	14.0	13.6
Not Hispanic or Latino	10.0	10.1	8.9	8.7	8.7	9.2	9.4	9.1
White only	9.1	9.1	8.0	7.9	8.0	8.2	8.4	8.1
Black or African American only	16.8	17.3	15.8	14.6	14.4	14.9	15.0	15.0
Percent of poverty level ^{3,6}								
Below 100%	22.8	23.7	20.8	19.6	20.4	20.9	21.5	21.6
100%–199%	14.7	15.5	13.9	14.1	14.4	15.2	15.0	14.9
200%–399%	7.9	7.9	8.2	8.4	8.3	8.3	8.7	8.4
400% or more	4.9	4.7	4.1	4.5	4.7	4.3	4.3	3.9
Hispanic origin and race and percent of poverty level ^{3,5,6}								
Hispanic or Latino:								
Below 100%	23.6	22.7	19.9	18.7	20.2	19.2	21.0	20.9
100%–199%	18.0	16.9	13.5	15.3	15.3	15.6	14.4	14.5
200%–399%	10.3	10.1	10.0	10.3	10.3	10.3	10.8	10.0
400% or more	6.6	4.0	5.7	5.5	7.6	6.4	5.0	6.7
Not Hispanic or Latino:								
White only:								
Below 100%	21.9	22.8	19.7	18.8	20.1	20.9	21.2	21.1
100%–199%	14.0	14.8	13.3	13.4	13.8	14.8	15.0	15.3
200%–399%	7.5	7.3	7.7	7.9	7.9	7.7	8.1	7.7
400% or more	4.7	4.6	3.9	4.2	4.3	4.0	4.1	3.5
Black or African American only:								
Below 100%	25.8	27.7	25.3	23.8	23.3	23.9	24.7	25.0
100%–199%	17.0	19.3	19.2	18.2	17.6	18.3	18.5	16.9
200%–399%	12.0	11.4	12.2	11.7	11.2	11.2	10.7	11.9
400% or more	5.9	6.5	6.1	7.3	7.1	6.8	6.9	6.6

See footnotes at end of table.

Table 52 (page 2 of 2). Respondent-assessed fair-poor health status, by selected characteristics: United States, selected years 1991–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#052>.

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

Characteristic	1991 ¹	1995 ¹	1997	2000	2005	2010	2011	2012
Disability measure among adults 18 years and over ^{3,7}								
Percent of persons with fair or poor health ²								
Any basic actions difficulty or complex activity limitation	---	---	27.0	27.6	28.5	28.7	30.1	30.2
Any basic actions difficulty	---	---	27.3	27.7	29.1	28.9	30.6	30.6
Any complex activity limitation	---	---	42.9	45.6	46.3	46.0	48.3	46.6
No disability	---	---	3.4	3.8	3.6	3.5	3.6	3.6
Geographic region ³								
Northeast	8.3	9.1	8.0	7.6	7.5	7.9	8.4	8.0
Midwest	9.1	9.7	8.1	8.0	8.3	9.0	8.8	9.1
South	13.1	12.3	10.8	10.7	11.0	11.1	11.2	10.8
West	9.7	10.1	8.8	8.8	8.6	9.2	9.5	9.1
Location of residence ³								
Within MSA ⁸	9.9	10.1	8.7	8.5	8.7	9.2	9.4	9.0
Outside MSA ⁸	11.9	12.6	11.1	11.1	11.2	11.9	11.7	12.3

--- Data not available.

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

¹Data prior to 1997 are not strictly comparable with data for later years due to the 1997 questionnaire redesign. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

²See [Appendix II, Health status, respondent-assessed](#).

³Estimates are age-adjusted to the year 2000 standard population using six age groups: under 18 years, 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. The disability measure is age-adjusted using the five adult age groups. See [Appendix II, Age adjustment](#).

⁴Includes all other races not shown separately and unknown disability status.

⁵The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Prior to 1999, data were tabulated according to the 1977 Standards with four racial groups, and the Asian only category included Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁶Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed for 1991 and beyond. See [Appendix II, Family income; Poverty; Table VI](#).

⁷Any basic actions difficulty or complex activity limitation is defined as having one or more of the following limitations or difficulties: movement difficulty, emotional difficulty, sensory (seeing or hearing) difficulty, cognitive difficulty, self-care (activities of daily living or instrumental activities of daily living) limitation, social limitation, or work limitation. For more information, see [Appendix II, Basic actions difficulty; Complex activity limitation](#). Starting with 2007 data, the hearing question, a component of the basic actions difficulty measure, was revised. Consequently, data prior to 2007 are not comparable with data for 2007 and beyond. For more information on the impact of the revised hearing question, see [Appendix II, Hearing trouble](#).

⁸MSA is metropolitan statistical area. Starting with 2006 data, MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2006, see [Appendix II, Metropolitan statistical area \(MSA\)](#) for the applicable standards.

NOTES: Standard errors for selected years are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Health Interview Survey, family core and sample adult questionnaires. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 53 (page 1 of 5). Selected measures of disability and health status among adults aged 18–64, by urbanization level and selected characteristics: United States, average annual, 2002–2004 through 2010–2012

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#053>.

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

Urbanization level ¹ and selected characteristic	Any basic actions difficulty or complex activity limitation ²			Fair or poor respondent-assessed health status ³		
	2002–2004	2005–2007	2010–2012	2002–2004	2005–2007	2010–2012
Geographic region ⁴						
Percent of population, crude						
All regions:						
Metropolitan counties:						
Large central	21.5	21.8	23.2	8.7	9.0	10.0
Large fringe	22.4	23.1	24.4	6.9	7.1	8.2
Medium and small	27.4	27.3	28.2	9.6	9.8	10.9
Nonmetropolitan counties:						
Micropolitan	30.4	31.2	33.2	11.4	12.4	14.2
Nonmicropolitan	30.9	33.7	36.8	14.0	14.6	16.0
Northeast:						
Metropolitan counties:						
Large central	20.1	21.0	21.5	9.0	10.1	9.7
Large fringe	22.3	22.8	21.9	6.9	6.1	6.5
Medium and small	25.9	24.6	27.5	7.6	7.5	9.5
Nonmetropolitan counties:						
Micropolitan	31.0	31.0	32.2	9.7	9.8	12.4
Nonmicropolitan	27.4	34.1	35.6	8.9	10.6	10.6
Midwest:						
Metropolitan counties:						
Large central	26.1	25.7	25.5	8.9	8.8	10.8
Large fringe	24.4	26.2	25.5	6.3	8.0	8.7
Medium and small	28.1	27.1	27.7	8.1	8.1	9.8
Nonmetropolitan counties:						
Micropolitan	27.0	28.3	28.8	8.0	9.8	11.5
Nonmicropolitan	28.6	29.1	33.0	9.1	10.9	11.9
South:						
Metropolitan counties:						
Large central	21.5	21.9	23.5	8.9	9.9	10.6
Large fringe	20.9	21.4	24.3	7.1	7.2	9.0
Medium and small	27.8	28.0	30.0	11.9	11.9	12.7
Nonmetropolitan counties:						
Micropolitan	32.3	31.4	35.3	14.3	14.6	16.6
Nonmicropolitan	34.7	36.5	41.7	20.2	18.2	21.8
West:						
Metropolitan counties:						
Large central	20.0	19.9	22.7	8.3	7.9	9.4
Large fringe	23.1	23.0	27.2	7.3	7.7	8.5
Medium and small	26.8	28.3	26.2	8.7	9.4	10.1
Nonmetropolitan counties:						
Micropolitan	30.8	37.1	37.6	10.9	13.1	14.1
Nonmicropolitan	*24.2	36.1	33.1	*7.6	14.1	12.0
Age						
18–44 years:						
Metropolitan counties:						
Large central	15.4	15.1	15.6	5.3	5.6	6.3
Large fringe	16.1	16.2	17.4	4.3	4.3	5.0
Medium and small	20.0	19.0	19.7	6.0	6.0	6.5
Nonmetropolitan counties:						
Micropolitan	22.5	21.6	21.9	6.6	7.3	8.4
Nonmicropolitan	21.5	23.4	25.5	9.3	8.5	9.1
45–64 years:						
Metropolitan counties:						
Large central	33.2	33.7	35.5	15.1	15.1	15.9
Large fringe	32.2	33.0	33.1	10.9	11.2	12.3
Medium and small	39.0	39.8	39.9	15.3	15.3	17.0
Nonmetropolitan counties:						
Micropolitan	42.0	42.8	46.7	18.4	19.0	21.1
Nonmicropolitan	42.6	45.2	49.7	20.0	21.3	23.6
Sex						
Men:						
Metropolitan counties:						
Large central	18.2	18.9	20.3	7.6	8.3	9.2
Large fringe	19.7	20.3	21.0	6.3	6.6	7.7
Medium and small	23.8	24.9	25.6	8.9	8.9	10.3
Nonmetropolitan counties:						
Micropolitan	28.3	28.2	30.2	11.2	11.8	13.4
Nonmicropolitan	28.5	31.0	32.1	13.5	14.7	14.5

See footnotes at end of table.

Table 53 (page 2 of 5). Selected measures of disability and health status among adults aged 18–64, by urbanization level and selected characteristics: United States, average annual, 2002–2004 through 2010–2012

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#053>.

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

Urbanization level ¹ and selected characteristic	Any basic actions difficulty or complex activity limitation ²			Fair or poor respondent-assessed health status ³		
	2002–2004	2005–2007	2010–2012	2002–2004	2005–2007	2010–2012
Sex						
Percent of population, crude						
Women:						
Metropolitan counties:						
Large central	24.8	24.6	26.1	9.8	9.7	10.9
Large fringe	25.0	25.8	27.7	7.5	7.7	8.7
Medium and small	30.8	29.7	30.7	10.3	10.5	11.6
Nonmetropolitan counties:						
Micropolitan	32.3	34.1	35.9	11.6	13.0	15.1
Nonmicropolitan	33.2	36.4	41.3	14.5	14.5	17.4
Hispanic origin and race ⁵						
Hispanic or Latino:						
Metropolitan counties:						
Large central	17.7	17.9	20.9	10.4	11.3	12.1
Large fringe	18.3	17.5	21.8	9.0	8.1	9.9
Medium and small	21.5	23.6	23.3	11.6	11.2	12.3
Nonmetropolitan counties:						
Micropolitan	23.1	22.8	22.5	13.1	10.6	10.5
Nonmicropolitan	21.8	29.4	28.3	10.3	13.8	12.7
Not Hispanic or Latino:						
White only:						
Metropolitan counties:						
Large central	22.4	23.1	23.8	6.4	6.5	7.8
Large fringe	23.5	24.3	25.5	6.5	6.8	7.4
Medium and small	27.8	27.8	28.6	8.7	8.9	9.8
Nonmetropolitan counties:						
Micropolitan	30.6	31.8	32.8	10.5	11.8	13.5
Nonmicropolitan	30.9	33.4	37.3	13.1	13.7	15.4
Black or African American only:						
Metropolitan counties:						
Large central	26.9	27.5	30.0	13.6	14.3	15.1
Large fringe	21.0	23.1	24.5	8.8	9.1	11.9
Medium and small	30.5	29.1	33.7	14.5	15.5	16.3
Nonmetropolitan counties:						
Micropolitan	33.8	31.4	40.0	18.7	17.4	20.8
Nonmicropolitan	31.6	37.6	40.4	23.3	26.4	29.4
Percent of poverty level ⁶						
Below 100%:						
Metropolitan counties:						
Large central	31.8	31.4	32.4	19.7	18.6	19.6
Large fringe	33.2	38.9	38.3	17.4	19.1	21.5
Medium and small	38.8	37.8	40.0	21.1	20.1	22.4
Nonmetropolitan counties:						
Micropolitan	42.0	46.8	46.0	23.1	23.8	26.5
Nonmicropolitan	47.6	51.8	55.6	27.8	31.3	31.4
100%–199%:						
Metropolitan counties:						
Large central	24.7	25.2	28.3	12.7	13.3	14.8
Large fringe	30.8	31.1	32.6	13.6	14.1	15.3
Medium and small	32.9	33.8	35.1	15.1	15.5	16.8
Nonmetropolitan counties:						
Micropolitan	38.2	39.0	39.7	17.2	19.3	20.1
Nonmicropolitan	39.5	40.8	43.1	19.8	19.6	22.1
200%–399%:						
Metropolitan counties:						
Large central	20.3	20.4	21.3	7.9	8.3	8.8
Large fringe	23.8	23.2	25.1	7.5	7.3	8.2
Medium and small	27.3	26.3	27.7	8.5	8.7	9.4
Nonmetropolitan counties:						
Micropolitan	27.1	28.0	30.4	8.7	10.1	11.3
Nonmicropolitan	26.6	29.0	31.3	10.9	10.8	11.2

See footnotes at end of table.

Table 53 (page 3 of 5). Selected measures of disability and health status among adults aged 18–64, by urbanization level and selected characteristics: United States, average annual, 2002–2004 through 2010–2012

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#053>.

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

Urbanization level ¹ and selected characteristic	Any basic actions difficulty or complex activity limitation ²			Fair or poor respondent-assessed health status ³		
	2002–2004	2005–2007	2010–2012	2002–2004	2005–2007	2010–2012
Percent of poverty level ⁶		Percent of population, crude				
400% or more:						
Metropolitan counties:						
Large central	17.6	17.7	17.8	4.0	4.4	4.2
Large fringe	18.4	19.0	18.9	3.7	3.9	3.7
Medium and small	21.2	21.1	20.4	4.5	4.5	4.6
Nonmetropolitan counties:						
Micropolitan	22.8	22.4	22.7	4.8	5.3	5.3
Nonmicropolitan	20.0	23.4	25.0	5.2	5.9	5.9
Geographic region ⁴		Percent of population, age-adjusted ⁷				
All regions:						
Metropolitan counties:						
Large central	22.0	22.1	23.0	8.9	9.1	9.9
Large fringe	21.9	22.2	23.1	6.7	6.8	7.7
Medium and small	27.0	26.7	27.3	9.4	9.5	10.5
Nonmetropolitan counties:						
Micropolitan	29.8	29.4	31.2	10.9	11.6	13.2
Nonmicropolitan	29.1	31.2	34.4	13.2	13.1	14.5
Northeast:						
Metropolitan counties:						
Large central	20.0	20.9	21.1	8.9	10.1	9.4
Large fringe	21.3	21.7	20.2	6.6	5.8	6.0
Medium and small	24.6	23.1	25.5	7.1	7.2	8.7
Nonmetropolitan counties:						
Micropolitan	31.0	29.4	30.2	9.4	9.1	11.3
Nonmicropolitan	24.8	32.9	32.1	8.2	9.6	9.3
Midwest:						
Metropolitan counties:						
Large central	26.3	26.4	25.5	9.1	9.0	10.8
Large fringe	24.0	25.4	24.2	6.2	7.6	8.2
Medium and small	28.2	26.9	27.0	8.1	8.0	9.5
Nonmetropolitan counties:						
Micropolitan	26.5	26.8	27.5	7.7	9.1	11.0
Nonmicropolitan	26.9	26.8	31.3	8.5	9.5	10.9
South:						
Metropolitan counties:						
Large central	22.0	22.4	23.4	9.1	10.3	10.6
Large fringe	20.7	20.9	23.4	7.0	6.8	8.4
Medium and small	27.4	27.4	29.0	11.6	11.6	12.1
Nonmetropolitan counties:						
Micropolitan	31.4	29.8	33.1	13.7	13.8	15.3
Nonmicropolitan	33.1	34.2	38.7	19.4	16.6	19.8
West:						
Metropolitan counties:						
Large central	20.8	19.9	22.6	8.7	7.9	9.4
Large fringe	22.6	21.7	26.4	7.1	7.3	8.2
Medium and small	26.6	27.8	25.9	8.6	9.2	9.9
Nonmetropolitan counties:						
Micropolitan	30.1	34.5	34.5	10.3	12.1	12.5
Nonmicropolitan	*22.7	32.4	31.2	*7.3	13.0	11.3
Sex						
Men:						
Metropolitan counties:						
Large central	18.7	19.3	20.5	7.9	8.5	9.1
Large fringe	19.4	19.7	19.9	6.1	6.2	7.3
Medium and small	23.5	24.4	24.8	8.7	8.7	9.8
Nonmetropolitan counties:						
Micropolitan	27.6	26.6	28.5	10.7	10.9	12.2
Nonmicropolitan	27.1	28.5	30.2	12.8	13.1	13.1
Women:						
Metropolitan counties:						
Large central	25.1	24.8	25.5	9.9	9.8	10.7
Large fringe	24.2	24.6	26.3	7.2	7.3	8.1
Medium and small	30.3	28.9	29.7	10.1	10.2	11.1
Nonmetropolitan counties:						
Micropolitan	31.7	32.1	33.7	11.2	12.2	14.1
Nonmicropolitan	31.1	33.8	38.5	13.6	13.1	15.9

See footnotes at end of table.

Table 53 (page 4 of 5). Selected measures of disability and health status among adults aged 18–64, by urbanization level and selected characteristics: United States, average annual, 2002–2004 through 2010–2012

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#053>.

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

Urbanization level ¹ and selected characteristic	Any basic actions difficulty or complex activity limitation ²			Fair or poor respondent-assessed health status ³		
	2002–2004	2005–2007	2010–2012	2002–2004	2005–2007	2010–2012
Hispanic origin and race ⁵	Percent of population, age-adjusted ⁷					
Hispanic or Latino:						
Metropolitan counties:						
Large central	19.9	19.9	22.4	12.4	12.8	13.2
Large fringe	20.9	19.2	23.0	10.7	9.3	10.9
Medium and small	24.3	26.1	25.3	13.7	13.0	13.7
Nonmetropolitan counties:						
Micropolitan	26.0	24.7	24.8	15.5	12.7	11.8
Nonmicropolitan	27.5	30.0	30.9	12.3	14.5	14.5
Not Hispanic or Latino:						
White only:						
Metropolitan counties:						
Large central	21.8	22.3	22.7	6.1	6.2	7.3
Large fringe	22.3	22.7	23.7	6.0	6.2	6.7
Medium and small	26.9	26.6	27.0	8.3	8.3	9.1
Nonmetropolitan counties:						
Micropolitan	29.6	29.4	30.4	9.9	10.8	12.2
Nonmicropolitan	28.7	30.7	34.2	12.1	12.1	13.6
Black or African American only:						
Metropolitan counties:						
Large central	27.4	27.8	30.2	13.8	14.5	15.2
Large fringe	22.0	23.3	24.4	9.4	9.2	11.7
Medium and small	30.9	29.7	32.9	15.0	16.0	16.1
Nonmetropolitan counties:						
Micropolitan	34.0	31.6	38.8	18.6	17.3	20.2
Nonmicropolitan	33.3	32.5	39.1	24.1	24.6	27.7
Percent of poverty level ⁶						
Below 100%:						
Metropolitan counties:						
Large central	36.3	37.2	36.9	23.5	22.6	22.6
Large fringe	39.4	43.5	41.9	20.9	22.0	23.8
Medium and small	45.3	45.1	46.7	25.6	25.0	26.5
Nonmetropolitan counties:						
Micropolitan	48.7	51.1	51.1	27.3	26.3	29.6
Nonmicropolitan	49.9	51.3	56.5	29.5	31.5	32.0
100%–199%:						
Metropolitan counties:						
Large central	27.9	28.2	30.3	14.6	15.0	16.0
Large fringe	33.0	31.8	33.9	14.8	14.7	15.8
Medium and small	36.0	36.6	37.1	16.9	17.2	18.0
Nonmetropolitan counties:						
Micropolitan	39.4	39.3	39.4	18.0	19.9	19.5
Nonmicropolitan	39.4	39.9	42.1	19.8	18.6	21.5
200%–399%:						
Metropolitan counties:						
Large central	21.4	20.9	21.4	8.4	8.6	8.8
Large fringe	24.0	23.5	24.6	7.6	7.3	7.9
Medium and small	27.6	26.2	26.9	8.6	8.6	9.1
Nonmetropolitan counties:						
Micropolitan	26.9	26.6	27.9	8.5	9.5	10.1
Nonmicropolitan	25.0	26.3	28.7	10.2	9.5	9.8
400% or more:						
Metropolitan counties:						
Large central	16.7	16.7	16.4	3.8	4.0	3.8
Large fringe	17.0	17.5	16.9	3.4	3.5	3.2
Medium and small	19.3	18.3	17.4	3.9	3.7	3.8
Nonmetropolitan counties:						
Micropolitan	19.9	17.8	18.5	3.9	4.2	4.3
Nonmicropolitan	16.1	19.1	20.7	4.3	4.8	4.4

See footnotes at end of table.

Table 53 (page 5 of 5). Selected measures of disability and health status among adults aged 18–64, by urbanization level and selected characteristics: United States, average annual, 2002–2004 through 2010–2012

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#053>.

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

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

¹Urbanization levels were developed by NCHS using information from the Office of Management and Budget, Department of Agriculture, and Census Bureau. More information on this urban-rural classification scheme is available from: http://www.cdc.gov/nchs/data_access/urban_rural.htm. The classification codes were applied to county-level data and then aggregated into the five categories presented here. See [Appendix II, Urbanization](#).

²Any basic actions difficulty or complex activity limitation is defined as having one or more of the following limitations or difficulties: movement difficulty, emotional difficulty, sensory (seeing or hearing) difficulty, cognitive difficulty, self-care (activities of daily living or instrumental activities of daily living) limitation, social limitation, or work limitation. For more information, see [Appendix II, Basic actions difficulty; Complex activity limitation](#). Starting with 2007 data, the hearing question, a component of the basic actions difficulty measure, was revised. Consequently, data prior to 2007 are not comparable with data for 2007 and beyond. For more information on the impact of the revised hearing question, see [Appendix II, Hearing trouble](#).

³Based on responses to the question, "Would you say person's health in general is excellent, very good, good, fair, or poor?" See [Appendix II, Health status, respondent-assessed](#).

⁴See [Appendix II, Geographic region](#).

⁵Persons of Hispanic origin may be of any race. In this table, data are presented for non-Hispanic white only and non-Hispanic black only race groups. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity*. The single-race categories shown in the table conform to the 1997 Standards. Race-specific estimates are for persons who reported only one racial group. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁶Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed. See [Appendix II, Family income; Poverty; Table VI](#).

⁷Estimates are age-adjusted to the year 2000 standard population using four age groups: 18–24 years, 25–34 years, 35–44 years, and 45–64 years. See [Appendix II, Age adjustment](#).

NOTES: Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Health Interview Survey, family core and sample adult questionnaires, and the 2006 NCHS urban-rural classification scheme for counties. See [Appendix I, National Health Interview Survey \(NHIS\)](#), and http://www.cdc.gov/nchs/data_access/urban_rural.htm.

Table 54 (page 1 of 5). Selected measures of disability and health status among adults aged 65 and over, by urbanization level and selected characteristics: United States, average annual, 2002–2004 through 2010–2012

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#054>.

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

Urbanization level ¹ and selected characteristic	Any basic actions difficulty or complex activity limitation ²			Fair or poor respondent-assessed health status ³		
	2002–2004	2005–2007	2010–2012	2002–2004	2005–2007	2010–2012
Geographic region ⁴						
All regions:						
Metropolitan counties:						
Large central	59.6	61.2	59.3	27.6	27.8	26.9
Large fringe	60.1	59.1	57.6	23.0	22.1	20.6
Medium and small	63.1	64.3	61.8	25.4	25.5	22.7
Nonmetropolitan counties:						
Micropolitan	67.6	64.1	60.4	28.9	27.3	23.2
Nonmicropolitan	66.1	67.4	69.9	30.2	31.0	28.5
Northeast:						
Metropolitan counties:						
Large central	59.7	64.1	56.2	26.7	28.8	28.9
Large fringe	60.1	57.3	56.5	22.8	21.7	19.0
Medium and small	59.4	62.7	60.2	20.4	20.1	20.1
Nonmetropolitan counties:						
Micropolitan	61.4	64.9	54.7	21.2	19.8	17.4
Nonmicropolitan	68.1	51.3	48.0	18.6	*15.7	*15.9
Midwest:						
Metropolitan counties:						
Large central	63.8	67.8	60.2	28.7	29.9	25.6
Large fringe	64.5	63.3	59.4	23.4	21.3	19.7
Medium and small	64.5	64.3	61.1	23.9	23.1	19.6
Nonmetropolitan counties:						
Micropolitan	65.4	66.1	61.7	24.4	23.5	18.6
Nonmicropolitan	62.9	63.7	71.5	21.9	27.0	21.1
South:						
Metropolitan counties:						
Large central	58.1	58.3	59.4	28.1	29.0	27.5
Large fringe	57.4	58.5	58.7	23.6	22.7	23.4
Medium and small	63.5	64.8	63.1	30.5	30.5	25.9
Nonmetropolitan counties:						
Micropolitan	71.2	61.3	59.9	36.3	33.8	28.2
Nonmicropolitan	68.3	71.8	73.9	40.9	37.3	38.7
West:						
Metropolitan counties:						
Large central	58.4	57.8	60.3	27.2	25.2	26.2
Large fringe	59.8	56.7	54.0	21.2	23.6	18.1
Medium and small	64.0	64.8	61.3	20.4	21.9	21.6
Nonmetropolitan counties:						
Micropolitan	66.7	68.2	63.8	23.0	21.2	21.0
Nonmicropolitan	69.5	72.4	64.0	25.4	30.5	25.6
Age						
65–74 years:						
Metropolitan counties:						
Large central	51.7	51.2	48.9	24.1	24.2	22.9
Large fringe	49.0	50.2	49.3	19.2	19.0	17.5
Medium and small	53.5	54.1	53.6	20.8	22.5	19.8
Nonmetropolitan counties:						
Micropolitan	61.1	55.2	53.9	25.9	24.1	20.7
Nonmicropolitan	56.0	58.7	62.6	25.6	28.0	26.6
75 years and over:						
Metropolitan counties:						
Large central	68.4	72.5	71.6	31.6	32.0	31.6
Large fringe	73.0	69.7	69.2	27.4	25.7	24.7
Medium and small	73.8	75.3	72.3	30.5	28.6	26.4
Nonmetropolitan counties:						
Micropolitan	75.4	74.8	68.8	32.3	31.0	26.3
Nonmicropolitan	78.8	78.3	78.8	35.9	34.9	30.9
Sex						
Men:						
Metropolitan counties:						
Large central	53.5	55.7	53.7	26.8	26.1	25.8
Large fringe	55.9	52.5	52.0	24.0	21.7	21.6
Medium and small	60.2	61.6	57.0	24.6	25.0	22.6
Nonmetropolitan counties:						
Micropolitan	63.7	61.8	53.6	30.5	28.6	22.9
Nonmicropolitan	62.8	65.4	69.2	31.8	31.4	29.9

See footnotes at end of table.

Table 54 (page 2 of 5). Selected measures of disability and health status among adults aged 65 and over, by urbanization level and selected characteristics: United States, average annual, 2002–2004 through 2010–2012

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#054>.

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

Urbanization level ¹ and selected characteristic	Any basic actions difficulty or complex activity limitation ²			Fair or poor respondent-assessed health status ³		
	2002–2004	2005–2007	2010–2012	2002–2004	2005–2007	2010–2012
Sex						
Percent of population, crude						
Women:						
Metropolitan counties:						
Large central	64.2	65.2	63.2	28.2	29.1	27.8
Large fringe	63.5	64.3	62.4	22.3	22.5	19.9
Medium and small	65.2	66.3	65.4	26.0	25.8	22.7
Nonmetropolitan counties:						
Micropolitan	70.3	66.0	66.3	27.7	26.3	23.4
Nonmicropolitan	68.6	68.9	70.5	29.0	30.7	27.3
Hispanic origin and race ⁵						
Hispanic or Latino:						
Metropolitan counties:						
Large central	58.2	58.8	61.5	39.1	36.5	36.6
Large fringe	49.3	55.0	61.7	33.1	38.2	31.4
Medium and small	65.4	63.9	66.9	38.4	42.7	38.2
Nonmetropolitan counties:						
Micropolitan	71.6	61.5	56.3	43.9	30.9	31.6
Nonmicropolitan	77.3	63.4	78.1	*47.9	28.4	44.0
Not Hispanic or Latino:						
White only:						
Metropolitan counties:						
Large central	58.6	60.8	57.8	22.9	24.1	21.5
Large fringe	60.6	59.3	57.5	21.9	20.4	18.8
Medium and small	62.6	64.3	61.1	23.5	23.5	20.3
Nonmetropolitan counties:						
Micropolitan	67.1	63.4	59.7	27.3	25.3	21.0
Nonmicropolitan	64.9	67.7	68.8	28.4	30.6	26.6
Black or African American only:						
Metropolitan counties:						
Large central	66.0	68.9	64.9	37.3	36.1	37.1
Large fringe	63.9	62.1	59.9	33.3	34.8	31.4
Medium and small	67.7	66.5	69.2	43.7	40.0	38.2
Nonmetropolitan counties:						
Micropolitan	71.8	74.0	72.1	45.5	53.9	43.8
Nonmicropolitan	82.5	59.4	79.1	57.4	37.8	51.1
Percent of poverty level ⁶						
Below 100%:						
Metropolitan counties:						
Large central	70.9	75.9	75.0	43.3	43.9	48.8
Large fringe	71.4	76.6	75.3	34.1	40.4	37.0
Medium and small	75.9	78.8	71.8	41.9	40.5	38.3
Nonmetropolitan counties:						
Micropolitan	80.6	78.1	78.9	45.4	46.3	40.5
Nonmicropolitan	77.5	81.9	81.2	44.2	45.7	45.9
100%–199%:						
Metropolitan counties:						
Large central	66.8	68.6	70.9	33.9	35.7	33.5
Large fringe	70.5	67.8	70.1	31.3	30.1	28.3
Medium and small	73.1	71.9	73.4	33.5	32.6	32.5
Nonmetropolitan counties:						
Micropolitan	72.8	75.3	71.7	34.3	36.0	34.8
Nonmicropolitan	71.1	73.5	77.4	35.4	36.2	35.0
200%–399%:						
Metropolitan counties:						
Large central	58.8	61.0	60.0	25.5	24.4	25.6
Large fringe	59.7	59.6	59.9	22.3	22.0	22.4
Medium and small	61.3	64.5	62.8	22.7	24.2	21.9
Nonmetropolitan counties:						
Micropolitan	63.4	62.0	55.3	23.3	22.8	19.4
Nonmicropolitan	61.7	63.0	67.6	24.6	26.8	23.5

See footnotes at end of table.

Table 54 (page 3 of 5). Selected measures of disability and health status among adults aged 65 and over, by urbanization level and selected characteristics: United States, average annual, 2002–2004 through 2010–2012

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#054>.

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

Urbanization level ¹ and selected characteristic	Any basic actions difficulty or complex activity limitation ²			Fair or poor respondent-assessed health status ³		
	2002–2004	2005–2007	2010–2012	2002–2004	2005–2007	2010–2012
Percent of poverty level ⁶		Percent of population, crude				
400% or more:						
Metropolitan counties:						
Large central	47.3	47.0	44.0	16.4	17.4	14.2
Large fringe	50.2	51.0	47.1	15.2	14.8	12.8
Medium and small	50.3	52.4	49.1	14.5	15.1	12.2
Nonmetropolitan counties:						
Micropolitan	57.0	45.6	49.2	17.6	13.3	9.6
Nonmicropolitan	52.5	49.7	53.5	17.7	17.1	15.4
Geographic region ⁴		Percent of population, age-adjusted ⁷				
All regions:						
Metropolitan counties:						
Large central	60.1	61.4	59.6	27.8	27.9	27.0
Large fringe	60.8	59.7	58.7	23.3	22.4	20.9
Medium and small	63.5	64.3	62.4	25.5	25.5	22.9
Nonmetropolitan counties:						
Micropolitan	68.1	64.7	61.1	29.0	27.5	23.4
Nonmicropolitan	67.0	68.0	70.5	30.5	31.3	28.6
Northeast:						
Metropolitan counties:						
Large central	59.9	63.8	57.3	26.8	28.8	28.9
Large fringe	59.0	57.2	56.3	22.6	21.7	19.0
Medium and small	58.9	61.3	60.1	19.9	20.0	20.1
Nonmetropolitan counties:						
Micropolitan	61.3	63.6	55.2	21.1	19.1	18.6
Nonmicropolitan	71.4	57.8	48.4	18.5	*16.1	*16.2
Midwest:						
Metropolitan counties:						
Large central	64.2	68.7	60.8	28.8	29.9	25.6
Large fringe	65.4	63.5	61.6	23.7	21.5	20.0
Medium and small	65.0	64.1	61.4	24.1	23.0	19.6
Nonmetropolitan counties:						
Micropolitan	65.6	65.7	61.5	24.4	23.3	18.6
Nonmicropolitan	63.0	63.2	71.4	21.9	26.8	21.1
South:						
Metropolitan counties:						
Large central	58.5	59.0	59.2	28.3	29.3	27.6
Large fringe	59.5	60.0	59.9	24.1	23.2	23.8
Medium and small	64.3	65.4	64.5	30.8	30.6	26.4
Nonmetropolitan counties:						
Micropolitan	72.2	63.1	61.8	36.3	34.4	28.8
Nonmicropolitan	69.4	72.6	74.7	40.9	37.4	38.7
West:						
Metropolitan counties:						
Large central	59.0	57.6	60.6	27.4	25.3	26.2
Large fringe	60.2	58.3	56.6	21.8	23.8	18.9
Medium and small	64.5	64.7	61.5	20.4	21.9	21.8
Nonmetropolitan counties:						
Micropolitan	67.6	68.7	63.1	23.3	21.4	21.0
Nonmicropolitan	71.9	73.2	65.5	26.3	31.5	25.7
Sex						
Men:						
Metropolitan counties:						
Large central	54.4	57.5	54.8	27.1	26.7	26.1
Large fringe	57.9	54.1	54.4	24.9	22.2	22.2
Medium and small	61.8	62.7	59.2	25.4	25.5	23.1
Nonmetropolitan counties:						
Micropolitan	64.7	63.0	55.1	31.0	29.0	23.6
Nonmicropolitan	65.6	66.6	69.8	32.8	32.1	30.2
Women:						
Metropolitan counties:						
Large central	64.4	64.7	63.0	28.1	28.9	27.6
Large fringe	63.2	64.1	62.4	22.2	22.4	19.8
Medium and small	64.8	65.5	65.2	25.6	25.6	22.6
Nonmetropolitan counties:						
Micropolitan	70.2	66.0	66.2	27.7	26.2	23.4
Nonmicropolitan	68.3	69.0	71.1	28.9	30.8	27.4

See footnotes at end of table.

Table 54 (page 4 of 5). Selected measures of disability and health status among adults aged 65 and over, by urbanization level and selected characteristics: United States, average annual, 2002–2004 through 2010–2012

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#054>.

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

Urbanization level ¹ and selected characteristic	Any basic actions difficulty or complex activity limitation ²			Fair or poor respondent-assessed health status ³		
	2002–2004	2005–2007	2010–2012	2002–2004	2005–2007	2010–2012
Hispanic origin and race ⁵	Percent of population, age-adjusted ⁷					
Hispanic or Latino:						
Metropolitan counties:						
Large central	60.9	60.7	63.2	40.3	37.6	37.3
Large fringe	54.7	57.2	65.5	34.8	40.2	32.8
Medium and small	67.3	67.1	68.6	39.4	44.8	39.1
Nonmetropolitan counties:						
Micropolitan	74.4	66.7	54.6	44.0	33.1	30.9
Nonmicropolitan	85.6	64.2	78.9	59.7	*27.6	44.7
Not Hispanic or Latino:						
White only:						
Metropolitan counties:						
Large central	58.4	60.0	57.3	22.7	23.9	21.1
Large fringe	60.8	59.4	58.2	22.0	20.5	18.9
Medium and small	62.9	64.0	61.6	23.5	23.4	20.4
Nonmetropolitan counties:						
Micropolitan	67.4	63.8	60.3	27.3	25.4	21.3
Nonmicropolitan	65.8	68.2	69.2	28.7	30.8	26.7
Black or African American only:						
Metropolitan counties:						
Large central	67.7	70.4	65.7	37.7	36.5	37.4
Large fringe	67.6	64.6	63.4	34.4	36.1	32.5
Medium and small	68.4	68.1	71.0	44.0	40.7	38.6
Nonmetropolitan counties:						
Micropolitan	75.0	76.0	73.1	46.3	54.9	44.4
Nonmicropolitan	82.6	61.2	78.6	57.2	37.3	51.1
Percent of poverty level ⁶						
Below 100%:						
Metropolitan counties:						
Large central	71.8	75.9	74.8	43.5	43.9	48.8
Large fringe	69.6	76.2	75.3	33.8	40.4	37.3
Medium and small	75.6	78.2	71.0	41.9	40.9	38.3
Nonmetropolitan counties:						
Micropolitan	80.1	76.7	78.3	45.6	45.8	40.6
Nonmicropolitan	77.2	81.8	81.4	44.3	45.6	45.5
100%–199%:						
Metropolitan counties:						
Large central	66.3	67.6	69.6	33.8	35.7	33.4
Large fringe	68.8	66.5	68.8	31.2	30.3	28.5
Medium and small	72.0	70.9	72.8	33.1	32.7	32.4
Nonmetropolitan counties:						
Micropolitan	72.0	75.3	71.1	34.3	36.1	34.8
Nonmicropolitan	70.7	73.5	77.1	35.2	36.3	35.2
200%–399%:						
Metropolitan counties:						
Large central	58.7	61.1	59.8	25.4	24.4	25.5
Large fringe	60.6	60.0	60.1	22.6	22.1	22.4
Medium and small	61.8	64.3	63.3	22.9	24.1	22.0
Nonmetropolitan counties:						
Micropolitan	64.6	63.0	56.6	23.7	23.1	19.4
Nonmicropolitan	63.7	64.0	68.4	25.5	27.0	23.7
400% or more:						
Metropolitan counties:						
Large central	49.4	49.0	47.4	17.6	18.9	15.2
Large fringe	54.1	53.6	50.4	17.0	16.2	14.3
Medium and small	53.9	55.0	52.5	16.4	16.3	13.5
Nonmetropolitan counties:						
Micropolitan	58.9	50.2	52.7	19.1	14.6	11.4
Nonmicropolitan	58.6	53.3	57.2	19.4	19.4	17.8

See footnotes at end of table.

Table 54 (page 5 of 5). Selected measures of disability and health status among adults aged 65 and over, by urbanization level and selected characteristics: United States, average annual, 2002–2004 through 2010–2012

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#054>.

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

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

¹Urbanization levels were developed by NCHS using information from the Office of Management and Budget, Department of Agriculture, and Census Bureau. More information on this urban-rural classification scheme is available from: http://www.cdc.gov/nchs/data_access/urban_rural.htm. The classification codes were applied to county-level data and then aggregated into the five categories presented here. See [Appendix II, Urbanization](#).

²Any basic actions difficulty or complex activity limitation is defined as having one or more of the following limitations or difficulties: movement difficulty, emotional difficulty, sensory (seeing or hearing) difficulty, cognitive difficulty, self-care (activities of daily living or instrumental activities of daily living) limitation, social limitation, or work limitation. For more information, see [Appendix II, Basic actions difficulty; Complex activity limitation](#). Starting with 2007 data, the hearing question, a component of the basic actions difficulty measure, was revised. Consequently, data prior to 2007 are not comparable with data for 2007 and beyond. For more information on the impact of the revised hearing question, see [Appendix II, Hearing trouble](#).

³Based on responses to the question, "Would you say person's health in general is excellent, very good, good, fair, or poor?" See [Appendix II, Health status, respondent-assessed](#).

⁴See [Appendix II, Geographic region](#).

⁵Persons of Hispanic origin may be of any race. In this table, data are presented for non-Hispanic white only and non-Hispanic black only race groups. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity*. The single-race categories shown in the table conform to the 1997 Standards. Race-specific estimates are for persons who reported only one racial group. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁶Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed. See [Appendix II, Family income; Poverty; Table VI](#).

⁷Estimates are age-adjusted to the year 2000 standard population using three age groups: 65–74 years, 75–84 years, and 85 years and over. See [Appendix II, Age adjustment](#).

NOTES: Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Health Interview Survey, family core and sample adult questionnaires, and the 2006 NCHS urban-rural classification scheme for counties. See [Appendix I, National Health Interview Survey \(NHIS\)](#), and http://www.cdc.gov/nchs/data_access/urban_rural.htm.

Table 55 (page 1 of 2). Serious psychological distress in the past 30 days among adults aged 18 and over, by selected characteristics: United States, average annual, selected years 1997–1998 through 2011–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#055>.

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

Characteristic	1997–1998	1999–2000	2001–2002	2004–2005	2009–2010	2011–2012
Percent of adults with serious psychological distress ¹						
18 years and over, age-adjusted ^{2,3}	3.2	2.6	3.1	3.0	3.2	3.1
18 years and over, crude ³	3.2	2.6	3.1	3.0	3.3	3.2
Age						
18–44 years	2.9	2.3	2.9	2.8	3.1	2.8
18–24 years	2.7	2.2	2.8	2.5	2.4	2.3
25–44 years	3.0	2.4	3.0	2.9	3.4	3.0
45–64 years	3.7	3.2	3.9	3.7	4.1	4.2
45–54 years	3.9	3.5	4.2	3.9	4.1	4.0
55–64 years	3.4	2.6	3.4	3.4	4.0	4.4
65 years and over	3.1	2.4	2.4	2.5	2.1	2.3
65–74 years	2.5	2.3	2.4	2.2	2.0	2.5
75 years and over	3.8	2.5	2.4	2.9	2.3	1.9
Sex ²						
Male	2.5	2.0	2.4	2.3	2.8	2.5
Female	3.8	3.1	3.8	3.7	3.7	3.7
Race ^{2,4}						
White only	3.1	2.5	3.0	2.9	3.2	3.1
Black or African American only	4.0	2.9	3.5	3.6	3.8	3.3
American Indian or Alaska Native only	7.8	*7.2	8.1	*3.5	*5.2	6.5
Asian only	2.0	*1.4	*1.8	1.7	1.6	1.9
Native Hawaiian or Other Pacific Islander only	---	*	*	*	*	*
2 or more races	---	4.8	5.0	7.9	5.2	6.7
Hispanic origin and race ^{2,4}						
Hispanic or Latino	5.0	3.5	4.0	3.7	3.6	3.8
Mexican	5.2	2.9	3.8	3.6	2.8	3.4
Not Hispanic or Latino	3.0	2.5	3.1	3.0	3.2	3.1
White only	2.9	2.4	3.0	2.9	3.1	3.1
Black or African American only	3.9	2.9	3.5	3.6	3.8	3.3
Percent of poverty level ^{2,5}						
Below 100%	9.1	6.8	8.4	8.6	8.4	8.2
100%–199%	5.0	4.4	5.2	5.0	4.8	4.9
200%–399%	2.5	2.3	2.8	2.5	2.8	2.6
400% or more	1.3	1.2	1.3	1.1	1.2	1.1
Hispanic origin and race and percent of poverty level ^{2,4,5}						
Hispanic or Latino:						
Below 100%	8.6	6.1	7.5	6.6	6.4	7.4
100%–199%	5.4	3.8	4.1	3.9	4.1	3.9
200%–399%	3.4	2.1	3.5	2.6	2.6	2.3
400% or more	*	2.3	*	*1.9	*1.5	*1.4
Not Hispanic or Latino:						
White only:						
Below 100%	9.6	7.8	9.2	10.2	10.1	9.4
100%–199%	5.2	4.9	5.9	5.6	5.5	5.8
200%–399%	2.5	2.3	2.9	2.6	3.2	2.8
400% or more	1.3	1.1	1.3	1.1	1.1	1.0
Black or African American only:						
Below 100%	8.7	6.0	7.2	7.6	8.3	7.3
100%–199%	4.3	3.6	4.9	4.8	3.5	3.5
200%–399%	2.2	*1.7	2.3	2.1	2.5	2.0
400% or more	*	*1.0	*	*	*1.6	*1.0

See footnotes at end of table.

Table 55 (page 2 of 2). Serious psychological distress in the past 30 days among adults aged 18 and over, by selected characteristics: United States, average annual, selected years 1997–1998 through 2011–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#055>.

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

Characteristic	1997–1998	1999–2000	2001–2002	2004–2005	2009–2010	2011–2012
Geographic region ²						
Percent of adults with serious psychological distress ¹						
Northeast	2.7	1.9	2.8	2.5	3.1	2.7
Midwest	2.6	2.5	2.9	2.7	3.3	3.0
South	3.8	2.9	3.5	3.7	3.5	3.5
West	3.3	2.8	3.0	2.8	2.9	3.1
Location of residence ²						
Within MSA ⁶	3.0	2.3	3.0	2.8	3.1	3.0
Outside MSA ⁶	3.9	3.5	3.8	4.0	4.1	4.1

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

--- Data not available.

¹Serious psychological distress is measured by a six-question scale that asks respondents how often they experienced each of six symptoms of psychological distress in the past 30 days. See [Appendix II, Serious psychological distress](#).

²Estimates are age-adjusted to the year 2000 standard population using five age groups: 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See [Appendix II, Age adjustment](#).

³Includes all other races not shown separately.

⁴The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Prior to 1999, data were tabulated according to the 1977 Standards with four racial groups, and the Asian only category included Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁵Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed for 1997 and beyond. See [Appendix II, Family income; Poverty; Table VI](#).

⁶MSA is metropolitan statistical area. Starting with 2006–2007 data (shown in spreadsheet), MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2006, see [Appendix II, Metropolitan statistical area \(MSA\)](#) for the applicable standards.

NOTES: Standard errors for selected years are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

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

Table 56 (page 1 of 2). Current cigarette smoking among adults aged 18 and over, by sex, race, and age: United States, selected years 1965–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#056>.

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

Sex, race, and age	1965 ¹	1974 ¹	1979 ¹	1985 ¹	1990 ¹	2000	2002	2005	2010	2011	2012
18 years and over, age-adjusted ²											
Percent of adults who were current cigarette smokers ³											
All persons	41.9	37.0	33.3	29.9	25.3	23.1	22.3	20.8	19.3	19.0	18.2
Male	51.2	42.8	37.0	32.2	28.0	25.2	24.6	23.4	21.2	21.2	20.6
Female	33.7	32.2	30.1	27.9	22.9	21.1	20.0	18.3	17.5	16.8	15.9
White male ⁴	50.4	41.7	36.4	31.3	27.6	25.4	24.9	23.3	21.4	21.4	20.7
Black or African American male ⁴	58.8	53.6	43.9	40.2	32.8	25.7	26.6	25.9	23.3	23.2	22.0
White female ⁴	33.9	32.0	30.3	27.9	23.5	22.0	21.0	19.1	18.3	17.7	16.9
Black or African American female ⁴	31.8	35.6	30.5	30.9	20.8	20.7	18.3	17.1	16.6	15.2	14.2
18 years and over, crude											
All persons	42.4	37.1	33.5	30.1	25.5	23.2	22.4	20.9	19.3	19.0	18.1
Male	51.9	43.1	37.5	32.6	28.4	25.6	25.1	23.9	21.5	21.6	20.5
Female	33.9	32.1	29.9	27.9	22.8	20.9	19.8	18.1	17.3	16.5	15.8
White male ⁴	51.1	41.9	36.8	31.7	28.0	25.7	25.0	23.6	21.4	21.6	20.3
Black or African American male ⁴	60.4	54.3	44.1	39.9	32.5	26.2	27.0	26.5	24.3	23.8	22.0
White female ⁴	34.0	31.7	30.1	27.7	23.4	21.4	20.6	18.7	17.9	17.2	16.6
Black or African American female ⁴	33.7	36.4	31.1	31.0	21.2	20.8	18.5	17.3	17.0	15.3	14.7
All males											
18–44 years	57.9	47.9	40.4	35.2	31.4	29.2	29.4	27.1	23.9	23.6	24.0
18–24 years	54.1	42.1	35.0	28.0	26.6	28.1	32.1	28.0	22.8	21.3	20.1
25–34 years	60.7	50.5	43.9	38.2	31.6	28.9	27.2	27.7	26.1	27.5	28.0
35–44 years	58.2	51.0	41.8	37.6	34.5	30.2	29.7	26.0	22.5	21.2	22.8
45–64 years	51.9	42.6	39.3	33.4	29.3	26.4	24.5	25.2	23.2	24.4	20.2
45–54 years	55.9	46.8	42.0	34.9	32.1	28.8	26.9	28.1	25.2	27.0	21.4
55–64 years	46.6	37.7	36.4	31.9	25.9	22.6	20.7	21.1	20.7	21.4	18.8
65 years and over	28.5	24.8	20.9	19.6	14.6	10.2	10.1	8.9	9.7	8.9	10.6
White male ⁴											
18–44 years	57.1	46.8	40.0	34.6	31.3	30.2	30.1	27.7	24.6	24.3	24.8
18–24 years	53.0	40.8	34.3	28.4	27.4	30.4	34.3	29.7	23.8	22.1	21.9
25–34 years	60.1	49.5	43.6	37.3	31.6	29.7	27.7	27.7	26.6	28.6	28.4
35–44 years	57.3	50.1	41.3	36.6	33.5	30.6	29.7	26.3	23.1	21.4	23.3
45–64 years	51.3	41.2	38.3	32.1	28.7	25.8	24.4	24.5	22.5	24.0	19.4
45–54 years	55.3	45.0	40.9	33.7	31.3	28.0	26.8	27.4	24.5	26.6	20.7
55–64 years	46.1	36.6	35.3	30.5	25.6	22.5	20.7	20.4	20.1	20.8	17.9
65 years and over	27.7	24.3	20.5	18.9	13.7	9.8	9.3	7.9	9.6	8.6	10.3
Black or African American male ⁴											
18–44 years	66.3	58.1	45.2	39.6	32.9	25.5	26.9	25.1	22.6	22.7	21.3
18–24 years	62.8	54.9	40.2	27.2	21.3	20.9	22.7	21.6	18.8	18.4	13.2
25–34 years	68.4	58.5	47.5	45.6	33.8	23.2	28.9	29.8	25.7	25.0	24.9
35–44 years	67.3	61.5	48.6	45.0	42.0	30.7	28.3	23.3	22.6	24.3	24.7
45–64 years	57.9	57.8	50.0	46.1	36.7	32.2	29.8	32.4	31.8	28.9	26.6
45–54 years	62.4	63.6	51.5	47.7	42.0	35.6	35.0	33.9	33.2	29.2	23.3
55–64 years	51.8	50.1	47.9	44.4	30.2	26.3	20.7	29.8	29.6	28.4	26.4
65 years and over	36.4	29.7	26.2	27.7	21.5	14.2	19.4	16.8	10.0	13.7	17.4
All females											
18–44 years	42.1	37.5	34.7	31.4	25.6	24.5	23.0	21.2	19.1	18.8	16.9
18–24 years	38.1	34.1	33.8	30.4	22.5	24.9	24.5	20.7	17.4	16.4	14.5
25–34 years	43.7	38.8	33.7	32.0	28.2	22.3	21.3	21.5	20.6	19.5	19.4
35–44 years	43.7	39.8	37.0	31.5	24.8	26.2	23.7	21.3	19.0	19.9	16.1
45–64 years	32.0	33.4	30.7	29.9	24.8	21.7	21.1	18.8	19.1	18.5	18.9
45–54 years	37.5	36.0	32.6	32.4	28.5	22.2	22.6	20.9	21.3	21.6	21.3
55–64 years	25.0	30.4	28.6	27.4	20.5	20.9	18.9	16.1	16.5	15.0	16.2
65 years and over	9.6	12.0	13.2	13.5	11.5	9.3	8.6	8.3	9.3	7.1	7.5
White female ⁴											
18–44 years	42.2	37.3	35.1	31.6	26.5	26.5	24.8	22.6	20.5	20.3	18.6
18–24 years	38.4	34.0	34.5	31.8	25.4	28.5	26.7	22.6	18.4	18.4	16.9
25–34 years	43.4	38.6	34.1	32.0	28.5	24.9	23.8	23.1	22.0	20.6	20.7
35–44 years	43.9	39.3	37.2	31.0	25.0	26.6	24.4	22.2	20.5	21.5	17.6
45–64 years	32.7	33.0	30.6	29.7	25.4	21.4	21.5	18.9	19.5	19.0	19.4
45–54 years	38.2	34.9	32.5	32.4	29.1	21.9	23.1	21.0	22.4	22.5	22.7
55–64 years	25.7	30.6	28.5	27.2	21.2	20.6	19.3	16.2	15.9	15.1	15.8
65 years and over	9.8	12.3	13.8	13.3	11.5	9.1	8.5	8.4	9.4	7.0	7.5

See footnotes at end of table.

Table 56 (page 2 of 2). Current cigarette smoking among adults aged 18 and over, by sex, race, and age: United States, selected years 1965–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#056>.

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

Sex, race, and age	1965 ¹	1974 ¹	1979 ¹	1985 ¹	1990 ¹	2000	2002	2005	2010	2011	2012
Black or African American female ⁴	Percent of adults who were current cigarette smokers ³										
18–44 years	42.9	41.1	34.7	33.5	22.8	20.8	18.7	16.9	17.1	15.0	12.3
18–24 years	37.1	35.6	31.8	23.7	10.0	14.2	17.1	14.2	14.2	9.1	*7.4
25–34 years	47.8	42.2	35.2	36.2	29.1	15.5	13.9	16.9	19.3	17.5	17.3
35–44 years	42.8	46.4	37.7	40.2	25.5	30.2	24.0	19.0	17.2	17.4	11.2
45–64 years	25.7	38.9	34.2	33.4	22.6	25.6	22.2	21.0	19.8	18.3	20.4
45–54 years	32.3	46.2	36.2	36.4	26.5	26.5	24.1	22.2	20.4	20.1	20.1
55–64 years	16.5	29.3	31.9	29.8	17.6	24.2	19.0	19.1	18.9	16.0	20.8
65 years and over	7.1	*8.9	*8.5	14.5	11.1	10.2	9.4	10.0	9.4	9.1	9.1

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

¹Data prior to 1997 are not strictly comparable with data for later years due to the 1997 questionnaire redesign. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

²Estimates are age-adjusted to the year 2000 standard population using five age groups: 18–24 years, 25–34 years, 35–44 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](#).

³Starting with 1993 data (shown in spreadsheet version), current cigarette smokers were defined as ever smoking 100 cigarettes in their lifetime and smoking now every day or some days. For previous definition, see [Appendix II, Cigarette smoking](#).

⁴The race groups, white and black, include persons of Hispanic and non-Hispanic origin. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The single-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group. Prior to 1999, data were tabulated according to the 1977 Standards. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

NOTES: Standard errors for selected years are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Health Interview Survey. Data are from the core questionnaire (1965) and the following questionnaire supplements: hypertension (1974), smoking (1979), alcohol and health practices (1983), health promotion and disease prevention (1985, 1990–1991), cancer control and cancer epidemiology (1992), and year 2000 objectives (1993–1995). Starting with 1997, data are from the family core and sample adult questionnaires. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 57. Age-adjusted prevalence of current cigarette smoking among adults aged 25 and over, by sex, race, and education level: United States, selected years 1974–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#057>.

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

Sex, race, and education level	1974 ¹	1979 ¹	1985 ¹	1990 ¹	1995 ¹	2000	2005	2010	2011	2012
25 years and over, age-adjusted ²	Percent of adults who were current cigarette smokers ³									
All persons ⁴	36.9	33.1	30.0	25.4	24.5	22.6	20.3	19.2	19.0	18.3
No high school diploma or GED	43.7	40.7	40.8	36.7	35.6	31.6	28.2	26.9	27.2	26.3
High school diploma or GED	36.2	33.6	32.0	29.1	29.1	29.2	27.0	27.0	27.4	26.3
Some college, no bachelor's degree	35.9	33.2	29.5	23.4	22.6	21.7	21.8	21.3	20.7	19.6
Bachelor's degree or higher	27.2	22.6	18.5	13.9	13.6	10.9	9.1	8.3	7.5	7.8
All males ⁴	42.9	37.3	32.8	28.2	26.4	24.7	22.7	21.0	21.2	20.6
No high school diploma or GED	52.3	47.6	45.7	42.0	39.7	36.0	31.7	29.7	31.6	30.3
High school diploma or GED	42.4	38.9	35.5	33.1	32.7	32.1	29.9	29.3	29.8	29.6
Some college, no bachelor's degree	41.8	36.5	32.9	25.9	23.7	23.3	24.9	23.2	22.6	21.0
Bachelor's degree or higher	28.3	22.7	19.6	14.5	13.8	11.6	9.7	8.7	7.9	8.5
White males ^{4,5}	41.9	36.7	31.7	27.6	25.9	24.7	22.4	21.0	21.3	20.5
No high school diploma or GED	51.5	47.6	45.0	41.8	38.7	38.2	31.6	29.4	32.0	29.6
High school diploma or GED	42.0	38.5	34.8	32.9	32.9	32.4	30.0	29.6	29.9	29.8
Some college, no bachelor's degree	41.6	36.4	32.2	25.4	23.3	23.5	24.5	23.4	22.4	20.3
Bachelor's degree or higher	27.8	22.5	19.1	14.4	13.4	11.3	9.3	8.8	7.9	8.9
Black or African American males ^{4,5}	53.4	44.4	42.1	34.5	31.6	26.4	26.5	23.9	23.9	23.3
No high school diploma or GED	58.1	49.7	50.5	41.6	41.9	38.2	35.9	34.4	32.3	34.1
High school diploma or GED	*50.7	48.6	41.8	37.4	36.6	29.0	30.1	28.8	29.4	28.0
Some college, no bachelor's degree	*45.3	39.2	41.8	28.1	26.4	19.9	27.4	24.2	24.7	24.9
Bachelor's degree or higher	*41.4	*36.8	*32.0	*20.8	*17.3	14.6	10.0	8.1	7.9	*7.3
All females ⁴	32.0	29.5	27.5	22.9	22.9	20.5	18.0	17.5	16.8	16.1
No high school diploma or GED	36.6	34.8	36.5	31.8	31.7	27.1	24.6	23.7	22.7	22.2
High school diploma or GED	32.2	29.8	29.5	26.1	26.4	26.6	24.1	24.9	24.7	22.6
Some college, no bachelor's degree	30.1	30.0	26.3	21.0	21.6	20.4	19.1	19.6	19.0	18.4
Bachelor's degree or higher	25.9	22.5	17.1	13.3	13.3	10.1	8.5	7.9	7.1	7.2
White females ^{4,5}	31.7	29.7	27.3	23.3	23.1	21.0	18.6	18.3	17.6	16.9
No high school diploma or GED	36.8	35.8	36.7	33.4	32.4	28.4	24.6	24.0	22.7	22.4
High school diploma or GED	31.9	29.9	29.4	26.5	26.8	27.8	25.9	25.8	26.8	24.0
Some college, no bachelor's degree	30.4	30.7	26.7	21.2	22.2	21.1	19.5	21.0	20.0	19.0
Bachelor's degree or higher	25.5	21.9	16.5	13.4	13.5	10.2	9.1	8.7	7.5	7.7
Black or African American females ^{4,5}	35.6	30.3	32.0	22.4	25.7	21.6	17.5	17.0	16.1	15.2
No high school diploma or GED	36.1	31.6	39.4	26.3	32.3	31.1	27.8	25.8	29.6	25.8
High school diploma or GED	40.9	32.6	32.1	24.1	27.8	25.4	18.2	22.9	16.9	17.0
Some college, no bachelor's degree	32.3	*28.9	23.9	22.7	20.8	20.4	17.5	15.0	15.0	16.9
Bachelor's degree or higher	*36.3	*43.3	26.6	17.0	17.3	10.8	*6.6	*6.6	7.2	7.1

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

¹Data prior to 1997 are not strictly comparable with data for later years due to the 1997 questionnaire redesign. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

²Estimates are age-adjusted to the year 2000 standard population using four age groups: 25–34 years, 35–44 years, 45–64 years, and 65 years and over. See [Appendix II, Age adjustment](#). For age groups where smoking was 0% or 100%, the age-adjustment procedure was modified to substitute the percentage smoking from the next lower education group.

³Starting with 1993 data (shown in spreadsheet version), current cigarette smokers were defined as ever smoking 100 cigarettes in their lifetime and smoking now every day or some days. For previous definition, see [Appendix II, Cigarette smoking](#).

⁴Includes unknown education level. Education categories shown are for 1997 and subsequent years. GED is General Educational Development high school equivalency diploma. In 1974–1995 the following categories based on number of years of school completed were used: less than 12 years, 12 years, 13–15 years, 16 years or more. See [Appendix II, Education](#).

⁵The race groups, white and black, include persons of Hispanic and non-Hispanic origin. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The single-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group. Prior to 1999, data were tabulated according to the 1977 Standards. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

NOTES: Standard errors for selected years are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Health Interview Survey. Data are from the following questionnaire supplements: hypertension (1974), smoking (1979), alcohol and health practices (1983), health promotion and disease prevention (1985, 1990–1991), cancer control and cancer epidemiology (1992), and year 2000 objectives (1993–1995). Starting with 1997, data are from the family core and sample adult questionnaires. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 58 (page 1 of 3). Current cigarette smoking among adults aged 18 and over, by sex, race, Hispanic origin, age, and education level: United States, average annual, selected years 1990–1992 through 2010–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#058>.

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

Characteristic	Male			Female		
	1990–1992 ¹	1999–2001	2010–2012	1990–1992 ¹	1999–2001	2010–2012
18 years and over, age-adjusted ²	Percent of adults who were current cigarette smokers ³					
All persons ⁴	27.9	25.0	21.0	23.7	21.1	16.7
Race ⁵						
White only	27.4	25.1	21.1	24.3	22.2	17.6
Black or African American only	33.9	27.2	22.8	23.1	19.7	15.4
American Indian or Alaska Native only	34.2	30.3	23.2	36.7	34.7	23.2
Asian only	24.8	20.3	14.7	6.3	6.7	5.2
Native Hawaiian or Other Pacific Islander only	---	*	*	---	*	*
2 or more races	---	34.4	26.0	---	30.7	22.9
American Indian or Alaska Native; White	---	38.7	33.6	---	38.9	30.2
Hispanic origin and race ⁵						
Hispanic or Latino	25.7	22.2	16.2	15.8	12.1	8.3
Mexican	26.2	21.9	16.3	14.8	10.6	7.5
Not Hispanic or Latino	28.1	25.5	22.1	24.4	22.3	18.3
White only	27.7	25.5	22.5	25.2	23.5	19.8
Black or African American only	33.9	27.2	23.2	23.2	19.7	15.5
18 years and over, crude						
All persons ⁴	28.4	25.5	21.2	23.6	21.0	16.6
Race ⁵						
White only	27.8	25.4	21.1	24.1	21.7	17.2
Black or African American only	33.2	27.5	23.4	23.3	19.8	15.6
American Indian or Alaska Native only	35.5	31.8	24.6	37.3	36.9	23.8
Asian only	24.9	21.4	15.6	6.3	6.9	5.3
Native Hawaiian or Other Pacific Islander only	---	*	*	---	*	*
2 or more races	---	35.9	26.9	---	31.5	22.5
American Indian or Alaska Native; White	---	41.1	33.6	---	40.1	30.9
Hispanic origin and race ⁵						
Hispanic or Latino	26.5	23.2	16.7	16.6	12.6	8.4
Mexican	27.1	22.8	16.6	15.0	11.0	7.6
Not Hispanic or Latino	28.5	25.8	22.0	24.2	21.9	17.8
White only	28.0	25.5	22.0	24.8	22.7	18.9
Black or African American only	33.3	27.5	23.7	23.3	19.8	15.8
Age and Hispanic origin and race ⁵						
18–24 years:						
Hispanic or Latino	19.3	22.6	14.6	12.8	12.9	7.6
Not Hispanic or Latino:						
White only	28.9	32.7	25.2	28.7	30.8	20.8
Black or African American only	17.7	21.9	16.9	10.8	13.0	10.5
25–34 years:						
Hispanic or Latino	29.9	23.2	18.4	19.2	12.5	8.6
Not Hispanic or Latino:						
White only	32.7	30.8	31.1	30.9	27.4	24.8
Black or African American only	34.6	23.3	25.8	29.2	16.9	18.2
35–44 years:						
Hispanic or Latino	32.1	25.3	17.1	19.9	14.1	8.1
Not Hispanic or Latino:						
White only	32.3	29.6	24.0	27.3	28.3	23.0
Black or African American only	44.1	32.0	24.5	31.3	27.5	15.4
45–64 years:						
Hispanic or Latino	26.6	24.7	17.5	17.1	13.5	10.5
Not Hispanic or Latino:						
White only	28.4	25.1	22.6	26.1	22.1	20.6
Black or African American only	38.0	34.0	28.6	26.1	23.6	19.6
65 years and over:						
Hispanic or Latino	16.1	12.6	11.3	6.6	5.9	4.7
Not Hispanic or Latino:						
White only	14.2	10.0	9.4	12.3	9.8	8.3
Black or African American only	25.2	17.6	13.8	10.7	11.0	9.3

See footnotes at end of table.

Table 58 (page 2 of 3). Current cigarette smoking among adults aged 18 and over, by sex, race, Hispanic origin, age, and education level: United States, average annual, selected years 1990–1992 through 2010–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#058>.

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

Characteristic	Male			Female		
	1990–1992 ¹	1999–2001	2010–2012	1990–1992 ¹	1999–2001	2010–2012
Percent of poverty level ^{2,6}		Percent of adults who were current cigarette smokers ³				
Below 100%	40.5	36.5	33.2	30.7	29.1	25.1
100%–199%	35.0	32.8	27.8	26.9	25.6	21.9
200%–399%	26.5	27.3	22.5	22.6	22.3	17.5
400% or more	22.5	18.8	13.7	19.0	15.9	10.1
Hispanic origin and race and percent of poverty level ^{2,5,6}						
Hispanic or Latino:						
Below 100%	29.2	25.3	18.5	16.3	14.4	9.4
100%–199%	29.5	22.0	17.2	16.0	11.8	8.2
200%–399%	23.7	23.6	16.4	15.9	12.0	9.0
400% or more	19.7	18.1	12.4	13.6	9.4	5.9
Not Hispanic or Latino:						
White only:						
Below 100%	44.2	40.7	43.1	37.8	38.3	37.2
100%–199%	36.3	37.5	33.4	31.1	32.0	30.3
200%–399%	26.4	28.5	24.9	23.7	24.8	20.8
400% or more	22.5	19.1	14.4	19.5	17.1	11.3
Black or African American only:						
Below 100%	43.5	40.6	35.1	28.9	27.7	24.4
100%–199%	36.0	33.9	29.7	20.3	21.3	16.8
200%–399%	31.4	24.9	21.0	21.4	17.3	12.7
400% or more	24.3	17.9	12.2	19.2	12.6	6.7
Disability measure ^{2,7}						
Any basic actions difficulty or complex activity limitation	---	33.1	29.3	---	28.1	25.3
Any basic actions difficulty	---	33.2	29.8	---	28.2	25.5
Any complex activity limitation	---	37.6	31.7	---	30.6	29.8
No disability	---	22.8	18.3	---	18.8	13.5
Education, Hispanic origin, and race ^{5,8}						
25 years and over, age-adjusted ⁹						
No high school diploma or GED:						
Hispanic or Latino	30.2	24.3	17.2	15.8	12.1	7.6
Not Hispanic or Latino:						
White only	46.1	43.5	45.2	40.4	39.3	40.8
Black or African American only	45.4	40.0	35.9	31.3	29.4	28.1
High school diploma or GED:						
Hispanic or Latino	29.6	24.1	22.0	18.4	12.5	10.5
Not Hispanic or Latino:						
White only	32.9	31.8	32.2	28.4	29.2	30.0
Black or African American only	38.2	31.4	28.7	25.4	23.0	19.0
Some college or more:						
Hispanic or Latino	20.4	17.1	11.5	14.3	11.1	7.5
Not Hispanic or Latino:						
White only	19.3	17.6	15.3	18.1	16.7	14.6
Black or African American only	25.6	19.2	18.0	22.8	16.9	12.4

See footnotes at end of table.

Table 58 (page 3 of 3). Current cigarette smoking among adults aged 18 and over, by sex, race, Hispanic origin, age, and education level: United States, average annual, selected years 1990–1992 through 2010–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#058>.

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

-- Data not available.

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

¹Data prior to 1997 are not strictly comparable with data for later years due to the 1997 questionnaire redesign. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

²Estimates are age-adjusted to the year 2000 standard population using five age groups: 18–24 years, 25–34 years, 35–44 years, 45–64 years, and 65 years and over. See [Appendix II, Age adjustment](#). For age groups where smoking is 0% or 100%, the age-adjustment procedure was modified to substitute the percentage smoking from the previous 3-year period.

³Starting with 1993 data, current cigarette smokers were defined as ever smoking 100 cigarettes in their lifetime and smoking now every day or some days. For previous definition, see [Appendix II, Cigarette smoking](#).

⁴Includes all other races not shown separately, unknown education level, and unknown disability measure.

⁵The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Starting with 1999–2001 data, race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Prior to 1999, data were tabulated according to the 1977 Standards with four racial groups, and the Asian only category included Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁶Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed for 1990 and beyond. See [Appendix II, Family income; Poverty; Table VI](#).

⁷Any basic actions difficulty or complex activity limitation is defined as having one or more of the following limitations or difficulties: movement difficulty, emotional difficulty, sensory (seeing or hearing) difficulty, cognitive difficulty, self-care (activities of daily living or instrumental activities of daily living) limitation, social limitation, or work limitation. For more information, see [Appendix II, Basic actions difficulty; Complex activity limitation](#). Starting with 2007 data, the hearing question, a component of the basic actions difficulty measure, was revised. Consequently, data prior to 2007 are not comparable with data for 2007 and beyond. For more information on the impact of the revised hearing question, see [Appendix II, Hearing trouble](#).

⁸Education categories shown are for 1997 and subsequent years. GED is General Educational Development high school equivalency diploma. In years prior to 1997, the following categories based on number of years of school completed were used: less than 12 years, 12 years, 13 years or more. See [Appendix II, Education](#).

⁹Estimates are age-adjusted to the year 2000 standard using four age groups: 25–34 years, 35–44 years, 45–64 years, and 65 years and over. See [Appendix II, Age adjustment](#).

NOTES: Standard errors for selected years are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Health Interview Survey. Data are from the following questionnaire supplements: health promotion and disease prevention (1990–1991), cancer control and cancer epidemiology (1992), and year 2000 objectives (1993–1995). Starting with 1997, data are from the family core and sample adult questionnaires. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 59 (page 1 of 5). Current cigarette smoking among adults aged 18–64, by urbanization level and selected characteristics: United States, average annual, 2002–2004 through 2010–2012

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#059>.

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

Urbanization level ¹ and selected characteristic	Current cigarette smoking ²		
	2002–2004	2005–2007	2010–2012
Geographic region ³	Percent of population, crude		
All regions:			
Metropolitan counties:			
Large central	21.1	20.4	17.0
Large fringe	21.5	19.5	19.0
Medium and small	25.4	24.6	22.1
Nonmetropolitan counties:			
Micropolitan	30.1	28.1	29.0
Nonmicropolitan	30.2	26.6	29.3
Northeast:			
Metropolitan counties:			
Large central	21.4	20.4	16.0
Large fringe	20.6	18.0	17.7
Medium and small	23.7	24.0	20.6
Nonmetropolitan counties:			
Micropolitan	30.2	29.0	28.0
Nonmicropolitan	31.0	20.9	29.4
Midwest:			
Metropolitan counties:			
Large central	26.5	25.8	21.7
Large fringe	23.9	24.3	21.5
Medium and small	27.5	27.0	24.8
Nonmetropolitan counties:			
Micropolitan	30.8	27.7	27.1
Nonmicropolitan	29.1	25.5	28.9
South:			
Metropolitan counties:			
Large central	22.6	21.0	19.0
Large fringe	21.6	18.8	19.4
Medium and small	27.5	25.9	23.3
Nonmetropolitan counties:			
Micropolitan	30.7	29.1	31.6
Nonmicropolitan	32.5	28.6	31.6
West:			
Metropolitan counties:			
Large central	17.1	16.9	13.9
Large fringe	18.4	15.0	16.0
Medium and small	19.9	20.0	18.4
Nonmetropolitan counties:			
Micropolitan	26.4	24.7	25.2
Nonmicropolitan	*22.2	25.8	23.8
Age			
18–44 years:			
Metropolitan counties:			
Large central	21.4	20.3	16.4
Large fringe	22.2	19.8	19.9
Medium and small	27.0	26.2	22.3
Nonmetropolitan counties:			
Micropolitan	32.5	30.0	30.7
Nonmicropolitan	33.0	28.7	30.9
45–64 years:			
Metropolitan counties:			
Large central	20.6	20.6	18.1
Large fringe	20.5	19.0	17.9
Medium and small	23.0	22.2	21.9
Nonmetropolitan counties:			
Micropolitan	26.4	25.9	26.9
Nonmicropolitan	26.6	24.2	27.4
Sex			
Men:			
Metropolitan counties:			
Large central	24.7	23.8	20.6
Large fringe	23.6	22.0	20.6
Medium and small	27.4	27.7	24.3
Nonmetropolitan counties:			
Micropolitan	32.3	30.3	30.6
Nonmicropolitan	33.1	28.2	32.5

See footnotes at end of table.

Table 59 (page 2 of 5). Current cigarette smoking among adults aged 18–64, by urbanization level and selected characteristics: United States, average annual, 2002–2004 through 2010–2012

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#059>.

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

Urbanization level ¹ and selected characteristic	Current cigarette smoking ²		
	2002–2004	2005–2007	2010–2012
Percent of population, crude			
Women:			
Sex			
Metropolitan counties:			
Large central	17.7	17.1	13.5
Large fringe	19.5	17.1	17.5
Medium and small	23.5	21.6	20.1
Nonmetropolitan counties:			
Micropolitan	28.1	26.1	27.5
Nonmicropolitan	27.2	25.0	26.1
Hispanic origin and race ⁴			
Hispanic or Latino:			
Metropolitan counties:			
Large central	16.1	14.2	12.7
Large fringe	15.5	14.5	11.4
Medium and small	17.6	17.0	14.0
Nonmetropolitan counties:			
Micropolitan	23.2	20.9	13.2
Nonmicropolitan	22.9	23.4	21.8
Not Hispanic or Latino:			
White only:			
Metropolitan counties:			
Large central	23.6	23.5	19.0
Large fringe	23.3	21.0	21.4
Medium and small	26.7	26.0	24.0
Nonmetropolitan counties:			
Micropolitan	31.1	28.9	30.5
Nonmicropolitan	30.2	27.1	30.0
Black or African American only:			
Metropolitan counties:			
Large central	23.7	24.5	20.3
Large fringe	17.4	16.8	15.7
Medium and small	24.6	24.8	22.0
Nonmetropolitan counties:			
Micropolitan	22.7	25.0	28.6
Nonmicropolitan	27.3	18.5	26.1
Percent of poverty level ⁵			
Below 100%:			
Metropolitan counties:			
Large central	26.2	24.6	21.4
Large fringe	27.9	30.5	30.3
Medium and small	34.9	32.0	31.5
Nonmetropolitan counties:			
Micropolitan	37.9	41.1	42.9
Nonmicropolitan	42.1	37.5	43.6
100%–199%:			
Metropolitan counties:			
Large central	23.1	21.8	20.4
Large fringe	29.0	26.8	26.5
Medium and small	32.7	31.1	28.4
Nonmetropolitan counties:			
Micropolitan	36.2	35.5	38.2
Nonmicropolitan	36.8	33.5	36.2
200%–399%:			
Metropolitan counties:			
Large central	23.2	22.7	18.9
Large fringe	24.8	22.1	22.0
Medium and small	26.4	26.0	24.3
Nonmetropolitan counties:			
Micropolitan	30.7	27.6	26.3
Nonmicropolitan	27.5	23.4	26.1
400% or more:			
Metropolitan counties:			
Large central	17.2	16.6	11.9
Large fringe	17.4	14.9	13.0
Medium and small	18.4	17.7	13.3
Nonmetropolitan counties:			
Micropolitan	21.2	18.0	15.5
Nonmicropolitan	21.7	18.5	17.1

See footnotes at end of table.

Table 59 (page 3 of 5). Current cigarette smoking among adults aged 18–64, by urbanization level and selected characteristics: United States, average annual, 2002–2004 through 2010–2012

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#059>.

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

Urbanization level ¹ and selected characteristic	Current cigarette smoking ²		
	2002–2004	2005–2007	2010–2012
Geographic region ³	Percent of population, age-adjusted ⁶		
All regions:			
Metropolitan counties:			
Large central	21.2	20.4	17.0
Large fringe	21.6	19.5	19.1
Medium and small	25.5	24.7	22.1
Nonmetropolitan counties:			
Micropolitan	30.4	28.5	29.4
Nonmicropolitan	30.7	27.2	29.6
Northeast:			
Metropolitan counties:			
Large central	21.4	20.4	16.1
Large fringe	20.7	18.2	17.9
Medium and small	23.9	24.2	20.8
Nonmetropolitan counties:			
Micropolitan	30.4	29.6	28.1
Nonmicropolitan	31.2	21.9	30.5
Midwest:			
Metropolitan counties:			
Large central	26.5	25.9	21.5
Large fringe	23.9	24.4	21.8
Medium and small	27.5	27.1	24.8
Nonmetropolitan counties:			
Micropolitan	31.2	27.8	27.7
Nonmicropolitan	30.1	26.3	29.3
South:			
Metropolitan counties:			
Large central	22.7	21.0	19.1
Large fringe	21.6	18.8	19.4
Medium and small	27.5	25.9	23.3
Nonmetropolitan counties:			
Micropolitan	30.9	29.5	32.1
Nonmicropolitan	32.8	29.0	31.8
West:			
Metropolitan counties:			
Large central	17.1	16.9	13.8
Large fringe	18.3	15.0	15.9
Medium and small	19.9	20.1	18.4
Nonmetropolitan counties:			
Micropolitan	26.8	25.2	24.9
Nonmicropolitan	*23.5	26.7	24.1
Sex			
Men:			
Metropolitan counties:			
Large central	24.7	23.8	20.6
Large fringe	23.7	22.0	20.8
Medium and small	27.5	27.7	24.3
Nonmetropolitan counties:			
Micropolitan	32.5	30.7	31.0
Nonmicropolitan	33.5	28.8	32.8
Women:			
Metropolitan counties:			
Large central	17.8	17.2	13.4
Large fringe	19.6	17.1	17.5
Medium and small	23.6	21.8	20.1
Nonmetropolitan counties:			
Micropolitan	28.4	26.4	28.0
Nonmicropolitan	27.8	25.7	26.5

See footnotes at end of table.

Table 59 (page 4 of 5). Current cigarette smoking among adults aged 18–64, by urbanization level and selected characteristics: United States, average annual, 2002–2004 through 2010–2012

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#059>.

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

Urbanization level ¹ and selected characteristic	Current cigarette smoking ²		
	2002–2004	2005–2007	2010–2012
Hispanic origin and race ⁴	Percent of population, age-adjusted ⁶		
Hispanic or Latino:			
Metropolitan counties:			
Large central	16.3	14.5	12.9
Large fringe	15.8	14.6	11.4
Medium and small	17.8	17.4	13.8
Nonmetropolitan counties:			
Micropolitan	23.7	20.5	12.9
Nonmicropolitan	23.9	23.9	22.4
Not Hispanic or Latino:			
White only:			
Metropolitan counties:			
Large central	23.8	23.8	19.2
Large fringe	23.6	21.4	21.9
Medium and small	27.0	26.5	24.2
Nonmetropolitan counties:			
Micropolitan	31.6	29.6	31.3
Nonmicropolitan	31.1	28.1	30.7
Black or African American only:			
Metropolitan counties:			
Large central	23.9	24.6	20.5
Large fringe	17.7	16.8	15.6
Medium and small	24.8	24.9	22.2
Nonmetropolitan counties:			
Micropolitan	23.2	25.4	28.9
Nonmicropolitan	28.7	18.6	25.7
Percent of poverty level ⁵			
Below 100%:			
Metropolitan counties:			
Large central	26.9	26.7	23.2
Large fringe	30.3	32.0	31.3
Medium and small	36.6	34.0	33.8
Nonmetropolitan counties:			
Micropolitan	40.7	42.6	44.6
Nonmicropolitan	42.2	37.5	44.1
100%–199%:			
Metropolitan counties:			
Large central	23.8	22.4	20.9
Large fringe	29.5	27.0	26.7
Medium and small	32.9	31.3	28.8
Nonmetropolitan counties:			
Micropolitan	36.4	35.9	38.2
Nonmicropolitan	37.0	33.6	36.1
200%–399%:			
Metropolitan counties:			
Large central	23.3	22.6	18.9
Large fringe	24.8	22.2	21.8
Medium and small	26.3	25.9	24.0
Nonmetropolitan counties:			
Micropolitan	30.7	27.4	26.4
Nonmicropolitan	27.8	23.6	25.9
400% or more:			
Metropolitan counties:			
Large central	17.4	16.7	11.7
Large fringe	17.8	15.1	13.4
Medium and small	18.9	18.7	13.3
Nonmetropolitan counties:			
Micropolitan	22.4	19.2	15.3
Nonmicropolitan	21.7	19.2	18.5

See footnotes at end of table.

Table 59 (page 5 of 5). Current cigarette smoking among adults aged 18–64, by urbanization level and selected characteristics: United States, average annual, 2002–2004 through 2010–2012

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#059>.

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

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

¹Urbanization levels were developed by NCHS using information from the Office of Management and Budget, Department of Agriculture, and Census Bureau. More information on this urban-rural classification scheme is available from: http://www.cdc.gov/nchs/data_access/urban_rural.htm. The classification codes were applied to county-level data and then aggregated into the five categories presented here. See [Appendix II, Urbanization](#).

²Current cigarette smokers were defined as ever smoking 100 cigarettes in their lifetime and smoking now every day or some days. See [Appendix II, Cigarette smoking](#).

³See [Appendix II, Geographic region](#).

⁴Persons of Hispanic origin may be of any race. In this table, data are presented for non-Hispanic white only and non-Hispanic black only race groups. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity*. The single-race categories shown in the table conform to the 1997 Standards. Race-specific estimates are for persons who reported only one racial group. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁵Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed. See [Appendix II, Family income; Poverty; Table VI](#).

⁶Estimates are age-adjusted to the year 2000 standard population using four age groups: 18–24 years, 25–34 years, 35–44 years, and 45–64 years. See [Appendix II, Age adjustment](#).

NOTES: Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Health Interview Survey, family core and sample adult questionnaires, and the 2006 NCHS urban-rural classification scheme for counties. See [Appendix I, National Health Interview Survey \(NHIS\)](#), and http://www.cdc.gov/nchs/data_access/urban_rural.htm.

Table 60 (page 1 of 2). Use of selected substances in the past month among persons aged 12 and over, by age, sex, race, and Hispanic origin: United States, selected years 2002–2012

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hs/content2013.htm#060>.

[Data are based on household interviews of a sample of the civilian noninstitutionalized population aged 12 and over]

Age, sex, race, and Hispanic origin	Any illicit drug ¹			Marijuana			Nonmedical use of any psychotherapeutic drug ²		
	2002	2011	2012	2002	2011	2012	2002	2011	2012
Percent of population									
12 years and over	8.3	8.7	9.2	6.2	7.0	7.3	2.7	2.4	2.6
Age									
12–13 years	4.2	3.3	3.5	1.4	1.3	1.2	1.7	1.3	1.7
14–15 years	11.2	9.2	8.2	7.6	6.7	6.1	4.0	2.6	2.5
16–17 years	19.8	17.2	16.6	15.7	15.1	14.0	6.3	4.2	4.0
18–25 years	20.2	21.4	21.3	17.3	19.0	18.7	5.5	5.0	5.3
26–34 years	10.5	12.9	13.8	7.7	10.2	11.3	3.7	3.9	4.1
35 years and over	4.6	4.9	5.5	3.1	3.6	3.9	1.6	1.4	1.7
Sex									
Male	10.3	11.1	11.6	8.1	9.3	9.6	2.8	2.6	2.8
Female	6.4	6.5	6.9	4.4	4.9	5.0	2.6	2.2	2.4
Age and sex									
12–17 years	11.6	10.1	9.5	8.2	7.9	7.2	4.0	2.8	2.8
Male	12.3	10.8	9.6	9.1	9.0	7.5	3.6	2.4	2.4
Female	10.9	9.3	9.5	7.2	6.7	7.0	4.4	3.2	3.2
Hispanic origin and race ³									
Not Hispanic or Latino:									
White only	8.5	8.7	9.2	6.5	7.1	7.4	2.8	2.6	2.8
Black or African American only	9.7	10.0	11.3	7.4	8.4	9.1	2.0	1.6	2.3
American Indian or Alaska Native only	10.1	13.4	12.7	6.7	8.6	9.4	3.2	6.0	4.7
Native Hawaiian or Other Pacific Islander only	7.9	11.0	7.8	4.4	8.7	6.8	3.8	3.7	1.3
Asian only	3.5	3.8	3.7	1.8	2.9	2.5	0.7	0.9	1.2
2 or more races	11.4	13.5	14.8	9.0	11.8	13.1	3.5	3.2	2.4
Hispanic or Latino	7.2	8.4	8.3	4.3	6.3	6.2	2.9	2.2	2.4

Age, sex, race, and Hispanic origin	Alcohol use			Binge alcohol use ⁴			Heavy alcohol use ⁵		
	2002	2011	2012	2002	2011	2012	2002	2011	2012
Percent of population									
12 years and over	51.0	51.8	52.1	22.9	22.6	23.0	6.7	6.2	6.5
Age									
12–13 years	4.3	2.5	2.2	1.8	1.1	0.9	0.3	0.1	0.2
14–15 years	16.6	11.3	11.1	9.2	5.7	5.4	1.9	0.9	0.6
16–17 years	32.6	25.3	24.8	21.4	15.0	15.0	5.6	3.4	3.1
18–25 years	60.5	60.7	60.2	40.9	39.8	39.5	14.9	12.1	12.7
26–34 years	61.4	63.8	64.5	33.1	35.7	35.6	9.0	10.5	9.4
35 years and over	52.1	53.1	53.6	18.6	18.4	19.0	5.2	4.6	5.4
Sex									
Male	57.4	56.8	56.5	31.2	30.0	30.4	10.8	9.4	9.9
Female	44.9	47.1	47.9	15.1	15.8	16.0	3.0	3.2	3.4
Age and sex									
12–17 years	17.6	13.3	12.9	10.7	7.4	7.2	2.5	1.5	1.3
Male	17.4	13.3	12.6	11.4	7.9	7.4	3.1	1.8	1.4
Female	17.9	13.3	13.2	9.9	6.9	7.0	1.9	1.2	1.2
Hispanic origin and race ³									
Not Hispanic or Latino:									
White only	55.0	56.8	57.4	23.4	23.9	23.9	7.5	7.1	7.6
Black or African American only	39.9	42.1	43.2	21.0	19.4	20.6	4.4	4.0	4.5
American Indian or Alaska Native only	44.7	44.7	41.7	27.9	24.3	30.2	8.7	11.6	8.5
Native Hawaiian or Other Pacific Islander only	*	*	*	25.2	*	*	8.3	10.5	4.8
Asian only	37.1	40.0	36.9	12.4	11.6	12.7	2.6	1.6	1.7
2 or more races	49.9	46.9	51.9	19.8	18.6	25.1	7.5	5.1	6.8
Hispanic or Latino	42.8	42.5	41.8	24.8	23.4	23.2	5.9	5.0	5.1

See footnotes at end of table.

Table 60 (page 2 of 2). Use of selected substances in the past month among persons aged 12 and over, by age, sex, race, and Hispanic origin: United States, selected years 2002–2012

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#060>.

[Data are based on household interviews of a sample of the civilian noninstitutionalized population aged 12 and over]

Age, sex, race, and Hispanic origin	Any tobacco ⁶			Cigarettes			Cigars		
	2002	2011	2012	2002	2011	2012	2002	2011	2012
Percent of population									
12 years and over	30.4	26.5	26.7	26.0	22.1	22.1	5.4	5.0	5.2
Age									
12–13 years	3.8	1.9	1.6	3.2	1.4	1.2	0.7	0.6	0.4
14–15 years	13.4	7.9	6.3	11.2	6.0	4.6	3.8	2.5	1.7
16–17 years	29.0	19.4	17.6	24.9	15.4	13.6	9.3	6.9	5.6
18–25 years	45.3	39.5	38.1	40.8	33.5	31.8	11.0	10.9	10.7
26–34 years	38.2	37.1	37.5	32.7	31.6	32.6	6.6	7.6	7.3
35 years and over	27.9	23.9	24.7	23.4	19.7	20.1	4.1	3.4	3.9
Sex									
Male	37.0	32.3	33.0	28.7	24.3	24.6	9.4	8.2	8.5
Female	24.3	21.1	20.9	23.4	19.9	19.8	1.7	2.0	2.0
Age and sex									
12–17 years	15.2	10.0	8.6	13.0	7.8	6.6	4.5	3.4	2.6
Male	16.0	11.6	10.0	12.3	8.2	6.8	6.2	4.4	3.5
Female	14.4	8.3	7.2	13.6	7.3	6.3	2.7	2.4	1.6
Hispanic origin and race ³									
Not Hispanic or Latino:									
White only	32.0	28.6	29.2	26.9	23.5	23.7	5.5	5.0	5.3
Black or African American only	28.8	26.2	27.2	25.3	21.5	23.0	6.8	7.5	7.0
American Indian or Alaska Native only	44.3	43.0	48.4	37.1	36.5	39.0	5.2	5.6	7.4
Native Hawaiian or Other Pacific Islander only	28.8	28.4	*	*	18.4	*	4.1	5.9	3.5
Asian only	18.6	13.0	10.8	17.7	11.7	9.4	1.1	1.3	1.5
2 or more races	38.1	36.1	37.3	35.0	29.4	34.5	5.5	9.0	7.9
Hispanic or Latino	25.2	20.4	19.2	23.0	18.5	16.8	5.0	4.0	3.9

* Estimates are considered unreliable. Data not shown if the relative standard error is greater than 17.5% of the log transformation of the proportion, the minimum effective sample size is less than 68, the minimum nominal sample size is less than 100, or the prevalence is close to 0% or 100%.

¹Any illicit drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic drug used nonmedically. See [Appendix II, Illicit drug use](#).

²Nonmedical use of prescription-type psychotherapeutic drugs includes the nonmedical use of pain relievers, tranquilizers, stimulants, or sedatives and does not include over-the-counter drugs. Special questions on methamphetamine were added in 2005 and 2006. Data for years prior to 2007 have been adjusted for comparability.

³Persons of Hispanic origin may be of any race. Data on race and Hispanic origin were collected using the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity*. Single-race categories shown include persons who reported only one racial group. The category 2 or more races includes persons who reported more than one racial group. See [Appendix II, Hispanic origin; Race](#).

⁴Binge alcohol use is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days. Occasion is defined as at the same time or within a couple of hours of each other. See [Appendix II, Alcohol consumption; Binge drinking](#).

⁵Heavy alcohol use is defined as drinking five or more drinks on the same occasion on each of 5 or more days in the past 30 days. By definition, all heavy alcohol users are also binge alcohol users.

⁶Any tobacco product includes cigarettes, smokeless tobacco (i.e., chewing tobacco or snuff), cigars, or pipe tobacco. See [Appendix II, Cigarette smoking](#).

NOTES: The National Survey on Drug Use & Health (NSDUH), formerly called the National Household Survey on Drug Abuse (NHSDA), began a new baseline in 2002 and cannot be compared with previous years. Starting with 2011 data, 2010-census based control totals were used in the weighting process. Because of methodological differences among the National Survey on Drug Use & Health, the Monitoring the Future (MTF) Study, and the Youth Risk Behavior Survey (YRBS), rates of substance use measured by these surveys are not directly comparable. See [Appendix I, Monitoring the Future \(MTF\) Study; National Survey on Drug Use & Health \(NSDUH\); Youth Risk Behavior Survey \(YRBS\)](#). See [Appendix II, Substance use](#). Data for additional years are available. See the Excel spreadsheet on the [Health, United States](http://www.cdc.gov/nchs/hus.htm) website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use & Health. Available from: <http://www.samhsa.gov/data/NSDUH.aspx>. See [Appendix I, National Survey on Drug Use & Health \(NSDUH\)](#).

Table 61 (page 1 of 3). Use of selected substances in the past 30 days among high school seniors, 10th graders, and 8th graders, by sex and race: United States, selected years 1980–2012

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#061>.

[Data are based on a survey of high school seniors, 10th graders, and 8th graders in the coterminous United States]

<i>Substance, grade in school, sex, and race</i>	1980	1985	1990	1995	2000	2008	2009	2010	2011	2012
Cigarettes										
Percent using substance in the past 30 days										
All high school seniors	30.5	30.1	29.4	33.5	31.4	20.4	20.1	19.2	18.7	17.1
Male	26.8	28.2	29.1	34.5	32.8	21.5	22.1	21.9	21.5	19.3
Female	33.4	31.4	29.2	32.0	29.7	19.1	17.6	15.7	15.1	14.5
White	31.0	31.7	32.5	37.3	36.6	24.1	23.7	22.2	22.2	20.1
Black or African American	25.2	18.7	12.0	15.0	13.6	10.1	9.3	10.7	8.7	8.4
All 10th graders	---	---	---	27.9	23.9	12.3	13.1	13.6	11.8	10.8
Male	---	---	---	27.7	23.8	12.7	13.7	15.0	13.4	12.0
Female	---	---	---	27.9	23.6	11.9	12.5	12.1	10.0	9.6
White	---	---	---	31.2	27.3	14.1	14.6	14.8	13.7	12.2
Black or African American	---	---	---	12.2	11.3	7.1	6.4	7.0	7.2	6.2
All 8th graders	---	---	---	19.1	14.6	6.8	6.5	7.1	6.1	4.9
Male	---	---	---	18.8	14.3	6.7	6.7	7.4	6.2	4.6
Female	---	---	---	19.0	14.7	6.7	6.0	6.8	5.7	4.9
White	---	---	---	21.7	16.4	7.3	7.3	7.9	6.5	5.0
Black or African American	---	---	---	8.2	8.4	4.4	4.5	4.0	4.2	3.8
Marijuana										
All high school seniors	33.7	25.7	14.0	21.2	21.6	19.4	20.6	21.4	22.6	22.9
Male	37.8	28.7	16.1	24.6	24.7	22.2	24.3	25.2	26.4	26.5
Female	29.1	22.4	11.5	17.2	18.3	16.2	16.8	16.9	18.4	18.8
White	34.2	26.4	15.6	21.5	22.0	20.4	21.2	21.6	22.9	22.3
Black or African American	26.5	21.7	5.2	17.8	17.5	17.1	20.6	19.7	22.2	22.4
All 10th graders	---	---	---	17.2	19.7	13.8	15.9	16.7	17.6	17.0
Male	---	---	---	19.2	23.3	15.2	18.7	20.1	20.8	19.8
Female	---	---	---	15.0	16.2	12.3	13.2	13.3	14.5	14.4
White	---	---	---	17.7	20.1	13.5	15.6	15.9	16.9	16.6
Black or African American	---	---	---	15.1	17.0	12.3	15.1	15.9	20.0	17.6
All 8th graders	---	---	---	9.1	9.1	5.8	6.5	8.0	7.2	6.5
Male	---	---	---	9.8	10.2	6.6	7.5	9.2	8.5	7.0
Female	---	---	---	8.2	7.8	4.8	5.3	6.8	5.7	6.0
White	---	---	---	9.0	8.3	4.9	5.9	7.1	5.9	4.7
Black or African American	---	---	---	7.0	8.5	6.2	7.2	8.2	8.0	7.1
Cocaine										
All high school seniors	5.2	6.7	1.9	1.8	2.1	1.9	1.3	1.3	1.1	1.1
Male	6.0	7.7	2.3	2.2	2.7	2.3	1.5	1.9	1.5	1.5
Female	4.3	5.6	1.3	1.3	1.6	1.3	0.9	0.7	0.7	0.6
White	5.4	7.0	1.8	1.7	2.2	2.0	1.2	1.2	1.2	1.0
Black or African American	2.0	2.7	0.5	0.4	1.0	0.5	0.2	0.9	0.8	0.5
All 10th graders	---	---	---	1.7	1.8	1.2	0.9	0.9	0.7	0.8
Male	---	---	---	1.8	2.1	1.4	1.0	1.1	0.8	0.8
Female	---	---	---	1.5	1.4	1.0	0.8	0.5	0.5	0.7
White	---	---	---	1.7	1.7	1.0	0.7	0.7	0.5	0.5
Black or African American	---	---	---	0.4	0.4	0.7	0.5	0.6	0.6	1.2
All 8th graders	---	---	---	1.2	1.2	0.8	0.8	0.6	0.8	0.5
Male	---	---	---	1.1	1.3	0.9	0.8	0.6	0.7	0.5
Female	---	---	---	1.2	1.1	0.7	0.7	0.6	0.7	0.4
White	---	---	---	1.0	1.1	0.6	0.6	0.5	0.5	0.3
Black or African American	---	---	---	0.4	0.5	0.4	0.7	0.3	0.5	0.5

See footnotes at end of table.

Table 61 (page 2 of 3). Use of selected substances in the past 30 days among high school seniors, 10th graders, and 8th graders, by sex and race: United States, selected years 1980–2012

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#061>.

[Data are based on a survey of high school seniors, 10th graders, and 8th graders in the coterminous United States]

Substance, grade in school, sex, and race	1980	1985	1990	1995	2000	2008	2009	2010	2011	2012
Inhalants										
Percent using substance in the past 30 days										
All high school seniors	1.4	2.2	2.7	3.2	2.2	1.4	1.2	1.4	1.0	0.9
Male	1.8	2.8	3.5	3.9	2.9	1.6	1.2	2.1	1.1	0.9
Female	1.0	1.7	2.0	2.5	1.7	1.2	1.0	0.7	0.9	0.8
White	1.4	2.4	3.0	3.7	2.1	1.5	1.1	1.1	0.9	0.6
Black or African American	1.0	0.8	1.5	1.1	2.1	1.0	1.1	1.5	1.3	0.9
All 10th graders	---	---	---	3.5	2.6	2.1	2.2	2.0	1.7	1.4
Male	---	---	---	3.8	3.0	1.9	1.8	1.6	1.5	1.2
Female	---	---	---	3.2	2.2	2.3	2.6	2.4	2.0	1.6
White	---	---	---	3.9	2.8	1.6	1.9	1.7	1.4	1.1
Black or African American	---	---	---	1.2	1.5	1.9	1.3	1.8	1.6	1.2
All 8th graders	---	---	---	6.1	4.5	4.1	3.8	3.6	3.2	2.7
Male	---	---	---	5.6	4.1	2.9	3.3	2.8	2.5	1.9
Female	---	---	---	6.6	4.8	5.3	4.3	4.4	3.9	3.4
White	---	---	---	7.0	4.8	3.8	3.7	3.2	2.7	2.1
Black or African American	---	---	---	2.3	2.3	2.8	3.4	2.2	2.8	3.0
MDMA (Ecstasy)										
All high school seniors	---	---	---	---	3.6	1.8	1.8	1.4	2.3	0.9
Male	---	---	---	---	4.1	2.3	2.4	1.5	2.8	1.2
Female	---	---	---	---	3.1	1.2	1.2	1.2	1.8	0.6
White	---	---	---	---	3.9	1.7	1.7	0.9	2.1	0.9
Black or African American	---	---	---	---	1.9	1.1	1.8	1.1	1.1	0.4
All 10th graders	---	---	---	---	2.6	1.1	1.3	1.9	1.6	1.0
Male	---	---	---	---	2.5	1.6	1.6	2.3	1.7	1.1
Female	---	---	---	---	2.5	0.7	1.0	1.5	1.3	1.0
White	---	---	---	---	2.5	1.0	1.0	1.5	1.1	1.0
Black or African American	---	---	---	---	1.8	0.1	0.6	1.1	1.1	1.1
All 8th graders	---	---	---	---	1.4	0.8	0.6	1.1	0.6	0.5
Male	---	---	---	---	1.6	0.7	0.5	1.2	0.7	0.4
Female	---	---	---	---	1.2	0.9	0.6	1.1	0.5	0.6
White	---	---	---	---	1.4	0.7	0.6	1.0	0.4	0.4
Black or African American	---	---	---	---	0.8	0.3	0.1	0.5	0.2	0.5
Alcohol ¹										
All high school seniors	72.0	65.9	57.1	51.3	50.0	43.1	43.5	41.2	40.0	41.5
Male	77.4	69.8	61.3	55.7	54.0	45.8	47.8	44.2	42.1	43.8
Female	66.8	62.1	52.3	47.0	46.1	40.9	38.9	37.9	37.5	38.8
White	75.8	70.2	62.2	54.8	55.3	47.8	46.6	44.1	43.4	44.3
Black or African American	47.7	43.6	32.9	37.4	29.3	29.3	32.2	30.8	29.4	29.8
All 10th graders	---	---	---	38.8	41.0	28.8	30.4	28.9	27.2	27.6
Male	---	---	---	39.7	43.3	28.6	31.0	30.1	28.2	28.0
Female	---	---	---	37.8	38.6	29.0	29.8	27.7	26.0	27.1
White	---	---	---	41.3	44.3	30.5	32.4	29.2	28.9	29.2
Black or African American	---	---	---	24.9	24.7	20.4	20.1	21.3	20.3	20.1
All 8th graders	---	---	---	24.6	22.4	15.9	14.9	13.8	12.7	11.0
Male	---	---	---	25.0	22.5	15.4	14.7	13.2	12.1	10.3
Female	---	---	---	24.0	22.0	16.4	14.9	14.3	12.8	11.5
White	---	---	---	25.4	23.9	15.8	15.1	12.8	11.8	9.6
Black or African American	---	---	---	17.3	15.1	13.5	11.1	12.7	10.5	9.4

See footnotes at end of table.

Table 61 (page 3 of 3). Use of selected substances in the past 30 days among high school seniors, 10th graders, and 8th graders, by sex and race: United States, selected years 1980–2012

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#061>.

[Data are based on a survey of high school seniors, 10th graders, and 8th graders in the coterminous United States]

Substance, grade in school, sex, and race	1980	1985	1990	1995	2000	2008	2009	2010	2011	2012
Binge drinking ²										
Percent in the last 2 weeks										
All high school seniors	41.2	36.7	32.2	29.8	30.0	24.6	25.2	23.2	21.6	23.7
Male	52.1	45.3	39.1	36.9	36.7	28.4	30.5	28.0	25.5	27.2
Female	30.5	28.2	24.4	23.0	23.5	21.3	20.2	18.4	17.6	19.7
White	44.6	40.1	36.2	32.9	34.4	29.3	28.7	26.5	25.3	26.2
Black or African American	17.0	16.7	11.6	15.5	11.0	10.8	13.7	12.6	10.0	13.0
All 10th graders	---	---	---	22.0	24.1	16.0	17.5	16.3	14.7	15.6
Male	---	---	---	24.1	27.6	16.6	18.8	17.9	16.5	16.4
Female	---	---	---	19.7	20.6	15.4	16.1	14.6	12.7	14.8
White	---	---	---	24.1	26.6	17.4	18.4	16.0	16.1	16.5
Black or African American	---	---	---	9.6	10.6	9.6	10.0	11.5	7.3	9.3
All 8th graders	---	---	---	12.3	11.7	8.1	7.8	7.2	6.4	5.1
Male	---	---	---	12.5	11.7	8.1	7.8	6.5	6.1	4.6
Female	---	---	---	12.1	11.3	8.0	7.7	7.8	6.5	5.5
White	---	---	---	12.6	12.5	8.0	7.4	6.7	5.8	3.9
Black or African American	---	---	---	7.8	6.2	5.7	4.8	5.9	4.4	4.2

--- Data not available.

¹In 1993, the alcohol question was changed to indicate that a drink meant more than a few sips. Data for 1993, available in the spreadsheet version of this table, are based on a half sample. See [Appendix II, Alcohol consumption](#).

²Five or more alcoholic drinks in a row at least once in the prior 2-week period. See [Appendix II, Binge drinking](#).

NOTES: Estimates for Hispanic students are not shown due to small sample size. For 2-year estimates for Hispanic students, see Johnston LD, O'Malley PM, Bachman JG, Schulenberg JE. Monitoring the Future National Survey results on drug use: 1975–2012. Volume I: Secondary school students. Ann Arbor: Institute for Social Research, The University of Michigan. 2013. Available from: http://www.monitoringthefuture.org/pubs/monographs/mtf-vol1_2012.pdf. Because of methodological differences among the National Survey on Drug Use & Health (NSDUH), the Monitoring the Future Study (MTF), and the Youth Risk Behavior Survey (YRBS), rates of substance use measured by these surveys are not directly comparable. See [Appendix I, National Survey on Drug Use & Health \(NSDUH\)](#); [Monitoring the Future \(MTF\) Study](#); [Youth Risk Behavior Survey \(YRBS\)](#). See [Appendix II, Cigarette smoking; Illicit drug use; Substance use](#). Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: National Institutes of Health, National Institute on Drug Abuse, Monitoring the Future Study, annual surveys. See [Appendix I, Monitoring the Future \(MTF\) Study](#).

Table 62 (page 1 of 2). Health risk behaviors among students in grades 9–12, by sex, grade level, race, and Hispanic origin: United States, selected years 1991–2011

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#062>.

[Data are based on a national sample of high school students, grades 9–12]

Sex, grade level, race, and Hispanic origin	Seriously considered suicide			In a physical fight ¹			Carried a weapon ^{2,3}		
	1991	2001	2011	1991	2001	2011	1991	2001	2011
Percent of students									
Total	29.0	19.0	15.8	42.5	33.2	32.8	26.1	17.4	16.6
Male									
Total	20.8	14.2	12.5	50.2	43.1	40.7	40.6	29.3	25.9
9th grade	17.6	14.7	12.9	57.8	50.0	46.0	44.4	33.7	26.6
10th grade	19.5	13.8	11.4	50.2	45.0	44.2	41.5	28.4	26.4
11th grade	25.3	14.1	14.3	51.0	38.0	36.3	44.0	28.1	25.9
12th grade	20.7	13.7	11.5	42.3	36.5	34.1	33.1	25.6	24.1
Not Hispanic or Latino:									
White	21.7	14.9	12.8	49.1	43.1	37.7	41.2	31.3	27.2
Black or African American	13.3	9.2	9.0	58.4	43.9	45.8	43.4	22.4	21.0
Hispanic or Latino	18.0	12.2	12.6	48.5	42.4	44.4	40.0	26.0	24.5
Female									
Total	37.2	23.6	19.3	34.4	23.9	24.4	10.9	6.2	6.8
9th grade	40.3	26.2	21.5	42.9	30.3	28.8	10.4	7.4	7.6
10th grade	39.7	24.1	22.3	35.4	24.9	25.5	11.2	5.4	6.1
11th grade	38.4	23.6	16.7	34.5	20.3	22.7	12.9	5.9	6.2
12th grade	30.7	18.9	15.8	25.4	16.9	19.4	9.5	5.3	7.1
Not Hispanic or Latina:									
White	38.6	24.2	18.4	32.2	21.7	20.4	7.5	5.1	6.2
Black or African American	29.4	17.2	17.4	43.8	29.6	32.3	23.6	8.6	7.5
Hispanic or Latina	34.6	26.5	21.0	34.8	29.3	28.7	12.9	7.4	7.5

Sex, grade level, race, and Hispanic origin	Rarely or never wore a seatbelt ⁴			Rode with a driver who had been drinking alcohol ^{2,5}			Drove while drinking alcohol ^{2,5}		
	1991	2001	2011	1991	2001	2011	1991	2001	2011
Percent of students									
Total	25.9	14.1	7.7	39.9	30.7	24.1	16.7	13.3	8.2
Male									
Total	30.0	18.1	8.9	40.0	31.8	23.3	21.5	17.2	9.5
9th grade	30.0	19.4	10.3	40.0	29.2	20.7	8.6	9.9	6.1
10th grade	25.5	16.6	9.0	33.9	31.5	23.1	16.1	12.5	6.0
11th grade	29.5	17.5	7.0	36.6	32.8	22.4	26.4	22.1	10.4
12th grade	34.7	18.6	8.5	45.0	34.5	27.4	34.5	27.2	16.0
Not Hispanic or Latino:									
White	28.6	17.7	7.3	40.2	31.2	20.5	23.3	18.6	8.9
Black or African American	37.5	20.3	12.6	37.4	31.2	22.5	14.0	12.5	7.8
Hispanic or Latino	37.1	17.7	10.1	47.2	37.1	30.7	25.1	15.8	11.5
Female									
Total	21.6	10.2	6.3	39.8	29.6	24.9	11.7	9.5	6.7
9th grade	25.0	10.8	8.4	36.0	31.3	22.9	3.3	3.7	3.3
10th grade	20.4	10.3	5.9	38.8	29.9	23.5	7.3	8.4	5.2
11th grade	20.8	9.7	4.9	39.7	25.4	25.2	14.2	11.1	7.8
12th grade	20.2	9.4	5.5	44.8	31.3	28.0	21.7	17.3	11.2
Not Hispanic or Latina:									
White	18.7	9.7	5.1	40.9	29.4	23.8	13.6	10.9	7.0
Black or African American	31.9	12.2	8.0	33.8	24.2	23.2	6.2	3.3	4.0
Hispanic or Latina	25.9	11.3	8.4	46.7	39.3	30.7	9.5	10.5	7.8

See footnotes at end of table.

Table 62 (page 2 of 2). Health risk behaviors among students in grades 9–12, by sex, grade level, race, and Hispanic origin: United States, selected years 1991–2011

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#062>.

[Data are based on a national sample of high school students, grades 9–12]

Sex, grade level, race, and Hispanic origin	Ever had sexual intercourse			Did not use a condom at last sex ⁶			Physically forced to have sex		
	1991	2001	2011	1991	2001	2011	1991	2001	2011
Percent of students									
Total	54.1	45.6	47.4	53.8	42.1	39.7	---	7.7	8.0
Male									
Total	57.4	48.5	49.2	45.5	34.9	33.0	---	5.1	4.5
9th grade	45.6	40.5	37.8	44.1	31.1	33.0	---	5.9	3.5
10th grade	50.9	42.2	44.5	43.1	30.7	30.1	---	4.1	4.2
11th grade	64.5	54.0	54.5	43.2	34.7	33.0	---	4.3	5.2
12th grade	68.3	61.0	62.6	49.3	40.8	35.3	---	5.8	4.7
Not Hispanic or Latino:									
White	52.7	45.1	44.0	44.8	36.2	33.7	---	3.8	3.2
Black or African American	88.1	68.8	66.9	43.0	27.3	24.6	---	8.5	6.1
Hispanic or Latino	64.1	53.0	53.0	53.0	40.9	36.6	---	6.2	5.4
Female									
Total	50.8	42.9	45.6	62.0	48.7	46.4	---	10.3	11.8
9th grade	32.2	29.1	27.8	49.7	33.9	43.7	---	8.6	8.2
10th grade	45.3	39.3	43.0	63.6	47.8	43.3	---	10.7	12.2
11th grade	60.2	49.7	51.9	59.3	47.3	44.5	---	9.9	12.7
12th grade	65.2	60.1	63.6	67.4	58.8	51.1	---	12.2	14.5
Not Hispanic or Latina:									
White	47.1	41.3	44.5	62.0	49.0	46.6	---	9.8	12.0
Black or African American	75.9	53.4	53.6	60.6	39.3	46.2	---	10.6	11.0
Hispanic or Latina	43.3	44.0	43.9	73.1	52.4	47.0	---	11.6	11.2

--- Data not available.

¹During the last 12 months.

²During the last 30 days.

³Weapon refers to gun, knife, or club.

⁴When riding in a car driven by someone else.

⁵In car or other vehicle.

⁶Among students who had sexual intercourse in the last 3 months.

NOTES: Only youths attending school participated in the survey. Persons of Hispanic origin may be of any race. See [Appendix II, Hispanic origin; Race; Suicidal ideation](#). Standard errors for selected years are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/National Center for Chronic Disease Prevention and Health Promotion, Youth Risk Behavior Survey. See [Appendix I, Youth Risk Behavior Survey \(YRBS\)](#).

Table 63 (page 1 of 3). Heavier drinking and drinking five or more drinks in a day among adults aged 18 and over, by selected characteristics: United States, selected years 1997–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#063>.

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

Characteristic	Heavier drinker ¹				Five or more drinks in a day on at least 1 day in the past year ¹				Five or more drinks in a day on at least 12 days in the past year ¹			
	1997	2000	2010	2012	1997	2000	2010	2012	1997	2000	2010	2012
Both sexes												
Percent of adults												
18 years and over, age-adjusted ²	4.9	4.3	5.2	5.0	21.1	19.2	23.8	23.7	9.7	8.7	10.1	9.6
18 years and over, crude	5.0	4.3	5.2	5.0	21.5	19.3	23.2	22.9	9.8	8.7	9.9	9.2
Age												
All persons:												
18–44 years	5.2	4.7	5.7	5.0	29.2	26.9	32.5	31.9	13.2	12.2	13.7	12.9
18–24 years	5.3	5.8	6.2	5.0	31.8	30.3	34.0	32.2	15.2	15.5	16.2	13.6
25–44 years	5.2	4.3	5.5	5.0	28.5	25.8	31.9	31.8	12.6	11.1	12.7	12.6
45–64 years	5.5	4.6	5.4	5.7	15.9	14.4	19.0	19.3	7.6	6.4	8.1	7.7
45–54 years	5.5	4.4	5.9	6.0	19.0	16.4	22.9	23.6	8.7	7.0	9.3	9.1
55–64 years	5.4	5.0	4.7	5.3	11.1	11.3	14.1	14.3	5.8	5.4	6.7	6.2
65 years and over	3.1	2.6	3.7	3.6	4.9	3.8	5.5	6.1	2.2	1.8	2.6	2.5
65–74 years	3.9	3.1	4.4	4.7	6.7	5.2	7.9	8.5	3.0	2.5	3.5	3.1
75 years and over	2.1	2.0	2.8	2.0	2.4	2.1	2.7	2.8	1.1	*0.9	*1.4	1.6
Race ^{2,3}												
White only	5.2	4.5	5.6	5.4	22.9	20.8	26.3	26.1	10.3	9.2	11.1	10.5
Black or African American only	4.0	3.5	4.1	3.2	11.7	11.6	14.0	13.9	6.5	6.5	6.1	6.0
American Indian or Alaska Native only	*	*	*	*3.3	29.2	23.7	15.3	25.4	17.4	*12.1	*9.5	11.4
Asian only	*1.9	*2.3	*1.3	2.1	11.4	8.8	12.1	12.4	*4.8	3.6	4.3	4.7
Native Hawaiian or Other Pacific Islander only	---	*	*	*	---	*	*	*	---	*	*	*
2 or more races	---	*7.5	*5.9	*5.3	---	28.0	25.7	25.0	---	15.9	12.5	8.4
Hispanic origin and race ^{2,3}												
Hispanic or Latino	3.9	3.2	2.8	2.4	20.4	17.3	19.7	21.0	11.2	9.0	9.2	9.4
Mexican	4.4	3.8	3.1	2.7	21.2	19.9	21.4	22.7	12.6	10.8	10.1	11.0
Not Hispanic or Latino	5.1	4.5	5.6	5.4	21.3	19.7	24.7	24.5	9.5	8.8	10.3	9.7
White only	5.4	4.7	6.2	6.1	23.5	21.5	27.9	27.8	10.3	9.3	11.5	11.0
Black or African American only	3.9	3.4	4.2	3.2	11.6	11.5	13.9	13.7	6.5	6.5	6.1	5.9
Percent of poverty level ^{2,4}												
Below 100%	4.8	4.3	4.7	4.8	17.3	15.0	17.6	17.4	9.7	8.6	8.5	8.5
100%–199%	4.9	4.2	4.9	3.5	18.4	15.7	20.9	19.1	9.8	8.0	9.8	8.6
200%–399%	4.9	4.2	4.8	4.8	21.0	18.7	23.3	23.8	9.8	8.9	10.1	9.9
400% or more	5.1	4.4	6.0	5.7	24.3	22.1	28.1	28.5	9.7	8.9	10.9	10.2
Disability measure ^{2,5}												
Any basic actions difficulty or complex activity limitation	5.7	5.2	5.5	5.6	20.2	18.8	21.9	22.2	10.2	9.3	9.5	9.4
Any basic actions difficulty	5.8	5.3	5.5	5.8	20.6	19.1	22.3	22.7	10.5	9.4	9.7	9.7
Any complex activity limitation	4.5	4.3	5.5	4.4	16.4	14.3	16.2	16.7	8.8	7.3	7.8	7.5
No disability	4.9	4.1	5.3	4.9	21.8	19.7	25.0	24.6	9.6	8.7	10.4	9.7
Male												
18 years and over, age-adjusted ²	6.1	5.1	5.7	5.3	30.7	28.3	32.4	32.5	15.8	14.4	15.6	15.0
18 years and over, crude	6.1	5.2	5.7	5.4	31.7	29.0	32.2	32.0	16.3	14.7	15.6	14.7
Age												
Male:												
18–44 years	6.5	5.6	6.1	5.3	40.6	37.8	42.5	41.6	21.1	19.6	20.6	19.4
18–24 years	6.0	6.3	6.0	4.7	40.6	38.0	39.9	39.2	22.9	22.9	21.5	19.0
25–44 years	6.6	5.3	6.2	5.5	40.6	37.7	43.5	42.5	20.6	18.5	20.2	19.6
45–64 years	6.6	5.5	5.8	6.0	25.3	23.5	27.3	28.5	12.7	11.3	13.2	12.8
45–54 years	6.6	5.7	5.9	6.1	29.4	26.3	32.0	33.8	14.5	12.3	14.5	14.6
55–64 years	6.6	5.4	5.7	5.8	18.9	19.0	21.4	22.4	10.0	9.8	11.6	10.7
65 years and over	3.7	3.1	4.0	4.4	9.3	7.4	9.8	11.0	4.7	3.7	4.7	4.9
65–74 years	4.8	3.9	4.4	5.5	12.2	9.5	13.5	14.3	6.1	4.9	6.3	5.8
75 years and over	*2.1	*2.0	*3.5	*2.8	5.1	4.4	4.6	6.0	*2.5	*2.0	*2.5	3.5

See footnotes at end of table.

Table 63 (page 2 of 3). Heavier drinking and drinking five or more drinks in a day among adults aged 18 and over, by selected characteristics: United States, selected years 1997–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#063>.

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

Characteristic	Heavier drinker ¹				Five or more drinks in a day on at least 1 day in the past year ¹				Five or more drinks in a day on at least 12 days in the past year ¹			
	1997	2000	2010	2012	1997	2000	2010	2012	1997	2000	2010	2012
Race ^{2,3}												
Percent of adults												
White only	6.3	5.1	6.1	5.7	32.8	29.9	35.3	35.0	16.7	14.9	17.1	16.2
Black or African American only	5.3	5.4	4.6	3.8	18.4	19.8	20.2	21.5	11.0	12.4	9.8	9.9
American Indian or Alaska Native only	*	*	*	*	45.7	29.2	*20.5	33.5	30.4	*14.0	*15.7	19.5
Asian only	*2.3	*3.5	*1.4	*2.5	17.8	14.1	17.2	19.1	*7.5	*5.9	6.8	7.3
Native Hawaiian or Other Pacific Islander only	---	*	*	*	---	*	*	*	---	*	*	*
2 or more races	---	*12.1	*8.4	*6.7	---	39.2	37.6	34.0	---	23.7	20.3	15.1
Hispanic origin and race ^{2,3}												
Hispanic or Latino	5.7	5.2	3.9	3.7	30.9	27.9	28.8	32.2	18.8	15.9	14.6	15.7
Mexican	6.9	6.6	4.4	4.0	34.2	32.2	32.2	34.3	21.9	19.1	16.3	18.4
Not Hispanic or Latino	6.1	5.2	6.0	5.7	30.7	28.6	33.3	32.9	15.5	14.3	15.9	15.0
White only	6.4	5.2	6.5	6.2	33.3	30.6	36.9	36.2	16.6	15.0	17.6	16.5
Black or African American only	5.3	5.4	4.7	3.9	18.4	19.7	20.3	21.3	11.1	12.3	9.9	10.0
Percent of poverty level ^{2,4}												
Below 100%	6.8	6.4	6.5	6.7	26.9	24.8	26.0	26.3	16.5	15.7	14.1	14.4
100%–199%	7.1	5.8	5.8	4.6	27.3	23.6	29.1	28.9	16.4	13.3	14.8	14.6
200%–399%	6.6	5.3	5.8	5.4	30.4	27.4	31.8	31.9	16.0	14.7	16.4	15.1
400% or more	5.0	4.4	5.4	5.1	33.6	31.3	36.4	36.5	15.4	14.4	15.8	15.1
Disability measure ^{2,5}												
Any basic actions difficulty or complex activity limitation	7.2	6.8	6.6	6.5	29.4	28.9	30.6	30.6	17.0	16.5	14.8	14.7
Any basic actions difficulty	7.5	6.8	6.7	7.0	30.4	29.8	31.8	31.2	17.7	16.8	15.5	15.4
Any complex activity limitation	5.4	5.8	6.6	6.0	23.1	20.5	21.1	24.3	14.2	11.9	11.3	11.8
No disability	5.8	4.8	5.4	5.0	31.5	28.5	33.5	33.2	15.6	14.1	15.9	14.9
Female												
18 years and over, age-adjusted ²	3.9	3.5	4.8	4.7	12.2	10.8	15.6	15.5	3.9	3.4	4.8	4.5
18 years and over, crude	3.9	3.5	4.8	4.6	12.1	10.6	14.9	14.5	3.9	3.3	4.6	4.2
Age												
Female:												
18–44 years	4.0	3.8	5.2	4.8	18.3	16.5	22.6	22.6	5.5	5.2	6.9	6.6
18–24 years	4.5	5.2	6.4	5.3	23.0	22.8	28.1	25.1	7.6	8.3	10.9	8.1
25–44 years	3.9	3.4	4.8	4.6	16.9	14.5	20.6	21.6	4.9	4.2	5.4	6.0
45–64 years	4.4	3.8	4.9	5.4	7.2	6.0	11.1	10.6	2.9	1.9	3.4	3.0
45–54 years	4.5	3.2	5.9	5.9	9.2	7.1	14.3	14.0	3.3	2.1	4.3	4.0
55–64 years	4.4	4.6	3.8	4.8	4.1	4.4	7.3	6.8	2.1	1.5	2.3	2.0
65 years and over	2.6	2.2	3.4	2.9	1.6	1.2	2.3	2.2	*0.4	*0.4	*	*0.6
65–74 years	3.1	2.5	4.5	4.1	2.3	1.7	*3.1	3.6	*	*	*	*0.8
75 years and over	2.0	1.9	2.3	*1.5	*0.7	*	*1.4	*	*	*	*	*
Race ^{2,3}												
White only	4.2	4.0	5.2	5.2	13.5	12.1	17.4	17.5	4.2	3.7	5.2	5.0
Black or African American only	2.9	2.0	3.8	2.7	6.5	5.2	9.0	7.7	2.9	1.9	3.1	2.7
American Indian or Alaska Native only	*	*	*	*	18.1	*19.0	*11.7	17.9	*	*	*	*4.6
Asian only	*	*	*	*1.7	*5.2	*3.7	7.3	6.5	*	*	*	*2.4
Native Hawaiian or Other Pacific Islander only	---	*	*	*	---	*	*	*	---	*	*	*
2 or more races	---	*	*	*	---	17.0	16.4	17.0	---	*8.2	*6.3	*

See footnotes at end of table.

Table 63 (page 3 of 3). Heavier drinking and drinking five or more drinks in a day among adults aged 18 and over, by selected characteristics: United States, selected years 1997–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hs/content2013.htm#063>.

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

Characteristic	Heavier drinker ¹				Five or more drinks in a day on at least 1 day in the past year ¹				Five or more drinks in a day on at least 12 days in the past year ¹			
	1997	2000	2010	2012	1997	2000	2010	2012	1997	2000	2010	2012
Hispanic origin and race ^{2,3}												
Percent of adults												
Hispanic or Latina	2.2	1.2	1.7	1.3	9.7	6.8	10.3	10.1	3.5	2.1	3.6	3.2
Mexican	*1.9	*1.1	*1.7	1.4	8.2	7.1	10.4	10.8	3.2	*2.2	3.7	3.5
Not Hispanic or Latina	4.1	3.8	5.3	5.2	12.6	11.5	16.6	16.7	4.0	3.6	5.0	4.8
White only	4.4	4.3	5.9	6.1	14.2	13.0	19.1	19.8	4.3	4.0	5.6	5.6
Black or African American only	2.9	2.0	3.8	2.7	6.2	5.2	8.9	7.5	2.9	1.9	3.0	2.5
Percent of poverty level ^{2,4}												
Below 100%	3.6	2.8	3.4	3.5	10.8	8.2	11.3	10.8	5.1	3.6	4.2	4.1
100%–199%	3.1	2.9	4.1	2.6	10.5	9.0	13.5	10.7	4.0	3.5	5.1	3.4
200%–399%	3.3	3.2	3.9	4.4	12.1	10.7	15.3	15.9	4.0	3.5	4.2	4.7
400% or more	5.2	4.5	6.7	6.3	14.2	12.6	19.2	20.0	3.4	3.3	5.6	4.9
Disability measure ^{2,5}												
Any basic actions difficulty or complex activity limitation	4.5	4.1	4.7	4.9	13.1	11.3	15.2	15.9	5.0	4.1	5.4	5.4
Any basic actions difficulty	4.5	4.2	4.7	5.0	13.2	11.6	15.4	16.6	5.1	4.1	5.4	5.5
Any complex activity limitation	3.7	*3.2	4.6	3.0	10.8	9.1	12.3	10.1	4.2	*3.1	5.0	4.0
No disability	3.9	3.5	5.1	4.9	12.0	10.9	16.1	15.7	3.6	3.3	4.7	4.3

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

--- Data not available.

¹Heavier drinking is based on self-reported responses to questions about average alcohol consumption and is defined as more than 14 drinks per week for men and more than 7 drinks per week for women on average. U.S. Department of Agriculture: Dietary Guidelines for Americans, 2010. Available from: <http://www.health.gov/dietaryguidelines/dga2010/DietaryGuidelines2010.pdf>. Respondents were also asked, “In the past year, on how many days did you have five or more drinks of any alcoholic beverage?” See [Appendix II, Alcohol consumption](#).

²Estimates are age-adjusted to the year 2000 standard population using four age groups: 18–24 years, 25–44 years, 45–64 years, and 65 years and over. Age-adjusted estimates in this table may differ from other age-adjusted estimates based on the same data and presented elsewhere if different age groups are used in the adjustment procedure. See [Appendix II, Age adjustment](#).

³The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Prior to 1999, data were tabulated according to the 1977 Standards with four racial groups, and the Asian only category included Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁴Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed for 1997 and beyond. See [Appendix II, Family income; Poverty; Table VI](#).

⁵Any basic actions difficulty or complex activity limitation is defined as having one or more of the following limitations or difficulties: movement difficulty, emotional difficulty, sensory (seeing or hearing) difficulty, cognitive difficulty, self-care (activities of daily living or instrumental activities of daily living) limitation, social limitation, or work limitation. For more information, see [Appendix II, Basic actions difficulty; Complex activity limitation](#). Starting with 2007 data, the hearing question, a component of the basic actions difficulty measure, was revised. Consequently, data prior to 2007 are not comparable with data for 2007 and beyond. For more information on the impact of the revised hearing question, see [Appendix II, Hearing trouble](#).

NOTES: Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hs.htm>. For more data on alcohol consumption, see the Early Release reports on the National Health Interview Survey home page: <http://www.cdc.gov/nchs/nhis.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hs.htm>.

SOURCE: CDC/NCHS, National Health Interview Survey, family core and sample adult questionnaires. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 64 (page 1 of 2). Selected health conditions and risk factors, by age: United States, selected years 1988–1994 through 2011–2012

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#064>.

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

Health condition	1988–1994	1999–2000	2001–2002	2003–2004	2005–2006	2007–2008	2009–2010	2011–2012
Diabetes ¹								
Percent of adults aged 20 and over								
Total, age-adjusted ²	9.1	9.0	10.5	10.8	10.4	11.5	11.5	---
Total, crude	8.4	8.5	10.1	10.8	10.7	11.9	12.0	---
High cholesterol ³								
Total, age-adjusted ⁴	22.8	25.5	24.6	27.9	27.4	27.6	27.2	28.2
Total, crude	21.5	24.5	24.2	27.9	28.1	28.8	28.6	30.4
High serum total cholesterol ⁵								
Total, age-adjusted ⁴	20.8	18.3	16.5	16.9	15.6	14.2	13.2	12.7
Total, crude	19.6	17.7	16.4	17.0	15.9	14.6	13.6	13.1
Hypertension ⁶								
Total, age-adjusted ⁴	25.5	30.0	29.7	32.1	30.5	31.2	30.0	30.0
Total, crude	24.1	28.9	28.9	32.5	31.7	32.6	31.9	32.5
Uncontrolled high blood pressure among persons with hypertension ⁷								
Total, age-adjusted ⁴	77.2	71.9	68.3	63.8	63.0	56.2	55.7	54.6
Total, crude	73.9	69.1	65.4	60.8	56.6	51.8	46.7	48.0
Overweight (includes obesity) ⁸								
Total, age-adjusted ⁴	56.0	64.5	65.6	66.4	66.9	68.1	68.8	68.6
Total, crude	54.9	64.1	65.6	66.5	67.3	68.3	69.2	69.0
Obesity ⁹								
Total, age-adjusted ⁴	22.9	30.5	30.5	32.3	34.4	33.7	35.7	34.9
Total, crude	22.3	30.3	30.6	32.3	34.7	33.9	35.9	35.1
Untreated dental caries ¹⁰								
Total, age-adjusted ⁴	27.7	24.3	21.3	30.0	24.4	21.7	---	---
Total, crude	28.2	25.0	21.6	30.3	24.5	21.8	---	---
Obesity ¹¹								
Percent of persons under age 20								
2–5 years	7.2	10.3	10.6	14.0	11.0	10.1	12.1	8.4
6–11 years	11.3	15.1	16.3	18.8	15.1	19.6	18.0	17.7
12–19 years	10.5	14.8	16.7	17.4	17.8	18.1	18.4	20.5
Untreated dental caries ¹⁰								
6–19 years	23.6	22.7	20.6	25.2	---	16.9	14.3	---

See footnotes at end of table.

Table 64 (page 2 of 2). Selected health conditions and risk factors, by age: United States, selected years 1988–1994 through 2011–2012

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#064>.

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

-- Data not available.

¹Includes physician-diagnosed and undiagnosed diabetes. Physician-diagnosed diabetes was obtained by self-report and excludes women who reported having diabetes only during pregnancy. Undiagnosed diabetes is defined as a fasting plasma glucose (FPG) of at least 126 mg/dL or a hemoglobin A1c of at least 6.5% and no reported physician diagnosis. Starting in 2005–2006, testing was performed at a different laboratory and using different instruments than testing in earlier years. The National Health and Nutrition Examination Survey (NHANES) conducted crossover studies to evaluate the impact of these changes on FPG and A1c measurements and recommended adjustments to the FPG data. The adjustments recommended by NHANES were incorporated into the data presented here. For more information, see http://www.cdc.gov/nchs/nhanes/nhanes2005-2006/GLU_D.htm. Prior to *Health, United States, 2010*, the definition of undiagnosed diabetes did not consider hemoglobin A1c. The revised definition of undiagnosed diabetes was based on recommendations from the American Diabetes Association. For more information, see Standards of medical care in diabetes—2010. *Diabetes Care* 2010;33(suppl 1):S11–S61. To ensure data comparability, the revised definition of undiagnosed diabetes was applied to all data in this table. See [Appendix II, Diabetes](#). See related [Table 46](#).

²Estimates are age-adjusted to the year 2000 standard population using three age groups: 20–44 years, 45–64 years, and 65 years and over. Age-adjusted estimates in this table may differ from other age-adjusted estimates based on the same data presented elsewhere if different age groups are used in the adjustment procedure. See [Appendix II, Age adjustment](#).

³High cholesterol is defined as measured serum total cholesterol greater than or equal to 240 mg/dL or reporting taking cholesterol-lowering medication. Respondents were asked, “Are you now following this advice [from a doctor or health professional] to take prescribed medicine [to lower your cholesterol]?” Risk levels for serum total cholesterol have been defined by the Third Report of the National Cholesterol Education Program Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults. National Heart, Lung, and Blood Institute, National Institutes of Health. September 2002. (Available from: <http://www.nhlbi.nih.gov/guidelines/cholesterol/index.htm> and summarized in *JAMA* 2001;285(19):2486–97.) See [Appendix II, Cholesterol](#). See related [Table 66](#).

⁴Estimates are age-adjusted to the year 2000 standard population using five age groups: 20–34 years, 35–44 years, 45–54 years, 55–64 years, and 65 years and over. 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](#).

⁵High serum total cholesterol is defined as greater than or equal to 240 mg/dL (6.20 mmol/L). This second measure of cholesterol presented in *Health, United States* is based solely on measured high serum total cholesterol. See [Appendix II, Cholesterol](#). See related [Table 66](#).

⁶Hypertension is defined as having measured high blood pressure and/or taking antihypertensive medication. High blood pressure is defined as having measured systolic pressure of at least 140 mm Hg or diastolic pressure of at least 90 mm Hg. Those with high blood pressure also may be taking prescribed medicine for high blood pressure. For antihypertensive medication use, respondents were asked, “Are you now taking prescribed medicine for your high blood pressure?” See [Appendix II, Blood pressure, high](#). See related [Table 65](#).

⁷Uncontrolled high blood pressure among persons with hypertension is defined as measured systolic pressure of at least 140 mm Hg or diastolic pressure of at least 90 mm Hg, among those with measured high blood pressure or reporting taking antihypertensive medication. See [Appendix II, Blood pressure, high](#). See related [Table 65](#).

⁸Excludes pregnant women. Overweight is defined as body mass index (BMI) greater than or equal to 25. See [Appendix II, Body mass index \(BMI\)](#). See related [Table 69](#).

⁹Excludes pregnant women. Obesity is defined as body mass index (BMI) greater than or equal to 30. See [Appendix II, Body mass index \(BMI\)](#). See related [Table 69](#).

¹⁰Untreated dental caries refers to untreated coronal caries. For estimates prior to 2005–2010, caries in both permanent and primary teeth was evaluated for children aged 6–11. For persons aged 12–19 and adults, only dental caries in permanent teeth was evaluated. Starting with 2005–2006 data, dental caries data were collected using a simplified examination process that used health technologists to screen for caries instead of using dentists to conduct a comprehensive caries exam. Because of this change in the examination process and because 2005–2010 dental caries data are based on both primary and permanent teeth, regardless of age, data for 2005–2010 need to be interpreted with caution, especially when comparing with earlier data. For more information on the methodology changes, see http://www.cdc.gov/nchs/nhanes/nhanes2005-2006/OHX_D.htm and Dye BA, Barker LK, Li X, Lewis BG, Beltrán-Aguilar ED. Overview and quality assurance for the oral health component of the National Health and Nutrition Examination Survey (NHANES), 2005–08. *J Public Health Dent* 2011;71(1):54–61. In 2009–2010 the dental exam was only conducted on children aged 3–19. Estimates exclude edentulous persons (those without any natural teeth). See [Appendix II, Dental caries](#). See related [Table 71](#).

¹¹Obesity is defined as body mass index (BMI) at or above the sex- and age-specific 95th percentile BMI cutoff points from the 2000 CDC growth charts for the United States: Methods and development. NCHS. *Vital Health Stat* 11(246). 2002. Available at: http://www.cdc.gov/nchs/data/series/sr_11/sr11_246.pdf. Starting with *Health, United States, 2010*, the terminology describing height for weight among children changed from previous editions. The term obesity now refers to children who were formerly labeled as overweight. This is a change in terminology only and not measurement; the previous definition of overweight is now the definition of obesity. For more information, see: Ogden CL, Flegal KM. Changes in terminology for childhood overweight and obesity. National health statistics report; no. 25. Hyattsville, MD: NCHS; 2010. Available from: <http://www.cdc.gov/nchs/data/nhsr/nhsr025.pdf>. Excludes pregnant girls. See related [Table 70](#).

NOTES: Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Some data have been revised and differ from previous editions of *Health, United States*.

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

Table 65 (page 1 of 2). Hypertension among adults aged 20 and over, by selected characteristics: United States, selected years 1988–1994 through 2009–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#065>.

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

Sex, age, race and Hispanic origin ¹ , and percent of poverty level	Hypertension ^{2,3} (measured high blood pressure and/or taking antihypertensive medication)				Uncontrolled high blood pressure among persons with hypertension ⁴			
	1988–1994	1999–2002	2003–2006	2009–2012	1988–1994	1999–2002	2003–2006	2009–2012
20 years and over, age-adjusted ⁵					Percent of population			
Both sexes ⁶	25.5	30.0	31.3	30.0	77.2	70.6	63.3	55.1
Male	26.4	28.8	31.8	30.6	83.2	73.3	65.0	62.0
Female	24.4	30.6	30.3	29.3	68.5	61.8	53.6	44.7
Not Hispanic or Latino:								
White only, male	25.6	27.6	31.2	29.6	82.6	70.3	63.3	58.7
White only, female	23.0	28.5	28.3	27.5	67.0	63.6	47.5	42.8
Black or African American only, male	37.5	40.6	42.2	42.5	84.0	74.3	70.2	68.9
Black or African American only, female	38.3	43.5	44.1	44.2	71.1	67.2	59.0	46.8
Mexican origin male	26.9	26.8	24.8	27.3	87.9	89.5	70.7	76.4
Mexican origin female	25.0	27.9	28.6	29.3	77.6	71.5	66.1	47.1
Percent of poverty level: ⁷								
Below 100%	31.7	33.9	35.0	---	75.0	71.2	69.8	---
100%–199%	26.6	33.5	34.1	---	76.0	73.4	68.2	---
200%–399%	24.7	30.2	31.9	---	76.2	67.8	63.9	---
400% or more	22.6	26.4	28.9	---	81.5	70.3	56.8	---
20 years and over, crude								
Both sexes ⁶	24.1	30.2	32.1	32.2	73.9	67.3	58.6	47.4
Male	23.8	27.6	31.3	31.6	79.3	67.1	58.4	50.7
Female	24.4	32.7	32.9	32.8	68.8	67.4	58.8	44.2
Not Hispanic or Latino:								
White only, male	24.3	28.3	32.4	33.1	78.0	64.0	56.2	47.2
White only, female	24.6	32.8	33.4	33.7	67.8	66.9	58.2	42.6
Black or African American only, male	31.1	35.9	38.8	39.9	83.3	71.3	65.9	60.5
Black or African American only, female	32.5	41.9	42.8	44.5	70.0	67.5	55.5	45.8
Mexican origin male	16.4	16.5	16.6	19.1	86.5	86.9	66.9	69.8
Mexican origin female	15.9	18.8	20.0	22.0	80.6	74.5	68.6	52.8
Percent of poverty level: ⁷								
Below 100%	25.7	30.3	28.8	---	74.0	71.3	67.3	---
100%–199%	26.7	34.8	36.8	---	75.1	70.7	63.2	---
200%–399%	22.4	29.9	33.1	---	73.4	64.4	58.0	---
400% or more	22.0	26.8	29.2	---	74.3	63.8	53.4	---
Male								
20–44 years	10.9	12.1	14.2	11.2	90.5	79.7	71.1	70.3
20–34 years	7.1	*8.1	9.2	5.8	92.6	89.9	83.1	88.4
35–44 years	17.1	17.1	21.1	19.1	89.0	73.3	63.6	62.0
45–64 years	34.2	36.4	41.2	42.2	73.1	61.4	57.0	50.2
45–54 years	29.2	31.0	36.2	33.6	76.2	66.4	59.3	47.7
55–64 years	40.6	45.0	50.2	51.9	70.3	55.9	53.9	52.0
65–74 years	54.4	59.6	64.1	61.7	74.3	59.1	45.9	36.9
75 years and over	60.4	69.0	65.0	75.1	82.5	74.3	59.7	48.9
Female								
20–44 years	6.5	8.3	6.9	8.7	63.4	58.3	49.1	46.5
20–34 years	2.9	*2.7	*2.2	3.9	82.2	56.9	*47.9	49.0
35–44 years	11.2	15.1	12.6	15.5	56.8	58.6	49.4	45.5
45–64 years	32.8	40.0	43.4	39.5	62.1	60.5	55.5	36.5
45–54 years	23.9	31.8	36.2	29.5	58.5	61.1	57.4	36.2
55–64 years	42.6	53.9	54.4	51.0	64.3	60.0	53.6	36.8
65–74 years	56.2	72.7	70.8	66.7	68.7	73.5	58.5	45.4
75 years and over	73.6	83.1	80.2	79.3	81.9	78.1	70.3	57.8

See footnotes at end of table.

Table 65 (page 2 of 2). Hypertension among adults aged 20 and over, by selected characteristics: United States, selected years 1988–1994 through 2009–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#065>.

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

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

- - - Data not available.

¹Persons of Mexican origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The two non-Hispanic race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group. Prior to data year 1999, estimates were tabulated according to the 1977 Standards. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. See [Appendix II, Hispanic origin; Race](#).

²Hypertension is defined as having measured high blood pressure and/or taking antihypertensive medication. High blood pressure is defined as having measured systolic pressure of at least 140 mm Hg or diastolic pressure of at least 90 mm Hg. Those with high blood pressure also may be taking prescribed medicine for high blood pressure. Those taking antihypertensive medication may not have measured high blood pressure but are still classified as having hypertension. See [Appendix II, Blood pressure, high](#).

³Respondents were asked, “Are you now taking prescribed medicine for your high blood pressure?”

⁴Uncontrolled high blood pressure among persons with hypertension is defined as measured systolic pressure of at least 140 mm Hg or diastolic pressure of at least 90 mm Hg, among those with measured high blood pressure or reporting taking antihypertensive medication. See [Appendix II, Blood pressure, high](#).

⁵Estimates are age-adjusted to the year 2000 standard population using five age groups: 20–34 years, 35–44 years, 45–54 years, 55–64 years, and 65 years and over. 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](#).

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

⁷Percent of poverty level was calculated by dividing family income by the U.S. Department of Health and Human Services’ poverty guideline specific to family size, as well as the appropriate year, and state. Persons with unknown percent of poverty level are excluded (8% in 2007–2010). See [Appendix II, Family income; Poverty](#).

NOTES: Percentages are based on the average of blood pressure measurements taken. In 2009–2012, 84% of participants had three systolic or diastolic blood pressure readings. See *Health, United States, 2003*, Table 66, for a longer trend based on a single blood pressure measurement, which provides comparable data across five time periods (1960–1962 through 1999–2000). Excludes pregnant women. Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

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

Table 66 (page 1 of 4). Cholesterol among adults aged 20 and over, by selected characteristics: United States, selected years 1988–1994 through 2009–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#066>.

[Data are based on interviews and laboratory data of a sample of the civilian noninstitutionalized population]

<i>Sex, age, race and Hispanic origin¹, and percent of poverty level</i>	<i>1988–1994</i>	<i>1999–2002</i>	<i>2003–2006</i>	<i>2009–2012</i>
Percent of population with high cholesterol (serum total cholesterol greater than or equal to 240 mg/dL or taking cholesterol-lowering medications) ³				
20 years and over, age-adjusted ²				
Both sexes ⁴	22.8	25.0	27.7	27.8
Male	21.1	25.3	27.7	27.9
Female	24.0	24.3	27.4	27.5
Not Hispanic or Latino:				
White only, male	21.1	26.0	28.7	28.1
White only, female	24.2	25.1	28.2	28.2
Black or African American only, male	18.6	20.1	22.8	25.6
Black or African American only, female	23.1	22.0	23.3	26.3
Mexican origin male	19.9	21.6	24.2	27.2
Mexican origin female	19.8	19.3	24.1	26.2
Percent of poverty level: ⁵				
Below 100%	23.0	25.0	27.9	---
100%–199%	22.1	25.9	27.6	---
200%–399%	23.1	26.5	27.5	---
400% or more	21.7	23.1	27.9	---
20 years and over, crude				
Both sexes ⁴	21.5	25.0	28.0	29.5
Male	19.6	25.1	27.5	28.8
Female	23.2	24.8	28.5	30.1
Not Hispanic or Latino:				
White only, male	20.0	26.8	29.7	30.9
White only, female	24.5	27.0	30.8	33.4
Black or African American only, male	16.0	18.5	21.3	24.4
Black or African American only, female	19.7	19.9	21.9	25.5
Mexican origin male	16.2	17.0	19.3	21.9
Mexican origin female	14.9	13.8	18.7	19.4
Percent of poverty level: ⁵				
Below 100%	19.4	21.6	24.1	---
100%–199%	21.3	25.4	28.3	---
200%–399%	21.3	26.2	28.1	---
400% or more	21.9	24.2	28.7	---
Male				
20–44 years	13.1	16.1	16.5	12.6
20–34 years	8.2	10.4	10.2	6.6
35–44 years	21.0	23.1	25.2	21.2
45–64 years	30.1	36.0	35.7	39.8
45–54 years	29.6	34.1	32.4	35.7
55–64 years	30.8	39.1	41.6	44.5
65–74 years	27.4	36.3	49.4	50.7
75 years and over	24.4	29.0	37.1	51.2
Female				
20–44 years	9.9	11.4	12.9	9.4
20–34 years	7.3	9.1	10.8	6.3
35–44 years	13.5	14.4	15.8	14.0
45–64 years	36.4	31.7	37.3	42.4
45–54 years	28.2	27.2	29.6	31.2
55–64 years	45.8	39.2	49.2	55.3
65–74 years	46.9	51.9	55.3	57.7
75 years and over	41.2	44.0	47.3	53.3

See footnotes at end of table.

Table 66 (page 2 of 4). Cholesterol among adults aged 20 and over, by selected characteristics: United States, selected years 1988–1994 through 2009–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#066>.

[Data are based on interviews and laboratory data of a sample of the civilian noninstitutionalized population]

<i>Sex, age, race and Hispanic origin¹, and percent of poverty level</i>	<i>1988–1994</i>	<i>1999–2002</i>	<i>2003–2006</i>	<i>2009–2012</i>
Percent of population with high serum total cholesterol (greater than or equal to 240 mg/dL) ⁵				
20 years and over, age-adjusted ²				
Both sexes ⁴	20.8	17.3	16.3	12.9
Male	19.0	16.4	15.1	11.7
Female	22.0	17.8	17.1	14.0
Not Hispanic or Latino:				
White only, male	18.8	16.5	15.5	11.6
White only, female	22.2	18.1	18.0	14.7
Black or African American only, male	16.9	12.4	10.9	9.0
Black or African American only, female	21.4	17.7	13.3	10.8
Mexican origin male	18.5	17.4	17.6	13.5
Mexican origin female	18.7	13.8	14.4	12.8
Percent of poverty level: ⁵				
Below 100%	20.6	18.3	18.1	---
100%–199%	20.6	19.1	16.7	---
200%–399%	20.8	18.9	15.8	---
400% or more	19.5	14.4	15.9	---
20 years and over, crude				
Both sexes ⁴	19.6	17.3	16.4	13.4
Male	17.7	16.5	15.2	11.8
Female	21.3	18.0	17.5	14.9
Not Hispanic or Latino:				
White only, male	18.0	16.9	15.7	11.8
White only, female	22.5	19.1	18.9	16.5
Black or African American only, male	14.7	12.2	10.8	8.8
Black or African American only, female	18.2	16.1	12.5	10.6
Mexican origin male	15.4	15.0	15.7	13.0
Mexican origin female	14.3	10.7	12.6	10.9
Percent of poverty level: ⁵				
Below 100%	17.6	16.4	16.8	---
100%–199%	19.8	18.2	16.0	---
200%–399%	19.3	18.7	15.8	---
400% or more	19.9	15.5	17.1	---
Male				
20–44 years	12.5	14.2	14.1	10.0
20–34 years	8.2	9.8	9.5	6.0
35–44 years	19.4	19.7	20.5	15.8
45–64 years	27.2	22.2	19.1	16.2
45–54 years	26.6	23.6	20.8	18.0
55–64 years	28.0	19.9	16.0	14.1
65–74 years	21.9	13.7	10.9	8.1
75 years and over	20.4	10.2	9.6	*5.5
Female				
20–44 years	9.4	10.4	11.3	7.6
20–34 years	7.3	8.9	10.3	5.7
35–44 years	12.3	12.4	12.7	10.4
45–64 years	33.4	23.0	23.9	22.4
45–54 years	26.7	21.4	19.7	18.7
55–64 years	40.9	25.6	30.5	26.6
65–74 years	41.3	32.3	24.2	19.6
75 years and over	38.2	26.5	18.6	16.2

See footnotes at end of table.

Table 66 (page 3 of 4). Cholesterol among adults aged 20 and over, by selected characteristics: United States, selected years 1988–1994 through 2009–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#066>.

[Data are based on interviews and laboratory data of a sample of the civilian noninstitutionalized population]

<i>Sex, age, race and Hispanic origin¹, and percent of poverty level</i>	<i>1988–1994</i>	<i>1999–2002</i>	<i>2003–2006</i>	<i>2009–2012</i>	
20 years and over, age-adjusted ²		Mean serum total cholesterol level, mg/dL			
Both sexes ⁴	206	203	200	195	
Male	204	202	198	192	
Female	207	204	202	198	
Not Hispanic or Latino:					
White only, male	205	202	198	192	
White only, female	208	205	203	199	
Black or African American only, male	202	195	193	188	
Black or African American only, female	207	202	195	192	
Mexican origin male	206	204	203	197	
Mexican origin female	206	199	200	194	
Percent of poverty level: ⁵					
Below 100%	205	201	203	---	
100%–199%	205	204	201	---	
200%–399%	207	205	199	---	
400% or more	205	202	201	---	
20 years and over, crude					
Both sexes ⁴	204	203	200	196	
Male	202	202	198	193	
Female	206	204	202	199	
Not Hispanic or Latino:					
White only, male	203	203	198	193	
White only, female	208	206	205	202	
Black or African American only, male	198	194	192	187	
Black or African American only, female	201	199	194	191	
Mexican origin male	199	200	200	198	
Mexican origin female	198	194	196	193	
Percent of poverty level: ⁵					
Below 100%	200	198	200	---	
100%–199%	202	202	199	---	
200%–399%	205	204	199	---	
400% or more	206	204	203	---	
Male					
20–44 years	194	196	196	191	
20–34 years	186	188	186	182	
35–44 years	206	207	209	204	
45–64 years	216	213	206	200	
45–54 years	216	215	208	203	
55–64 years	216	212	202	198	
65–74 years	212	202	191	184	
75 years and over	205	195	187	173	
Female					
20–44 years	189	191	192	187	
20–34 years	184	185	188	180	
35–44 years	195	198	197	196	
45–64 years	225	215	213	212	
45–54 years	217	211	208	209	
55–64 years	235	221	219	216	
65–74 years	233	224	214	206	
75 years and over	229	217	206	201	

See footnotes at end of table.

Table 66 (page 4 of 4). Cholesterol among adults aged 20 and over, by selected characteristics: United States, selected years 1988–1994 through 2009–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#066>.

[Data are based on interviews and laboratory data of a sample of the civilian noninstitutionalized population]

-- Data not available.

¹Persons of Mexican origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The two non-Hispanic race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group. Prior to data year 1999, estimates were tabulated according to the 1977 Standards. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. See [Appendix II, Hispanic origin; Race](#).

²Estimates are age-adjusted to the year 2000 standard population using five age groups: 20–34 years, 35–44 years, 45–54 years, 55–64 years, and 65 years and over. Age-adjusted estimates may differ from other age-adjusted estimates based on the same data and presented elsewhere if different age groups are used in the adjustment procedure. See [Appendix II, Age adjustment](#).

³High cholesterol is defined as measured serum total cholesterol as greater than or equal to 240 mg/dL or reporting taking cholesterol-lowering medications. Respondents were asked, “Are you now following this advice [from a doctor or health professional] to take prescribed medicine [to lower your cholesterol]?”

⁴Includes persons of all races and Hispanic origins, not just those shown separately.

⁵Percent of poverty level was calculated by dividing family income by the U.S. Department of Health and Human Services’ poverty guideline specific to family size, as well as the appropriate year, and state. Persons with unknown percent of poverty level are excluded (8% in 2007–2010). See [Appendix II, Family income; Poverty](#).

⁶High serum total cholesterol is defined as greater than or equal to 240 mg/dL (6.20 mmol/L), regardless of whether the respondent reported taking cholesterol-lowering medications.

NOTES: Risk levels for cholesterol have been defined by the Third Report of the National Cholesterol Education Program Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults. National Heart, Lung, and Blood Institute, National Institutes of Health. September 2002. (Available from: <http://www.nhlbi.nih.gov/guidelines/cholesterol/index.htm> and summarized in JAMA 2001;285(19):2486–97). Serum total cholesterol greater than or equal to 240 mg/dL (6.20 mmol/L) is considered high. See [Appendix II, Cholesterol](#). Standard errors for selected years are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

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

Table 67. Mean macronutrient intake among adults aged 20 and over, by sex and age: United States, selected years 1971–1974 through 2007–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#067>.

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

Sex and age	1971–1974	1976–1980	1988–1994	1999–2002	2003–2006	2007–2010
Percent kcal from carbohydrates						
Male, age-adjusted ¹	42.4	42.6	48.5	49.5	47.8	47.9
Male, crude	42.4	42.7	48.4	49.4	47.7	47.9
20–39 years	42.2	43.1	48.1	50.6	48.7	48.9
40–59 years	41.6	41.5	47.8	48.1	46.5	46.7
60–74 years	44.8	44.1	49.7	49.1	47.1	47.0
75 years and over	---	---	50.9	51.0	50.3	50.4
Female, age-adjusted ¹	45.4	46.0	51.0	51.9	49.9	50.8
Female, crude	45.5	46.1	51.0	51.9	49.9	50.7
20–39 years	45.8	46.0	50.6	52.9	50.4	51.4
40–59 years	44.4	45.0	50.0	50.6	48.7	50.3
60–74 years	46.8	48.6	52.6	51.3	50.2	49.9
75 years and over	---	---	54.2	53.7	52.4	51.6
Percent kcal from protein						
Male, age-adjusted ¹	16.5	16.1	15.5	15.4	15.6	16.0
Male, crude	16.4	16.0	15.4	15.4	15.6	16.0
20–39 years	16.1	15.8	15.0	14.9	15.5	15.7
40–59 years	16.9	16.3	15.7	15.5	15.6	16.2
60–74 years	16.5	16.3	15.9	16.3	16.1	16.3
75 years and over	---	---	16.3	15.7	15.8	15.9
Female, age-adjusted ¹	16.9	16.0	15.4	15.2	15.6	15.6
Female, crude	16.8	16.0	15.4	15.2	15.6	15.6
20–39 years	16.4	15.8	14.8	14.8	15.2	15.2
40–59 years	17.3	16.3	15.6	15.2	15.8	15.8
60–74 years	17.0	16.1	16.4	16.1	15.9	15.9
75 years and over	---	---	15.9	15.3	15.5	15.7
Percent kcal from total fat						
Male, age-adjusted ¹	36.9	36.7	33.8	33.0	33.6	33.2
Male, crude	36.9	36.7	33.9	33.0	33.6	33.2
20–39 years	37.0	36.2	34.0	32.0	32.5	32.0
40–59 years	36.9	37.2	34.2	33.6	34.4	34.0
60–74 years	36.4	36.8	32.9	33.7	34.5	34.3
75 years and over	---	---	32.9	33.2	33.3	33.2
Female, age-adjusted ¹	36.1	36.0	33.2	33.1	33.9	33.1
Female, crude	36.0	35.9	33.2	33.1	33.9	33.2
20–39 years	36.3	36.0	33.6	32.3	33.6	32.6
40–59 years	36.3	36.4	34.0	33.9	34.2	33.2
60–74 years	34.9	34.7	31.6	33.4	34.2	34.1
75 years and over	---	---	31.5	32.6	32.9	33.4
Percent kcal from saturated fat						
Male, age-adjusted ¹	13.5	13.2	11.3	10.7	11.1	10.8
Male, crude	13.5	13.2	11.4	10.7	11.1	10.9
20–39 years	13.6	13.1	11.5	10.8	10.9	10.4
40–59 years	13.5	13.4	11.3	10.8	11.3	11.2
60–74 years	13.3	13.1	10.9	10.6	11.3	11.0
75 years and over	---	---	11.2	10.7	11.2	10.9
Female, age-adjusted ¹	13.0	12.5	11.1	10.7	11.3	10.9
Female, crude	12.9	12.5	11.1	10.7	11.3	10.9
20–39 years	13.0	12.6	11.4	10.8	11.2	10.8
40–59 years	13.1	12.6	11.3	10.8	11.5	10.8
60–74 years	12.4	11.8	10.4	10.5	11.2	11.2
75 years and over	---	---	10.5	10.1	10.8	11.0

--- Data not available.

¹Estimates are age-adjusted to the year 2000 standard population using four age groups: 20–39 years, 40–59 years, 60–74 years, and 75 years and over. Age-adjusted estimates in this table may differ from other age-adjusted estimates based on the same data and presented elsewhere if different age groups are used in the adjustment procedure. See [Appendix II, Age adjustment](#).

NOTES: Starting in 2001, 24-hour dietary recall data were collected in the mobile examination center (day 1 file) and on a second day by telephone interview (day 2 file). For comparability across survey years, this table is based on day 1 data only. It is recognized that usual intake of macronutrients based on 2 or more days of dietary data would be more precise (Freedman LS, Guenther PM, Dodd KW, Krebs-Smith SM, Midthune D. The population distribution of ratios of usual intakes of dietary components that are consumed every day can be estimated from repeated 24-hour recalls. *J Nutr* 2010 Jan;140(1):111–6.) Two days of data are available only in later years of the continuous NHANES survey. Thus, in order to present trends, macronutrient intake estimates on a given day are presented in this table. This table excludes individuals who reported no energy intake. Energy intake included kilocalories from all foods and beverages, including alcoholic beverages, consumed during the previous 24-hour period. Macronutrients (carbohydrates, protein, and fat) do not sum to 100% because information for alcohol is not shown in the table. Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Health and Nutrition Examination Survey. U.S. Department of Agriculture, Agriculture Research Service, Beltsville Human Nutrition Research Center, Food Surveys Research Group, What We Eat in America. See [Appendix I, National Health and Nutrition Examination Survey \(NHANES\)](#).

Table 68 (page 1 of 5). Participation in leisure-time aerobic and muscle-strengthening activities that meet the federal 2008 Physical Activity Guidelines for Americans among adults aged 18 and over, by selected characteristics: United States, selected years 1998–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#068>.

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

Characteristic	2008 Physical Activity Guidelines for Americans ¹							
	Met both aerobic activity and muscle-strengthening guidelines				Met neither aerobic activity nor muscle-strengthening guideline			
	1998	2000	2010	2012	1998	2000	2010	2012
	Percent							
18 years and over, age-adjusted ^{2,3}	14.3	15.0	20.7	20.8	56.6	54.7	49.1	46.6
18 years and over, crude ³	14.5	15.1	20.4	20.3	56.3	54.6	49.5	47.1
Age								
18–44 years	18.9	18.9	25.7	25.7	50.7	49.1	43.1	41.0
18–24 years	23.8	23.8	29.6	29.7	46.5	44.5	39.4	37.9
25–44 years	17.4	17.3	24.3	24.2	51.9	50.6	44.4	42.2
45–64 years	11.4	12.8	17.7	17.2	58.8	57.6	51.0	49.6
45–54 years	13.2	14.5	19.2	18.2	56.9	55.4	48.9	48.3
55–64 years	8.6	10.1	15.9	16.0	61.8	61.0	53.7	51.2
65 years and over	5.5	6.8	10.4	11.9	71.0	67.0	64.6	58.4
65–74 years	7.0	8.4	13.6	14.8	65.6	60.3	59.9	51.7
75 years and over	3.5	4.9	6.4	7.9	77.8	75.0	70.3	67.2
Sex ²								
Male	17.5	17.9	25.1	24.6	50.8	49.6	43.8	42.2
Female	11.4	12.3	16.5	17.1	61.9	59.4	54.0	50.7
Sex and age								
Male:								
18–44 years	23.0	23.0	31.8	31.8	44.3	43.0	37.1	35.9
45–54 years	16.1	16.0	20.9	18.7	52.9	52.7	45.2	45.9
55–64 years	9.4	11.3	19.1	16.8	58.2	58.7	50.1	49.1
65–74 years	9.5	9.4	16.6	17.1	58.9	55.3	55.6	45.9
75 years and over	4.9	7.1	9.1	10.5	69.5	66.7	62.8	61.3
Female:								
18–44 years	14.9	15.0	19.6	19.8	56.9	55.0	49.0	46.0
45–54 years	10.5	13.1	17.5	17.7	60.8	57.9	52.4	50.5
55–64 years	7.8	9.0	13.1	15.3	65.0	63.1	57.0	53.2
65–74 years	5.1	7.7	11.0	12.8	70.9	64.3	63.6	56.7
75 years and over	2.6	3.6	4.6	6.2	83.0	80.0	75.3	71.2
Race ^{2,4}								
White only	14.8	15.7	21.4	21.5	55.2	53.1	47.6	45.4
Black or African American only	11.7	12.2	17.2	16.8	65.7	64.6	58.5	55.0
American Indian or Alaska Native only	16.0	*10.6	*12.7	18.7	57.6	67.1	54.0	50.8
Asian only	13.5	14.1	17.8	17.1	59.1	55.0	51.7	47.8
Native Hawaiian or Other Pacific Islander only	---	*	*	*	---	*	*	*
2 or more races	---	19.0	25.9	28.7	---	52.8	45.0	40.5
Hispanic origin and race ^{2,4}								
Hispanic or Latino	9.4	9.2	14.4	15.7	67.7	66.5	60.2	54.5
Mexican	8.7	8.1	13.2	14.9	69.5	67.0	60.7	53.8
Not Hispanic or Latino	14.9	15.8	21.9	21.7	55.3	53.2	47.2	45.1
White only	15.5	16.5	22.9	23.0	53.6	51.4	45.0	43.2
Black or African American only	11.7	12.2	17.4	16.7	65.8	64.6	58.4	55.1
Education ^{5,6}								
No high school diploma or GED	4.6	4.3	7.7	7.6	76.3	74.0	69.8	66.3
High school diploma or GED	8.6	9.5	12.7	12.4	64.6	61.7	59.0	57.4
Some college or more	18.2	18.9	25.0	24.9	48.0	47.1	42.1	39.7

See footnotes at end of table.

Table 68 (page 2 of 5). Participation in leisure-time aerobic and muscle-strengthening activities that meet the federal 2008 Physical Activity Guidelines for Americans among adults aged 18 and over, by selected characteristics: United States, selected years 1998–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#068>.

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

Characteristic	2008 Physical Activity Guidelines for Americans ¹								
	Met both aerobic activity and muscle-strengthening guidelines				Met neither aerobic activity nor muscle-strengthening guideline				
	1998	2000	2010	2012	1998	2000	2010	2012	
Percent of poverty level ^{2,7}				Percent					
Below 100%	8.0	9.3	12.0	11.6	71.3	68.0	63.9	60.5	
100%–199%	9.0	9.0	12.7	14.5	67.1	65.5	60.6	56.3	
200%–399%	12.6	13.2	19.2	18.8	58.0	56.8	50.6	47.9	
400% or more	20.2	20.5	29.1	29.4	46.2	45.0	36.9	35.5	
Hispanic origin and race and percent of poverty level ^{2,4,7}									
Hispanic or Latino:									
Below 100%	4.6	4.4	8.9	9.6	78.0	75.2	68.6	64.6	
100%–199%	7.0	5.0	9.3	12.2	71.2	72.2	66.7	59.3	
200%–399%	11.1	10.2	15.7	17.7	63.8	63.1	57.6	51.6	
400% or more	17.4	19.6	28.1	29.1	55.6	52.8	42.5	37.2	
Not Hispanic or Latino:									
White only:									
Below 100%	9.9	11.7	13.7	14.2	66.9	63.5	60.5	56.9	
100%–199%	9.6	10.3	14.1	16.5	65.1	62.6	56.4	53.7	
200%–399%	13.1	13.9	20.0	19.0	56.1	54.7	48.6	46.7	
400% or more	20.2	21.0	29.9	30.2	45.2	43.7	35.2	34.0	
Black or African American only:									
Below 100%	7.1	9.5	11.3	8.2	74.6	72.1	66.9	64.6	
100%–199%	8.8	9.5	11.7	12.7	69.8	69.2	67.0	59.2	
200%–399%	10.6	11.8	20.8	17.9	64.5	64.3	53.3	53.6	
400% or more	21.2	17.6	26.1	28.8	54.2	54.9	47.7	43.0	
Disability measure ^{2,8}									
Any basic actions difficulty or complex activity limitation									
Any basic actions difficulty	10.2	10.3	13.6	14.1	64.4	62.2	59.1	57.3	
Any basic actions difficulty	9.8	10.3	13.8	14.0	64.8	62.1	59.2	57.8	
Any complex activity limitation	7.7	7.2	8.9	10.0	71.9	71.2	67.2	65.4	
No disability	16.0	17.0	24.2	23.9	52.5	50.6	43.3	40.7	
Geographic region ²									
Northeast	14.2	17.0	20.2	20.6	57.0	51.8	49.1	48.7	
Midwest	15.0	16.4	20.7	21.7	54.9	53.4	49.7	47.0	
South	11.8	12.1	18.8	18.7	61.4	59.7	51.8	49.9	
West	18.5	16.7	24.0	23.3	49.5	50.1	44.5	39.3	
Location of residence ²									
Within MSA ⁹	14.9	15.7	21.8	22.0	55.8	54.1	47.8	44.8	
Outside MSA ⁹	12.2	12.3	14.5	13.7	59.7	56.9	56.9	56.2	

See footnotes at end of table.

Table 68 (page 3 of 5). Participation in leisure-time aerobic and muscle-strengthening activities that meet the federal 2008 Physical Activity Guidelines for Americans among adults aged 18 and over, by selected characteristics: United States, selected years 1998–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#068>.

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

Characteristic	2008 Physical Activity Guidelines for Americans ¹							
	Met aerobic activity guideline				Met muscle-strengthening guideline			
	1998	2000	2010	2012	1998	2000	2010	2012
	Percent							
18 years and over, age-adjusted ^{2,3}	40.0	42.2	47.3	50.1	17.7	18.0	24.4	24.1
18 years and over, crude ³	40.3	42.4	46.9	49.6	17.9	18.1	24.0	23.6
Age								
18–44 years	45.7	47.7	53.8	56.1	22.5	22.1	28.8	28.6
18–24 years	49.3	52.2	57.2	59.6	28.0	27.2	32.8	32.1
25–44 years	44.6	46.3	52.5	54.9	20.8	20.5	27.4	27.2
45–64 years	38.2	39.7	45.2	46.9	14.4	15.5	21.5	20.7
45–54 years	40.1	42.1	47.6	48.5	16.2	17.0	22.6	21.4
55–64 years	35.3	36.1	42.1	45.0	11.5	13.1	20.1	19.8
65 years and over	26.0	30.1	30.5	37.5	8.6	9.8	15.4	16.1
65–74 years	31.7	36.8	35.9	44.6	9.7	11.3	17.9	18.7
75 years and over	18.7	22.1	23.9	28.1	7.2	8.0	12.3	12.7
Sex ²								
Male	45.4	47.4	52.1	54.0	21.2	20.8	29.1	28.4
Female	35.1	37.6	42.7	46.6	14.4	15.4	19.8	20.0
Sex and age								
Male:								
18–44 years	51.5	53.6	59.0	60.5	27.2	26.3	35.6	35.4
45–54 years	44.3	45.2	50.7	50.3	18.8	18.0	24.8	22.3
55–64 years	38.3	38.9	46.0	46.9	12.9	13.8	22.9	20.9
65–74 years	38.5	41.8	40.7	50.8	12.0	12.2	20.6	20.6
75 years and over	26.1	30.7	32.3	33.8	9.5	10.1	14.5	15.4
Female:								
18–44 years	40.0	42.0	48.5	51.9	17.9	17.9	22.1	21.9
45–54 years	36.1	39.1	44.7	46.7	13.7	16.1	20.4	20.5
55–64 years	32.5	33.5	38.6	43.3	10.3	12.4	17.5	18.8
65–74 years	26.2	32.6	31.8	39.1	7.8	10.5	15.6	17.1
75 years and over	14.0	16.8	18.3	24.3	5.7	6.7	10.8	10.8
Race ^{2,4}								
White only	41.5	44.1	48.9	51.5	18.0	18.5	24.8	24.6
Black or African American only	30.4	31.7	37.3	41.2	15.6	16.0	21.4	20.7
American Indian or Alaska Native only	39.7	29.7	42.0	46.1	18.2	13.9	16.7	21.9
Asian only	37.1	41.7	44.2	48.8	17.2	17.2	21.9	20.5
Native Hawaiian or Other Pacific Islander only	---	*	*	*	---	*	*	*
2 or more races	---	43.9	50.2	55.6	---	22.2	30.4	32.5
Hispanic origin and race ^{2,4}								
Hispanic or Latino	29.1	30.8	36.2	42.5	12.7	11.9	18.1	18.8
Mexican	27.4	30.0	35.9	43.1	11.9	11.3	16.7	18.2
Not Hispanic or Latino	41.3	43.7	49.1	51.6	18.3	18.8	25.5	25.0
White only	43.1	45.7	51.5	53.7	18.7	19.3	26.3	26.1
Black or African American only	30.4	31.7	37.3	40.9	15.6	16.0	21.6	20.6
Education ^{5,6}								
No high school diploma or GED	21.4	23.9	27.1	31.5	7.0	6.6	10.9	10.0
High school diploma or GED	32.6	35.7	37.3	38.8	11.4	12.1	16.2	16.1
Some college or more	48.1	49.4	53.9	56.7	22.1	22.4	28.9	28.5

See footnotes at end of table.

Table 68 (page 4 of 5). Participation in leisure-time aerobic and muscle-strengthening activities that meet the federal 2008 Physical Activity Guidelines for Americans among adults aged 18 and over, by selected characteristics: United States, selected years 1998–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#068>.

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

Characteristic	2008 Physical Activity Guidelines for Americans ¹							
	Met aerobic activity guideline				Met muscle-strengthening guideline			
	1998	2000	2010	2012	1998	2000	2010	2012
Percent of poverty level ^{2,7}					Percent			
Below 100%	25.9	29.3	32.2	36.8	10.8	12.3	15.8	14.3
100%–199%	29.9	32.0	36.0	40.2	12.0	11.5	16.1	18.1
200%–399%	38.8	39.9	45.5	49.1	15.9	16.5	23.1	21.9
400% or more	50.0	52.0	59.3	60.9	24.0	23.4	32.8	32.9
Hispanic origin and race and percent of poverty level ^{2,4,7}								
Hispanic or Latino:								
Below 100%	19.5	22.1	27.8	33.2	7.1	7.2	12.4	12.1
100%–199%	25.6	25.8	30.1	37.3	10.2	7.1	12.6	15.8
200%–399%	33.1	33.0	38.8	46.2	14.6	14.0	19.5	20.1
400% or more	40.6	45.1	53.4	58.6	21.1	21.7	32.1	33.2
Not Hispanic or Latino:								
White only:								
Below 100%	30.2	34.0	35.5	39.9	12.8	14.7	17.5	17.4
100%–199%	32.2	34.8	40.6	43.5	12.5	12.9	17.0	19.3
200%–399%	40.8	42.3	47.8	50.4	16.2	16.9	23.6	22.0
400% or more	51.0	53.4	61.0	62.7	24.0	23.8	33.5	33.4
Black or African American only:								
Below 100%	22.7	25.4	29.3	33.1	10.0	12.1	15.3	10.7
100%–199%	26.9	28.0	28.5	35.8	12.1	12.3	16.0	17.8
200%–399%	30.6	31.4	41.9	42.4	15.5	16.2	25.7	22.1
400% or more	41.7	40.3	48.5	52.3	25.4	22.4	29.8	33.4
Disability measure ^{2,8}								
Any basic actions difficulty or complex activity limitation								
Any basic actions difficulty	31.8	34.2	36.4	38.6	13.9	14.0	18.0	18.2
Any complex activity limitation	31.3	34.0	36.6	38.1	13.6	14.2	18.1	18.2
No disability	24.4	24.9	27.9	30.1	11.5	11.3	13.9	14.5
	44.3	46.6	53.4	56.3	19.3	19.8	27.4	26.9
Geographic region ²								
Northeast	39.6	45.3	46.9	47.8	17.5	20.0	24.3	24.0
Midwest	42.0	43.5	46.1	49.5	18.2	19.3	24.7	25.0
South	35.3	37.3	45.0	47.2	15.0	15.1	22.0	21.6
West	46.7	46.9	52.0	57.1	22.3	19.7	27.5	27.1
Location of residence ²								
Within MSA ⁹	40.8	42.9	48.7	51.8	18.3	18.6	25.4	25.4
Outside MSA ⁹	37.1	39.9	39.1	40.9	15.4	15.5	18.5	16.7

See footnotes at end of table.

Table 68 (page 5 of 5). Participation in leisure-time aerobic and muscle-strengthening activities that meet the federal 2008 Physical Activity Guidelines for Americans among adults aged 18 and over, by selected characteristics: United States, selected years 1998–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#068>.

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

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

- - - Data not available.

¹Starting with *Health, United States, 2010*, measures of physical activity shown in this table changed to reflect the federal 2008 Physical Activity Guidelines for Americans (available from: <http://www.health.gov/PAGuidelines/>). This table presents four measures of physical activity that are of interest to the public health community: the percentage of adults who met the federal 2008 guidelines for both aerobic activity and muscle strengthening; the percentage who met neither the aerobic activity guideline nor the muscle-strengthening guideline; the percentage who met the aerobic activity guideline; and the percentage who met the muscle-strengthening guideline. Persons who met neither the aerobic activity nor the muscle-strengthening guideline were unable to be active, were completely inactive, or had some aerobic or muscle-strengthening activities but amounts were insufficient to meet the guidelines. The percentage of persons who met the aerobic activity guideline includes those who may or may not have also met the muscle-strengthening guideline. Similarly, the percentage of persons who met the muscle-strengthening guideline includes those who may or may not have also met the aerobic activity guideline. The federal 2008 guidelines recommend that for substantial health benefits adults perform at least 150 minutes (2 hours and 30 minutes) a week of moderate-intensity, or 75 minutes (1 hour and 15 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic activity. Aerobic activity should be performed in episodes of at least 10 minutes, and preferably should be spread throughout the week. The 2008 guidelines also recommend that adults perform muscle-strengthening activities that are moderate or high intensity and involve all major muscle groups on 2 or more days a week, because these activities provide additional health benefits. See [Appendix II, Physical activity, leisure-time](#).

²Estimates are age-adjusted to the year 2000 standard population using five age groups: 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. Age-adjusted estimates in this table may differ from other age-adjusted estimates based on the same data and presented elsewhere if different age groups are used in the adjustment procedure. See [Appendix II, Age adjustment](#).

³Includes all other races not shown separately, unknown education level, and unknown disability status.

⁴The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Prior to 1999, data were tabulated according to the 1977 Standards with four racial groups, and the Asian only category included Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁵Estimates are for persons aged 25 and over and are age-adjusted to the year 2000 standard population using five age groups: 25–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See [Appendix II, Age adjustment](#).

⁶GED is General Educational Development high school equivalency diploma. See [Appendix II, Education](#).

⁷Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed for 1997 and beyond. See [Appendix II, Family income; Poverty; Table VI](#).

⁸Any basic actions difficulty or complex activity limitation is defined as having one or more of the following limitations or difficulties: movement difficulty, emotional difficulty, sensory (seeing or hearing) difficulty, cognitive difficulty, self-care (activities of daily living or instrumental activities of daily living) limitation, social limitation, or work limitation. For more information, see [Appendix II, Basic actions difficulty; Complex activity limitation](#). Starting with 2007 data, the hearing question, a component of the basic actions difficulty measure, was revised. Consequently, data prior to 2007 are not comparable with data for 2007 and beyond. For more information on the impact of the revised hearing question, see [Appendix II, Hearing trouble](#).

⁹MSA is metropolitan statistical area. Starting with 2006 data, MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2006, see [Appendix II, Metropolitan statistical area \(MSA\)](#) for the applicable standards.

NOTES: Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Health Interview Survey, family core and sample adult questionnaires. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 69 (page 1 of 7). Healthy weight, overweight, and obesity among adults aged 20 and over, by selected characteristics: United States, selected years 1960–1962 through 2009–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#069>.

[Data are based on measured height and weight of a sample of the civilian noninstitutionalized population]

Sex, age, race and Hispanic origin ¹ , and percent of poverty level	Healthy weight (BMI from 18.5 to 24.9) ²						
	1960–1962	1971–1974	1976–1980 ³	1988–1994	1999–2002	2003–2006	2009–2012
20–74 years, age-adjusted ⁴							
Percent of population							
Both sexes ⁵	51.2	48.8	49.6	41.7	32.9	31.4	29.4
Male	48.3	43.0	45.4	37.9	30.2	26.1	26.1
Female	54.1	54.3	53.7	45.3	35.6	36.6	32.6
Not Hispanic or Latino:							
White only, male	---	---	45.3	37.4	29.5	26.5	26.3
White only, female	---	---	56.7	49.2	39.7	40.0	35.9
Black or African American only, male	---	---	46.6	40.0	35.5	26.8	27.5
Black or African American only, female	---	---	35.0	28.9	21.2	18.4	16.0
Mexican origin male	---	---	36.6	29.8	25.6	22.4	16.7
Mexican origin female	---	---	35.9	29.0	27.6	24.5	20.1
Percent of poverty level: ⁶							
Below 100%	---	45.8	45.1	37.3	32.4	31.7	---
100%–199%	---	45.1	47.6	39.2	29.7	31.1	---
200%–399%	---	48.3	50.1	41.9	29.5	29.4	---
400% or more	---	53.9	53.0	46.0	36.9	33.8	---
20 years and over, age-adjusted ⁴							
Both sexes ⁵	---	---	---	41.6	33.0	31.6	29.6
Male	---	---	---	37.9	30.2	26.6	26.2
Female	---	---	---	45.0	35.7	36.5	32.8
Not Hispanic or Latino:							
White only, male	---	---	---	37.3	29.6	26.8	26.2
White only, female	---	---	---	48.7	39.5	39.6	36.0
Black or African American only, male	---	---	---	40.1	34.7	27.0	28.0
Black or African American only, female	---	---	---	29.2	21.6	19.2	16.4
Mexican origin male	---	---	---	30.2	26.5	23.8	17.5
Mexican origin female	---	---	---	29.7	27.5	25.1	20.9
Percent of poverty level: ⁶							
Below 100%	---	---	---	37.5	32.7	32.1	---
100%–199%	---	---	---	39.3	30.5	31.3	---
200%–399%	---	---	---	41.8	29.6	29.7	---
400% or more	---	---	---	45.5	36.5	33.7	---
20 years and over, crude							
Both sexes ⁵	---	---	---	42.6	32.9	31.4	29.2
Male	---	---	---	39.4	30.4	26.6	26.2
Female	---	---	---	45.7	35.4	35.9	31.9
Not Hispanic or Latino:							
White only, male	---	---	---	38.2	29.2	26.2	25.6
White only, female	---	---	---	48.8	38.7	38.2	34.2
Black or African American only, male	---	---	---	41.5	35.9	27.1	28.5
Black or African American only, female	---	---	---	31.2	21.8	19.2	16.1
Mexican origin male	---	---	---	35.2	29.4	25.2	17.9
Mexican origin female	---	---	---	32.4	29.5	25.8	22.2
Percent of poverty level: ⁶							
Below 100%	---	---	---	39.8	34.5	33.2	---
100%–199%	---	---	---	41.5	31.5	31.7	---
200%–399%	---	---	---	42.9	29.7	29.6	---
400% or more	---	---	---	44.6	35.3	32.1	---
Male							
20–34 years	55.3	54.7	57.1	51.1	40.3	35.9	37.5
35–44 years	45.2	35.2	41.3	33.4	29.0	24.1	21.0
45–54 years	44.8	38.5	38.7	33.6	24.0	20.8	20.0
55–64 years	44.9	38.3	38.7	28.6	23.8	19.3	21.9
65–74 years	46.2	42.1	42.3	30.1	22.8	21.2	22.4
75 years and over	---	---	---	40.9	32.0	33.1	28.2
Female							
20–34 years	67.6	65.8	65.0	57.9	42.5	45.1	40.8
35–44 years	58.4	56.7	55.6	47.1	37.1	37.6	35.2
45–54 years	47.6	49.3	48.7	37.2	33.1	31.1	27.3
55–64 years	38.1	41.1	43.5	31.5	27.6	29.5	23.8
65–74 years	36.4	40.6	37.8	37.0	26.4	28.5	23.5
75 years and over	---	---	---	43.0	36.9	35.4	35.3

See footnotes at end of table.

Table 69 (page 2 of 7). Healthy weight, overweight, and obesity among adults aged 20 and over, by selected characteristics: United States, selected years 1960–1962 through 2009–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#069>.

[Data are based on measured height and weight of a sample of the civilian noninstitutionalized population]

Sex, age, race and Hispanic origin ¹ , and percent of poverty level	Overweight (includes obesity; BMI greater than or equal to 25.0) ²						
	1960–1962	1971–1974	1976–1980 ³	1988–1994	1999–2002	2003–2006	2009–2012
20–74 years, age-adjusted ⁴							
Percent of population							
Both sexes ⁵	44.8	47.7	47.4	56.0	65.2	66.9	68.8
Male	49.5	54.7	52.9	61.0	68.8	72.6	73.0
Female	40.2	41.1	42.0	51.2	61.7	61.2	64.7
Not Hispanic or Latino:							
White only, male	---	---	53.4	61.6	69.5	72.1	73.2
White only, female	---	---	38.7	47.2	57.0	57.4	60.9
Black or African American only, male	---	---	51.3	58.2	62.0	72.0	70.7
Black or African American only, female	---	---	62.6	68.5	77.6	80.5	82.2
Mexican origin male	---	---	62.2	69.4	74.1	77.3	82.8
Mexican origin female	---	---	62.2	69.6	71.4	74.4	79.3
Percent of poverty level: ⁶							
Below 100%	---	49.3	50.0	59.8	65.2	66.0	---
100%–199%	---	50.9	49.0	58.2	68.0	66.6	---
200%–399%	---	48.4	47.3	56.0	68.7	69.3	---
400% or more	---	43.4	45.0	51.8	61.8	64.7	---
20 years and over, age-adjusted ⁴							
Both sexes ⁵	---	---	---	56.0	65.1	66.7	68.7
Male	---	---	---	60.9	68.8	72.1	72.9
Female	---	---	---	51.4	61.6	61.3	64.6
Not Hispanic or Latino:							
White only, male	---	---	---	61.6	69.4	71.8	73.2
White only, female	---	---	---	47.5	57.2	57.9	60.9
Black or African American only, male	---	---	---	57.8	62.6	71.6	70.2
Black or African American only, female	---	---	---	68.2	77.2	79.8	81.8
Mexican origin male	---	---	---	68.9	73.2	75.8	81.9
Mexican origin female	---	---	---	68.9	71.2	73.9	78.3
Percent of poverty level: ⁶							
Below 100%	---	---	---	59.6	64.7	65.7	---
100%–199%	---	---	---	58.0	67.3	66.5	---
200%–399%	---	---	---	56.0	68.6	69.0	---
400% or more	---	---	---	52.4	62.2	64.7	---
20 years and over, crude							
Both sexes ⁵	---	---	---	54.9	65.2	66.9	69.1
Male	---	---	---	59.4	68.6	72.1	72.9
Female	---	---	---	50.7	62.0	61.9	65.5
Not Hispanic or Latino:							
White only, male	---	---	---	60.6	69.9	72.5	73.8
White only, female	---	---	---	47.4	58.2	59.4	62.9
Black or African American only, male	---	---	---	56.7	61.7	71.6	69.6
Black or African American only, female	---	---	---	66.0	76.9	79.7	82.1
Mexican origin male	---	---	---	63.9	70.1	74.6	81.4
Mexican origin female	---	---	---	65.9	69.3	73.0	76.9
Percent of poverty level: ⁶							
Below 100%	---	---	---	56.8	62.5	64.4	---
100%–199%	---	---	---	55.7	66.2	66.0	---
200%–399%	---	---	---	54.9	68.5	69.0	---
400% or more	---	---	---	53.3	63.7	66.5	---
Male							
20–34 years	42.7	42.8	41.2	47.5	57.4	61.6	60.9
35–44 years	53.5	63.2	57.2	65.5	70.5	75.2	78.9
45–54 years	53.9	59.7	60.2	66.1	75.7	78.5	79.3
55–64 years	52.2	58.5	60.2	70.5	75.4	79.7	77.4
65–74 years	47.8	54.6	54.2	68.5	76.2	78.0	76.9
75 years and over	---	---	---	56.5	67.4	65.8	70.4
Female							
20–34 years	21.2	25.8	27.9	37.0	52.9	50.9	55.2
35–44 years	37.2	40.5	40.7	49.6	60.6	60.7	62.4
45–54 years	49.3	49.0	48.7	60.3	65.1	67.3	70.5
55–64 years	59.9	54.5	53.7	66.3	72.2	69.6	75.1
65–74 years	60.9	55.9	59.5	60.3	70.9	70.5	73.8
75 years and over	---	---	---	52.3	59.9	62.6	62.4

See footnotes at end of table.

Table 69 (page 3 of 7). Healthy weight, overweight, and obesity among adults aged 20 and over, by selected characteristics: United States, selected years 1960–1962 through 2009–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#069>.

[Data are based on measured height and weight of a sample of the civilian noninstitutionalized population]

<i>Sex, age, race and Hispanic origin¹, and percent of poverty level</i>	<i>Obesity (BMI greater than or equal to 30.0)²</i>						
	<i>1960–1962</i>	<i>1971–1974</i>	<i>1976–1980³</i>	<i>1988–1994</i>	<i>1999–2002</i>	<i>2003–2006</i>	<i>2009–2012</i>
20–74 years, age-adjusted ⁴							
Percent of population							
Both sexes ⁵	13.3	14.6	15.1	23.3	31.1	34.1	35.7
Male	10.7	12.2	12.8	20.6	28.1	33.1	35.1
Female	15.7	16.8	17.1	26.0	34.0	35.2	36.4
Not Hispanic or Latino:							
White only, male	---	---	12.4	20.7	28.7	33.0	34.8
White only, female	---	---	15.4	23.3	31.3	32.5	32.7
Black or African American only, male	---	---	16.5	21.3	27.9	36.3	38.8
Black or African American only, female	---	---	31.0	39.1	49.4	54.3	58.0
Mexican origin male	---	---	16.0	24.4	29.0	30.4	41.0
Mexican origin female	---	---	26.6	36.1	38.9	42.6	47.6
Percent of poverty level: ⁶							
Below 100%	---	20.7	21.9	29.2	36.0	35.9	---
100%–199%	---	18.4	18.7	26.6	35.4	36.7	---
200%–399%	---	13.7	14.1	23.2	33.0	36.9	---
400% or more	---	10.1	10.0	18.9	25.8	29.4	---
20 years and over, age-adjusted ⁴							
Both sexes ⁵	---	---	---	22.9	30.4	33.4	35.3
Male	---	---	---	20.2	27.5	32.4	34.6
Female	---	---	---	25.5	33.2	34.3	35.9
Not Hispanic or Latino:							
White only, male	---	---	---	20.3	28.0	32.4	34.4
White only, female	---	---	---	22.9	30.7	31.6	32.3
Black or African American only, male	---	---	---	20.9	27.8	35.7	38.1
Black or African American only, female	---	---	---	38.3	48.6	53.4	57.5
Mexican origin male	---	---	---	23.8	27.8	29.5	40.2
Mexican origin female	---	---	---	35.2	38.0	41.8	46.3
Percent of poverty level: ⁶							
Below 100%	---	---	---	28.1	34.7	35.0	---
100%–199%	---	---	---	26.1	34.1	35.9	---
200%–399%	---	---	---	22.7	32.1	35.7	---
400% or more	---	---	---	18.7	25.5	28.9	---
20 years and over, crude							
Both sexes ⁵	---	---	---	22.3	30.5	33.5	35.5
Male	---	---	---	19.5	27.5	32.4	34.6
Female	---	---	---	25.0	33.4	34.6	36.4
Not Hispanic or Latino:							
White only, male	---	---	---	19.9	28.4	32.6	34.7
White only, female	---	---	---	22.7	31.3	32.2	33.5
Black or African American only, male	---	---	---	20.7	27.5	35.8	37.9
Black or African American only, female	---	---	---	36.7	48.7	53.2	57.6
Mexican origin male	---	---	---	20.6	26.0	29.0	40.2
Mexican origin female	---	---	---	33.3	37.0	41.2	45.2
Percent of poverty level: ⁶							
Below 100%	---	---	---	25.9	33.0	34.6	---
100%–199%	---	---	---	24.3	32.8	35.0	---
200%–399%	---	---	---	22.1	31.8	35.5	---
400% or more	---	---	---	19.3	27.2	30.7	---
Male							
20–34 years	9.2	9.7	8.9	14.1	21.7	26.2	28.9
35–44 years	12.1	13.5	13.5	21.5	28.5	37.0	38.1
45–54 years	12.5	13.7	16.7	23.2	30.6	34.6	38.1
55–64 years	9.2	14.1	14.1	27.2	35.5	39.3	38.1
65–74 years	10.4	10.9	13.2	24.1	31.9	33.0	36.4
75 years and over	---	---	---	13.2	18.0	24.0	27.4
Female							
20–34 years	7.2	9.7	11.0	18.5	28.3	28.4	30.0
35–44 years	14.7	17.7	17.8	25.5	32.1	36.1	36.0
45–54 years	20.3	18.9	19.6	32.4	36.9	40.0	38.3
55–64 years	24.4	24.1	22.9	33.7	42.1	41.0	42.9
65–74 years	23.2	22.0	21.5	26.9	39.3	36.4	44.2
75 years and over	---	---	---	19.2	23.6	24.2	29.8

See footnotes at end of table.

Table 69 (page 4 of 7). Healthy weight, overweight, and obesity among adults aged 20 and over, by selected characteristics: United States, selected years 1960–1962 through 2009–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#069>.

[Data are based on measured height and weight of a sample of the civilian noninstitutionalized population]

Sex, age, race and Hispanic origin ¹ , and percent of poverty level	Grade 1 Obesity (BMI from 30.0 to 34.9) ²						
	1960–1962	1971–1974	1976–1980 ³	1988–1994	1999–2002	2003–2006	2009–2012
20–74 years, age-adjusted ⁴							
Percent of population							
Both sexes ⁵	11.2	10.5	10.5	14.8	18.1	20.0	20.4
Male	10.5	10.0	10.5	15.0	18.3	22.1	22.4
Female	11.7	10.8	10.5	14.7	17.8	17.8	18.4
Not Hispanic or Latino:							
White only, male	---	---	10.1	15.1	19.1	21.9	22.6
White only, female	---	---	9.4	13.0	16.3	16.9	16.4
Black or African American only, male	---	---	13.3	14.5	16.0	22.7	19.6
Black or African American only, female	---	---	18.6	19.8	21.9	23.8	27.7
Mexican origin male	---	---	12.8	19.3	20.2	22.6	28.9
Mexican origin female	---	---	16.0	22.4	23.5	23.8	24.9
Percent of poverty level: ⁶							
Below 100%	---	12.7	13.0	17.0	18.0	19.3	---
100%–199%	---	12.9	12.7	16.2	18.0	20.4	---
200%–399%	---	10.4	10.3	14.6	20.2	22.3	---
400% or more	---	7.6	7.3	13.2	16.7	17.9	---
20 years and over, age-adjusted ⁴							
Both sexes ⁵	---	---	---	14.8	17.9	19.8	20.4
Male	---	---	---	14.9	18.2	21.8	22.3
Female	---	---	---	14.7	17.6	17.9	18.5
Not Hispanic or Latino:							
White only, male	---	---	---	14.9	18.9	21.6	22.5
White only, female	---	---	---	13.1	16.2	17.0	16.5
Black or African American only, male	---	---	---	14.2	16.1	22.4	19.9
Black or African American only, female	---	---	---	19.6	21.6	23.8	27.7
Mexican origin male	---	---	---	18.9	19.5	22.0	28.3
Mexican origin female	---	---	---	22.0	22.9	23.6	24.0
Percent of poverty level: ⁶							
Below 100%	---	---	---	16.6	17.3	19.3	---
100%–199%	---	---	---	16.1	17.7	20.6	---
200%–399%	---	---	---	14.5	19.8	21.6	---
400% or more	---	---	---	13.3	16.6	18.0	---
20 years and over, crude							
Both sexes ⁵	---	---	---	14.4	17.9	19.8	20.5
Male	---	---	---	14.3	18.1	21.8	22.4
Female	---	---	---	14.5	17.7	18.0	18.7
Not Hispanic or Latino:							
White only, male	---	---	---	14.6	19.1	21.8	22.9
White only, female	---	---	---	13.1	16.6	17.3	17.3
Black or African American only, male	---	---	---	14.0	15.8	22.2	19.6
Black or African American only, female	---	---	---	18.7	21.7	23.5	27.6
Mexican origin male	---	---	---	15.8	18.2	21.6	28.1
Mexican origin female	---	---	---	20.7	22.4	22.9	24.1
Percent of poverty level: ⁶							
Below 100%	---	---	---	15.2	16.4	19.1	---
100%–199%	---	---	---	15.2	17.5	20.4	---
200%–399%	---	---	---	14.0	19.6	21.5	---
400% or more	---	---	---	13.5	17.4	18.6	---
Male							
20–34 years	8.2	7.1	6.8	9.8	13.7	18.1	19.6
35–44 years	11.5	11.6	11.2	14.7	19.3	24.9	22.7
45–54 years	12.9	11.6	13.5	17.3	17.8	22.4	24.4
55–64 years	9.5	11.2	11.8	20.6	25.3	27.0	25.6
65–74 years	*11.0	9.7	11.9	19.4	22.1	20.5	21.9
75 years and over	---	---	---	10.9	15.7	18.5	21.1
Female							
20–34 years	5.6	5.8	6.6	10.8	15.9	14.2	14.4
35–44 years	10.1	10.7	10.7	13.9	14.8	19.7	19.3
45–54 years	15.4	12.1	11.3	17.5	19.4	18.4	19.0
55–64 years	18.4	17.0	15.0	20.0	21.6	19.8	22.7
65–74 years	18.3	15.8	14.3	16.0	23.4	20.3	21.1
75 years and over	---	---	---	14.4	14.1	18.2	19.1

See footnotes at end of table.

Table 69 (page 5 of 7). Healthy weight, overweight, and obesity among adults aged 20 and over, by selected characteristics: United States, selected years 1960–1962 through 2009–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#069>.

[Data are based on measured height and weight of a sample of the civilian noninstitutionalized population]

Sex, age, race and Hispanic origin ¹ , and percent of poverty level	Grade 2 Obesity (BMI from 35.0 to 39.9) ²						
	1960–1962	1971–1974	1976–1980 ³	1988–1994	1999–2002	2003–2006	2009–2012
20–74 years, age-adjusted ⁴							
Percent of population							
Both sexes ⁵	2.6	2.8	3.3	5.4	7.8	8.5	8.8
Male	1.4	1.6	1.9	3.6	6.2	7.3	8.1
Female	3.6	3.9	4.4	7.0	9.4	9.8	9.5
Not Hispanic or Latino:							
White only, male	---	---	2.0	3.6	6.1	7.5	8.1
White only, female	---	---	4.0	6.5	9.1	8.9	8.8
Black or African American only, male	---	---	*	4.2	8.4	7.6	11.3
Black or African American only, female	---	---	7.1	11.0	13.8	15.6	12.8
Mexican origin male	---	---	2.4	4.0	5.7	5.3	8.1
Mexican origin female	---	---	7.7	8.7	9.4	11.7	14.6
Percent of poverty level: ⁶							
Below 100%	---	3.7	5.6	7.1	9.6	9.2	---
100%–199%	---	4.3	4.3	6.6	10.2	9.6	---
200%–399%	---	2.4	2.8	5.3	7.7	9.1	---
400% or more	---	1.6	2.2	3.7	5.8	7.0	---
20 years and over, age-adjusted ⁴							
Both sexes ⁵	---	---	---	5.2	7.6	8.2	8.6
Male	---	---	---	3.5	5.9	7.1	7.9
Female	---	---	---	6.8	9.2	9.3	9.2
Not Hispanic or Latino:							
White only, male	---	---	---	3.5	5.8	7.2	7.9
White only, female	---	---	---	6.3	9.0	8.4	8.6
Black or African American only, male	---	---	---	4.1	8.3	7.6	10.8
Black or African American only, female	---	---	---	10.7	13.6	15.4	12.8
Mexican origin male	---	---	---	3.8	5.4	5.1	7.7
Mexican origin female	---	---	---	8.4	9.4	11.2	14.6
Percent of poverty level: ⁶							
Below 100%	---	---	---	6.8	9.6	8.6	---
100%–199%	---	---	---	6.5	9.7	9.0	---
200%–399%	---	---	---	5.2	7.5	8.8	---
400% or more	---	---	---	3.6	5.7	6.7	---
20 years and over, crude							
Both sexes ⁵	---	---	---	5.1	7.7	8.2	8.6
Male	---	---	---	3.5	6.0	7.0	7.8
Female	---	---	---	6.6	9.3	9.4	9.4
Not Hispanic or Latino:							
White only, male	---	---	---	3.4	5.9	7.4	7.8
White only, female	---	---	---	6.2	9.1	8.5	8.9
Black or African American only, male	---	---	---	4.2	8.2	7.5	11.1
Black or African American only, female	---	---	---	10.4	13.5	15.3	12.9
Mexican origin male	---	---	---	3.7	5.1	4.7	7.8
Mexican origin female	---	---	---	7.9	8.8	11.2	13.7
Percent of poverty level: ⁶							
Below 100%	---	---	---	6.3	9.5	8.4	---
100%–199%	---	---	---	6.2	8.9	8.7	---
200%–399%	---	---	---	5.1	7.5	8.8	---
400% or more	---	---	---	3.8	6.4	7.4	---
Male							
20–34 years	*	1.9	1.8	2.9	4.1	4.5	6.3
35–44 years	*	*	*	*3.5	5.9	7.9	9.7
45–54 years	*	*1.4	*2.5	*3.5	8.5	8.3	8.2
55–64 years	*	*2.2	*	5.5	*7.4	8.4	7.1
65–74 years	*	*	*1.2	*3.8	6.9	10.3	10.8
75 years and over	---	---	---	*	*	*3.9	*4.7
Female							
20–34 years	1.6	2.5	3.0	5.1	8.0	7.9	7.9
35–44 years	3.5	4.5	4.8	7.1	9.4	9.2	8.4
45–54 years	*4.0	*4.3	5.7	8.4	10.4	12.4	10.7
55–64 years	*5.7	5.2	4.9	9.4	10.9	11.4	11.1
65–74 years	*6.7	4.7	4.9	6.7	9.8	9.6	12.3
75 years and over	---	---	---	3.7	7.2	*3.9	6.6

See footnotes at end of table.

Table 69 (page 6 of 7). Healthy weight, overweight, and obesity among adults aged 20 and over, by selected characteristics: United States, selected years 1960–1962 through 2009–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#069>.

[Data are based on measured height and weight of a sample of the civilian noninstitutionalized population]

Sex, age, race and Hispanic origin ¹ , and percent of poverty level	Grade 3 Obesity (BMI greater than or equal to 40.0) ²						
	1960–1962	1971–1974	1976–1980 ³	1988–1994	1999–2002	2003–2006	2009–2012
20–74 years, age-adjusted ⁴							
Percent of population							
Both sexes ⁵	1.0	1.3	1.3	3.1	5.2	5.7	6.6
Male	*	*0.6	*0.4	1.9	3.5	3.7	4.6
Female	1.7	2.0	2.2	4.3	6.8	7.6	8.5
Not Hispanic or Latino:							
White only, male	---	---	*0.4	*2.0	3.6	3.7	4.2
White only, female	---	---	2.0	3.7	5.9	6.7	7.5
Black or African American only, male	---	---	*	2.6	3.6	6.1	7.9
Black or African American only, female	---	---	5.3	8.3	13.7	14.9	17.6
Mexican origin male	---	---	*	*	*3.1	*2.6	4.1
Mexican origin female	---	---	3.0	5.0	5.9	7.1	8.1
Percent of poverty level: ⁶							
Below 100%	---	*4.3	3.3	5.0	8.4	7.5	---
100%–199%	---	1.3	1.7	3.7	7.3	6.8	---
200%–399%	---	1.0	1.0	3.2	5.1	5.6	---
400% or more	---	*0.9	*	2.0	3.3	4.4	---
20 years and over, age-adjusted ⁴							
Both sexes ⁵	---	---	---	3.0	4.9	5.4	6.3
Male	---	---	---	1.8	3.3	3.5	4.4
Female	---	---	---	4.0	6.4	7.2	8.2
Not Hispanic or Latino:							
White only, male	---	---	---	*1.9	3.3	3.5	4.0
White only, female	---	---	---	3.5	5.5	6.3	7.2
Black or African American only, male	---	---	---	2.5	3.4	5.6	7.4
Black or African American only, female	---	---	---	8.0	13.4	14.2	16.9
Mexican origin male	---	---	---	*	*2.9	*2.4	4.2
Mexican origin female	---	---	---	4.9	5.7	6.9	7.7
Percent of poverty level: ⁶							
Below 100%	---	---	---	4.7	7.8	7.0	---
100%–199%	---	---	---	3.6	6.7	6.3	---
200%–399%	---	---	---	3.1	4.8	5.2	---
400% or more	---	---	---	1.9	3.2	4.2	---
20 years and over, crude							
Both sexes ⁵	---	---	---	2.8	4.9	5.4	6.4
Male	---	---	---	1.8	3.4	3.5	4.4
Female	---	---	---	3.8	6.4	7.2	8.2
Not Hispanic or Latino:							
White only, male	---	---	---	*1.9	3.4	3.5	4.0
White only, female	---	---	---	3.3	5.6	6.3	7.3
Black or African American only, male	---	---	---	2.6	3.5	6.1	7.3
Black or African American only, female	---	---	---	7.6	13.4	14.4	17.2
Mexican origin male	---	---	---	*1.1	*2.7	*2.7	4.3
Mexican origin female	---	---	---	4.7	5.7	7.0	7.4
Percent of poverty level: ⁶							
Below 100%	---	---	---	4.3	7.1	7.1	---
100%–199%	---	---	---	3.0	6.4	5.9	---
200%–399%	---	---	---	3.0	4.7	5.2	---
400% or more	---	---	---	2.0	3.5	4.7	---
Male							
20–34 years	*	*	*	*1.3	3.9	3.6	3.0
35–44 years	*	*	*	*	*3.2	4.2	5.6
45–54 years	*	*	*	*	*4.2	*3.9	*5.5
55–64 years	*	*	*	*	*2.8	3.9	*5.4
65–74 years	*	*	*	*	*	*2.1	*
75 years and over	---	---	---	*	*	*	*
Female							
20–34 years	*0.8	1.5	*1.4	2.7	4.5	6.3	7.7
35–44 years	*2.2	*2.4	*2.3	4.5	7.9	7.2	8.3
45–54 years	*	*	*2.7	6.4	7.2	9.2	8.6
55–64 years	*3.2	*	*3.0	4.2	9.5	9.8	9.1
65–74 years	*	1.5	2.4	4.2	6.2	*6.4	10.7
75 years and over	---	---	---	*	*	*2.1	*4.1

See footnotes at end of table.

Table 69 (page 7 of 7). Healthy weight, overweight, and obesity among adults aged 20 and over, by selected characteristics: United States, selected years 1960–1962 through 2009–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#069>.

[Data are based on measured height and weight of a sample of the civilian noninstitutionalized population]

-- Data not available.

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

¹Persons of Mexican origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The two non-Hispanic race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group. Prior to data year 1999, estimates were tabulated according to the 1977 Standards. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. See [Appendix II, Hispanic origin; Race](#).

²Body mass index (BMI) equals weight in kilograms divided by height in meters squared. See [Appendix II, Body mass index \(BMI\)](#).

³Data for Mexican-origin persons are for 1982–1984. See [Appendix I, National Health and Nutrition Examination Survey \(NHANES\)](#).

⁴Estimates are age-adjusted to the year 2000 standard population using five age groups: 20–34 years, 35–44 years, 45–54 years, 55–64 years, and 65 years and over (65–74 years for estimates for 20–74 years). Age-adjusted estimates in this table may differ from other age-adjusted estimates based on the same data and presented elsewhere if different age groups are used in the adjustment procedure. See [Appendix II, Age adjustment](#).

⁵Includes all other races not shown separately.

⁶Percent of poverty level was calculated by dividing family income by the U.S. Department of Health and Human Services' poverty guideline specific to family size, as well as the appropriate year, and state. Persons with unknown percent of poverty level are excluded (8% in 2007–2010). See [Appendix II, Family income; Poverty](#).

NOTES: Percents do not sum to 100 because the percentage of persons with BMI less than healthy weight (18.5 kilograms per meters squared) is not shown and the percentage of persons with obesity is a subset of the percentage with overweight. Height was measured without shoes; 2 pounds were deducted from data for 1960–1962 to allow for weight of clothing. Excludes pregnant women. Standard errors for selected years are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Health and Nutrition Examination Survey, Hispanic Health and Nutrition Examination Survey (1982–1984), and National Health Examination Survey (1960–1962). See [Appendix I, National Health and Nutrition Examination Survey \(NHANES\)](#).

Table 70 (page 1 of 2). Obesity among children and adolescents aged 2–19 years, by selected characteristics: United States, selected years 1963–1965 through 2009–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#070>.

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

<i>Sex, age, race and Hispanic origin¹, and percent of poverty level</i>	<i>1963–1965 1966–1970²</i>	<i>1971–1974</i>	<i>1976–1980³</i>	<i>1988–1994</i>	<i>1999–2002</i>	<i>2003–2006</i>	<i>2009–2012</i>
2–5 years							
Percent of population							
Both sexes ⁴	---	---	---	7.2	10.3	12.5	10.2
Not Hispanic or Latino:							
White only	---	---	---	5.2	8.7	10.8	6.4
Black or African American only	---	---	---	7.7	8.8	14.9	14.7
Mexican origin	---	---	---	12.3	13.1	16.7	15.7
Boys	---	---	---	6.1	10.0	12.8	12.0
Not Hispanic or Latino:							
White only	---	---	---	*4.5	*8.2	11.1	*9.3
Black or African American only	---	---	---	7.7	*8.0	13.3	*14.3
Mexican origin	---	---	---	12.4	14.1	18.8	17.6
Girls	---	---	---	8.2	10.6	12.2	8.4
Not Hispanic or Latina:							
White only	---	---	---	5.9	*9.0	10.4	*
Black or African American only	---	---	---	7.6	9.6	16.6	15.3
Mexican origin	---	---	---	12.3	*12.2	14.5	*13.8
Percent of poverty level: ⁵							
Below 100%	---	---	---	9.7	10.9	14.3	---
100%–199%	---	---	---	7.2	*13.8	12.7	---
200%–399%	---	---	---	5.6	*7.6	11.9	---
400% or more	---	---	---	*	*	*10.0	---
6–11 years							
Both sexes ⁴	4.2	4.0	6.5	11.3	15.9	17.0	17.9
Boys	4.0	*4.3	6.6	11.6	16.9	18.0	18.3
Not Hispanic or Latino:							
White only	---	---	6.1	10.7	14.0	15.5	12.9
Black or African American only	---	---	6.8	12.3	17.0	18.6	27.6
Mexican origin	---	---	13.3	17.5	26.5	27.5	25.0
Girls	4.5	*3.6	6.4	11.0	14.7	15.8	17.4
Not Hispanic or Latina:							
White only	---	---	5.2	*9.8	13.1	14.4	14.2
Black or African American only	---	---	11.2	17.0	22.8	24.0	24.8
Mexican origin	---	---	9.8	15.3	17.1	19.7	23.1
Percent of poverty level: ⁵							
Below 100%	---	---	---	11.4	19.1	22.0	---
100%–199%	---	---	---	11.1	16.4	19.2	---
200%–399%	---	---	---	11.7	15.3	16.7	---
400% or more	---	---	---	*	12.9	9.2	---
12–19 years							
Both sexes ⁴	4.6	6.1	5.0	10.5	16.0	17.6	19.4
Boys	4.5	6.1	4.8	11.3	16.7	18.2	20.0
Not Hispanic or Latino:							
White only	---	---	3.8	11.6	14.6	17.3	17.9
Black or African American only	---	---	6.1	10.7	18.8	18.4	22.0
Mexican origin	---	---	7.7	14.1	24.7	22.1	27.0
Girls	4.7	6.2	5.3	9.7	15.3	16.8	18.9
Not Hispanic or Latina:							
White only	---	---	4.6	8.9	12.6	14.5	17.8
Black or African American only	---	---	10.7	16.3	23.5	27.7	23.7
Mexican origin	---	---	8.8	*13.4	19.6	19.9	20.2
Percent of poverty level: ⁵							
Below 100%	---	---	---	15.8	19.8	19.3	---
100%–199%	---	---	---	11.2	15.1	18.4	---
200%–399%	---	---	---	9.4	15.7	19.3	---
400% or more	---	---	---	*	13.9	12.6	---

See footnotes at end of table.

Table 70 (page 2 of 2). Obesity among children and adolescents aged 2–19 years, by selected characteristics: United States, selected years 1963–1965 through 2009–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#070>.

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

-- Data not available.

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

¹Persons of Mexican origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The two non-Hispanic race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group. Prior to data year 1999, estimates were tabulated according to the 1977 Standards. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. See [Appendix II, Hispanic origin; Race](#).

²Data for 1963–1965 are for children aged 6–11; data for 1966–1970 are for adolescents aged 12–17, not 12–19.

³Data for Mexican-origin persons are for 1982–1984. See [Appendix I, National Health and Nutrition Examination Survey \(NHANES\)](#).

⁴Includes persons of all races and Hispanic origins, not just those shown separately.

⁵Percent of poverty level was calculated by dividing family income by the U.S. Department of Health and Human Services' poverty guideline specific to family size, as well as the appropriate year, and state. Persons with unknown percent of poverty level are excluded (7% in 2007–2010). See [Appendix II, Family income; Poverty](#).

NOTES: Obesity is defined as body mass index (BMI) at or above the sex- and age-specific 95th percentile BMI cutoff points from the 2000 CDC Growth Charts: United States. Kuczmarski RJ, Ogden CL, Guo SS, Grummer-Strawn LM, Flegal KM, Mei Z, Wei R, Curtin LR, Roche AF, Johnson CL. 2000 CDC Growth Charts for the United States: methods and development. *Vital Health Stat 11*. 2002 May;(246):1–190. Available at: http://www.cdc.gov/nchs/data/series/sr_11/sr11_246.pdf. Starting with *Health, United States, 2010*, the terminology describing weight for height among children changed from prior editions. The term “obesity” now refers to children who were formerly labeled as overweight. This is a change in terminology only and not measurement; the previous definition of overweight is now the definition of obesity. Ogden CL, Flegal KM. Changes in terminology for childhood overweight and obesity. *National health statistics report*; no. 25. Hyattsville, MD: NCHS; 2010. Available from: <http://www.cdc.gov/nchs/data/nhsr/nhsr025.pdf>. Age is at time of examination at the mobile examination center. Crude rates, not age-adjusted rates, are shown. Excludes pregnant females starting with 1971–1974. Pregnancy status not available for 1963–1965 and 1966–1970. Standard errors for selected years are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Health and Nutrition Examination Survey, Hispanic Health and Nutrition Examination Survey (1982–1984), and National Health Examination Survey (1963–1965 and 1966–1970). Available from: <http://www.cdc.gov/nchs/data/nhsr/nhsr025.pdf>. See [Appendix I, National Health and Nutrition Examination Survey \(NHANES\)](#).

Table 71 (page 1 of 2). Untreated dental caries, by selected characteristics: United States, selected years 1971–1974 through 2007–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#071>.

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

Sex, race and Hispanic origin ¹ , and percent of poverty level	Age 2–5 years				Age 6–19 years				
	1971–1974	1988–1994	1999–2002	2005–2008	1971–1974	1988–1994	1999–2002	2005–2008	2007–2010
Percent of persons with untreated dental caries									
Total ²	25.0	19.1	19.3	...	54.7	23.6	21.8	16.2	15.6
Sex									
Male	26.4	19.3	20.3	...	54.9	22.8	22.9	17.0	17.1
Female	23.6	18.9	18.4	...	54.5	24.5	20.6	15.3	14.0
Race and Hispanic origin									
Not Hispanic or Latino:									
White only	23.7	13.8	16.9	...	51.6	18.8	17.6	12.9	12.8
Black or African American only	29.0	24.7	24.1	...	71.0	33.7	28.3	22.1	22.4
Mexican origin	---	34.9	31.4	...	---	36.5	32.7	22.2	21.9
Percent of poverty level: ³									
Below 100%	32.0	30.2	31.7	...	68.0	38.3	31.0	25.4	24.7
100%–199%	29.9	24.3	20.1	...	60.3	28.2	29.1	18.4	18.1
200% or more	17.8	9.4	11.0	...	46.2	15.1	13.3	11.9	10.7
200%–399%	---	10.7	15.2	...	---	16.3	16.7	14.2	13.7
400% or more	---	*	*	...	---	*10.2	8.9	9.3	7.6
Race and Hispanic origin, and percent of poverty level ³									
Not Hispanic or Latino:									
White only:									
Below 100% of poverty level	32.1	25.7	34.2	...	65.9	33.5	27.3	25.4	26.2
100% or more of poverty level	22.0	11.7	12.8	...	49.9	16.7	15.5	11.0	10.5
Black or African American only:									
Below 100% of poverty level	29.1	27.2	28.7	...	73.9	37.0	35.7	27.1	26.4
100% or more of poverty level	27.9	22.5	20.1	...	67.3	31.0	24.2	19.1	18.9
Mexican origin:									
Below 100% of poverty level	---	38.8	39.1	...	---	46.4	39.0	25.3	22.7
100% or more of poverty level	---	30.3	25.7	...	---	26.4	26.0	20.4	21.5

Sex, race and Hispanic origin ¹ , and percent of poverty level	Age 20–64 years				Age 65–74 years			
	1971–1974	1988–1994	1999–2002	2005–2008	1971–1974	1988–1994	1999–2002	2005–2008
Percent of persons with untreated dental caries								
Total ²	48.0	28.3	23.7	23.7	29.7	25.4	17.0	19.6
Sex								
Male	50.5	31.5	25.9	27.2	32.6	29.8	20.1	24.8
Female	45.6	25.3	21.7	20.2	27.4	21.5	14.4	15.3
Race and Hispanic origin								
Not Hispanic or Latino:								
White only	45.3	23.9	18.7	19.3	28.3	22.7	14.3	17.8
Black or African American only	67.3	48.5	42.0	39.7	41.5	46.7	35.0	32.4
Mexican origin	---	40.2	35.2	35.2	---	43.8	33.9	33.2
Percent of poverty level: ³								
Below 100%	63.5	48.1	41.5	41.9	34.3	46.6	27.9	42.5
100%–199%	56.2	43.5	36.4	37.7	35.6	40.1	28.1	22.9
200% or more	42.7	19.6	16.0	16.6	26.2	19.2	12.2	15.7
200%–399%	---	24.6	24.8	24.3	---	24.1	16.5	*17.9
400% or more	---	12.7	9.7	11.1	---	13.5	*7.5	12.8
Race and Hispanic origin, and percent of poverty level ³								
Not Hispanic or Latino:								
White only:								
Below 100% of poverty level	60.2	43.7	35.3	39.8	33.3	*39.0	*	*39.4
100% or more of poverty level	44.2	21.8	16.8	17.1	28.3	22.7	14.0	16.4
Black or African American only:								
Below 100% of poverty level	71.9	60.4	54.1	52.7	39.8	49.7	*31.0	56.2
100% or more of poverty level	65.3	43.9	37.5	36.8	41.1	43.8	39.0	28.1
Mexican origin:								
Below 100% of poverty level	---	52.7	43.1	43.8	---	55.5	*45.0	47.8
100% or more of poverty level	---	31.8	31.9	31.0	---	35.6	31.1	*25.3

See footnotes at end of table.

Table 71 (page 2 of 2). Untreated dental caries, by selected characteristics: United States, selected years 1971–1974 through 2007–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#071>.

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

Sex, race and Hispanic origin ¹ , and percent of poverty level	Age 75 years and over			
	1971–1974	1988–1994	1999–2002	2005–2008
	Percent of persons with untreated dental caries			
Total ²	---	30.3	20.3	20.2
Sex				
Male	---	34.4	24.4	25.7
Female	---	28.1	17.4	16.1
Race and Hispanic origin				
Not Hispanic or Latino:				
White only	---	27.8	18.3	17.7
Black or African American only	---	62.6	46.8	42.6
Mexican origin	---	55.6	48.2	43.4
Percent of poverty level: ³				
Below 100%	---	47.1	33.0	39.3
100%–199%	---	34.5	23.0	22.1
200% or more	---	23.2	15.8	14.5
200%–399%	---	24.3	*14.0	14.8
400% or more	---	21.6	*18.1	*13.8
Race and Hispanic origin, and percent of poverty level ³				
Not Hispanic or Latino:				
White only:				
Below 100% of poverty level	---	38.0	*32.2	*29.6
100% or more of poverty level	---	26.1	17.2	15.6
Black or African American only:				
Below 100% of poverty level	---	68.6	*	*
100% or more of poverty level	---	60.2	43.8	36.4
Mexican origin:				
Below 100% of poverty level	---	79.4	*	*
100% or more of poverty level	---	*	49.7	*28.0

. . . Category not applicable.

--- Data not available.

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

¹Persons of Mexican origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The two non-Hispanic race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group. Prior to data year 1999, estimates were tabulated according to the 1977 Standards. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. See [Appendix II, Hispanic origin; Race](#).

²Includes persons of all races and Hispanic origins, not just those shown separately, and those with unknown percent of poverty level.

³Percent of poverty level was calculated by dividing family income by the U.S. Department of Health and Human Services' poverty guideline specific to family size, as well as the appropriate year, and state. Persons with unknown percent of poverty level are excluded (8% in 2007–2010). See [Appendix II, Family income; Poverty](#).

NOTES: Root caries are not included. Persons without at least one primary or one permanent tooth or one root tip were classified as edentulous and were excluded from this analysis. The majority of edentulous persons are aged 65 and over. Estimates of edentulism among persons aged 65 and over are 46% in 1971–1974, 33% in 1988–1994, and 23% in 2005–2010. For estimates prior to 2005–2010, only dental caries in primary teeth was evaluated for children aged 2–5. Caries in both permanent and primary teeth was evaluated for children aged 6–11. For children and adolescents 12–19 years of age and adults, only dental caries in permanent teeth was evaluated. Starting with 2005–2006 data, dental caries data were collected using a simplified examination process that used health technologists to screen for caries instead of using dentists to conduct a comprehensive caries exam. In addition, dental caries data were not collected on children younger than 5 years of age, and in 2009–2010 the exam was only conducted on children and adolescents aged 3–19. Because of this change in the examination process and because 2005–2010 dental caries data are based on both primary and permanent teeth, regardless of age, data for 2005–2010 need to be interpreted with caution, especially when comparing with earlier data. For more information on the methodology changes, see [Appendix II, Dental caries](#);

http://www.cdc.gov/nchs/nhanes/nhanes2005-2006/OHX_D.htm and Dye BA, Barker LK, Li X, Lewis BG, Beltrán-Aguilar ED. Overview and quality assurance for the oral health component of the National Health and Nutrition Examination Survey (NHANES), 2005–08. *J Public Health Dent* 2011;71(1):54–61. Due to data collection changes, 2007–2010 estimates are only available for children and adolescents aged 6–19. Estimates for 2005–2008 are shown for all age groups to provide a consistent time period. Estimates for overlapping data years should not be compared. Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hs.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hs.htm>.

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

Table 72 (page 1 of 2). No usual source of health care among children under age 18, by selected characteristics: United States, average annual, selected years 1993–1994 through 2011–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#072>.

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

Characteristic	Under 18 years			Under 6 years			6–17 years		
	1993–1994 ¹	1999–2000	2011–2012	1993–1994 ¹	1999–2000	2011–2012	1993–1994 ¹	1999–2000	2011–2012
Percent of children without a usual source of health care ²									
All children ³	7.7	6.9	4.1	5.2	4.6	2.5	9.0	8.0	4.9
Sex									
Male	8.1	6.7	4.0	5.3	4.5	2.4	9.6	7.8	4.8
Female	7.3	7.1	4.1	5.0	4.7	2.5	8.5	8.2	5.0
Race ⁴									
White only	7.0	6.3	3.9	4.7	4.4	2.3	8.3	7.2	4.7
Black or African American only	10.3	7.7	4.4	7.6	4.4	3.2	11.9	9.1	4.9
American Indian or Alaska Native only	*9.3	*9.4	*4.7	*	*	*	*8.7	*9.4	*6.6
Asian only	9.7	10.0	5.6	*3.4	*5.8	*	13.5	12.2	7.6
Native Hawaiian or Other Pacific Islander only	---	*	*	---	*	*	---	*	*
2 or more races	---	*4.9	3.9	---	*	*3.0	---	*7.2	4.4
Hispanic origin and race ⁴									
Hispanic or Latino	14.3	14.2	6.2	9.3	9.0	2.9	17.7	17.2	8.1
Not Hispanic or Latino	6.7	5.5	3.4	4.4	3.6	2.3	7.8	6.3	3.9
White only	5.7	4.7	2.9	3.7	3.3	2.0	6.7	5.4	3.3
Black or African American only	10.2	7.6	4.5	7.7	4.5	3.4	11.6	9.0	5.1
Percent of poverty level ⁵									
Below 100%	13.9	13.1	5.7	9.4	7.6	3.4	16.8	16.2	7.2
100%–199%	9.8	10.6	5.7	6.7	7.5	3.2	11.6	12.2	6.9
200%–399%	3.7	4.8	3.6	1.9	3.2	2.2	4.5	5.6	4.4
400% or more	3.7	2.6	1.6	*1.6	1.5	*0.9	5.0	3.0	1.9
Hispanic origin and race and percent of poverty level ^{4,5}									
Hispanic or Latino:									
Below 100%	19.6	19.4	7.0	12.7	11.6	3.0	24.8	24.5	9.7
100%–199%	15.3	17.1	6.9	9.9	11.3	3.6	18.9	20.4	8.7
200%–399%	5.2	8.3	5.4	*	*5.0	*2.6	6.7	10.1	7.1
400% or more	*	*3.8	*2.6	*	*	*	*	*5.0	*
Not Hispanic or Latino:									
White only:									
Below 100%	10.2	10.7	4.7	6.5	*6.3	*	12.7	13.1	5.5
100%–199%	8.7	7.8	4.3	6.3	5.7	*	10.1	8.8	5.0
200%–399%	3.3	4.0	3.0	1.6	2.7	*1.9	4.0	4.6	3.5
400% or more	4.0	2.3	1.4	*1.7	*1.5	*	5.4	2.6	1.6
Black or African American only:									
Below 100%	13.7	9.4	4.9	10.9	*4.7	*3.9	15.5	11.8	5.6
100%–199%	9.1	9.7	6.1	*6.0	*6.4	*	10.8	11.2	7.0
200%–399%	5.0	5.0	*3.3	*	*	*	6.2	5.7	*3.7
400% or more	*	*3.5	*	*	*	*	*	*4.0	*
Health insurance status at the time of interview ⁶									
Insured	5.0	3.9	2.3	3.3	2.6	1.5	5.9	4.5	2.7
Private	3.8	3.4	1.7	1.9	2.2	1.0	4.6	3.9	2.1
Medicaid	8.9	5.3	3.1	6.4	3.5	2.1	11.3	6.7	3.7
Uninsured	23.5	29.3	28.4	18.0	20.8	20.1	26.0	32.9	31.0
Health insurance status prior to interview ⁶									
Insured continuously all 12 months	4.6	3.6	2.2	3.1	2.3	1.4	5.5	4.2	2.5
Uninsured for any period up to 12 months	15.3	15.0	12.5	10.9	12.5	8.5	18.1	16.4	14.5
Uninsured more than 12 months	27.6	35.8	35.5	21.4	26.8	28.7	30.0	39.1	36.9

See footnotes at end of table.

Table 72 (page 2 of 2). No usual source of health care among children under age 18, by selected characteristics: United States, average annual, selected years 1993–1994 through 2011–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#072>.

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

Characteristic	Under 18 years			Under 6 years			6–17 years		
	1993–1994 ¹	1999–2000	2011–2012	1993–1994 ¹	1999–2000	2011–2012	1993–1994 ¹	1999–2000	2011–2012
Percent of poverty level and health insurance status prior to interview ^{5,6}									
Percent of children without a usual source of health care ²									
Below 100%:									
Insured continuously all 12 months	8.6	5.7	3.2	5.8	*2.7	2.4	10.7	7.5	3.7
Uninsured for any period up to 12 months . .	21.7	19.8	13.4	18.0	*16.0	*9.5	23.7	21.9	15.5
Uninsured more than 12 months	31.2	42.7	43.2	25.5	31.0	*	33.4	47.1	44.9
100%–199%:									
Insured continuously all 12 months	5.6	5.2	2.4	3.7	3.7	*1.6	6.7	6.0	2.9
Uninsured for any period up to 12 months . .	14.5	15.4	13.4	*9.7	*14.4	*7.9	18.0	15.9	16.0
Uninsured more than 12 months	27.6	34.4	35.4	21.4	26.4	*29.4	30.2	37.4	36.6
200%–399%:									
Insured continuously all 12 months	2.8	3.2	2.0	1.5	2.1	*1.2	3.4	3.7	2.5
Uninsured for any period up to 12 months . .	9.1	11.1	13.0	*	*8.4	*9.7	11.6	12.7	14.7
Uninsured more than 12 months	18.2	27.1	28.7	*9.7	*20.3	*	21.0	29.4	29.8
400% or more:									
Insured continuously all 12 months	3.1	2.0	1.2	*	*1.2	*	4.3	2.4	1.5
Uninsured for any period up to 12 months . .	*	*10.3	*	*	*	*	*	*	*
Uninsured more than 12 months	*	*30.0	*29.2	*	*	*	*	*33.3	*29.7
Geographic region									
Northeast	4.1	2.8	1.9	2.9	2.3	*1.5	4.8	3.0	2.0
Midwest	5.2	5.3	3.5	4.1	3.7	*2.1	5.9	6.0	4.2
South	10.9	8.5	4.7	7.3	5.8	3.1	12.7	9.8	5.5
West	8.6	9.7	5.1	5.3	5.7	2.5	10.6	11.7	6.5
Location of residence									
Within MSA ⁷	7.7	6.8	4.2	5.0	4.7	2.5	9.2	7.8	5.0
Outside MSA ⁷	7.8	7.4	3.5	6.0	4.2	*2.5	8.7	8.7	4.0

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

--- Data not available.

¹Data prior to 1997 are not strictly comparable with data for later years due to the 1997 questionnaire redesign. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

²Persons who report the emergency department as their usual source of care are defined as having no usual source of care. See [Appendix II, Usual source of care](#).

³Includes all other races not shown separately and unknown health insurance status.

⁴The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Prior to 1999, data were tabulated according to the 1977 Standards with four racial groups, and the Asian only category included Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁵Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed starting in 1993. See [Appendix II, Family income; Poverty; Table VI](#).

⁶Health insurance categories are mutually exclusive. Persons who reported both Medicaid and private coverage are classified as having private coverage. Medicaid includes other public assistance through 1996. Starting with 1997 data, state-sponsored health plan coverage is included as Medicaid coverage. Starting with 1999 data, coverage by the Children's Health Insurance Program (CHIP) is included with Medicaid coverage. In addition to private and Medicaid, the insured category also includes military, other government, and Medicare coverage. Persons not covered by private insurance, Medicaid, CHIP, public assistance (through 1996), state-sponsored or other government-sponsored health plans (starting in 1997), Medicare, or military plans are considered to have no health insurance coverage. Persons with only Indian Health Service coverage are considered to have no health insurance coverage. Health insurance status was unknown for 8%–9% of children in 1993–1996 and about 1% in 1997–2012. See [Appendix II, Health insurance coverage](#).

⁷MSA is metropolitan statistical area. Starting with 2005–2006 data, MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2005, see [Appendix II, Metropolitan statistical area \(MSA\)](#) for the applicable standards.

NOTES: Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Health Interview Survey, access to care and health insurance supplements (1993–1996). Starting in 1997, data are from the family core and sample child questionnaires. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 73 (page 1 of 2). No usual source of health care among adults aged 18–64, by selected characteristics: United States, average annual, selected years 1993–1994 through 2011–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#073>.

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

Characteristic	1993–1994 ¹	1999–2000	2001–2002	2003–2004	2005–2006	2007–2008	2009–2010	2011–2012
	Percent of adults without a usual source of health care ²							
18–64 years ³	18.9	17.8	16.4	17.3	18.4	18.5	20.3	19.5
Age								
18–44 years	21.7	21.6	20.6	21.7	23.5	23.6	26.0	25.0
18–24 years	26.6	27.2	27.2	28.0	29.8	28.6	29.8	27.8
19–25 years	28.0	29.0	28.5	29.7	31.8	30.0	33.1	30.3
25–44 years	20.3	19.9	18.5	19.5	21.3	21.8	24.7	23.9
45–64 years	12.8	10.9	9.2	10.4	10.7	11.0	12.3	12.0
45–54 years	14.1	12.0	10.3	11.7	12.3	13.1	14.7	14.2
55–64 years	11.1	9.2	7.6	8.7	8.4	8.3	9.3	9.6
Sex								
Male	23.9	24.1	21.6	22.5	23.9	23.9	25.9	24.4
Female	14.1	11.8	11.4	12.4	13.0	13.1	14.8	14.8
Race ⁴								
White only	18.4	16.7	15.4	17.0	18.1	18.0	19.7	18.9
Black or African American only	20.0	19.2	16.9	18.4	19.8	20.5	22.4	21.9
American Indian or Alaska Native only	19.7	19.2	16.3	21.5	21.9	24.4	26.7	23.6
Asian only	24.8	22.1	20.1	19.3	17.9	17.8	20.8	20.8
Native Hawaiian or Other Pacific Islander only	---	*	*	*	*	*	*	*
2 or more races	---	21.0	20.1	18.4	20.9	21.4	27.5	22.3
American Indian or Alaska Native; White	---	25.8	18.1	17.8	21.4	20.9	27.1	19.0
Hispanic origin and race ⁴								
Hispanic or Latino	30.3	32.6	32.5	32.9	35.1	32.5	33.3	33.6
Mexican	32.4	36.5	36.5	36.4	39.3	36.6	35.7	35.6
Not Hispanic or Latino	17.7	15.8	14.0	14.9	15.6	16.0	17.9	16.8
White only	17.1	14.9	13.1	14.0	14.8	15.1	16.8	15.5
Black or African American only	19.7	19.2	16.8	18.1	19.2	20.2	22.2	21.6
Percent of poverty level ⁵								
Below 100%	29.5	29.6	29.3	28.9	32.1	30.4	33.8	32.1
100%–199%	25.4	27.1	25.6	26.6	27.8	29.1	30.5	30.2
200%–399%	15.6	17.2	16.0	17.3	17.8	18.9	20.5	19.3
400% or more	13.4	11.6	9.6	10.1	10.4	10.2	10.8	9.6
Hispanic origin and race and percent of poverty level ^{4,5}								
Hispanic or Latino:								
Below 100%	40.0	44.4	46.3	42.8	46.7	43.7	45.5	42.9
100%–199%	36.9	40.6	40.0	39.7	41.8	40.6	39.7	40.0
200%–399%	20.7	26.9	27.9	28.2	31.2	28.0	29.1	29.4
400% or more	13.8	16.1	13.7	16.4	16.4	16.9	14.0	15.4
Not Hispanic or Latino:								
White only:								
Below 100%	28.2	24.2	23.4	23.0	26.2	25.2	28.8	27.0
100%–199%	23.3	23.0	20.7	22.0	23.5	24.9	26.6	25.7
200%–399%	14.8	15.3	13.6	15.4	15.3	16.7	18.6	16.9
400% or more	13.4	11.2	9.1	9.4	9.8	9.5	10.3	8.8
Black or African American only:								
Below 100%	24.7	23.7	22.8	24.3	29.5	27.1	30.1	29.9
100%–199%	22.3	24.4	20.4	22.8	22.6	25.7	28.5	28.2
200%–399%	16.5	18.2	16.2	16.3	16.2	19.7	20.1	18.5
400% or more	11.7	12.0	9.6	11.3	10.3	10.2	10.5	10.1
Health insurance status at the time of interview ⁶								
Insured	13.3	10.9	9.1	9.4	9.7	10.1	10.6	10.5
Private	13.1	11.1	9.0	9.5	9.6	10.0	10.6	10.1
Medicaid	16.3	9.9	11.1	9.9	11.6	11.7	12.5	13.1
Uninsured	43.1	49.2	49.1	50.2	53.0	52.1	55.6	54.1
Health insurance status prior to interview ⁶								
Insured continuously all 12 months	12.7	10.3	8.3	8.7	8.9	9.1	9.8	9.6
Uninsured for any period up to 12 months	30.9	31.2	33.3	32.1	33.4	35.1	36.5	33.2
Uninsured more than 12 months	46.9	54.8	54.6	55.0	58.0	56.1	59.5	57.8

See footnotes at end of table.

Table 73 (page 2 of 2). No usual source of health care among adults aged 18–64, by selected characteristics: United States, average annual, selected years 1993–1994 through 2011–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#073>.

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

Characteristic	1993–1994 ¹	1999–2000	2001–2002	2003–2004	2005–2006	2007–2008	2009–2010	2011–2012
Percent of poverty level and health insurance status prior to interview ^{5,6}		Percent of adults without a usual source of health care ²						
Below 100%:								
Insured continuously all 12 months	16.7	11.6	11.5	11.2	12.0	12.7	13.0	14.0
Uninsured for any period up to 12 months . .	33.6	31.9	36.5	36.2	36.5	37.4	37.8	35.6
Uninsured more than 12 months	50.1	57.1	58.8	57.2	63.2	61.1	65.3	61.3
100%–199%:								
Insured continuously all 12 months	14.7	12.3	11.0	10.5	10.4	11.9	12.5	12.8
Uninsured for any period up to 12 months . .	30.9	34.6	35.1	34.2	37.8	35.9	38.1	35.9
Uninsured more than 12 months	47.6	54.9	54.5	55.1	57.0	56.8	58.5	57.9
200%–399%:								
Insured continuously all 12 months	11.7	10.6	8.3	9.4	9.4	9.4	10.6	10.0
Uninsured for any period up to 12 months . .	29.2	29.0	32.0	30.9	31.3	36.3	37.6	33.2
Uninsured more than 12 months	44.5	53.6	53.4	54.2	55.5	54.2	56.6	55.3
400% or more:								
Insured continuously all 12 months	11.8	9.3	7.2	7.5	7.7	7.5	7.9	7.4
Uninsured for any period up to 12 months . .	31.5	30.2	30.7	27.5	28.6	30.3	31.2	25.6
Uninsured more than 12 months	36.5	51.8	47.0	51.6	54.2	47.9	53.8	52.9
Disability measure ⁷								
Any basic actions difficulty or complex activity limitation	---	14.1	13.2	14.3	15.2	16.6	16.8	16.5
Any basic actions difficulty	---	14.1	13.1	14.5	15.4	16.5	16.7	16.5
Any complex activity limitation	---	11.6	10.4	10.7	11.1	13.6	13.5	13.5
No disability	---	18.8	17.5	18.2	19.4	19.1	21.5	20.5
Geographic region								
Northeast	14.7	12.8	11.9	12.1	12.2	12.5	14.0	13.1
Midwest	16.2	17.0	14.1	14.7	15.8	16.6	17.5	17.1
South	21.8	19.7	18.3	19.7	21.4	21.4	23.5	22.2
West	21.1	20.1	19.9	21.0	21.1	20.0	22.9	22.8
Location of residence								
Within MSA ⁸	19.3	18.1	16.6	17.6	18.7	18.7	20.3	19.8
Outside MSA ⁸	17.5	16.8	15.4	16.2	16.7	16.9	20.4	17.8

--- Data not available.

* Estimates are considered unreliable. Data not shown have a relative standard error greater than 30%.

¹Data prior to 1997 are not strictly comparable with data for later years due to the 1997 questionnaire redesign. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

²Persons who report the emergency department as their usual source of care are defined as having no usual source of care. See [Appendix II, Usual source of care](#).

³Includes all other races not shown separately, unknown health insurance status, and unknown disability status.

⁴The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Prior to 1999, data were tabulated according to the 1977 Standards with four racial groups, and the Asian only category included Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁵Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed starting in 1993. See [Appendix II, Family income; Poverty; Table VI](#).

⁶Health insurance categories are mutually exclusive. Persons who reported both Medicaid and private coverage are classified as having private coverage. Medicaid includes other public assistance through 1996. Starting with 1997 data, state-sponsored health plan coverage is included as Medicaid coverage. Starting with 1999 data, coverage by the Children's Health Insurance Program (CHIP) is included with Medicaid coverage. In addition to private and Medicaid, the insured category also includes military, other government, and Medicare coverage. Persons not covered by private insurance, Medicaid, CHIP, public assistance (through 1996), state-sponsored or other government-sponsored health plans (starting in 1997), Medicare, or military plans are considered to have no health insurance coverage. Persons with only Indian Health Service coverage are considered to have no health insurance coverage. In 1993–1996, health insurance status was unknown for 8%–9% of adults in the sample. In 1997–2012, health insurance status was unknown for about 1% of adults aged 18–64. See [Appendix II, Health insurance coverage](#).

⁷Any basic actions difficulty or complex activity limitation is defined as having one or more of the following limitations or difficulties: movement difficulty, emotional difficulty, sensory (seeing or hearing) difficulty, cognitive difficulty, self-care (activities of daily living or instrumental activities of daily living) limitation, social limitation, or work limitation. For more information, see [Appendix II, Basic actions difficulty; Complex activity limitation](#). Starting with 2007 data, the hearing question, a component of the basic actions difficulty measure, was revised. Consequently, data prior to 2007 are not comparable with data for 2007 and beyond. For more information on the impact of the revised hearing question, see [Appendix II, Hearing trouble](#).

⁸MSA is metropolitan statistical area. Starting with 2005–2006 data, MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2005, see [Appendix II, Metropolitan statistical area \(MSA\)](#) for the applicable standards.

NOTES: Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Health Interview Survey, access to care and health insurance supplements (1993–1996). Starting in 1997, data are from the family core and sample adult questionnaires. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 74 (page 1 of 3). Delay or nonreceipt of needed medical care, nonreceipt of needed prescription drugs, or nonreceipt of needed dental care during the past 12 months due to cost, by selected characteristics: United States, selected years 1997–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#074>.

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

Characteristic	Delay or nonreceipt of needed medical care due to cost ¹				Nonreceipt of needed prescription drugs due to cost ²				Nonreceipt of needed dental care due to cost ³			
	1997	2002	2010	2012	1997	2002	2010	2012	1997	2002	2010	2012
	Percent											
Total ⁴	8.3	7.6	10.9	9.6	4.8	6.0	8.3	6.8	8.6	8.6	13.5	11.5
Age												
Under 19 years	4.5	4.0	4.5	3.4	2.1	2.7	2.8	2.2	6.0	5.9	6.6	5.6
Under 18 years	4.4	4.0	4.4	3.2	2.2	2.6	2.7	2.2	6.0	5.9	6.6	5.5
Under 6 years	3.3	3.5	3.7	2.3	1.6	2.0	2.5	2.0	3.9	3.1	3.9	2.8
6–17 years	4.9	4.2	4.8	3.6	2.4	2.9	2.8	2.3	6.8	6.8	7.5	6.4
18–64 years	10.7	9.7	14.7	13.3	6.3	7.6	11.2	9.4	10.6	10.4	17.3	14.8
18–44 years	11.0	9.9	14.5	12.7	6.9	7.7	11.2	9.0	11.7	11.5	17.9	15.4
18–24 years	10.2	9.6	13.5	10.4	6.7	7.5	9.7	7.1	11.6	11.7	17.4	13.1
25–34 years	11.4	10.1	15.3	13.7	6.9	8.0	12.0	9.8	12.3	12.1	18.3	17.4
35–44 years	11.0	9.9	14.4	13.4	7.1	7.4	11.3	9.7	11.2	10.7	17.8	15.1
19–25 years	11.1	10.5	14.8	11.5	7.7	8.1	10.9	7.9	13.1	12.9	18.9	14.1
45–64 years	10.1	9.4	14.9	14.0	5.1	7.4	11.3	9.8	8.4	8.7	16.5	13.9
45–54 years	10.6	9.8	15.0	14.6	5.6	7.6	11.5	10.7	9.4	9.5	17.8	15.1
55–64 years	9.3	8.9	14.6	13.3	4.2	7.1	11.0	8.8	7.0	7.5	14.9	12.6
65 years and over	4.6	4.2	5.0	4.1	2.8	5.0	4.7	3.4	3.5	4.0	6.9	6.1
65–74 years	5.0	5.0	6.3	5.3	3.4	6.3	6.3	4.6	4.2	4.5	9.0	7.7
75 years and over	4.1	3.4	3.4	2.6	2.0	3.5	2.8	1.9	2.6	3.3	4.3	4.0
18–64 years												
Sex												
Male	9.3	8.8	13.5	12.1	5.1	6.0	8.8	7.5	8.8	9.2	15.2	12.6
Female	12.0	10.6	15.7	14.3	7.4	9.1	13.5	11.1	12.4	11.6	19.4	16.9
Race ⁵												
White only	10.8	9.6	14.5	13.3	5.9	7.2	10.8	9.0	10.6	10.0	17.1	14.6
Black or African American only	10.8	11.3	17.4	14.8	9.5	10.6	15.6	13.2	10.8	12.4	20.7	17.0
American Indian or Alaska Native only	14.5	13.8	*15.7	13.2	*10.1	*14.1	18.6	*8.1	18.8	17.3	23.1	14.8
Asian only	6.3	4.6	8.0	6.9	*2.8	*2.6	4.2	4.5	7.8	7.4	8.7	10.7
Native Hawaiian or Other Pacific Islander only	---	*	*	*	---	*	*	*	---	*	*	*
2 or more races	---	16.5	24.0	21.3	---	14.9	16.6	12.5	---	19.0	25.6	21.0
Hispanic origin and race ⁵												
Hispanic or Latino	10.5	9.5	15.4	14.8	6.7	7.9	13.0	11.5	11.5	11.1	21.6	18.3
Mexican	9.7	9.0	15.6	14.6	6.5	8.3	13.5	11.8	11.3	11.9	22.0	18.6
Not Hispanic or Latino	10.7	9.8	14.5	12.9	6.3	7.5	10.9	8.9	10.5	10.3	16.6	14.1
White only	10.9	9.7	14.3	13.0	5.9	7.1	10.3	8.4	10.5	10.0	16.2	13.7
Black or African American only	10.8	11.3	17.5	14.8	9.5	10.7	15.6	13.2	10.8	12.4	20.8	17.0
Education ⁶												
No high school diploma or GED	16.2	14.6	20.6	20.0	11.5	12.9	18.1	16.6	14.5	15.8	26.3	23.7
High school diploma or GED	11.1	11.0	16.1	14.9	7.0	8.9	13.8	10.9	11.4	11.5	20.1	17.0
Some college or more	9.2	8.3	13.4	12.2	4.3	5.7	9.2	7.9	8.8	8.3	14.4	12.6
Percent of poverty level ⁷												
Below 100%	19.6	16.9	23.4	22.4	14.8	15.8	21.5	19.4	19.4	20.1	30.4	26.9
100%–199%	17.9	17.2	24.0	22.3	11.6	14.2	18.4	15.7	18.3	17.7	29.2	25.3
200%–399%	10.5	10.4	15.2	13.2	5.5	7.7	11.4	8.4	10.2	11.1	17.3	13.8
400% or more	4.6	4.4	6.8	5.3	1.7	2.7	3.9	2.9	4.5	4.4	7.0	5.5

See footnotes at end of table.

Table 74 (page 2 of 3). Delay or nonreceipt of needed medical care, nonreceipt of needed prescription drugs, or nonreceipt of needed dental care during the past 12 months due to cost, by selected characteristics: United States, selected years 1997–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#074>.

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

Characteristic	Delay or nonreceipt of needed medical care due to cost ¹				Nonreceipt of needed prescription drugs due to cost ²				Nonreceipt of needed dental care due to cost ³			
	1997	2002	2010	2012	1997	2002	2010	2012	1997	2002	2010	2012
Hispanic origin and race and percent of poverty level ^{5,7}												
Percent												
Hispanic or Latino:												
Below 100%	14.6	13.5	19.0	19.7	10.6	12.5	18.9	17.1	16.1	17.9	30.5	25.4
100%–199%	12.2	11.1	18.6	17.3	8.1	9.6	14.7	12.9	13.5	12.4	25.2	22.5
200%–399%	8.0	8.0	13.9	12.5	4.4	7.0	11.5	9.3	9.2	9.8	18.1	14.2
400% or more	5.1	5.5	7.7	6.8	*	*2.5	4.6	3.6	4.5	4.8	9.1	6.3
Not Hispanic or Latino:												
White only:												
Below 100%	24.3	18.8	26.1	25.2	17.3	17.2	24.6	21.5	23.4	21.0	31.8	28.6
100%–199%	20.9	20.4	27.6	26.5	12.4	15.9	19.9	16.8	20.6	20.3	31.7	27.3
200%–399%	11.4	11.3	16.0	14.0	5.4	8.0	11.3	8.1	10.6	11.6	18.0	14.2
400% or more	4.6	4.3	6.9	5.3	1.7	2.5	3.8	2.9	4.5	4.2	6.9	5.5
Black or African American only:												
Below 100%	16.1	17.8	24.4	22.1	14.9	18.2	21.1	20.1	14.8	21.4	29.7	25.1
100%–199%	14.3	15.1	22.9	20.3	13.9	14.6	21.3	20.0	16.4	15.1	28.2	24.6
200%–399%	8.8	9.5	14.6	11.4	7.0	7.5	13.7	9.2	8.6	9.4	16.1	12.7
400% or more	4.6	5.4	8.1	5.5	*2.9	5.2	5.6	4.3	4.3	6.6	9.1	6.6
Health insurance status at the time of interview ⁸												
Insured	6.8	5.9	9.1	8.1	3.7	4.8	7.3	6.1	7.2	6.7	11.8	10.2
Private	6.0	5.1	8.2	7.1	2.9	3.7	6.0	4.5	6.2	5.5	9.2	7.4
Medicaid	11.9	11.3	12.5	11.6	11.1	12.0	13.5	12.5	14.8	17.1	24.2	22.8
Uninsured	27.6	26.1	34.5	33.4	18.0	20.1	25.7	22.1	26.1	26.9	37.7	32.8
Health insurance status prior to interview ⁸												
Insured continuously all 12 months	5.5	4.8	7.6	6.6	2.8	3.9	6.2	5.0	6.0	5.7	10.5	8.6
Uninsured for any period up to 12 months	28.7	28.1	35.1	33.0	17.7	20.6	25.1	22.4	25.2	25.6	33.6	32.6
Uninsured more than 12 months	30.6	29.1	35.9	34.7	18.9	21.0	26.2	22.4	28.0	29.3	39.4	34.2
Percent of poverty level and health insurance status prior to interview ^{7,8}												
Below 100%:												
Insured continuously all 12 months	9.4	7.7	10.1	10.2	8.1	8.4	11.4	10.6	10.7	10.7	20.7	17.5
Uninsured for any period up to 12 months	31.9	29.2	36.7	35.1	25.5	27.1	35.7	29.9	31.6	32.9	39.0	37.0
Uninsured more than 12 months	32.4	31.2	38.5	38.1	21.6	25.7	31.5	30.3	29.4	33.3	42.3	39.4
100%–199%:												
Insured continuously all 12 months	9.5	9.1	12.5	11.9	6.0	8.3	11.9	10.7	11.0	11.2	19.7	16.6
Uninsured for any period up to 12 months	33.6	32.3	38.5	38.7	20.5	25.4	26.5	23.7	28.2	26.9	38.9	37.9
Uninsured more than 12 months	30.0	29.7	37.4	35.0	19.5	22.0	26.1	21.2	29.3	28.7	40.7	35.6
200%–399%:												
Insured continuously all 12 months	6.1	5.6	9.5	7.6	2.9	4.5	7.4	5.2	6.8	6.7	11.6	9.1
Uninsured for any period up to 12 months	27.1	28.3	33.7	31.9	14.0	19.3	23.2	19.7	21.6	24.9	32.5	30.6
Uninsured more than 12 months	31.3	27.8	32.4	32.0	17.3	17.7	23.7	17.1	26.5	27.9	36.1	27.5
400% or more:												
Insured continuously all 12 months	3.1	2.8	4.6	3.6	0.8	1.7	2.9	2.0	3.1	2.9	5.2	4.0
Uninsured for any period up to 12 months	20.8	22.3	30.7	23.7	10.7	12.4	14.0	14.4	19.3	19.2	21.6	21.0
Uninsured more than 12 months	25.5	26.3	31.8	30.1	13.5	15.7	16.3	*15.2	23.6	25.3	34.6	30.6

See footnotes at end of table.

Table 74 (page 3 of 3). Delay or nonreceipt of needed medical care, nonreceipt of needed prescription drugs, or nonreceipt of needed dental care during the past 12 months due to cost, by selected characteristics: United States, selected years 1997–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#074>.

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

Characteristic	Delay or nonreceipt of needed medical care due to cost ¹				Nonreceipt of needed prescription drugs due to cost ²				Nonreceipt of needed dental care due to cost ³				
	1997	2002	2010	2012	1997	2002	2010	2012	1997	2002	2010	2012	
Disability measure ⁹													Percent
Any basic actions difficulty or complex activity limitation	23.3	23.1	28.9	27.9	14.8	17.7	22.6	20.5	19.8	19.8	28.8	26.7	
Any basic actions difficulty	24.2	24.0	28.9	29.3	15.3	17.9	23.3	21.0	20.1	19.9	29.2	27.2	
Any complex activity limitation	25.7	26.1	30.8	29.0	19.4	22.5	27.3	25.3	23.2	22.5	33.7	30.8	
No disability	9.0	8.0	13.2	12.0	3.4	4.3	7.0	5.4	7.5	7.4	13.1	10.5	
Geographic region													
Northeast	8.8	8.0	10.2	9.9	4.9	5.6	7.7	7.4	8.9	9.2	12.9	10.2	
Midwest	10.5	9.0	14.8	13.5	5.9	7.0	11.6	9.1	9.7	9.8	16.0	13.8	
South	11.8	11.2	16.5	14.3	7.3	9.6	13.5	10.7	10.9	10.8	19.6	15.3	
West	10.8	9.6	15.1	14.1	6.3	6.5	10.0	9.1	13.1	11.7	18.4	18.5	
Location of residence													
Within MSA ¹⁰	10.2	9.1	14.2	12.9	5.9	7.0	10.8	9.0	10.0	9.8	17.0	14.6	
Outside MSA ¹⁰	12.5	12.2	17.4	15.3	7.9	9.7	13.6	11.1	12.9	12.8	19.1	15.7	

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

--- Data not available.

¹Based on persons responding to the questions, “During the past 12 months was there any time when person needed medical care but did not get it because person couldn’t afford it?” and “During the past 12 months has medical care been delayed because of worry about the cost?”

²Based on persons responding to the question, “During the past 12 months was there any time when person needed prescription medicine but didn’t get it because person couldn’t afford it?”

³Based on persons responding to the question, “During the past 12 months was there any time when person needed dental care (including checkups) but didn’t get it because person couldn’t afford it?”

⁴Includes all other races not shown separately, unknown health insurance status, unknown education level, and unknown disability status.

⁵The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Prior to 1999, data were tabulated according to the 1977 Standards with four racial groups, and the Asian only category included Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁶Estimates are for persons aged 25–64. GED is General Educational Development high school equivalency diploma. See [Appendix II, Education](#).

⁷Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed for 1997 and beyond. See [Appendix II, Family income; Poverty; Table VI](#).

⁸For information on the health insurance categories, see [Appendix II, Health insurance coverage](#).

⁹Any basic actions difficulty or complex activity limitation is defined as having one or more of the following limitations or difficulties: movement difficulty, emotional difficulty, sensory (seeing or hearing) difficulty, cognitive difficulty, self-care (activities of daily living or instrumental activities of daily living) limitation, social limitation, or work limitation. For more information, see [Appendix II, Basic actions difficulty; Complex activity limitation](#). Starting with 2007 data, the hearing question, a component of the basic actions difficulty measure, was revised. Consequently, data prior to 2007 are not comparable with data for 2007 and beyond. For more information on the impact of the revised hearing question, see [Appendix II, Hearing trouble](#).

¹⁰MSA is metropolitan statistical area. Starting with 2006 data, MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2006, see [Appendix II, Metropolitan statistical area \(MSA\)](#) for the applicable standards.

NOTES: Standard errors and additional data years are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Health Interview Survey, family core, sample child, and sample adult questionnaires. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 75 (page 1 of 3). Selected measures of access to medical care among adults aged 18–64, by urbanization level and selected characteristics: United States, average annual, 2002–2004 through 2010–2012

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#075>.

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

Urbanization level ¹ and selected characteristic	Did not get or delayed medical care due to cost ²			No health insurance coverage ³			No health care visits within the past 12 months ⁴		
	2002–2004	2005–2007	2010–2012	2002–2004	2005–2007	2010–2012	2002–2004	2005–2007	2010–2012
Geographic region ⁵									
Percent of population									
All regions:									
Metropolitan counties:									
Large central	9.9	10.9	14.0	22.6	22.3	23.5	24.1	23.9	22.8
Large fringe	8.9	9.2	12.1	15.2	15.1	17.4	17.4	17.6	17.7
Medium and small	11.4	12.7	14.4	18.3	19.4	21.1	18.2	19.7	19.9
Nonmetropolitan counties:									
Micropolitan	12.8	13.7	16.1	20.7	21.9	23.3	18.2	19.8	19.7
Nonmicropolitan	13.6	14.4	16.1	23.2	22.6	26.6	19.9	20.0	20.7
Northeast:									
Metropolitan counties:									
Large central	7.7	8.3	10.5	18.7	18.1	18.6	16.3	19.1	19.6
Large fringe	7.0	6.6	8.1	12.5	11.4	12.8	13.4	13.1	16.4
Medium and small	9.0	8.8	11.2	11.0	11.4	12.3	14.1	14.1	14.5
Nonmetropolitan counties:									
Micropolitan	12.4	12.1	12.7	15.7	14.5	15.9	13.2	17.1	16.3
Nonmicropolitan	12.8	14.9	12.3	15.5	13.8	20.6	15.7	16.7	18.5
Midwest:									
Metropolitan counties:									
Large central	10.3	12.2	14.8	17.3	18.7	20.1	20.2	21.5	19.5
Large fringe	8.9	10.8	13.1	12.3	12.8	15.0	18.0	16.9	16.7
Medium and small	10.4	12.2	13.9	13.7	14.5	15.7	16.4	18.4	17.4
Nonmetropolitan counties:									
Micropolitan	11.2	11.3	14.0	15.6	15.6	18.3	16.0	16.8	19.8
Nonmicropolitan	11.1	12.0	14.5	18.0	15.8	18.9	19.9	18.9	18.1
South:									
Metropolitan counties:									
Large central	11.5	14.0	14.9	26.2	26.4	26.9	24.4	23.7	22.8
Large fringe	10.0	9.7	13.5	18.6	18.8	20.9	18.9	19.9	18.1
Medium and small	12.6	14.2	15.8	23.2	25.2	26.5	19.7	21.1	21.3
Nonmetropolitan counties:									
Micropolitan	12.8	14.0	17.6	24.5	26.5	28.1	20.6	22.1	19.6
Nonmicropolitan	15.0	14.9	17.6	27.7	26.4	30.4	20.6	21.2	20.4
West:									
Metropolitan counties:									
Large central	9.4	9.1	14.4	24.2	22.8	24.6	29.9	27.7	25.6
Large fringe	9.2	10.6	14.6	16.9	16.2	20.6	21.3	21.1	21.1
Medium and small	12.4	13.5	14.8	20.3	21.0	23.5	21.1	23.2	23.7
Nonmetropolitan counties:									
Micropolitan	16.4	20.1	19.4	24.8	27.9	25.8	20.5	21.4	23.5
Nonmicropolitan	16.5	18.4	17.1	*28.6	31.7	36.6	20.6	20.8	28.8
Age									
18–44 years:									
Metropolitan counties:									
Large central	9.9	11.0	13.7	26.8	26.3	27.5	27.5	27.0	26.7
Large fringe	9.1	9.5	12.1	18.6	18.9	21.5	20.6	20.7	21.2
Medium and small	11.7	13.1	14.1	22.2	23.9	25.3	20.9	23.7	24.0
Nonmetropolitan counties:									
Micropolitan	12.7	14.0	15.1	24.9	27.3	28.3	20.6	24.4	23.6
Nonmicropolitan	14.6	13.8	14.8	28.7	28.3	33.1	23.5	22.8	24.4
45–64 years:									
Metropolitan counties:									
Large central	9.8	10.8	14.4	14.7	15.3	17.3	17.6	18.3	16.5
Large fringe	8.5	8.9	12.1	9.9	9.7	12.0	12.6	13.2	13.2
Medium and small	11.1	12.1	14.8	12.3	12.9	15.5	14.0	13.7	14.3
Nonmetropolitan counties:									
Micropolitan	12.9	13.4	17.3	14.7	14.8	17.5	14.7	14.2	15.0
Nonmicropolitan	12.2	15.2	17.4	16.0	16.4	19.4	15.4	17.0	16.5
Sex									
Men:									
Metropolitan counties:									
Large central	9.0	10.1	13.0	25.4	25.6	26.8	31.7	32.5	30.8
Large fringe	8.1	8.2	11.3	17.3	17.0	19.6	24.9	25.0	23.7
Medium and small	10.3	11.5	13.1	20.2	21.9	23.4	26.1	27.5	27.2
Nonmetropolitan counties:									
Micropolitan	11.4	12.2	14.7	22.3	23.4	26.2	24.5	27.1	27.0
Nonmicropolitan	12.4	12.2	14.6	25.1	23.4	28.5	27.9	26.1	29.6

See footnotes at end of table.

Table 75 (page 2 of 3). Selected measures of access to medical care among adults aged 18–64, by urbanization level and selected characteristics: United States, average annual, 2002–2004 through 2010–2012

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#075>.

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

Urbanization level ¹ and selected characteristic	Did not get or delayed medical care due to cost ²			No health insurance coverage ³			No health care visits within the past 12 months ⁴		
	2002–2004	2005–2007	2010–2012	2002–2004	2005–2007	2010–2012	2002–2004	2005–2007	2010–2012
Sex									
Percent of population									
Women:									
Metropolitan counties:									
Large central	10.7	11.7	14.9	19.9	19.1	20.3	16.6	15.5	14.9
Large fringe	9.6	10.2	12.9	13.2	13.2	15.2	10.3	10.7	11.8
Medium and small	12.5	13.9	15.6	16.5	17.1	18.9	10.6	12.1	12.9
Nonmetropolitan counties:									
Micropolitan	14.1	15.2	17.5	19.2	20.4	20.6	12.3	12.9	13.0
Nonmicropolitan	14.7	16.6	17.4	21.2	21.9	24.7	11.9	14.1	12.2
Hispanic origin and race ⁶									
Hispanic or Latino:									
Metropolitan counties:									
Large central	9.9	10.7	15.0	42.9	41.7	41.6	36.6	34.0	32.4
Large fringe	11.7	11.5	15.6	41.0	40.9	40.8	31.1	33.9	30.4
Medium and small	11.0	13.9	15.8	40.5	42.9	42.0	31.4	32.5	33.7
Nonmetropolitan counties:									
Micropolitan	10.8	13.9	15.3	44.0	48.7	49.6	34.6	40.5	33.1
Nonmicropolitan	8.9	13.0	14.9	55.7	44.5	52.2	32.5	33.0	37.8
Not Hispanic or Latino:									
White only:									
Metropolitan counties:									
Large central	9.8	11.4	13.7	13.1	13.3	14.2	19.2	19.3	17.3
Large fringe	8.5	9.0	11.4	10.9	10.6	12.7	15.2	14.7	15.2
Medium and small	11.5	12.6	14.0	14.6	15.3	16.1	16.2	17.5	16.9
Nonmetropolitan counties:									
Micropolitan	13.0	13.7	16.0	17.7	18.5	19.9	16.7	17.4	18.5
Nonmicropolitan	13.9	14.6	16.0	20.6	19.3	22.6	19.0	18.9	19.1
Black or African American only:									
Metropolitan counties:									
Large central	11.4	12.2	15.7	21.9	22.2	24.9	18.3	19.9	20.5
Large fringe	9.6	9.5	14.2	20.7	18.5	20.8	18.1	17.9	17.8
Medium and small	11.9	13.5	16.6	24.6	24.7	26.7	18.7	19.3	20.4
Nonmetropolitan counties:									
Micropolitan	12.2	14.0	18.0	28.1	26.4	30.3	17.4	25.9	18.9
Nonmicropolitan	13.1	14.8	19.1	28.3	29.3	33.5	24.3	24.2	19.4
Percent of poverty level ⁷									
Below 100%:									
Metropolitan counties:									
Large central	15.9	17.7	20.9	43.5	40.1	40.6	33.2	29.1	29.4
Large fringe	18.8	21.2	25.3	34.0	37.0	42.5	23.1	24.6	25.4
Medium and small	19.8	21.8	24.1	38.5	39.9	40.7	24.0	26.4	26.5
Nonmetropolitan counties:									
Micropolitan	19.5	22.6	23.9	39.1	42.2	39.2	21.1	25.2	25.2
Nonmicropolitan	22.8	24.3	25.9	44.7	43.4	45.3	23.7	23.4	21.8
100%–199%:									
Metropolitan counties:									
Large central	15.1	16.3	21.2	40.9	40.2	41.5	31.8	30.4	31.8
Large fringe	19.4	18.7	24.7	36.0	35.3	39.8	25.4	27.0	26.8
Medium and small	19.6	21.5	23.8	34.1	34.9	38.7	22.7	25.6	26.6
Nonmetropolitan counties:									
Micropolitan	20.3	21.7	24.9	33.2	36.9	38.7	21.4	23.3	23.6
Nonmicropolitan	21.1	20.4	23.6	35.1	35.0	41.4	23.9	24.2	24.6
200%–399%:									
Metropolitan counties:									
Large central	10.5	12.0	14.5	23.3	23.5	23.0	24.8	26.1	23.4
Large fringe	10.9	11.3	13.8	18.6	18.5	19.1	19.5	20.6	20.4
Medium and small	11.7	12.8	14.6	17.0	17.5	19.8	18.5	20.5	20.8
Nonmetropolitan counties:									
Micropolitan	11.6	13.4	14.2	17.6	18.2	18.7	17.8	20.6	19.0
Nonmicropolitan	10.8	12.1	12.7	17.3	16.9	21.0	19.4	19.6	20.7

See footnotes at end of table.

Table 75 (page 3 of 3). Selected measures of access to medical care among adults aged 18–64, by urbanization level and selected characteristics: United States, average annual, 2002–2004 through 2010–2012

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#075>.

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

Urbanization level ¹ and selected characteristic	Did not get or delayed medical care due to cost ²			No health insurance coverage ³			No health care visits within the past 12 months ⁴		
	2002–2004	2005–2007	2010–2012	2002–2004	2005–2007	2010–2012	2002–2004	2005–2007	2010–2012
Percent of poverty level ⁷	Percent of population								
400% or more:									
Metropolitan counties:									
Large central	5.2	5.5	6.8	7.6	7.7	7.1	17.2	17.4	14.7
Large fringe	4.2	4.5	5.1	6.6	6.1	5.3	13.9	13.1	12.0
Medium and small	5.1	5.5	5.6	6.3	7.0	5.5	14.1	13.8	13.1
Nonmetropolitan counties:									
Micropolitan	5.8	5.3	6.5	7.0	7.5	6.5	15.0	14.3	13.8
Nonmicropolitan	6.0	7.1	7.0	9.0	8.2	8.1	15.3	15.1	16.6

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

¹Urbanization levels were developed by NCHS using information from the Office of Management and Budget, Department of Agriculture, and Census Bureau. More information on this urban-rural classification scheme is available from: http://www.cdc.gov/nchs/data_access/urban_rural.htm. The classification codes were applied to county-level data and then aggregated into the five categories presented here. See [Appendix II, Urbanization](#).

²Based on persons responding to the questions, “During the past 12 months was there any time when person needed medical care but did not get it because person couldn’t afford it?” and “During the past 12 months has medical care been delayed because of worry about the cost?”

³Persons not covered by private insurance, Medicaid, Children’s Health Insurance Program (CHIP), public assistance (through 1996), state-sponsored or other government-sponsored health plans (starting in 1997), Medicare, or military plans are considered to have no health insurance coverage. Persons with only Indian Health Service coverage are considered to have no health insurance coverage. Health insurance coverage is at the time of interview. See [Appendix II, Health insurance coverage](#).

⁴This is a summary measure of health care visits to doctor offices, emergency departments, and home visits during a 12-month period. See [Appendix II, Emergency department or emergency room visit; Health care contact; Home visit](#).

⁵See [Appendix II, Geographic region](#).

⁶Persons of Hispanic origin may be of any race. In this table, data are presented for non-Hispanic white only and non-Hispanic black only race groups. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity*. The single-race categories shown in the table conform to the 1997 Standards. Race-specific estimates are for persons who reported only one racial group. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁷Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed. See [Appendix II, Family income; Poverty; Table VI](#).

NOTES: Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Health Interview Survey, family core and sample adult questionnaires, and the 2006 NCHS urban-rural classification scheme for counties. See [Appendix I, National Health Interview Survey \(NHIS\)](#), and http://www.cdc.gov/nchs/data_access/urban_rural.htm.

Table 76. Delay or nonreceipt of needed medical care during the past 12 months due to cost, by state: 25 most populous states and United States, average annual, selected years 1997–1998 through 2011–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#076>.

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

State	Delay or nonreceipt of needed medical care due to cost ¹			Nonreceipt of needed prescription drugs due to cost ²			Nonreceipt of needed dental care due to cost ³		
	1997–1998	2000–2001	2011–2012	1997–1998	2000–2001	2011–2012	1997–1998	2000–2001	2011–2012
	Percent								
Total, United States	7.9	7.5	9.9	4.5	5.3	7.3	8.1	8.4	12.2
Alabama	7.6	7.7	10.5	6.8	8.3	10.3	8.7	10.3	13.5
Arizona	8.0	7.4	13.8	4.1	4.6	11.8	9.4	8.4	21.8
California	6.8	6.6	9.9	3.9	4.7	6.9	8.3	8.1	14.7
Colorado	6.4	8.1	11.2	3.1	5.5	6.2	8.9	11.5	13.4
Florida	9.8	9.6	11.7	4.8	5.8	8.4	7.2	8.4	13.6
Georgia	8.0	7.7	11.6	4.2	4.0	8.9	5.8	5.3	12.8
Illinois	6.1	6.5	8.6	3.0	4.2	5.4	5.7	6.8	8.9
Indiana	9.0	8.6	10.6	5.1	6.8	9.4	7.2	6.9	11.6
Louisiana	9.8	11.1	10.0	8.7	9.8	9.1	11.3	16.4	12.5
Maryland	8.0	7.4	9.0	5.8	5.2	4.5	9.8	7.8	9.5
Massachusetts	5.1	4.3	5.2	*1.7	4.2	4.6	5.0	5.2	7.9
Michigan	7.2	7.0	10.4	3.8	5.1	8.8	7.5	7.9	14.4
Minnesota	8.1	7.0	9.9	3.6	3.9	4.7	8.7	8.3	10.5
Missouri	7.1	6.4	12.2	4.3	5.2	8.5	7.3	7.1	13.2
New Jersey	7.2	6.1	6.7	3.8	3.5	4.7	7.3	5.9	8.3
New York	6.4	5.8	6.6	2.8	3.8	5.4	5.6	7.5	7.2
North Carolina	7.8	7.9	10.6	4.0	5.8	7.0	8.2	7.9	11.7
Ohio	9.2	7.6	10.0	5.0	5.1	7.0	8.8	8.1	10.8
Pennsylvania	5.9	5.9	8.6	4.3	3.5	6.7	7.4	6.0	10.2
South Carolina	7.6	6.3	11.2	5.2	4.4	8.5	5.7	5.2	10.7
Tennessee	10.0	8.6	12.2	8.0	8.5	8.9	10.5	10.4	13.0
Texas	7.9	8.1	10.6	4.7	6.6	8.6	8.8	10.4	14.3
Virginia	6.2	7.2	8.4	4.1	5.2	7.6	8.3	7.4	10.9
Washington	8.6	9.2	12.5	4.8	6.8	8.2	11.6	11.9	16.7
Wisconsin	6.5	5.9	9.0	3.0	4.0	4.1	5.5	6.6	10.3

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

¹Based on persons responding to the questions, “During the past 12 months was there any time when person needed medical care but did not get it because person couldn’t afford it?” and “During the past 12 months has medical care been delayed because of worry about the cost?”

²Based on persons responding to the question, “During the past 12 months was there any time when you needed prescription medicine but didn’t get it because you couldn’t afford it?”

³Based on persons responding to the question, “During the past 12 months was there any time when you needed dental care (including check ups) but didn’t get it because you couldn’t afford it?”

NOTES: Data are for the 25 states with the largest populations in 2011–2012. Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Standard errors for states were computed consistent with the methodology described in: Cohen RA, Makuc DM. State, regional, and national estimates of health insurance coverage for people under 65 years of age: National Health Interview Survey, 2004–2006. National health statistics reports; no 1. Hyattsville, MD. 2008. Available from: <http://www.cdc.gov/nchs/data/nhsr/nhsr001.pdf>; and Cohen RA, Martinez ME. Health insurance coverage: Early release of estimates from the National Health Interview Survey, 2011. June 2012. Available from: <http://www.cdc.gov/nchs/data/nhis/earlyrelease/Insur201206.pdf>.

SOURCE: CDC/NCHS, National Health Interview Survey, family core, sample child, and sample adult questionnaires. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 77 (page 1 of 2). No health care visits to an office or clinic within the past 12 months among children under age 18, by selected characteristics: United States, average annual, selected years 1997–1998 through 2011–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#077>.

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

Characteristic	Under 18 years			Under 6 years			6–17 years		
	1997–1998	2001–2002	2011–2012	1997–1998	2001–2002	2011–2012	1997–1998	2001–2002	2011–2012
	Percent of children without a health care visit ¹								
All children ²	12.8	12.1	8.9	5.7	6.3	4.9	16.3	14.9	11.0
Sex									
Male	12.9	12.3	8.9	4.9	6.4	5.0	16.8	15.1	10.8
Female	12.7	11.9	8.9	6.5	6.1	4.8	15.8	14.6	11.1
Race ³									
White only	12.2	11.5	8.8	5.5	6.4	4.7	15.5	13.9	10.9
Black or African American only	14.3	13.3	8.3	6.5	5.9	5.2	18.1	16.8	9.9
American Indian or Alaska Native only	13.8	*18.6	10.9	*	*	*	*17.6	*23.0	*12.2
Asian only	16.3	15.6	11.9	*5.6	*6.8	*6.8	22.1	20.5	14.5
Native Hawaiian or Other Pacific Islander only	---	*	*	---	*	*	---	*	*
2 or more races	---	8.3	8.8	---	*3.3	*4.6	---	12.4	11.4
Hispanic origin and race ³									
Hispanic or Latino	19.3	18.8	12.0	9.7	9.6	6.0	25.3	24.0	15.5
Not Hispanic or Latino	11.6	10.6	8.0	4.8	5.4	4.5	14.9	13.0	9.6
White only	10.7	9.7	7.5	4.3	5.3	4.2	13.7	11.7	9.0
Black or African American only	14.5	13.4	8.1	6.5	6.0	4.6	18.3	16.8	9.9
Percent of poverty level ⁴									
Below 100%	17.6	17.3	10.7	8.1	9.1	5.8	23.6	21.8	13.9
100%–199%	16.2	14.8	11.0	7.2	7.4	5.7	20.8	18.7	13.6
200%–399%	11.7	11.2	8.9	4.9	5.4	5.1	14.8	13.8	10.8
400% or more	7.4	7.7	5.5	3.0	4.1	2.6	9.5	9.3	6.7
Hispanic origin and race and percent of poverty level ^{3,4}									
Hispanic or Latino:									
Below 100%	23.2	22.1	13.8	11.7	10.4	7.4	31.1	29.4	18.2
100%–199%	20.9	21.3	12.9	9.7	12.3	5.8	28.1	26.2	16.7
200%–399%	15.7	15.5	10.2	8.0	*7.3	*4.3	19.7	20.0	13.6
400% or more	7.8	9.7	6.7	*	*	*	9.3	12.5	7.6
Not Hispanic or Latino:									
White only:									
Below 100%	14.0	13.2	9.1	*5.6	*8.6	*4.9	19.7	15.6	11.8
100%–199%	14.1	11.8	10.1	6.0	*6.0	5.9	18.0	14.8	12.2
200%–399%	10.9	10.2	8.0	4.3	4.8	4.9	13.9	12.5	9.5
400% or more	7.2	7.4	4.9	*2.8	4.2	*2.1	9.1	8.6	6.1
Black or African American only:									
Below 100%	15.8	16.1	8.1	7.6	*7.8	*4.7	20.5	20.3	10.5
100%–199%	16.4	13.3	7.6	*7.7	*4.4	*	20.4	17.5	9.0
200%–399%	13.3	12.2	9.1	*4.9	*6.5	*	16.7	14.6	10.9
400% or more	8.3	8.9	*7.4	*	*	*	10.7	11.5	*8.5
Health insurance status at the time of interview ⁵									
Insured	10.4	9.8	7.6	4.5	4.7	4.4	13.4	12.3	9.3
Private	10.4	9.5	7.1	4.3	4.3	3.5	13.1	11.8	8.7
Medicaid	10.1	10.3	8.1	5.0	5.5	5.2	14.4	13.3	10.2
Uninsured	28.8	31.9	27.6	14.6	21.0	15.3	34.9	36.3	31.3
Health insurance status prior to interview ⁵									
Insured continuously all 12 months	10.3	9.5	7.5	4.4	4.6	4.3	13.2	12.0	9.1
Uninsured for any period up to 12 months	15.9	17.7	13.3	7.7	10.3	7.2	20.9	21.9	16.4
Uninsured more than 12 months	34.9	41.4	36.4	19.9	30.2	*22.8	40.2	45.3	39.2

See footnotes at end of table.

Table 77 (page 2 of 2). No health care visits to an office or clinic within the past 12 months among children under age 18, by selected characteristics: United States, average annual, selected years 1997–1998 through 2011–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#077>.

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

Characteristic	Under 18 years			Under 6 years			6–17 years		
	1997–1998	2001–2002	2011–2012	1997–1998	2001–2002	2011–2012	1997–1998	2001–2002	2011–2012
Percent of poverty level and health insurance status prior to interview ^{4,5}									
Percent of children without a health care visit ¹									
Below 100%:									
Insured continuously all 12 months	12.6	11.7	8.9	5.7	6.1	5.4	17.6	14.9	11.4
Uninsured for any period up to 12 months . .	19.9	21.8	12.7	*9.9	*14.4	*	26.1	26.6	15.5
Uninsured more than 12 months	39.9	48.2	43.0	24.9	*28.0	*	45.2	55.7	46.3
100%–199%:									
Insured continuously all 12 months	12.6	10.9	8.3	4.8	4.2	4.7	16.7	14.5	10.2
Uninsured for any period up to 12 months . .	15.6	18.9	15.7	*8.7	*10.7	*	20.2	23.2	20.2
Uninsured more than 12 months	33.7	41.3	37.8	21.3	35.4	*	37.9	43.6	40.3
200%–399%:									
Insured continuously all 12 months	10.5	10.0	7.9	4.5	4.6	4.7	13.2	12.4	9.5
Uninsured for any period up to 12 months . .	12.8	14.5	11.3	*	*7.1	*	17.2	18.7	14.3
Uninsured more than 12 months	29.9	30.8	28.9	*11.8	*24.2	*	36.5	32.9	30.2
400% or more:									
Insured continuously all 12 months	7.0	7.2	5.1	2.9	3.9	2.3	8.8	8.7	6.3
Uninsured for any period up to 12 months . .	*10.8	*11.4	*12.0	*	*	*	*15.1	*14.1	*
Uninsured more than 12 months	*28.8	*38.4	*27.9	*	*	*	*37.7	*40.3	*37.6
Geographic region									
Northeast	7.0	6.0	5.9	3.1	3.9	5.2	8.9	6.9	6.2
Midwest	12.2	10.3	8.2	5.9	5.1	3.5	15.3	12.8	10.6
South	14.3	14.0	8.9	5.6	7.0	4.8	18.5	17.4	11.1
West	16.3	16.0	11.7	7.9	8.1	6.2	20.7	20.0	14.5
Location of residence									
Within MSA ⁶	12.3	11.7	8.7	5.4	6.1	4.9	15.9	14.5	10.7
Outside MSA ⁶	14.6	13.5	9.9	6.9	6.9	5.0	17.9	16.3	12.4

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

--- Data not available.

¹ Respondents were asked how many times a doctor or other health care professional was seen in the past 12 months at a doctor's office, clinic, or some other place. Excluded are visits to emergency rooms, hospitalizations, home visits, and telephone calls. Starting with 2000 data, dental visits were also excluded. See [Appendix II, Health care contact](#).

² Includes all other races not shown separately and unknown health insurance status.

³ The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Prior to 1999, data were tabulated according to the 1977 Standards with four racial groups, and the Asian only category included Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁴ Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed starting in 1997. See [Appendix II, Family income; Poverty; Table VI](#).

⁵ Health insurance categories are mutually exclusive. Persons who reported both Medicaid and private coverage are classified as having private coverage. Starting with 1997 data, state-sponsored health plan coverage is included as Medicaid coverage. Starting with 1999 data, coverage by the Children's Health Insurance Program (CHIP) is included with Medicaid coverage. In addition to private and Medicaid, the insured category also includes military, other government, and Medicare coverage. Persons not covered by private insurance, Medicaid, CHIP, state-sponsored or other government-sponsored health plans (starting in 1997), Medicare, or military plans are considered to have no health insurance coverage. Persons with only Indian Health Service coverage are considered to have no health insurance coverage. See [Appendix II, Health insurance coverage](#).

⁶ MSA is metropolitan statistical area. Starting with 2005–2006 data, MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2005, see [Appendix II, Metropolitan statistical area \(MSA\)](#) for the applicable standards.

NOTES: In 1997, the National Health Interview Survey questionnaire was redesigned. See [Appendix I, National Health Interview Survey \(NHIS\)](#). Standard errors for selected years are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Health Interview Survey, family core and sample child questionnaires. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 78 (page 1 of 3). Health care visits to doctor offices, emergency departments, and home visits within the past 12 months, by selected characteristics: United States, selected years 1997–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#078>.

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

Characteristic	Number of health care visits ¹											
	None			1–3 visits			4–9 visits			10 or more visits		
	1997	2010	2012	1997	2010	2012	1997	2010	2012	1997	2010	2012
	Percent distribution											
Total, age-adjusted ^{2,3}	16.5	15.6	16.0	46.2	45.4	47.6	23.6	25.8	23.6	13.7	13.2	12.8
Total, crude ²	16.5	15.4	15.7	46.5	45.2	47.3	23.5	26.0	24.0	13.5	13.5	13.1
Age												
Under 18 years	11.8	8.1	8.1	54.1	55.6	58.6	25.2	28.2	26.0	8.9	8.2	7.3
Under 6 years	5.0	3.7	4.2	44.9	48.9	50.8	37.0	36.8	35.6	13.0	10.6	9.4
6–17 years	15.3	10.4	10.0	58.7	59.1	62.5	19.3	23.6	21.2	6.8	6.9	6.3
18–44 years	21.7	24.2	24.7	46.7	43.9	45.9	19.0	20.6	18.0	12.6	11.3	11.4
18–24 years	22.0	25.9	26.1	46.8	43.4	46.6	20.0	21.1	16.9	11.2	9.6	10.3
25–44 years	21.6	23.6	24.2	46.7	44.1	45.6	18.7	20.5	18.4	13.0	11.9	11.8
45–64 years	16.9	14.8	15.1	42.9	42.8	44.6	24.7	26.1	25.1	15.5	16.4	15.1
45–54 years	17.9	17.6	17.6	43.9	43.5	45.3	23.4	23.9	23.1	14.8	15.0	14.0
55–64 years	15.3	11.1	12.1	41.3	41.9	43.9	26.7	28.8	27.5	16.7	18.2	16.5
65 years and over	8.9	5.3	6.1	34.7	33.8	35.7	32.5	36.7	34.0	23.8	24.2	24.1
65–74 years	9.8	6.3	6.9	36.9	36.1	39.3	31.6	35.7	32.9	21.6	21.9	20.8
75 years and over	7.7	4.1	5.0	31.8	31.0	30.9	33.8	38.0	35.5	26.6	27.0	28.6
Sex ³												
Male	21.3	20.4	20.8	47.1	46.4	48.2	20.6	22.7	20.6	11.0	10.5	10.3
Female	11.8	10.9	11.4	45.4	44.4	47.0	26.5	28.8	26.5	16.3	15.9	15.1
Race ^{3,4}												
White only	16.0	15.3	15.9	46.1	44.9	47.1	23.9	26.1	24.0	14.0	13.7	13.0
Black or African American only	16.8	15.7	15.1	46.1	47.2	48.9	23.2	24.7	23.4	13.9	12.4	12.6
American Indian or Alaska Native only	17.1	19.4	20.6	38.0	40.3	38.7	24.2	28.1	25.3	20.7	12.2	15.4
Asian only	22.8	20.4	20.8	49.1	49.9	51.3	19.7	22.1	19.5	8.3	7.6	8.4
Native Hawaiian or Other Pacific Islander only	---	*	*	---	*	*	---	*	*	---	*	*
2 or more races	---	13.9	12.7	---	42.3	45.2	---	25.2	21.9	---	18.6	20.2
Hispanic origin and race ^{3,4}												
Hispanic or Latino	24.9	23.5	24.1	42.3	43.2	44.5	20.3	22.6	21.1	12.5	10.7	10.3
Mexican	28.9	25.2	27.0	40.8	43.3	43.5	18.5	21.4	20.5	11.8	10.1	9.0
Not Hispanic or Latino	15.4	14.0	14.2	46.7	45.8	48.2	24.0	26.5	24.3	13.9	13.7	13.3
White only	14.7	13.2	13.5	46.6	45.3	47.7	24.4	27.1	25.0	14.3	14.4	13.8
Black or African American only	16.9	15.6	15.1	46.1	47.3	49.1	23.1	24.9	23.2	13.8	12.2	12.6
Percent of poverty level ^{3,5}												
Below 100%	20.6	20.4	20.5	37.8	37.5	38.2	22.7	25.1	23.8	18.9	17.0	17.5
100%–199%	20.1	20.8	20.2	43.3	42.1	43.9	21.7	23.1	22.5	14.9	13.9	13.4
200%–399%	16.4	16.2	16.4	47.2	46.3	49.6	23.6	25.4	22.3	12.8	12.1	11.8
400% or more	12.8	10.2	11.4	49.8	49.4	51.7	24.9	27.6	25.1	12.5	12.7	11.8

See footnotes at end of table.

Table 78 (page 2 of 3). Health care visits to doctor offices, emergency departments, and home visits within the past 12 months, by selected characteristics: United States, selected years 1997–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#078>.

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

Characteristic	Number of health care visits ¹											
	None			1–3 visits			4–9 visits			10 or more visits		
	1997	2010	2012	1997	2010	2012	1997	2010	2012	1997	2010	2012
Hispanic origin and race and percent of poverty level ^{3,4,5}												
Percent distribution												
Hispanic or Latino:												
Below 100%	30.2	28.7	29.2	34.8	36.5	36.9	19.9	22.5	20.3	15.0	12.3	13.6
100%–199%	28.7	27.7	26.5	39.7	42.7	44.0	20.4	19.9	20.0	11.2	9.8	9.6
200%–399%	20.7	21.6	22.6	47.4	45.0	47.6	19.8	23.1	20.4	12.1	10.3	9.4
400% or more	15.2	11.3	13.8	50.4	51.1	50.9	22.6	26.1	25.1	11.8	11.5	10.3
Not Hispanic or Latino:												
White only:												
Below 100%	17.0	15.0	16.9	38.3	37.0	37.3	23.9	27.4	25.5	20.9	20.6	20.3
100%–199%	17.3	18.4	17.0	44.1	40.4	42.4	22.2	24.7	25.0	16.3	16.5	15.7
200%–399%	15.4	14.7	14.4	46.9	46.0	49.1	24.3	26.3	23.4	13.4	13.0	13.0
400% or more	12.5	9.9	10.7	49.1	48.2	51.3	25.5	28.4	25.6	13.0	13.5	12.4
Black or African American only:												
Below 100%	17.4	18.4	15.0	38.5	39.8	41.5	23.4	25.0	25.5	20.7	16.8	18.0
100%–199%	18.8	17.6	16.7	43.7	45.7	48.2	22.9	24.3	22.0	14.5	12.5	13.1
200%–399%	16.6	15.1	16.0	49.7	49.0	51.7	22.9	25.7	21.9	10.8	10.2	10.3
400% or more	14.0	10.0	12.1	54.3	58.2	55.7	22.7	22.5	23.2	9.0	9.3	9.0
Health insurance status at the time of interview ^{6,7}												
Under 65 years:												
Insured	14.3	12.3	12.7	49.0	48.5	51.1	23.6	26.1	23.9	13.1	13.1	12.3
Private	14.7	12.4	13.2	50.6	51.0	53.7	23.1	25.5	23.2	11.6	11.1	9.9
Medicaid	9.8	10.9	10.6	35.5	38.2	39.2	26.5	28.0	25.9	28.2	23.0	24.4
Uninsured	33.7	37.2	38.4	42.8	42.2	43.2	15.3	15.2	13.1	8.2	5.4	5.2
Health insurance status prior to interview ^{6,7}												
Under 65 years:												
Insured continuously all 12 months	14.1	12.1	12.5	49.2	48.6	51.4	23.6	26.2	23.9	13.0	13.0	12.2
Uninsured for any period up to 12 months	18.9	18.5	20.3	46.0	47.8	46.9	20.8	22.0	20.6	14.4	11.6	12.1
Uninsured more than 12 months	39.0	43.8	44.0	41.4	39.7	41.6	13.2	12.6	10.6	6.4	3.9	3.9
Percent of poverty level and health insurance status prior to interview ^{5,6,7}												
Under 65 years:												
Below 100%:												
Insured continuously all 12 months	13.8	12.7	13.3	39.7	39.5	39.8	25.2	27.5	25.6	21.4	20.3	21.2
Uninsured for any period up to 12 months	19.7	16.9	16.1	37.6	43.0	43.3	21.9	25.0	23.8	20.9	15.1	16.8
Uninsured more than 12 months	41.2	45.0	47.3	39.9	38.1	35.8	12.2	13.6	12.5	6.6	3.3	4.5
100%–199%:												
Insured continuously all 12 months	16.0	14.8	14.3	46.4	44.4	46.2	21.9	24.8	24.1	15.8	16.0	15.4
Uninsured for any period up to 12 months	18.8	21.0	20.9	45.1	46.0	47.2	21.0	20.6	20.5	15.0	12.4	11.3
Uninsured more than 12 months	38.7	43.2	43.6	41.0	39.4	43.3	14.0	12.4	9.3	6.3	5.0	3.9
200%–399%:												
Insured continuously all 12 months	15.1	13.6	13.3	49.4	49.4	53.7	23.4	25.3	22.5	12.1	11.7	10.5
Uninsured for any period up to 12 months	17.9	18.8	21.9	49.3	49.7	49.2	20.0	19.7	17.9	12.8	11.8	11.0
Uninsured more than 12 months	37.0	43.8	41.2	43.8	40.7	44.9	12.6	13.3	11.0	6.6	*2.2	2.9
400% or more:												
Insured continuously all 12 months	12.4	9.7	10.9	52.2	51.8	54.4	23.9	26.8	24.2	11.5	11.6	10.4
Uninsured for any period up to 12 months	17.2	16.6	20.4	50.0	53.5	46.7	24.2	23.9	22.6	*8.5	*6.0	10.3
Uninsured more than 12 months	35.1	39.2	44.1	44.1	46.0	43.4	15.1	*8.8	*	*5.7	*	*
Respondent-assessed health status ³												
Fair or poor	7.8	8.4	10.7	23.3	24.0	27.0	29.0	30.2	29.0	39.9	37.3	33.3
Good to excellent	17.2	16.3	16.6	48.4	47.5	49.8	23.3	25.5	23.2	11.1	10.7	10.4

See footnotes at end of table.

Table 78 (page 3 of 3). Health care visits to doctor offices, emergency departments, and home visits within the past 12 months, by selected characteristics: United States, selected years 1997–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#078>.

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

Characteristic	Number of health care visits ¹											
	None			1–3 visits			4–9 visits			10 or more visits		
	1997	2010	2012	1997	2010	2012	1997	2010	2012	1997	2010	2012
Disability measure among adults 18 years of age and over ^{3,8}												
Percent distribution												
Any basic actions difficulty or complex activity limitation	11.1	11.5	11.1	32.0	30.9	32.3	27.9	29.3	27.5	29.1	28.3	29.1
Any basic actions difficulty	11.1	11.5	11.1	31.9	30.3	32.1	27.5	29.2	27.8	29.4	29.0	29.0
Any complex activity limitation	7.1	6.9	7.6	23.7	23.0	23.2	27.5	29.1	27.4	41.7	41.0	41.8
No disability	20.9	20.5	21.4	49.6	47.5	49.7	20.8	23.4	20.7	8.7	8.5	8.2
Geographic region ³												
Northeast	13.2	12.6	13.2	45.9	46.3	49.2	26.0	26.4	24.8	14.9	14.7	12.8
Midwest	15.9	13.4	14.4	47.7	46.8	49.0	22.8	26.4	23.1	13.6	13.3	13.4
South	17.2	16.1	16.5	46.1	44.2	46.4	23.3	26.6	24.3	13.5	13.2	12.7
West	19.1	19.1	18.9	44.8	45.2	46.8	22.8	23.5	22.1	13.3	12.2	12.2
Location of residence ³												
Within MSA ⁹	16.2	15.6	15.8	46.4	45.8	48.0	23.7	25.6	23.5	13.7	13.0	12.6
Outside MSA ⁹	17.3	15.9	16.9	45.4	42.7	45.0	23.3	27.0	24.2	13.9	14.4	13.9

--- Data not available.

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

¹This table presents a summary measure of the number of visits to hospital emergency departments, home visits by a nurse or other health care professional, and visits to doctor offices, clinics, or some other place during a 12-month period. See [Appendix II, Emergency department or emergency room visit; Health care contact; Home visit](#).

²Includes all other races not shown separately, unknown health insurance status, and unknown disability status.

³Estimates are age-adjusted to the year 2000 standard population using six age groups: Under 18 years, 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. The disability measure is age-adjusted using the five adult age groups. See [Appendix II, Age adjustment](#).

⁴The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Prior to 1999, data were tabulated according to the 1977 Standards with four racial groups, and the Asian only category included Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁵Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed for 1997 and beyond. See [Appendix II, Family income; Poverty; Table VI](#).

⁶Estimates for persons under age 65 are age-adjusted to the year 2000 standard population using four age groups: Under 18 years, 18–44 years, 45–54 years, and 55–64 years. See [Appendix II, Age adjustment](#).

⁷Health insurance categories are mutually exclusive. Persons who reported both Medicaid and private coverage are classified as having private coverage. Starting with 1997 data, state-sponsored health plan coverage is included as Medicaid coverage. Starting with 1999 data, coverage by the Children's Health Insurance Program (CHIP) is included with Medicaid coverage. In addition to private and Medicaid, the insured category also includes military plans, other government-sponsored health plans, and Medicare, not shown separately. Persons not covered by private insurance, Medicaid, CHIP, state-sponsored or other government-sponsored health plans (starting in 1997), Medicare, or military plans are considered to have no health insurance coverage. Persons with only Indian Health Service coverage are considered to have no health insurance coverage. See [Appendix II, Health insurance coverage](#).

⁸Any basic actions difficulty or complex activity limitation is defined as having one or more of the following limitations or difficulties: movement difficulty, emotional difficulty, sensory (seeing or hearing) difficulty, cognitive difficulty, self-care (activities of daily living or instrumental activities of daily living) limitation, social limitation, or work limitation. For more information, see [Appendix II, Basic actions difficulty; Complex activity limitation](#). Starting with 2007 data, the hearing question, a component of the basic actions difficulty measure, was revised. Consequently, data prior to 2007 are not comparable with data for 2007 and beyond. For more information on the impact of the revised hearing question, see [Appendix II, Hearing trouble](#).

⁹MSA is metropolitan statistical area. Starting with 2006 data, MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2006, see [Appendix II, Metropolitan statistical area \(MSA\)](#) for the applicable standards.

NOTES: In 1997, the National Health Interview Survey questionnaire was redesigned. See [Appendix I, National Health Interview Survey \(NHIS\)](#). Standard errors are available in the spreadsheet version of this table. See <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Health Interview Survey, family core and sample adult questionnaires. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 79 (page 1 of 3). Vaccination coverage for selected diseases among children aged 19–35 months, by race, Hispanic origin, poverty level, and location of residence in metropolitan statistical area: United States, selected years 1995–2012

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#079>.

[Data are based on telephone interviews of a sample of the civilian noninstitutionalized population, supplemented by a survey of immunization providers for interview participants]

Vaccination and year	Race and Hispanic origin ¹							Poverty level	Location of residence				
	Not Hispanic or Latino							At or above poverty level	Inside MSA ²				
	All	White	Black or African American	American Indian or Alaska Native	Asian ³	Native Hawaiian or Other Pacific Islander ³	2 or more races or Latino		Below poverty level	Central city	Remaining area	Outside MSA ²	
Percent of children aged 19–35 months													
Combined series (4:3:1:3*:3:1:4): ⁴													
2009	44	45	40	*	39	*	41	46	41	46	45	45	42
2010	57	57	55	64	59	*	61	56	53	59	57	57	55
2011	69	69	64	66	71	*	71	70	64	72	70	68	67
2012	68	69	65	*	72	*	72	68	63	72	67	69	68
DTP/DT/DTaP (4 doses or more): ⁵													
1995	78	80	74	71	84	*	---	75	71	81	77	79	78
2000	82	84	76	75	85	*	---	79	76	84	80	83	83
2005	86	87	84	*	89	*	86	84	82	87	85	87	85
2006	85	87	81	83	86	*	84	85	81	87	84	86	85
2007	85	85	82	86	88	*	84	84	81	86	85	85	83
2008	85	85	80	82	92	*	88	85	80	87	85	85	82
2009	84	86	79	82	87	93	82	83	80	86	84	84	84
2010	84	85	84	82	88	*	83	84	81	86	84	85	84
2011	85	85	81	73	92	93	87	84	81	87	86	84	82
2012	83	84	80	88	88	*	86	81	79	85	82	83	81
Polio (3 doses or more):													
1995	88	89	84	86	90	*	---	87	85	89	87	88	89
2000	90	91	87	90	93	*	---	88	87	90	88	90	91
2005	92	91	91	*	93	*	94	92	90	92	91	93	92
2006	93	93	90	91	92	96	92	93	92	93	93	93	93
2007	93	93	91	95	95	87	92	93	92	93	92	93	94
2008	94	94	92	91	97	*	94	94	92	94	94	94	93
2009	93	93	91	92	94	97	93	93	92	93	94	92	92
2010	93	93	94	95	93	95	90	94	92	94	93	94	93
2011	94	94	94	88	97	97	94	94	94	94	94	93	94
2012	93	93	93	95	92	*	93	93	92	93	93	93	93
Measles, Mumps, Rubella:													
1995	90	91	87	88	95	*	---	88	86	91	90	90	89
2000	91	92	88	87	90	*	---	90	89	91	90	91	91
2005	92	91	92	90	92	90	94	91	89	92	92	92	90
2006	92	93	91	89	95	94	91	92	91	93	93	93	92
2007	92	92	92	96	94	88	95	93	91	93	92	93	92
2008	92	91	92	96	95	97	94	93	92	92	93	92	90
2009	90	91	88	95	91	97	89	89	89	91	91	89	89
2010	92	91	92	93	92	97	90	93	91	91	92	91	91
2011	92	91	91	95	94	99	91	92	91	92	92	91	92
2012	91	91	91	92	90	*	92	91	90	91	90	91	92
Hib (full series): ⁶													
2009	55	55	51	*	55	*	54	55	51	57	56	55	53
2010	67	68	65	77	70	*	70	65	61	70	67	68	63
2011	80	81	75	74	84	*	82	82	76	83	81	80	78
2012	81	82	78	85	86	*	83	80	76	84	81	82	80

See footnotes at end of table.

Table 79 (page 2 of 3). Vaccination coverage for selected diseases among children aged 19–35 months, by race, Hispanic origin, poverty level, and location of residence in metropolitan statistical area: United States, selected years 1995–2012

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#079>.

[Data are based on telephone interviews of a sample of the civilian noninstitutionalized population, supplemented by a survey of immunization providers for interview participants]

Vaccination and year	Race and Hispanic origin ¹							Poverty level	Location of residence				
	Not Hispanic or Latino							At or above poverty level	Inside MSA ²				
	All	White	Black or African American	American Indian or Alaska Native	Asian ³	Native Hawaiian or Other Pacific Islander ³	2 or more races or Latino		Central city	Remaining area	Outside MSA ²		
Percent of children aged 19–35 months													
Hepatitis A (2 doses or more):													
2008	40	---	---	---	---	---	---	---	---	---	---	---	---
2009	47	46	41	33	51	*	48	49	47	46	48	47	47
2010	50	46	49	*	51	*	50	57	51	49	52	49	45
2011	52	50	51	*	57	*	50	56	51	53	55	51	48
2012	53	53	52	*	58	*	49	54	49	55	55	53	48
Hepatitis B (3 doses or more):													
1995	68	68	66	52	80	*	---	70	65	69	69	71	59
2000	90	91	89	91	91	*	---	88	87	91	89	90	92
2005	93	93	93	90	93	*	94	93	91	94	92	94	93
2006	93	94	92	95	92	97	92	94	93	94	93	94	93
2007	93	93	91	97	94	*	92	94	92	93	92	93	94
2008	94	93	92	92	98	*	95	94	91	94	93	94	93
2009	92	92	92	93	93	96	93	93	92	93	93	92	92
2010	92	91	92	97	92	97	90	93	92	92	91	92	93
2011	91	90	92	93	96	91	91	92	92	91	91	91	93
2012	90	89	90	94	93	*	92	89	89	90	90	90	91
Varicella: ⁷													
1998	43	42	42	28	53	*	---	47	41	44	45	45	34
2000	68	66	67	62	77	*	---	70	64	69	69	70	60
2005	88	86	91	82	92	*	90	89	87	88	88	88	86
2006	89	89	89	85	93	90	91	90	88	90	90	90	86
2007	90	89	90	95	94	89	92	91	89	90	90	90	89
2008	91	90	90	94	94	92	91	92	90	91	92	90	88
2009	90	89	88	89	90	98	91	91	89	90	91	89	89
2010	90	89	92	96	93	93	89	92	90	91	91	90	90
2011	91	90	91	90	94	99	92	92	90	91	91	91	90
2012	90	90	90	93	92	*	91	91	90	91	90	90	91
PCV (4 doses or more): ⁸													
2005	54	57	46	*	56	*	54	51	45	57	52	58	48
2006	68	71	61	63	65	*	71	67	62	71	69	71	62
2007	75	77	70	80	75	*	74	75	73	76	75	77	71
2008	80	81	76	71	82	*	85	79	74	83	81	81	75
2009	80	83	73	76	73	*	73	81	75	83	80	82	82
2010	83	84	80	85	79	*	83	84	79	86	83	84	83
2011	84	85	81	75	85	93	84	85	81	87	85	85	82
2012	82	84	77	*	81	*	84	82	77	85	80	84	81
Rotavirus vaccine: ⁹													
2009	44	46	38	*	42	*	38	44	38	47	45	47	36
2010	59	60	53	*	63	*	58	61	52	63	59	62	52
2011	67	68	63	58	67	*	68	68	61	71	69	67	63
2012	69	71	60	*	70	*	69	70	63	73	69	71	63

See footnotes at end of table.

Table 79 (page 3 of 3). Vaccination coverage for selected diseases among children aged 19–35 months, by race, Hispanic origin, poverty level, and location of residence in metropolitan statistical area: United States, selected years 1995–2012

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#079>.

[Data are based on telephone interviews of a sample of the civilian noninstitutionalized population, supplemented by a survey of immunization providers for interview participants]

Vaccination and year	Not Hispanic or Latino					
	White		Black or African American		Hispanic or Latino	
	Below poverty level	At or above poverty level	Below poverty level	At or above poverty level	Below poverty level	At or above poverty level
Percent of children aged 19–35 months						
Combined series (4:3:1:3*:3:1:4): ⁴						
2009	43	46	38	44	44	49
2010	49	59	53	56	55	55
2011	60	72	61	68	68	71
2012	58	72	63	69	68	68

--- Data not available.

* Estimates are considered unreliable. For data prior to 2007, percents not shown if the unweighted sample size for the numerator was less than 30, or the confidence interval half-width divided by the estimate was greater than 50%, or the confidence interval half-width was greater than 10. Starting with 2007 data, percents not shown if the unweighted sample size for the denominator was less than 30, or the confidence interval half-width divided by the estimate was greater than 60%, or the confidence interval half-width was greater than 10.

¹Persons of Hispanic origin may be of any race. Starting with 2002 data, estimates were tabulated using the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity*. Estimates for earlier years were tabulated using the 1977 Standards on Race and Ethnicity. See [Appendix II, Hispanic origin; Race](#).

²MSA is metropolitan statistical area. See [Appendix II, Metropolitan statistical area \(MSA\)](#).

³Prior to data year 2002, the category Asian included Native Hawaiian and Other Pacific Islander.

⁴The 4:3:1:3*:3:1:4 combined series consists of 4 or more doses of diphtheria and tetanus toxoids and pertussis vaccine (DTP), diphtheria and tetanus toxoids (DT), or diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP); 3 or more doses of any poliovirus vaccine; 1 or more doses of a measles-containing vaccine (MCV); 3 or more doses or 4 or more doses of *Haemophilus influenzae* type b vaccine (Hib) depending on Hib vaccine product type (primary series plus booster dose); 3 or more doses of hepatitis B vaccine; 1 or more doses of varicella vaccine; and 4 or more doses of pneumococcal conjugate vaccine (PCV). The vaccine shortage that ended in September 2004 might have reduced coverage with the fourth dose of PCV among children in the 2007 National Immunization Survey (NIS) cohort. Also see footnote 6 for additional information on (Hib) vaccination.

⁵Diphtheria and tetanus toxoids and pertussis vaccine (DTP), diphtheria and tetanus toxoids (DT), and diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).

⁶*Haemophilus influenzae* type b vaccine (Hib) full series includes primary series plus the booster dose. Before January 2009, NIS did not distinguish between Hib vaccine product types; therefore, children who received 3 doses of a vaccine product that requires 4 doses were misclassified as fully vaccinated. In addition, there was a Hib vaccine shortage during December 2007–September 2009. For more information, see Changes in measurement of *Haemophilus influenzae* serotype b (Hib) vaccination coverage—National Immunization Survey, United States, 2009. MMWR 59(33); 1069–72. Available from: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5933a3.htm?s_cid=mm5933a3_e%0d%0a.

⁷Recommended in 1996. Data collection for varicella began in July 1996.

⁸PCV is pneumococcal conjugate vaccine. Recommended in 2000. Data collection for PCV began in July 2001. Data for 4 doses of PCV are not available prior to 2005.

⁹Rotavirus vaccine includes 2 or more or 3 or more doses, depending on the product type received.

NOTES: Final estimates from the National Immunization Survey include an adjustment for children with missing immunization provider data. Poverty level is based on family income and family size using U.S. Census Bureau poverty thresholds. In 2012, 3.2% of the 16,687 children with provider-reported vaccination history data, 4.7% of Hispanic, 2.4% of non-Hispanic white, and 4.0% of non-Hispanic black children were missing information about poverty level and were omitted from the estimates of vaccination coverage by poverty level (unweighted percentages). See [Appendix II, Poverty](#). See [Appendix I, National Immunization Survey \(NIS\)](#). Additional information on childhood immunizations is available from: <http://www.cdc.gov/vaccines/schedules/index.html>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS and National Center for Immunization and Respiratory Diseases, National Immunization Survey. Available from: <http://www.cdc.gov/vaccines/stats-surv/imz-coverage.htm#nis> and <http://www.cdc.gov/nchs/nis.htm>. See [Appendix I, National Immunization Survey \(NIS\)](#).

Table 80 (page 1 of 2). Vaccination coverage for selected diseases among adolescents aged 13–17, by selected characteristics: United States, 2006–2012

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2013.htm#080>.

[Data are based on telephone interviews of a sample of the civilian noninstitutionalized population, supplemented by a survey of immunization providers for interview participants]

Vaccination coverage	2006 ¹	2007 ¹	2008	2009	2010	2011	2012			
Percent of adolescents aged 13–17										
Measles, mumps, rubella (2 doses or more) . . .	86.9	88.9	89.3	89.1	90.5	91.1	91.4			
Hepatitis B (3 doses or more)	81.3	87.6	87.9	89.9	91.6	92.3	92.8			
History of varicella or received varicella vaccine (2 doses or more) ²	---	---	73.5	75.7	76.8	79.9	82.6			
Td or Tdap (1 dose or more) ³	60.1	72.3	72.2	76.2	81.2	85.3	88.5			
Tdap (1 dose or more) ³	10.8	30.4	40.8	55.6	68.7	78.2	84.6			
Meningococcal conjugate vaccine (MenACWY) (1 dose or more) ⁴	11.7	32.4	41.8	53.6	62.7	70.5	74.0			
Human papillomavirus (HPV) (1 dose or more among females)	---	25.1	37.2	44.3	48.7	53.0	53.8			
Human papillomavirus (HPV) (3 doses or more among females)	---	---	17.9	26.7	32.0	34.8	33.4			
Human papillomavirus (HPV) (1 dose or more among males) . . . . .	...	...	...	...	...	8.3	20.8			
Human papillomavirus (HPV) (3 doses or more among males) . . . . .	...	...	...	...	...	1.3	6.8			
	<i>Race and Hispanic origin⁵</i>				<i>Poverty level⁶</i>		<i>Location of residence</i>			
	<i>Not Hispanic or Latino</i>					<i>Inside MSA⁷</i>				
<i>Vaccination coverage, 2012</i>	<i>White</i>	<i>Black or African American</i>	<i>American Indian or Alaska Native</i>	<i>Asian</i>	<i>Hispanic or Latino</i>	<i>Below poverty level</i>	<i>At or above poverty level</i>	<i>Central city</i>	<i>Remaining area</i>	<i>Outside MSA⁷</i>
Percent of adolescents aged 13–17										
Measles, mumps, rubella (2 doses or more) . . .	92.4	91.4	95.9	90.4	89.1	89.7	92.0	91.1	91.4	92.2
Hepatitis B (3 doses or more)	93.7	92.5	94.1	92.0	91.1	91.3	93.3	92.5	93.1	92.7
Varicella (2 doses or more) ²	74.0	75.2	78.4	79.4	76.3	72.0	75.8	76.4	77.1	62.8
Td or Tdap (1 dose or more) ³	87.9	87.7	93.8	92.8	89.6	88.1	88.6	90.1	89.2	82.3
Tdap (1 dose or more) ³	84.4	83.7	89.5	84.9	85.4	83.6	85.1	85.8	85.8	77.9
Meningococcal conjugate vaccine (MenACWY) (1 dose or more) ⁴	71.3	75.8	82.0	79.4	77.6	73.2	74.1	77.2	75.7	60.9
Human papillomavirus (HPV) (1 dose or more among females)	51.1	50.1	67.7	55.9	62.9	64.9	50.4	55.5	53.2	51.3
Human papillomavirus (HPV) (3 doses or more among females)	33.7	29.0	36.8	33.8	35.5	36.2	32.5	34.5	33.5	30.3
Human papillomavirus (HPV) (1 dose or more among males)	15.2	25.9	24.9	22.3	31.7	29.9	17.3	24.8	19.7	14.6
Human papillomavirus (HPV) (3 doses or more among males)	4.6	5.4	*	*	12.9	10.7	5.5	8.1	6.5	4.5

--- Data not available.

... Category not applicable.

* Estimates are not reliable and not shown if the unweighted sample size for the denominator is less than 30 or the confidence interval half-width divided by the estimate is greater than 0.588.

¹For 2006 and 2007, data were only collected in the 4th quarter of the year. Starting with 2008, data were collected for the entire year.

²Varicella is chickenpox.

³Td or Tdap refers to tetanus toxoid-diphtheria vaccine (Td) or tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine (Tdap) received since the age of 10 years.

⁴Includes persons receiving MenACWY or meningococcal-unknown type vaccine.

⁵Persons of Hispanic origin may be of any race. Estimates were tabulated using the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity*. Data for Native Hawaiian and Other Pacific Islander persons and persons of multiple races were not included because of small sample sizes. See [Appendix II, Hispanic origin; Race](#).

⁶Poverty level is based on family income and family size using U.S. Census Bureau poverty thresholds. In 2012, less than 3.1% (unweighted) of adolescents with provider-reported vaccination data were missing information about poverty level and were not included in the estimates of vaccination coverage by poverty level. See [Appendix II, Poverty](#).

⁷MSA is metropolitan statistical area. See [Appendix II, Metropolitan statistical area \(MSA\)](#).

See notes at end of table.

Table 80 (page 2 of 2). Vaccination coverage for selected diseases among adolescents aged 13–17, by selected characteristics: United States, 2006–2012

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2013.htm#080>.

[Data are based on telephone interviews of a sample of the civilian noninstitutionalized population, supplemented by a survey of immunization providers for interview participants]

NOTES: Vaccination coverage estimates are based on provider-verified responses from parents who live in households with telephones. Complex statistical methods are used to adjust vaccination estimates to account for adolescents whose parents refuse to participate in the survey, for adolescents who live in households without telephones, or for adolescents whose vaccination histories cannot be verified through their providers. Detailed vaccination data among adolescents, by race and Hispanic origin, percent of poverty level, and MSA were not available prior to 2008. Interpretation of vaccination data needs to take into account when specific vaccines were licensed and recommended for use among adolescents. Quadrivalent HPV vaccine was licensed by the U.S. Food and Drug Administration (FDA) in June 2006. For the initial recommendations on HPV vaccination, see: CDC. Quadrivalent human papillomavirus vaccine: Recommendations of the Advisory Committee on Immunization Practices. MMWR 2007;56(RR-02):1–24. Available from: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5602a1.htm?s_cid=rr5602a1_e; HPV vaccine was recommended for males in October 2011. CDC. Recommendations on the use of quadrivalent human papillomavirus vaccine in males—Advisory Committee on Immunization Practices (ACIP), 2011. MMWR 2011;60(50):1705–8. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6050a3.htm>. Meningococcal vaccine was licensed for use by the FDA in January 2005. For the initial recommendations on meningococcal vaccination, see: CDC. Prevention and control of meningococcal disease: Recommendations of the Advisory Committee on Immunization Practices. MMWR 2005;54(RR-07):1–21. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5407a1.htm>. Tdap vaccines were licensed by the FDA in May and June of 2005. For the initial recommendations on Tdap vaccination, see: CDC. Preventing tetanus, diphtheria, and pertussis among adolescents: Use of tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccines. Recommendations of the Advisory Committee on Immunization Practices. MMWR 2006;55(RR-03):1–34. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5503a1.htm>. See [Appendix I, National Immunization Survey \(NIS\)](#). Additional information on the recommended schedule for adolescent vaccination is available from: <http://www.cdc.gov/vaccines/schedules/index.html>.

SOURCE: CDC/NCHS and National Center for Immunization and Respiratory Diseases, National Immunization Survey—Teen. Available from: <http://www.cdc.gov/vaccines/stats-surv/imz-coverage.htm#nis-tables>. See [Appendix I, National Immunization Survey \(NIS\)](#).

Table 81 (page 1 of 2). Influenza vaccination among adults aged 18 and over, by selected characteristics: United States, selected years 1989–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#081>.

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

Characteristic	1989	1995	2000	2002	2005	2009	2010	2011	2012
Percent receiving influenza vaccination during past 12 months ¹									
18 years and over, age-adjusted ^{2,3}	9.6	23.7	28.7	28.3	21.6	34.1	35.1	37.1	36.6
18 years and over, crude ³	9.1	23.0	28.4	28.0	21.4	34.7	35.8	37.9	37.7
Age									
18–49 years	3.4	13.1	17.1	16.2	10.7	23.0	25.2	27.2	26.3
50 years and over	19.9	41.9	47.9	47.7	38.1	51.1	50.5	52.4	52.4
50–64 years	10.6	27.0	34.6	34.0	23.0	40.7	41.6	42.7	42.8
65 years and over	30.4	58.2	64.4	65.7	59.7	66.8	63.9	66.9	66.5
65–74 years	28.0	54.9	61.1	60.9	53.7	61.5	60.5	63.0	62.6
75 years and over	34.2	63.0	68.4	71.3	66.3	73.2	68.2	71.9	71.7
50 years and over									
Sex									
Male	19.2	40.2	45.9	45.1	34.7	49.2	47.4	49.3	48.8
Female	20.6	43.4	49.5	49.8	40.9	52.8	53.2	55.1	55.6
Race ⁴									
White only	20.9	43.6	49.8	49.4	39.7	52.4	51.5	53.8	53.7
Black or African American only	12.5	28.2	33.2	36.2	26.9	41.7	40.4	40.8	43.0
American Indian or Alaska Native only	26.2	*	43.6	*37.6	*22.9	42.8	54.7	51.2	50.9
Asian only	*9.2	35.6	43.3	39.5	30.6	50.4	55.9	53.4	52.3
Native Hawaiian or Other Pacific Islander only	---	---	*	*	*	*	*	*	*
2 or more races	---	---	50.7	47.9	30.4	47.7	49.8	47.7	46.8
Hispanic origin and race ⁴									
Hispanic or Latino	13.2	33.8	34.4	33.7	24.7	40.3	40.6	43.2	42.9
Mexican	13.0	35.4	33.0	33.9	26.1	40.4	41.3	44.9	42.7
Not Hispanic or Latino	20.3	42.4	48.8	48.7	39.1	52.1	51.5	53.3	53.4
White only	21.3	44.3	50.6	50.3	41.0	53.7	52.7	54.9	54.9
Black or African American only	12.4	28.5	33.2	36.5	26.9	41.7	40.0	41.0	43.2
Percent of poverty level ⁵									
Below 100%	19.6	39.7	44.1	41.9	35.8	45.2	37.5	42.8	42.9
100%–199%	24.0	43.2	50.7	49.8	41.2	49.4	47.6	50.4	49.4
200%–399%	20.5	43.7	51.5	52.1	42.1	52.6	51.2	53.9	52.3
400% or more	17.5	39.3	44.3	44.6	33.9	52.0	54.3	54.5	56.0
Hispanic origin and race and percent of poverty level ^{4,5}									
Hispanic or Latino:									
Below 100%	12.7	29.7	35.8	36.6	22.3	42.2	36.3	37.9	39.0
100%–199%	20.4	34.7	35.6	32.6	27.5	32.4	36.6	43.2	39.6
200%–399%	12.7	34.2	33.7	38.1	22.3	41.1	41.8	43.7	43.6
400% or more	*9.8	39.1	32.2	27.5	26.6	48.7	47.7	47.8	50.2
Not Hispanic or Latino:									
White only:									
Below 100%	22.5	44.4	48.6	42.7	42.2	49.8	38.7	46.1	45.4
100%–199%	26.1	46.7	54.8	54.2	46.1	54.3	51.1	53.0	53.0
200%–399%	21.6	45.4	54.6	55.6	46.4	55.0	53.4	56.4	54.5
400% or more	18.1	40.8	46.0	46.2	35.1	53.3	54.9	56.0	57.1
Black or African American only:									
Below 100%	14.6	31.8	35.5	41.8	28.9	37.8	32.4	36.4	39.4
100%–199%	12.0	28.3	37.9	39.4	27.4	41.8	39.2	42.3	42.9
200%–399%	14.1	29.0	31.0	32.5	25.7	45.1	42.6	43.5	43.7
400% or more	*8.8	*20.0	28.7	34.0	26.2	41.0	44.4	40.6	46.1

See footnotes at end of table.

Table 81 (page 2 of 2). Influenza vaccination among adults aged 18 and over, by selected characteristics: United States, selected years 1989–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#081>.

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

Characteristic	1989	1995	2000	2002	2005	2009	2010	2011	2012
Disability measure ⁶ Percent receiving influenza vaccination during past 12 months¹									
Any basic actions difficulty or complex activity limitation	---	---	55.2	55.1	46.5	56.9	54.5	58.6	57.7
Any basic actions difficulty	---	---	55.3	55.6	46.7	57.1	54.8	59.0	57.8
Any complex activity limitation	---	---	57.1	56.4	50.3	58.8	55.3	60.3	60.0
No disability	---	---	41.3	40.4	29.7	46.0	47.0	46.7	47.8
Geographic region									
Northeast	17.9	39.7	45.9	47.2	38.4	52.0	52.4	54.0	54.0
Midwest	20.0	43.2	49.3	49.6	39.9	52.9	51.8	51.7	53.9
South	20.2	41.4	46.8	46.5	37.3	50.9	49.3	52.7	51.8
West	21.8	43.8	50.1	48.1	36.8	48.8	49.5	51.2	50.7
Location of residence									
Within MSA ⁷	18.9	41.6	47.1	47.1	37.2	51.0	50.8	52.3	52.2
Outside MSA ⁷	23.3	42.9	50.2	49.7	41.0	51.6	49.3	52.7	53.6

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

--- Data not available.

¹Questions concerning use of influenza vaccination differed slightly on the National Health Interview Survey across the years for which data are shown. See [Appendix II, Vaccination](#).

²Estimates are age-adjusted to the year 2000 standard population using four age groups: 18–49 years, 50–64 years, 65–74 years, and 75 years and over. See [Appendix II, Age adjustment](#).

³Includes all other races not shown separately, unknown disability status, and unknown poverty level in 1989.

⁴The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Prior to 1999, data were tabulated according to the 1977 Standards with four racial groups, and the Asian only category included Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁵Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Poverty level was unknown for 11% of persons aged 18 and over in 1989. Missing family income data were imputed for 1991 and beyond. See [Appendix II, Family income; Poverty; Table VI](#).

⁶Any basic actions difficulty or complex activity limitation is defined as having one or more of the following limitations or difficulties: movement difficulty, emotional difficulty, sensory (seeing or hearing) difficulty, cognitive difficulty, self-care (activities of daily living or instrumental activities of daily living) limitation, social limitation, or work limitation. For more information, see [Appendix II, Basic actions difficulty; Complex activity limitation](#). Starting with 2007 data, the hearing question, a component of the basic actions difficulty measure, was revised. Consequently, data prior to 2007 are not comparable with data for 2007 and beyond. For more information on the impact of the revised hearing question, see [Appendix II, Hearing trouble](#).

⁷MSA is metropolitan statistical area. Starting with 2006 data, MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2006, see [Appendix II, Metropolitan statistical area \(MSA\)](#) for the applicable standards.

NOTES: In 2000, CDC's Advisory Committee on Immunization Practices (ACIP) recommended universal influenza vaccination for persons aged 50 and over. Medicare reimbursement for the costs of the vaccine and its administration began in 1993. For current ACIP recommendation, see:

<http://www.cdc.gov/flu/professionals/acip/index.htm>. Standard errors for selected years are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Health Interview Survey. Data are from the following questionnaire supplements: immunization (1981), health promotion and disease prevention (1991), and the year 2000 objectives (1993–1995). Starting in 1997, data are from the sample adult questionnaire. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 82 (page 1 of 2). Pneumococcal vaccination among adults aged 18 and over, by selected characteristics: United States, selected years 1989–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#082>.

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

Characteristic	1989	1995	2000	2002	2005	2009	2010	2011	2012
Percent of adults ever receiving pneumococcal vaccination ¹									
18 years and over, age-adjusted ^{2,3}	4.6	12.0	15.4	16.4	16.7	19.0	19.0	20.4	19.8
18 years and over, crude ³	4.4	11.7	15.1	16.0	16.5	19.3	19.6	21.1	20.7
Age									
18–49 years	2.1	6.5	5.4	5.6	5.8	7.5	7.3	8.8	8.7
50–64 years	4.4	10.0	14.7	16.3	17.1	19.2	21.0	20.9	20.0
65 years and over	14.1	34.0	53.1	56.0	56.2	60.6	59.7	62.3	59.9
65–74 years	13.1	31.4	48.2	50.2	49.4	54.6	54.6	56.0	55.0
75 years and over	15.7	37.8	59.1	62.8	63.9	68.0	66.0	70.0	66.4
High-risk group ⁴									
Total, 18–64 years	---	---	18.3	19.2	22.6	17.4	18.3	20.0	19.9
18–49 years	---	---	12.2	10.7	15.0	11.2	10.6	13.6	13.0
50–64 years	---	---	26.0	28.8	30.6	28.2	30.8	30.1	30.5
65 years and over									
Sex									
Male	13.9	34.6	52.1	55.9	53.4	59.2	57.6	59.5	55.8
Female	14.3	33.6	53.9	56.1	58.4	61.7	61.3	64.5	63.1
Race ⁵									
White only	14.8	35.3	55.6	58.7	58.4	63.1	61.6	64.7	62.3
Black or African American only	6.4	21.9	30.6	37.0	40.2	44.2	45.5	47.5	46.0
American Indian or Alaska Native only	31.2	*	70.1	*	*	*	*48.5	53.0	*36.3
Asian only	*	*23.4	40.9	32.6	35.0	44.8	47.9	40.3	41.1
Native Hawaiian or Other Pacific Islander only	---	---	*	*	*	*	*	*	*
2 or more races	---	---	55.6	52.8	64.8	67.9	65.5	77.1	45.4
Hispanic origin and race ⁵									
Hispanic or Latino	9.8	23.2	30.4	27.1	27.5	40.1	39.0	43.1	43.4
Mexican	12.9	*18.8	32.0	30.0	31.3	42.8	41.4	47.1	45.5
Not Hispanic or Latino	14.3	34.5	54.4	57.7	58.1	62.2	61.3	63.8	61.2
White only	15.0	35.9	56.8	60.4	60.6	64.8	63.5	66.5	64.0
Black or African American only	6.2	21.8	30.6	37.0	40.4	44.7	46.2	47.6	46.1
Percent of poverty level ⁶									
Below 100%	11.2	28.7	40.6	42.6	46.7	48.5	42.6	49.6	39.5
100%–199%	15.1	30.7	51.4	54.6	54.5	60.6	57.2	60.3	59.8
200%–399%	15.1	36.1	55.8	59.1	60.8	62.9	62.2	63.4	63.6
400% or more	15.5	39.5	56.9	59.2	55.3	61.5	64.0	66.4	61.4
Hispanic origin and race and percent of poverty level ^{5,6}									
Hispanic or Latino:									
Below 100%	*	*14.1	23.8	20.1	20.9	32.6	30.2	34.8	30.9
100%–199%	*11.0	*15.6	32.3	25.1	26.9	41.8	36.9	49.3	42.0
200%–399%	*11.1	*34.4	37.6	31.8	35.2	40.0	45.8	39.2	54.5
400% or more	*	*55.1	*26.4	*37.4	*25.2	49.1	43.0	49.1	46.4
Not Hispanic or Latino:									
White only:									
Below 100%	13.3	32.5	47.9	51.5	55.6	61.0	51.1	60.3	46.5
100%–199%	16.0	33.5	56.1	59.9	60.5	66.3	61.3	64.6	66.1
200%–399%	15.7	37.1	57.6	62.5	64.1	66.3	64.9	66.9	65.9
400% or more	15.9	39.3	59.5	60.6	57.4	62.9	66.0	68.6	63.5
Black or African American only:									
Below 100%	*5.0	*22.6	28.8	27.8	42.3	33.8	34.9	39.5	36.1
100%–199%	7.8	*20.9	28.1	40.7	36.6	46.9	46.4	45.6	44.5
200%–399%	*5.9	*21.7	35.5	34.7	41.6	49.3	51.8	54.2	54.1
400% or more	*	*	*32.6	49.6	44.6	45.8	50.1	49.1	45.4

See footnotes at end of table.

Table 82 (page 2 of 2). Pneumococcal vaccination among adults aged 18 and over, by selected characteristics: United States, selected years 1989–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#082>.

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

Characteristic	1989	1995	2000	2002	2005	2009	2010	2011	2012
Percent of adults ever receiving pneumococcal vaccination ¹									
Any basic actions difficulty or complex activity limitation ⁷	---	---	56.6	59.6	61.6	65.9	63.9	67.0	65.4
Any basic actions difficulty or complex activity limitation	---	---	56.6	59.6	61.6	65.9	63.9	67.0	65.4
Any basic actions difficulty	---	---	56.8	59.6	61.6	66.0	64.2	67.3	66.0
Any complex activity limitation	---	---	58.0	61.5	63.3	67.8	65.2	66.7	65.7
No disability	---	---	48.0	51.0	47.8	53.1	53.3	55.6	53.2
Geographic region									
Northeast	10.4	28.2	51.2	56.9	55.8	58.5	56.7	60.0	58.0
Midwest	13.7	31.0	52.6	55.8	58.5	58.4	61.2	65.6	63.8
South	14.9	35.9	51.3	54.2	57.4	61.9	60.9	63.2	59.5
West	17.9	41.1	59.7	59.3	51.4	63.0	58.9	59.5	58.2
Location of residence									
Within MSA ⁸	13.1	33.8	52.4	56.3	55.1	60.0	58.8	61.7	59.3
Outside MSA ⁸	17.1	34.8	55.4	55.3	59.8	62.9	63.3	64.6	62.4

--- Data not available.

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

¹ Respondents were asked, “Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person’s lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.”

² Estimates are age-adjusted to the year 2000 standard population using four age groups: 18–49 years, 50–64 years, 65–74 years, and 75 years and over. See [Appendix II, Age adjustment](#).

³ Includes all other races not shown separately, unknown poverty level in 1989, and unknown disability status.

⁴ High-risk group membership is based on recommendations of CDC’s Advisory Committee on Immunization Practices (ACIP). The high-risk group includes persons who reported diabetes, cancer, heart, lung, liver, or kidney disease. Starting in 2009, this definition was expanded to also include persons who reported asthma or cigarette smoking, to be consistent with the revised ACIP recommendation. For more information on high-risk groups, see the 2009 ACIP recommendation available from: <http://www.cdc.gov/mmwr/pdf/wk/mm5934.pdf>.

⁵ The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Prior to 1999, data were tabulated according to the 1977 Standards with four racial groups, and the Asian only category included Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁶ Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Poverty level was unknown for 11% of persons aged 18 and over in 1989. Missing family income data were imputed for 1991 and beyond. See [Appendix II, Family income; Poverty; Table VI](#).

⁷ Any basic actions difficulty or complex activity limitation is defined as having one or more of the following limitations or difficulties: movement difficulty, emotional difficulty, sensory (seeing or hearing) difficulty, cognitive difficulty, self-care (activities of daily living or instrumental activities of daily living) limitation, social limitation, or work limitation. For more information, see [Appendix II, Basic actions difficulty; Complex activity limitation](#). Starting with 2007 data, the hearing question, a component of the basic actions difficulty measure, was revised. Consequently, data prior to 2007 are not comparable with data for 2007 and beyond. For more information on the impact of the revised hearing question, see [Appendix II, Hearing trouble](#).

⁸ MSA is metropolitan statistical area. Starting with 2006 data, MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2006, see [Appendix II, Metropolitan statistical area \(MSA\)](#) for the applicable standards.

NOTES: In 1997, CDC’s Advisory Committee on Immunization Practices (ACIP) recommended universal pneumonia vaccination for adults aged 65 and over. A pneumococcal polysaccharide vaccine was first licensed in 1977. Medicare reimbursement for the costs of the vaccine and its administration began in 1981. CDC. Prevention of pneumococcal disease: Recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR* 1997;46(RR-08);1–24. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/00047135.htm>. For more information on the adult vaccination schedule, see: <http://www.cdc.gov/vaccines/schedules/index.html>. Standard errors for selected years are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Health Interview Survey. Data are from the following questionnaire supplements: immunization (1981), health promotion and disease prevention (1991), and the year 2000 objectives (1993–1995). Starting in 1997, data are from the sample adult questionnaire. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 83 (page 1 of 3). Use of mammography among women aged 40 and over, by selected characteristics: United States, selected years 1987–2010

Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#083>.

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

Characteristic	1987	1990	1993	1994	2000	2003	2005	2008	2010
Percent of women having a mammogram within the past 2 years ¹									
40 years and over, age-adjusted ^{2,3}	29.0	51.7	59.7	61.0	70.4	69.5	66.6	67.1	66.5
40 years and over, crude ²	28.7	51.4	59.7	60.9	70.4	69.7	66.8	67.6	67.1
50 years and over, age-adjusted ^{2,3}	27.3	49.8	59.7	60.9	73.7	72.4	68.2	70.3	68.8
50 years and over, crude ²	27.4	49.7	59.7	60.6	73.6	72.4	68.4	70.5	69.2
Age									
40–49 years	31.9	55.1	59.9	61.3	64.3	64.4	63.5	61.5	62.3
50–64 years	31.7	56.0	65.1	66.5	78.7	76.2	71.8	74.2	72.6
65 years and over	22.8	43.4	54.2	55.0	67.9	67.7	63.8	65.5	64.4
65–74 years	26.6	48.7	64.2	63.0	74.0	74.6	72.5	72.6	71.9
75 years and over	17.3	35.8	41.0	44.6	61.3	60.6	54.7	57.9	55.7
Race ⁴									
40 years and over, crude:									
White only	29.6	52.2	60.0	60.6	71.4	70.1	67.4	67.9	67.4
Black or African American only	24.0	46.4	59.1	64.3	67.8	70.4	64.9	68.0	67.9
American Indian or Alaska Native only	*	43.2	49.8	65.8	47.4	63.1	72.8	62.7	71.2
Asian only	*	46.0	55.1	55.8	53.5	57.6	54.6	66.1	62.4
Native Hawaiian or Other Pacific Islander only	---	---	---	---	*	*	*	*	*
2 or more races	---	---	---	---	69.2	65.3	63.7	55.2	51.4
Hispanic origin and race ⁴									
40 years and over, crude:									
Hispanic or Latina	18.3	45.2	50.9	51.9	61.2	65.0	58.8	61.2	64.2
Not Hispanic or Latina	29.4	51.8	60.3	61.5	71.1	70.1	67.5	68.3	67.4
White only	30.3	52.7	60.6	61.3	72.2	70.5	68.3	68.7	67.8
Black or African American only	23.8	46.0	59.2	64.4	67.9	70.5	65.2	68.3	67.4
Age, Hispanic origin, and race ⁴									
40–49 years:									
Hispanic or Latina	*15.3	45.1	52.6	47.5	54.1	59.4	54.2	54.1	59.8
Not Hispanic or Latina:									
White only	34.3	57.0	61.6	62.0	67.2	65.2	65.5	64.1	62.6
Black or African American only	27.8	48.4	55.6	67.2	60.9	68.2	62.1	59.5	63.5
50–64 years:									
Hispanic or Latina	23.0	47.5	59.2	60.1	66.5	69.4	61.5	71.3	68.6
Not Hispanic or Latina:									
White only	33.6	58.1	66.2	67.5	80.6	77.2	73.5	74.1	73.5
Black or African American only	26.4	48.4	65.5	63.6	77.7	76.2	71.6	76.7	74.0
65 years and over:									
Hispanic or Latina	*	41.1	*35.7	48.0	68.3	69.5	63.8	59.0	65.2
Not Hispanic or Latina:									
White only	24.0	43.8	54.7	54.9	68.3	68.1	64.7	66.1	65.0
Black or African American only	14.1	39.7	56.3	61.0	65.5	65.4	60.5	66.4	60.9
Age and percent of poverty level ⁵									
40 years and over, crude:									
Below 100%	14.6	30.8	41.1	44.2	54.8	55.4	48.5	51.4	51.4
100%–199%	20.9	39.1	47.5	48.6	58.1	60.8	55.3	55.8	53.8
200%–399%	29.7	53.3	63.2	65.0	68.8	69.9	67.2	64.4	66.2
400% or more	42.9	68.7	74.1	74.1	81.5	77.7	76.6	79.0	78.1
40–49 years:									
Below 100%	18.6	32.2	36.1	43.0	47.4	50.6	42.5	46.6	48.1
100%–199%	18.4	39.0	47.8	47.6	43.6	54.0	49.8	46.5	46.2
200%–399%	31.2	55.2	63.0	64.5	60.2	63.0	61.8	56.8	59.2
400% or more	44.1	68.9	69.6	69.9	75.8	71.6	73.6	72.5	73.6
50–64 years:									
Below 100%	14.6	29.9	47.3	46.2	61.7	58.3	50.4	57.5	54.7
100%–199%	24.2	39.8	47.0	49.0	68.3	64.0	58.8	58.9	57.3
200%–399%	29.7	56.2	66.1	69.6	75.1	74.1	70.7	69.8	70.7
400% or more	44.7	71.6	78.7	78.0	86.9	84.9	80.6	84.3	82.8
65 years and over:									
Below 100%	13.1	30.8	40.4	43.9	54.8	57.0	52.3	49.1	50.6
100%–199%	19.9	38.6	47.6	48.8	60.3	62.8	56.1	59.4	55.5
200%–399%	27.7	47.4	60.3	61.0	71.1	72.3	68.6	65.0	67.2
400% or more	34.7	61.2	71.3	73.0	81.9	73.0	72.6	78.3	74.5

See footnotes at end of table.

Table 83 (page 2 of 3). Use of mammography among women aged 40 and over, by selected characteristics: United States, selected years 1987–2010

Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#083>.

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

Characteristic	1987	1990	1993	1994	2000	2003	2005	2008	2010
Health insurance status at the time of interview ⁶									
Percent of women having a mammogram within the past 2 years ¹									
40–64 years:									
Insured	---	---	66.2	68.3	76.0	75.1	72.5	73.4	74.1
Private	---	---	67.1	69.4	77.1	76.3	74.5	74.2	75.6
Medicaid	---	---	51.9	54.5	61.7	63.5	55.6	64.2	64.4
Uninsured	---	---	36.0	34.0	40.7	41.5	38.1	39.7	36.0
Health insurance status prior to interview ⁶									
40–64 years:									
Insured continuously all 12 months	---	---	66.6	68.6	76.8	75.6	73.1	74.1	74.7
Uninsured for any period up to 12 months	---	---	49.4	49.9	53.0	56.0	51.3	55.3	57.3
Uninsured more than 12 months	---	---	28.4	26.6	34.0	37.0	32.9	34.6	30.0
Age and education ⁷									
40 years and over, crude:									
No high school diploma or GED	17.8	36.4	46.4	48.2	57.7	58.1	52.8	53.8	53.0
High school diploma or GED	31.3	52.7	59.0	61.0	69.7	67.8	64.9	65.2	64.4
Some college or more	37.7	62.8	69.5	69.7	76.2	75.1	72.7	73.4	72.1
40–49 years:									
No high school diploma or GED	15.1	38.5	43.6	50.4	46.8	53.3	51.2	46.9	44.9
High school diploma or GED	32.6	53.1	56.6	55.8	59.0	60.8	58.8	57.2	58.4
Some college or more	39.2	62.3	66.1	68.7	70.6	68.1	68.3	66.3	66.5
50–64 years:									
No high school diploma or GED	21.2	41.0	51.4	51.6	66.5	63.4	56.9	64.9	56.7
High school diploma or GED	33.8	56.5	62.4	67.8	76.6	71.8	70.1	70.4	69.9
Some college or more	40.5	68.0	78.5	74.7	84.2	82.7	77.0	78.5	77.0
65 years and over:									
No high school diploma or GED	16.5	33.0	44.2	45.6	57.4	56.9	50.7	49.2	54.1
High school diploma or GED	25.9	47.5	57.4	59.1	71.8	69.7	64.3	65.7	62.5
Some college or more	32.3	56.7	64.8	64.3	74.1	75.1	73.0	75.6	70.9
Disability measure ⁸									
40 years and over, crude:									
Any basic actions difficulty or complex activity limitation	---	---	---	---	67.8	67.2	63.5	63.9	63.3
Any basic actions difficulty	---	---	---	---	67.9	67.3	63.5	63.9	63.3
Any complex activity limitation	---	---	---	---	64.1	62.3	59.9	60.2	58.2
No disability	---	---	---	---	72.6	71.8	69.8	71.1	70.8

See footnotes at end of table.

Table 83 (page 3 of 3). Use of mammography among women aged 40 and over, by selected characteristics: United States, selected years 1987–2010

Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#083>.

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

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

- - - Data not available.

¹Questions concerning use of mammography differed slightly on the National Health Interview Survey across the years for which data are shown. See [Appendix II, Mammography](#).

²Includes all other races not shown separately, unknown poverty level in 1987, unknown health insurance status, unknown education level, and unknown disability status.

³Estimates for women aged 40 and over are age-adjusted to the year 2000 standard population using four age groups: 40–49 years, 50–64 years, 65–74 years, and 75 years and over. Estimates for women 50 years of age and over are age-adjusted using three age groups. See [Appendix II, Age adjustment](#).

⁴The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Prior to 1999, data were tabulated according to the 1977 Standards with four racial groups, and the Asian only category included Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁵Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Poverty level was unknown for 11% of women aged 40 and over in 1987. Missing family income data were imputed for 1997 and beyond. See [Appendix II, Family income; Poverty; Table VI](#).

⁶Health insurance categories are mutually exclusive. Persons who reported both Medicaid and private coverage are classified as having private coverage. Starting with 1997 data, state-sponsored health plan coverage is included as Medicaid coverage. Starting with 1999 data, coverage by the Children's Health Insurance Program (CHIP) is included with Medicaid coverage. In addition to private and Medicaid, the insured category also includes military plans, other government-sponsored health plans, and Medicare, not shown separately. Persons not covered by private insurance, Medicaid, CHIP, public assistance (through 1996), state-sponsored or other government-sponsored health plans (starting in 1997), Medicare, or military plans are considered to have no health insurance coverage. Persons with only Indian Health Service coverage are considered to have no health insurance coverage. See [Appendix II, Health insurance coverage](#).

⁷Education categories shown are for 1998 and subsequent years. GED is General Educational Development high school equivalency diploma. In years prior to 1998, the following categories based on number of years of school completed were used: less than 12 years, 12 years, 13 years or more. See [Appendix II, Education](#).

⁸Any basic actions difficulty or complex activity limitation is defined as having one or more of the following limitations or difficulties: movement difficulty, emotional difficulty, sensory (seeing or hearing) difficulty, cognitive difficulty, self-care (activity of daily living or instrumental activities of daily living) limitation, social limitation, or work limitation. For more information, see [Appendix II, Basic actions difficulty; Complex activity limitation](#). Starting with 2007 data, the hearing question, a component of the basic actions difficulty measure, was revised. Consequently, data prior to 2007 are not comparable with 2007 data and beyond. For more information on the impact of the revised hearing question, see [Appendix II, Hearing trouble](#).

NOTES: See [Appendix II, Mammography](#), for a discussion of the U.S. Preventive Services Task Force recommendations for mammography screening. Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data starting in 1997 are not strictly comparable with data for earlier years due to the 1997 questionnaire redesign. See [Appendix I, National Health Interview Survey \(NHIS\)](#). Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Health Interview Survey. Data are from the following supplements: cancer control (1987), health promotion and disease prevention (1990–1991), and year 2000 objectives (1993–1994). Starting in 1998, data are from the family core and sample adult questionnaires. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 84 (page 1 of 5). Use of Pap smears among women aged 18 and over, by selected characteristics: United States, selected years 1987–2010

Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#084>.

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

Characteristic	1987	1993	1994	1999	2000	2005	2008	2010
Percent of women having a Pap smear within the past 3 years ¹								
18 years and over, age-adjusted ^{2,3}	74.1	77.7	76.8	80.8	81.3	77.9	75.6	73.7
18 years and over, crude ²	74.4	77.7	76.8	80.8	81.2	77.7	75.1	73.2
Age								
18–44 years	83.3	84.6	82.8	86.8	84.9	83.6	81.8	80.4
18–24 years	74.8	78.8	76.6	76.8	73.5	74.5	70.5	69.0
25–44 years	86.3	86.3	84.6	89.9	88.5	86.8	85.7	84.6
45–64 years	70.5	77.2	77.4	81.7	84.6	80.6	78.8	76.9
45–54 years	75.7	82.1	81.9	83.8	86.3	83.4	81.0	79.9
55–64 years	65.2	70.6	71.0	78.4	82.0	76.8	76.0	73.2
65 years and over	50.8	57.6	57.3	61.0	64.5	54.9	50.0	47.1
65–74 years	57.9	64.7	64.9	70.0	71.6	66.3	61.6	58.0
75 years and over	40.4	48.0	47.3	50.8	56.7	42.7	37.5	34.6
Race ⁴								
18 years and over, crude:								
White only	74.1	77.3	76.2	80.6	81.3	77.7	74.9	72.8
Black or African American only	80.7	82.7	83.5	85.7	85.1	81.1	80.1	77.9
American Indian or Alaska Native only	85.4	78.1	73.5	92.2	76.8	75.2	69.4	73.4
Asian only	51.9	68.8	66.4	64.4	66.4	64.1	65.1	68.0
Native Hawaiian or Other Pacific Islander only	---	---	---	*	*	*	*	*
2 or more races	---	---	---	86.9	80.0	86.2	77.1	70.8
Hispanic origin and race ⁴								
18 years and over, crude:								
Hispanic or Latina	67.6	77.2	74.4	76.3	77.0	75.5	75.4	73.6
Not Hispanic or Latina	74.9	77.8	77.0	81.3	81.7	78.0	75.1	73.1
White only	74.7	77.3	76.5	81.0	81.8	78.1	74.9	72.8
Black or African American only	80.9	82.7	83.8	86.0	85.1	81.2	80.0	77.4
Age, Hispanic origin, and race ⁴								
18–44 years:								
Hispanic or Latina	73.9	80.9	80.6	77.0	78.1	76.5	77.9	75.9
Not Hispanic or Latina:								
White only	84.5	85.3	82.9	88.7	86.6	85.8	83.8	82.1
Black or African American only	89.1	88.0	89.1	90.8	88.5	86.4	83.5	84.2
45–64 years:								
Hispanic or Latina	57.7	75.8	70.1	79.5	77.8	78.4	78.2	75.4
Not Hispanic or Latina:								
White only	71.2	77.2	77.5	81.9	85.9	81.4	79.0	77.2
Black or African American only	76.2	80.3	82.2	84.6	85.7	80.5	82.1	78.2
65 years and over:								
Hispanic or Latina	41.7	57.1	43.8	63.7	66.8	60.0	52.6	54.2
Not Hispanic or Latina:								
White only	51.8	57.1	58.2	60.5	64.2	54.1	49.0	46.5
Black or African American only	44.8	61.2	59.5	64.5	67.2	60.1	58.7	48.0
Age and percent of poverty level ⁵								
18 years and over, crude:								
Below 100%	64.3	70.3	68.8	73.6	72.0	68.7	68.9	65.1
100%–199%	68.2	71.2	68.8	72.5	73.4	69.0	65.0	64.3
200%–399%	77.6	80.6	80.1	80.6	80.2	77.9	72.5	71.3
400% or more	83.6	85.1	85.4	87.6	89.1	85.7	84.4	83.1
18–44 years:								
Below 100%	77.1	77.0	78.9	79.7	77.1	76.2	76.5	73.0
100%–199%	80.4	81.9	78.2	84.0	79.4	78.1	75.5	75.7
200%–399%	84.8	86.6	84.5	86.7	86.1	85.5	82.6	79.8
400% or more	88.9	91.3	88.7	91.1	89.8	88.7	87.0	88.9
45–64 years:								
Below 100%	53.6	66.5	62.0	73.1	73.6	65.9	66.2	61.7
100%–199%	60.4	64.8	66.2	70.4	76.1	69.6	65.6	63.2
200%–399%	71.0	79.5	80.3	79.9	80.0	79.3	75.3	75.2
400% or more	79.1	83.9	84.0	87.4	91.5	87.4	87.1	85.7
65 years and over:								
Below 100%	33.2	47.4	44.0	51.9	53.7	44.4	41.6	35.1
100%–199%	50.4	55.7	51.5	54.7	61.0	49.5	43.5	40.7
200%–399%	58.0	59.7	63.7	64.0	65.1	56.8	45.8	47.1
400% or more	65.2	67.5	76.2	70.4	75.4	64.6	65.7	57.7

See footnotes at end of table.

Table 84 (page 2 of 5). Use of Pap smears among women aged 18 and over, by selected characteristics: United States, selected years 1987–2010

Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#084>.

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

Characteristic	1987	1993	1994	1999	2000	2005	2008	2010
Health insurance status at the time of interview ⁶								
Percent of women having a Pap smear within the past 3 years ¹								
18–64 years, crude:								
Insured	---	84.7	83.8	87.2	87.8	85.6	83.4	82.8
Private	---	84.8	83.6	87.5	88.0	86.5	84.2	84.2
Medicaid	---	82.7	86.2	84.2	85.8	80.9	80.3	78.0
Uninsured	---	69.4	68.6	73.3	70.4	67.7	67.1	61.9
Health insurance status prior to interview ⁶								
18–64 years, crude:								
Insured continuously all 12 months	---	84.8	83.7	87.3	88.0	85.8	83.7	83.2
Uninsured for any period up to 12 months	---	81.8	83.4	83.5	83.7	81.3	78.9	78.3
Uninsured more than 12 months	---	65.1	63.6	68.8	65.1	62.0	62.1	55.2
Age and education ⁷								
25 years and over, crude:								
No high school diploma or GED	57.1	61.9	60.9	66.1	69.9	64.1	60.6	56.7
High school diploma or GED	76.4	78.2	76.0	79.3	79.8	73.8	69.5	66.8
Some college or more	84.0	84.4	85.2	87.8	88.0	84.6	82.6	80.7
25–44 years:								
No high school diploma or GED	75.1	73.6	73.6	79.0	79.6	75.5	76.2	69.1
High school diploma or GED	85.6	85.4	82.4	87.6	86.2	83.1	80.0	79.0
Some college or more	90.1	89.8	89.1	93.0	91.4	90.5	89.3	89.0
45–64 years:								
No high school diploma or GED	58.0	65.6	66.1	71.6	75.7	69.7	70.4	63.4
High school diploma or GED	72.3	77.6	75.9	79.8	81.8	79.0	73.9	72.4
Some college or more	80.1	83.0	84.7	85.7	89.1	84.1	83.0	81.5
65 years and over:								
No high school diploma or GED	44.0	50.7	47.7	51.8	56.6	46.0	36.7	37.7
High school diploma or GED	55.4	61.6	61.2	63.7	66.9	52.5	49.3	42.6
Some college or more	59.4	62.3	66.5	68.8	69.8	63.8	59.0	54.9
Disability measure ⁸								
18 years and over, crude:								
Any basic actions difficulty or complex activity limitation	---	---	---	74.4	75.4	69.1	66.1	63.8
Any basic actions difficulty	---	---	---	74.3	75.1	69.1	66.2	63.6
Any complex activity limitation	---	---	---	69.3	71.0	62.2	60.1	58.5
No disability	---	---	---	83.8	84.1	82.6	80.4	78.9

See footnotes at end of table.

Table 84 (page 3 of 5). Use of Pap smears among women aged 18 and over, by selected characteristics: United States, selected years 1987–2010

Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#084>.

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

Characteristic	1987	1993	1994	1999	2000	2005	2008	2010
Percent of women having a Pap smear within the past 3 years, among those who have not had a hysterectomy ⁹								
18 years and over, age-adjusted ^{2,3}	77.3	78.7	78.0	81.6	82.7	79.5	78.1	76.2
18 years and over, crude ²	77.8	80.0	79.1	82.6	83.3	80.7	79.3	77.3
Age								
18–44 years	85.1	84.7	83.2	86.3	84.9	83.8	81.8	80.3
18–24 years	76.4	79.0	76.8	75.5	73.6	74.6	70.6	68.9
25–44 years	88.1	86.5	85.2	89.7	88.7	87.2	86.0	84.7
45–64 years	75.8	79.2	79.8	83.8	86.9	83.3	83.7	81.6
45–54 years	80.9	82.9	83.5	85.5	87.6	85.5	83.8	83.1
55–64 years	70.5	73.6	73.7	80.6	85.5	79.6	83.6	79.4
65 years and over	55.4	59.7	59.3	63.7	68.6	59.1	56.1	54.1
65–74 years	62.8	67.9	67.4	71.9	75.9	72.1	69.9	66.9
75 years and over	44.4	49.9	49.4	54.7	60.9	46.2	41.9	39.3
Race ⁴								
18 years and over, crude:								
White only	77.8	79.9	78.8	82.8	83.7	81.1	79.6	77.4
Black or African American only	82.3	83.3	85.0	87.2	86.8	82.1	82.5	80.8
American Indian or Alaska Native only	85.9	78.2	79.6	94.1	77.7	75.6	74.8	78.9
Asian only	52.5	69.6	67.9	63.4	66.9	64.6	65.3	69.7
Native Hawaiian or Other Pacific Islander only	---	---	---	*	*	*	*	*
2 or more races	---	---	---	87.5	82.2	88.8	81.6	72.5
Hispanic origin and race ⁴								
18 years and over, crude:								
Hispanic or Latina	69.8	77.3	78.0	75.1	78.0	75.9	77.3	74.7
Not Hispanic or Latina	78.5	80.2	79.3	83.5	84.0	81.4	79.6	77.8
White only	78.6	80.2	78.9	83.6	84.4	82.1	80.2	78.1
Black or African American only	82.4	83.4	84.9	87.5	86.8	82.3	82.4	80.4
Age, Hispanic origin, and race ⁴								
18–44 years:								
Hispanic or Latina	75.1	80.2	81.0	76.0	77.9	76.5	78.3	75.6
Not Hispanic or Latina:								
White only	86.5	85.7	83.3	88.3	86.6	86.2	83.9	82.1
Black or African American only	90.3	87.6	89.1	90.6	88.7	86.1	83.3	84.0
45–64 years:								
Hispanic or Latina	62.4	75.3	78.1	77.8	81.0	78.6	81.0	77.7
Not Hispanic or Latina:								
White only	77.0	79.3	79.7	84.7	88.5	85.0	84.7	82.7
Black or African American only	78.0	81.1	82.1	86.6	87.4	80.7	85.6	81.7
65 years and over:								
Hispanic or Latina	43.8	58.9	52.0	60.9	71.2	60.0	53.7	56.4
Not Hispanic or Latina:								
White only	56.8	60.0	60.4	63.8	68.0	59.2	56.2	54.4
Black or African American only	46.3	55.8	57.1	65.1	72.1	59.3	64.1	52.7
Age and percent of poverty level ⁵								
18 years and over, crude:								
Below 100%	67.5	71.7	72.4	74.8	73.8	70.3	72.3	67.6
100%–199%	71.6	73.7	71.9	75.2	75.7	72.6	69.6	69.3
200%–399%	81.0	83.0	82.2	82.5	83.0	81.4	77.3	76.0
400% or more	87.0	87.8	87.1	88.9	90.5	88.2	87.8	87.1
18–44 years:								
Below 100%	79.3	77.2	79.7	79.0	76.8	76.1	76.6	73.0
100%–199%	81.8	82.1	78.7	83.7	79.2	78.1	75.4	75.6
200%–399%	86.6	86.5	84.8	86.2	86.0	86.1	82.4	79.7
400% or more	90.2	91.9	88.8	90.6	90.0	88.8	87.3	88.9
45–64 years:								
Below 100%	58.0	65.8	65.8	74.7	75.6	64.8	70.7	63.7
100%–199%	66.1	64.2	68.4	72.2	78.2	71.3	70.0	67.8
200%–399%	76.9	82.2	82.8	81.2	81.7	81.7	79.5	79.5
400% or more	84.4	86.6	86.2	89.7	93.7	90.9	92.4	90.8
65 years and over:								
Below 100%	36.4	47.5	45.9	53.5	55.9	43.7	44.7	36.5
100%–199%	54.6	56.6	53.4	56.3	63.3	54.4	48.7	48.1
200%–399%	62.8	63.5	66.7	68.3	71.8	61.4	53.3	56.1
400% or more	73.0	71.7	78.8	72.9	78.6	70.1	70.9	63.7

See footnotes at end of table.

Table 84 (page 4 of 5). Use of Pap smears among women aged 18 and over, by selected characteristics: United States, selected years 1987–2010

Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#084>.

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

Characteristic	1987	1993	1994	1999	2000	2005	2008	2010
Health insurance status at the time of interview ⁶		Percent of women having a Pap smear within the past 3 years, among those who have not had a hysterectomy ⁹						
18–64 years, crude:								
Insured	---	85.9	85.2	87.8	88.7	87.1	85.8	85.1
Private	---	86.0	85.0	88.1	88.8	87.9	86.6	86.2
Medicaid	---	83.9	87.0	84.2	86.9	82.6	82.4	79.7
Uninsured	---	70.2	70.2	74.3	70.8	68.0	67.9	63.1
Health insurance status prior to interview ⁶								
18–64 years, crude:								
Insured continuously all 12 months	---	86.1	85.1	88.0	88.9	87.2	86.1	85.4
Uninsured for any period up to 12 months	---	81.7	83.8	84.4	84.4	82.7	80.9	79.7
Uninsured more than 12 months	---	66.5	65.7	69.9	65.5	62.7	62.4	56.6
Age and education ⁷								
25 years and over, crude:								
No high school diploma or GED	61.7	63.2	64.4	68.3	72.5	66.9	67.5	61.0
High school diploma or GED	80.0	80.2	78.1	81.2	82.7	77.1	73.6	71.5
Some college or more	86.7	86.7	87.0	89.9	90.1	88.2	86.8	85.3
25–44 years:								
No high school diploma or GED	77.3	73.1	76.3	78.4	78.6	74.7	76.5	69.0
High school diploma or GED	87.6	85.6	82.5	87.4	86.2	83.4	79.5	78.8
Some college or more	91.5	90.0	89.4	92.9	91.7	91.1	89.7	89.2
45–64 years:								
No high school diploma or GED	63.9	65.5	68.1	73.2	77.5	70.5	74.8	66.8
High school diploma or GED	77.0	78.8	78.5	81.6	84.1	80.1	77.9	75.8
Some college or more	85.5	86.2	86.4	87.7	91.0	87.9	87.9	86.4
65 years and over:								
No high school diploma or GED	48.4	51.3	48.8	52.7	59.7	49.2	43.0	40.6
High school diploma or GED	60.4	63.8	62.5	65.0	71.3	56.5	53.6	48.7
Some college or more	63.6	65.7	70.2	75.6	74.9	69.9	66.1	64.0
Disability measure ⁸								
18 years and over, crude:								
Any basic actions difficulty or complex activity limitation	---	---	---	77.8	78.6	73.7	73.4	70.6
Any basic actions difficulty	---	---	---	77.8	78.5	73.9	73.8	70.6
Any complex activity limitation	---	---	---	73.9	73.9	67.4	68.1	65.9
No disability	---	---	---	84.5	85.1	84.0	82.1	80.8

See footnotes at end of table.

Table 84 (page 5 of 5). Use of Pap smears among women aged 18 and over, by selected characteristics: United States, selected years 1987–2010

Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#084>.

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

-- Data not available.

* Estimates are considered unreliable. Data not shown have a relative standard error greater than 30%.

¹ Questions concerning use of Pap smears differed slightly on the National Health Interview Survey across the years for which data are shown. See [Appendix II, Pap smear](#).

² Includes all other races not shown separately, unknown poverty level in 1987, unknown health insurance status, unknown education level, and unknown disability status.

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

⁴ The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Prior to 1999, data were tabulated according to the 1977 Standards with four racial groups, and the Asian only category included Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁵ Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Poverty level was unknown for 9% of women aged 18 and over in 1987. Missing family income data were imputed for 1993 and beyond. See [Appendix II, Family income; Poverty; Table VI](#).

⁶ Health insurance categories are mutually exclusive. Persons who reported both Medicaid and private coverage are classified as having private coverage. Starting with 1997 data, state-sponsored health plan coverage is included as Medicaid coverage. Starting with 1999 data, coverage by the Children's Health Insurance Program (CHIP) is included with Medicaid coverage. In addition to private and Medicaid, the insured category also includes military plans, other government-sponsored health plans, and Medicare, not shown separately. Persons not covered by private insurance, Medicaid, CHIP, public assistance (through 1996), state-sponsored or other government-sponsored health plans (starting in 1997), Medicare, or military plans are considered to have no health insurance coverage. Persons with only Indian Health Service coverage are considered to have no health insurance coverage. See [Appendix II, Health insurance coverage](#).

⁷ Education categories shown are for 1998 and subsequent years. GED is General Educational Development high school equivalency diploma. In years prior to 1998, the following categories based on number of years of school completed were used: less than 12 years, 12 years, 13 years or more. See [Appendix II, Education](#).

⁸ Any basic actions difficulty or complex activity limitation is defined as having one or more of the following limitations or difficulties: movement difficulty, emotional difficulty, sensory (seeing or hearing) difficulty, cognitive difficulty, self-care (activities of daily living or instrumental activities of daily living) limitation, social limitation, or work limitation. For more information, see [Appendix II, Basic actions difficulty; Complex activity limitation](#). Starting with 2007 data, the hearing question, a component of the basic actions difficulty measure, was revised. Consequently, data prior to 2007 are not comparable with data for 2007 and beyond. For more information on the impact of the revised hearing question, see [Appendix II, Hearing trouble](#).

⁹ The U.S. Preventive Services Task Force recommends against routine Pap smear screening in women who have had a total hysterectomy for benign disease. Therefore, Pap smear screening estimates are presented among women who have not had a hysterectomy, in addition to the estimates among all women, although it is not known, from National Health Interview Survey (NHIS) data, if the hysterectomy was for benign disease. Questions concerning hysterectomy differed slightly on NHIS across the years for which data are shown. See [Appendix II, Pap smear](#).

NOTES: See [Appendix II, Pap smear](#), for a discussion of the U.S. Preventive Services Task Force recommendations for pap smear screening. Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data starting in 1997 are not strictly comparable with data for earlier years due to the 1997 questionnaire redesign. See [Appendix I, National Health Interview Survey \(NHIS\)](#). Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Health Interview Survey. Data are from the following supplements: cancer control (1987) and year 2000 objectives (1993–1994). Starting in 1998, data are from the family core and sample adult questionnaires. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 85 (page 1 of 2). Use of colorectal tests or procedures among adults aged 50–75, by selected characteristics: United States, selected years 2000–2010

Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#085>.

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

Characteristic	Any colorectal test or procedure ^{1,2}					Colonoscopy ^{2,3}				
	2000	2003	2005	2008	2010	2000	2003	2005	2008	2010
Percent of adults aged 50–75										
All adults 50–75 years ⁴	33.9	39.1	44.3	51.6	58.7	19.1	29.2	37.6	46.7	54.9
Sex										
Male	33.1	40.1	44.4	51.4	58.5	19.5	30.2	37.9	46.9	54.7
Female	34.5	38.1	44.2	51.9	58.8	18.8	28.4	37.4	46.6	55.1
Race ⁵										
White only	34.9	39.8	45.6	52.8	59.8	19.7	30.0	38.9	47.8	56.0
Black or African American only	29.6	35.2	38.1	46.9	55.2	17.4	24.8	32.2	43.1	51.8
American Indian or Alaska Native only	*35.2	*37.9	*33.9	28.5	48.9	*	*	*	*26.7	46.7
Asian only	20.4	26.7	30.8	47.1	47.1	*8.6	20.0	24.4	39.3	43.6
Native Hawaiian or Other Pacific Islander only	*	*	*	*	*	*	*	*	*	*
2 or more races	37.5	40.7	33.8	38.4	51.9	*25.1	29.7	29.6	37.4	48.4
Hispanic origin and race ⁵										
Hispanic or Latino	21.7	27.2	28.5	34.0	46.5	13.3	19.8	23.1	29.3	43.9
Mexican	19.3	22.4	24.6	27.5	44.6	11.2	14.2	18.2	21.2	41.3
Not Hispanic or Latino	34.7	40.0	45.6	53.3	59.9	19.5	30.0	38.9	48.4	56.0
White only	35.7	41.0	47.4	54.8	61.3	20.0	30.9	40.5	49.8	57.3
Black or African American only	29.7	35.3	38.0	47.4	55.3	17.5	25.0	32.0	43.5	52.0
Percent of poverty level ⁶										
Below 100%	26.5	29.7	28.7	33.9	37.9	16.3	22.0	23.6	28.5	34.8
100%–199%	29.4	31.9	38.4	42.7	47.9	17.7	23.3	31.5	38.0	43.3
200%–399%	33.7	38.8	43.6	49.9	58.0	18.6	29.4	37.0	44.3	54.6
400% or more	37.1	43.8	49.6	58.9	67.3	20.5	32.7	42.8	54.5	63.6
Hispanic origin and race and percent of poverty level ^{5,6}										
Hispanic or Latino:										
Below 100%	15.3	21.4	19.3	21.1	33.7	*9.3	15.2	13.1	17.9	32.1
100%–199%	16.8	20.5	24.6	27.7	39.6	8.6	16.0	19.4	24.4	36.3
200%–399%	23.6	29.0	28.3	39.3	47.5	*13.7	20.7	21.6	33.8	46.0
400% or more	31.1	37.9	42.1	43.9	63.3	22.4	27.1	39.3	37.6	59.5
Not Hispanic or Latino:										
White only:										
Below 100%	29.6	33.9	30.6	39.8	40.4	19.3	26.8	26.8	33.2	36.4
100%–199%	32.1	34.7	42.4	46.0	50.0	19.7	25.7	35.0	40.7	44.5
200%–399%	35.2	40.3	47.3	51.6	59.7	19.3	31.0	40.2	45.8	56.3
400% or more	37.9	44.3	50.6	60.5	68.0	20.7	32.9	43.8	56.3	64.3
Black or African American only:										
Below 100%	27.5	27.4	29.0	35.1	39.2	14.5	17.6	23.5	30.1	36.4
100%–199%	28.7	30.0	36.2	46.7	49.0	17.2	20.0	30.3	43.2	46.5
200%–399%	27.7	36.8	35.8	48.5	60.5	16.5	25.6	31.8	44.7	56.2
400% or more	33.9	43.5	48.9	54.3	68.1	20.7	33.3	40.2	50.6	64.6
Education ⁷										
No high school diploma or GED	25.9	28.9	34.5	36.2	44.6	14.9	21.2	29.0	31.8	41.5
High school diploma or GED	33.1	38.3	42.1	48.5	53.7	19.0	29.3	35.7	44.6	50.8
Some college or more	37.8	43.3	48.7	57.5	64.7	20.9	32.1	41.6	52.1	60.4

See footnotes at end of table.

Table 85 (page 2 of 2). Use of colorectal tests or procedures among adults aged 50–75, by selected characteristics: United States, selected years 2000–2010

Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#085>.

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

Characteristic	Any colorectal test or procedure ^{1,2}					Colonoscopy ^{2,3}				
	2000	2003	2005	2008	2010	2000	2003	2005	2008	2010
Disability measure ⁸										
Percent of adults aged 50–75										
Any basic actions difficulty or complex activity limitation	37.8	42.0	47.7	54.2	59.5	22.1	31.9	40.1	48.5	55.5
Any basic actions difficulty	38.1	41.9	47.9	54.6	59.7	22.5	31.9	40.6	48.9	55.8
Any complex activity limitation	37.4	41.5	48.1	52.4	59.4	22.6	31.3	39.7	46.7	55.1
No disability	30.9	36.9	41.6	50.0	58.5	16.6	27.1	35.6	45.8	54.9
Geographic region										
Northeast	34.4	43.5	50.9	54.7	64.3	19.1	33.1	44.8	51.0	61.7
Midwest	35.2	40.4	43.5	52.5	58.4	19.8	30.6	36.6	47.8	55.2
South	32.5	36.7	43.9	51.6	57.4	20.0	28.5	38.1	47.4	54.4
West	34.1	37.0	39.6	48.2	56.3	16.3	24.3	31.3	41.1	49.7
Location of residence										
Within MSA ⁹	34.1	40.3	44.7	52.4	59.6	19.0	29.9	37.9	47.6	55.8
Outside MSA ⁹	33.2	34.8	42.7	48.5	54.4	19.6	26.8	36.7	43.3	50.9

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

¹Includes reports of home fecal occult blood test (FOBT) in the past year, sigmoidoscopy procedure in the past 5 years with FOBT in the past 3 years, or colonoscopy in the past 10 years. Colorectal procedures are performed for diagnostic and screening purposes.

²Questions differed slightly on the National Health Interview Survey across the years for which data are shown. See [Appendix II, Colorectal tests or procedures](#).

³Includes any colonoscopy in the past 10 years, alone or in addition to another type of colorectal test or procedure.

⁴Includes all other races not shown separately, unknown disability status, and unknown education level.

⁵The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁶Based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed. See [Appendix II, Family income; Poverty; Table VI](#).

⁷GED is General Educational Development high school equivalency diploma. See [Appendix II, Education](#).

⁸Any basic actions difficulty or complex activity limitation is defined as having one or more of the following limitations or difficulties: movement difficulty, emotional difficulty, sensory (seeing or hearing) difficulty, cognitive difficulty, self-care (activities of daily living or instrumental activities of daily living) limitation, social limitation, or work limitation. For more information, see [Appendix II, Basic actions difficulty; Complex activity limitation](#). Starting with 2007 data, the hearing question, a component of the basic actions difficulty measure, was revised. Consequently, data prior to 2007 are not comparable with data for 2007 and beyond. For more information on the impact of the revised hearing question, see [Appendix II, Hearing trouble](#).

⁹MSA is metropolitan statistical area. Starting with 2006 data, MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2006, see [Appendix II, Metropolitan statistical area \(MSA\)](#) for the applicable standards.

NOTES: In 2008, the U.S. Preventive Services Task Force (USPSTF) recommended screening for colorectal cancer annually using FOBT, every 5 years using sigmoidoscopy with FOBT every 3 years, or every 10 years using colonoscopy, in adults, beginning at age 50 and continuing until age 75. See: <http://www.uspreventiveservicestaskforce.org/uspstf08/colocancer/colors.htm> for more information. Colonoscopy is one of the three modalities currently recommended by USPSTF for colorectal cancer screening. USPSTF does not recommend one screening method over another, and the risks and benefits of these screening methods vary. Colonoscopy estimates are shown separately because of the recent large increase in its utilization. The American College of Gastroenterology recommends that African American persons start routine testing for colorectal cancer at age 45. See: <http://www.acg.gi.org/patients/ccrk/> for more information. Standard errors for selected years are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Health Interview Survey. Family core and sample adult questionnaires. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 86 (page 1 of 4). Emergency department visits within the past 12 months among children under age 18, by selected characteristics: United States, selected years 1997–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#086>.

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

Characteristic	Under 18 years			Under 6 years			6–17 years		
	1997	2010	2012	1997	2010	2012	1997	2010	2012
Percent of children with one or more emergency department visits ¹									
All children ²	19.9	22.1	17.8	24.3	27.8	24.4	17.7	19.1	14.6
Sex									
Male	21.5	23.3	18.4	25.2	29.3	25.4	19.6	20.1	15.0
Female	18.3	20.9	17.2	23.3	26.3	23.4	15.7	18.2	14.1
Race ³									
White only	19.4	21.2	16.8	22.6	26.6	23.2	17.8	18.4	13.7
Black or African American only	24.0	27.6	24.1	33.1	34.0	32.8	19.4	24.2	19.7
American Indian or Alaska Native only	*24.1	20.9	*22.4	*24.3	*35.4	*	*24.0	*	*22.7
Asian only	12.6	15.0	8.8	20.8	18.4	*11.6	8.6	13.3	7.4
Native Hawaiian or Other Pacific Islander only	---	*	*	---	*	*	---	*	*
2 or more races	---	27.2	22.1	---	34.9	30.6	---	21.6	17.6
Hispanic origin and race ³									
Hispanic or Latino	21.1	23.6	16.8	25.7	30.2	25.2	18.1	19.4	12.1
Not Hispanic or Latino	19.7	21.7	18.1	24.0	27.0	24.1	17.6	19.0	15.3
White only	19.2	20.4	16.9	22.2	25.1	22.6	17.7	18.2	14.3
Black or African American only	23.6	27.2	24.1	32.7	34.4	32.3	19.2	23.3	20.2
Percent of poverty level ⁴									
Below 100%	25.1	30.6	24.9	29.5	35.4	32.7	22.2	27.6	20.1
100%–199%	22.0	25.7	19.7	28.0	31.6	26.0	19.0	22.3	16.6
200%–399%	18.0	18.4	15.0	21.4	22.7	20.4	16.4	16.4	12.5
400% or more	16.3	15.9	12.9	19.1	21.7	18.1	15.1	13.3	10.7
Hispanic origin and race and percent of poverty level ^{3,4}									
Hispanic or Latino:									
Percent of poverty level:									
Below 100%	21.9	27.0	19.4	25.0	32.0	27.9	19.6	23.4	14.1
100%–199%	20.8	23.3	16.6	28.8	31.6	26.4	15.6	18.0	11.4
200%–399%	21.4	19.5	13.7	24.6	25.2	18.1	19.6	16.1	11.2
400% or more	17.7	21.4	15.3	*20.2	28.6	25.7	16.4	18.0	*9.9
Not Hispanic or Latino:									
White only:									
Percent of poverty level:									
Below 100%	25.5	33.7	28.7	27.2	37.4	38.0	24.4	31.6	22.9
100%–199%	22.3	26.3	19.5	25.8	29.2	23.1	20.7	24.7	17.8
200%–399%	17.8	17.6	15.4	20.9	21.2	19.9	16.3	15.9	13.3
400% or more	16.5	15.5	12.5	19.0	21.0	17.2	15.4	13.2	10.6
Black or African American only:									
Percent of poverty level:									
Below 100%	29.3	32.4	28.9	39.5	41.6	33.4	23.0	26.6	26.1
100%–199%	22.5	27.5	26.8	31.7	34.5	37.8	18.5	23.7	22.2
200%–399%	18.5	22.3	17.6	23.9	24.6	28.1	16.3	21.4	13.5
400% or more	16.1	18.9	13.9	*18.8	*24.1	*20.7	15.2	16.1	*11.2
Health insurance status at the time of interview ⁵									
Insured	19.8	22.3	18.0	24.4	28.1	24.7	17.5	19.2	14.6
Private	17.5	17.1	13.0	20.9	21.8	17.0	15.9	14.9	11.2
Medicaid	28.2	30.0	24.8	33.0	35.5	32.7	24.1	26.4	19.7
Uninsured	20.2	19.4	15.6	23.0	24.0	18.0	18.9	17.6	14.9
Health insurance status prior to interview ⁵									
Insured continuously all 12 months	19.6	22.2	17.8	24.1	28.1	24.5	17.3	19.1	14.5
Uninsured for any period up to 12 months	24.0	23.7	20.3	27.1	28.0	26.8	21.9	21.3	17.0
Uninsured more than 12 months	18.4	17.6	12.9	19.3	*21.3	*	18.1	16.7	12.9

See footnotes at end of table.

Table 86 (page 2 of 4). Emergency department visits within the past 12 months among children under age 18, by selected characteristics: United States, selected years 1997–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#086>.

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

Characteristic	Under 18 years			Under 6 years			6–17 years		
	1997	2010	2012	1997	2010	2012	1997	2010	2012
Percent of poverty level and health insurance status prior to interview ^{4,5}									
Percent of children with one or more emergency department visits ¹									
Below 100%:									
Insured continuously all 12 months	26.3	31.7	25.4	30.9	36.3	33.0	22.8	28.7	20.3
Uninsured for any period up to 12 months . .	26.5	30.3	25.7	29.7	34.7	*34.3	24.4	27.5	*21.0
Uninsured more than 12 months	17.5	*19.6	*16.6	*16.0	*	*	18.0	*16.0	*18.0
100%–199%:									
Insured continuously all 12 months	21.8	26.2	19.9	28.0	32.4	26.0	18.6	22.4	16.8
Uninsured for any period up to 12 months . .	24.5	28.4	20.3	29.7	30.9	25.8	21.0	27.0	17.8
Uninsured more than 12 months	19.5	17.6	*13.9	*22.5	*	*	18.6	*17.2	*11.4
200%–399%:									
Insured continuously all 12 months	17.7	18.4	15.1	21.2	22.8	20.7	16.1	16.3	12.5
Uninsured for any period up to 12 months . .	21.1	16.2	17.1	*19.5	*22.7	*23.0	22.1	*12.6	*13.7
Uninsured more than 12 months	19.2	*17.4	*	*22.7	*	*	17.6	*18.7	*
400% or more:									
Insured continuously all 12 months	16.2	16.1	12.8	18.9	22.0	17.9	15.1	13.5	10.7
Uninsured for any period up to 12 months . .	*19.2	*	*17.6	*	*	*	*	*	*
Uninsured more than 12 months	*	*	*	*	*	*	*	*	*
Geographic region									
Northeast	18.5	22.3	17.1	20.7	27.8	24.8	17.4	19.6	13.6
Midwest	19.5	23.3	17.9	26.0	28.8	26.6	16.4	20.7	13.4
South	21.8	23.4	19.6	25.6	30.4	25.2	19.9	19.5	16.8
West	18.5	19.1	15.5	23.5	23.3	20.8	15.9	16.8	12.9
Location of residence									
Within MSA ⁶	19.7	21.8	17.5	23.9	27.7	24.2	17.4	18.6	14.1
Outside MSA ⁶	20.8	24.2	19.7	26.2	28.6	25.2	18.6	22.1	17.0
Percent of children with two or more emergency department visits ¹									
All children ²	7.1	8.4	5.8	9.6	10.8	8.2	5.8	7.2	4.6
Sex									
Male	7.3	8.5	6.0	9.9	11.3	8.7	6.0	7.0	4.7
Female	6.9	8.3	5.5	9.4	10.3	7.6	5.7	7.3	4.5
Race ³									
White only	6.6	7.6	5.2	8.4	10.1	7.1	5.7	6.3	4.2
Black or African American only	9.6	12.6	8.8	14.9	15.7	14.5	6.9	11.0	5.9
American Indian and Alaska Native only	*	*	*	*	*	*	*	*	*
Asian only	*5.7	7.3	*1.4	*12.9	*	*	*	*7.1	*
Native Hawaiian and Other Pacific Islander only	---	*	*	---	*	*	---	*	*
2 or more races	---	10.3	7.7	---	*11.7	*10.2	---	*9.2	*6.4
Hispanic origin and race ³									
Hispanic or Latino	8.9	8.6	5.8	11.8	11.7	9.3	7.0	6.6	3.8
Not Hispanic or Latino	6.8	8.4	5.7	9.2	10.5	7.8	5.7	7.3	4.8
White only	6.2	7.4	5.1	7.8	9.3	6.4	5.5	6.4	4.4
Black or African American only	9.3	12.3	8.5	14.6	15.8	13.7	6.8	10.4	6.0
Percent of poverty level ⁴									
Below 100%	11.1	13.4	10.2	14.5	15.3	14.7	8.9	12.1	7.5
100%–199%	8.3	10.3	6.7	12.2	13.4	9.2	6.3	8.4	5.4
200%–399%	6.2	6.3	3.9	7.4	7.3	5.1	5.6	5.9	3.3
400% or more	4.0	5.0	3.0	5.0	7.3	*3.4	3.6	3.9	2.9

See footnotes at end of table.

Table 86 (page 3 of 4). Emergency department visits within the past 12 months among children under age 18, by selected characteristics: United States, selected years 1997–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#086>.

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

Characteristic	Under 18 years			Under 6 years			6–17 years		
	1997	2010	2012	1997	2010	2012	1997	2010	2012
Hispanic origin and race and percent of poverty level ^{3,4}									
Percent of children with two or more emergency department visits ¹									
Hispanic or Latino:									
Percent of poverty level:									
Below 100%	10.4	9.9	7.8	13.9	10.9	11.8	8.0	9.2	5.3
100%–199%	8.2	9.4	5.4	12.0	15.4	9.8	5.7	5.5	*3.1
200%–399%	8.5	5.9	*4.3	10.0	*8.0	*6.9	*7.6	*4.6	*
400% or more	*5.0	*6.5	*3.3	*	*	*	*	*5.2	*
Not Hispanic or Latino:									
White only:									
Percent of poverty level:									
Below 100%	10.7	14.0	12.5	12.2	15.5	18.6	9.8	13.1	8.6
100%–199%	8.0	10.4	6.4	11.2	12.3	*5.7	6.4	9.4	6.8
200%–399%	6.0	5.7	3.9	6.7	*6.5	*4.3	5.6	5.4	3.7
400% or more	3.7	5.0	2.7	4.6	7.6	*	3.3	3.9	*2.6
Black or African American only:									
Percent of poverty level:									
Below 100%	12.7	16.1	10.9	19.1	22.1	14.0	8.8	12.4	8.9
100%–199%	9.2	12.4	9.8	*13.5	*14.6	*19.3	*7.2	11.1	*5.8
200%–399%	5.8	9.9	*5.0	*8.9	*10.2	*	*4.5	*9.8	*
400% or more	*	*3.7	*	*	*	*	*	*	*
Health insurance status at the time of interview ⁵									
Insured	7.0	8.5	5.9	9.6	11.0	8.4	5.7	7.1	4.6
Private	5.2	5.5	2.9	6.8	7.4	3.5	4.5	4.6	2.7
Medicaid	13.1	12.8	9.8	16.2	15.3	13.8	10.4	11.2	7.2
Uninsured	7.7	8.0	4.5	9.8	*8.5	*	6.8	7.8	*4.4
Health insurance status prior to interview ⁵									
Insured continuously all 12 months	6.9	8.4	5.8	9.4	10.8	8.2	5.7	7.1	4.5
Uninsured for any period up to 12 months	8.5	10.1	6.5	11.5	13.3	*9.1	6.6	8.4	*5.2
Uninsured more than 12 months	6.8	7.8	*4.0	*8.6	*	*	6.2	*7.9	*4.3
Geographic region									
Northeast	6.2	7.8	5.0	7.6	10.3	7.5	5.4	6.6	3.9
Midwest	6.6	9.1	5.8	10.4	11.4	8.6	4.8	8.0	4.3
South	8.0	9.1	6.3	10.1	12.9	8.4	6.9	7.1	5.3
West	7.1	7.2	5.4	10.0	7.6	7.8	5.6	7.0	4.2
Location of residence									
Within MSA ⁶	7.2	8.3	5.6	9.6	10.6	8.1	5.9	7.0	4.3
Outside MSA ⁶	6.8	9.3	6.8	9.7	12.2	8.7	5.6	7.9	5.9

See footnotes at end of table.

Table 86 (page 4 of 4). Emergency department visits within the past 12 months among children under age 18, by selected characteristics: United States, selected years 1997–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#086>.

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

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

- - - Data not available.

¹See [Appendix II, Emergency department or emergency room visit](#).

²Includes all other races not shown separately and unknown health insurance status.

³The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Prior to 1999, data were tabulated according to the 1977 Standards with four racial groups, and the Asian only category included Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁴Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed for 1997 and beyond. See [Appendix II, Family income; Poverty; Table VI](#).

⁵Health insurance categories are mutually exclusive. Persons who reported both Medicaid and private coverage are classified as having private coverage. Starting with 1997 data, state-sponsored health plan coverage is included as Medicaid coverage. Starting with 1999 data, coverage by the Children's Health Insurance Program (CHIP) is included with Medicaid coverage. In addition to private and Medicaid, the insured category also includes military, other government, and Medicare coverage. Persons not covered by private insurance, Medicaid, CHIP, state-sponsored or other government-sponsored health plans (starting in 1997), Medicare, or military plans are considered to have no health insurance coverage. Persons with only Indian Health Service coverage are considered to have no health insurance coverage. See [Appendix II, Health insurance coverage](#).

⁶MSA is metropolitan statistical area. Starting with 2006 data, MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2006, see [Appendix II, Metropolitan statistical area \(MSA\)](#) for the applicable standards.

NOTES: Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Health Interview Survey, family core and sample child questionnaires. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 87 (page 1 of 3). Emergency department visits within the past 12 months among adults aged 18 and over, by selected characteristics: United States, selected years 1997–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#087>.

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

Characteristic	One or more emergency department visits				Two or more emergency department visits			
	1997	2000	2010	2012	1997	2000	2010	2012
Percent of adults with emergency department visits ¹								
18 years and over, age-adjusted ^{2,3}	19.6	20.2	21.4	19.5	6.7	6.9	7.8	7.2
18 years and over, crude ²	19.6	20.1	21.3	19.4	6.7	6.8	7.7	7.1
Age								
18–44 years	20.7	20.5	22.0	19.4	6.8	7.0	8.4	7.4
18–24 years	26.3	25.7	25.4	22.3	9.1	8.8	9.6	9.0
25–44 years	19.0	18.8	20.7	18.4	6.2	6.4	8.0	6.8
45–64 years	16.2	17.6	19.2	18.0	5.6	5.6	6.7	6.4
45–54 years	15.7	17.9	18.6	18.0	5.5	5.8	6.6	6.7
55–64 years	16.9	17.0	19.8	18.0	5.7	5.3	6.8	6.0
65 years and over	22.0	23.7	23.7	22.2	8.1	8.6	7.7	7.8
65–74 years	20.3	21.6	20.7	19.9	7.1	7.4	6.4	6.7
75 years and over	24.3	26.2	27.4	25.3	9.3	10.0	9.4	9.2
Sex ³								
Male	19.1	18.7	18.5	17.0	5.9	5.7	6.0	5.7
Female	20.2	21.6	24.3	22.0	7.5	7.9	9.6	8.7
Race ^{3,4}								
White only	19.0	19.4	20.7	18.8	6.2	6.4	7.2	6.7
Black or African American only	25.9	26.5	28.6	26.4	11.1	10.8	12.6	11.6
American Indian or Alaska Native only	24.8	30.3	22.6	22.1	13.1	*12.6	*11.8	*10.2
Asian only	11.6	13.6	13.3	10.9	*2.9	*3.8	3.3	3.0
Native Hawaiian or Other Pacific Islander only	---	*	*	*	---	*	*	*
2 or more races	---	32.5	29.7	31.2	---	11.3	11.1	12.7
American Indian or Alaska Native; White	---	33.9	31.1	37.7	---	*9.4	*15.2	12.8
Hispanic origin and race ^{3,4}								
Hispanic or Latino	19.2	18.3	19.8	18.2	7.4	7.0	6.9	7.2
Mexican	17.8	17.4	18.1	14.8	6.4	7.1	6.1	5.4
Not Hispanic or Latino	19.7	20.6	21.9	20.0	6.7	6.9	8.1	7.3
White only	19.1	19.8	21.1	19.3	6.2	6.4	7.4	6.9
Black or African American only	25.9	26.5	29.0	26.4	11.0	10.8	12.7	11.6
Percent of poverty level ^{3,5}								
Below 100%	28.1	29.0	30.6	29.6	12.8	13.3	14.9	14.8
100%–199%	23.8	23.9	25.6	23.9	9.3	9.6	10.5	10.3
200%–399%	18.3	19.8	20.4	18.6	5.9	6.3	6.8	5.9
400% or more	15.9	16.8	17.0	14.1	3.9	4.5	4.7	3.8
Hispanic origin and race and percent of poverty level ^{3,4,5}								
Hispanic or Latino:								
Below 100%	22.1	22.4	23.6	22.0	9.8	9.7	11.5	11.2
100%–199%	19.2	18.1	19.9	16.9	8.1	6.7	6.3	7.5
200%–399%	18.5	17.3	18.1	18.0	6.0	7.4	5.2	5.5
400% or more	14.6	16.4	18.8	17.3	*3.8	*4.3	*5.5	*4.0
Not Hispanic or Latino:								
White only:								
Below 100%	29.5	30.1	33.3	32.2	13.0	13.9	15.5	15.7
100%–199%	24.3	25.5	26.8	26.3	9.1	10.4	11.2	11.9
200%–399%	18.1	20.1	20.3	18.7	5.8	6.3	6.5	5.8
400% or more	15.8	16.3	16.9	14.0	3.8	4.1	4.9	3.8
Black or African American only:								
Below 100%	34.6	35.4	36.9	38.2	17.5	17.4	20.2	20.4
100%–199%	29.2	28.5	33.5	29.9	12.8	12.2	15.9	13.5
200%–399%	20.8	23.2	25.7	22.4	8.1	8.0	10.2	9.0
400% or more	18.2	22.6	18.8	16.3	5.9	8.8	*4.0	*4.4

See footnotes at end of table.

Table 87 (page 2 of 3). Emergency department visits within the past 12 months among adults aged 18 and over, by selected characteristics: United States, selected years 1997–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#087>.

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

Characteristic	One or more emergency department visits				Two or more emergency department visits			
	1997	2000	2010	2012	1997	2000	2010	2012
Health insurance status at the time of interview ^{6,7}								
Percent of adults with emergency department visits ¹								
18–64 years:								
Insured	18.8	19.5	20.8	19.1	6.1	6.4	7.5	6.9
Private	16.9	17.6	17.4	15.0	4.7	5.1	5.2	4.1
Medicaid	37.6	42.2	40.2	39.7	19.7	21.0	21.1	22.8
Uninsured	20.0	19.3	21.3	18.8	7.5	6.9	8.9	7.8
Health insurance status prior to interview ^{6,7}								
18–64 years:								
Insured continuously all 12 months	18.3	19.0	20.2	18.3	5.8	6.1	7.1	6.5
Uninsured for any period up to 12 months	25.5	28.2	26.0	27.4	9.4	10.3	12.5	12.6
Uninsured more than 12 months	18.9	17.3	20.6	16.9	7.1	6.4	8.1	6.9
Percent of poverty level and health insurance status prior to interview ^{5,6,7}								
18–64 years:								
Below 100%:								
Insured continuously all 12 months	30.2	31.6	35.2	33.0	14.7	15.4	18.3	17.5
Uninsured for any period up to 12 months	34.1	43.7	34.2	39.8	16.1	18.1	16.5	23.1
Uninsured more than 12 months	20.8	20.5	23.4	21.5	8.1	9.1	11.7	10.0
100%–199%:								
Insured continuously all 12 months	24.5	25.5	26.1	27.1	8.9	10.2	10.8	12.6
Uninsured for any period up to 12 months	28.7	27.7	29.7	28.2	12.3	11.7	15.6	12.0
Uninsured more than 12 months	19.0	17.4	21.2	14.7	8.3	6.4	7.8	5.7
200%–399%:								
Insured continuously all 12 months	17.5	19.5	19.6	17.1	5.3	6.3	6.0	4.9
Uninsured for any period up to 12 months	21.6	24.6	25.4	24.2	6.6	7.3	12.2	9.7
Uninsured more than 12 months	16.8	15.6	17.6	16.9	5.9	4.5	5.7	6.1
400% or more:								
Insured continuously all 12 months	14.9	15.5	15.9	13.1	3.7	3.7	4.5	3.1
Uninsured for any period up to 12 months	18.0	20.1	12.5	16.0	*3.1	6.4	*	*5.9
Uninsured more than 12 months	19.1	15.8	19.4	*9.4	*	*5.2	*	*
Disability measure ^{3,8}								
Any basic actions difficulty or complex activity limitation	30.8	32.0	34.9	33.5	13.5	14.6	16.8	16.2
Any basic actions difficulty	30.5	32.4	35.0	33.9	13.5	14.9	17.2	16.8
Any complex activity limitation	39.7	41.5	43.8	41.8	19.9	21.2	24.5	23.5
No disability	14.5	15.3	16.1	13.6	3.7	3.9	4.4	3.6
Geographic region ³								
Northeast	19.5	20.0	22.6	19.8	6.9	6.2	8.4	7.0
Midwest	19.3	20.1	22.3	20.8	6.2	6.9	8.2	8.0
South	20.9	21.2	22.1	20.2	7.3	7.6	8.0	7.7
West	17.7	18.6	18.9	17.1	6.0	6.3	6.7	5.9
Location of residence ³								
Within MSA ⁹	19.1	19.6	20.8	18.9	6.4	6.6	7.5	6.8
Outside MSA ⁹	21.5	22.5	25.5	22.9	7.8	7.8	9.8	9.5

See footnotes at end of table.

Table 87 (page 3 of 3). Emergency department visits within the past 12 months among adults aged 18 and over, by selected characteristics: United States, selected years 1997–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#087>.

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

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

- - - Data not available.

¹See [Appendix II, Emergency department or emergency room visit](#).

²Includes all other races not shown separately, unknown health insurance status, and unknown disability status.

³Estimates are for persons aged 18 and over and are age-adjusted to the year 2000 standard population using five age groups: 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See [Appendix II, Age adjustment](#).

⁴The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Prior to 1999, data were tabulated according to the 1977 Standards with four racial groups, and the Asian only category included Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁵Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed for 1997 and beyond. See [Appendix II, Family income; Poverty; Table VI](#).

⁶Estimates for persons aged 18–64 are age-adjusted to the year 2000 standard population using three age groups: 18–44 years, 45–54 years, and 55–64 years. See [Appendix II, Age adjustment](#).

⁷Health insurance categories are mutually exclusive. Persons who reported both Medicaid and private coverage are classified as having private coverage. Starting with 1997 data, state-sponsored health plan coverage is included as Medicaid coverage. Starting with 1999 data, coverage by the Children's Health Insurance Program (CHIP) is included with Medicaid coverage. In addition to private and Medicaid, the insured category also includes military plans, other government-sponsored health plans, and Medicare, not shown separately. Persons not covered by private insurance, Medicaid, CHIP, state-sponsored or other government-sponsored health plans (starting in 1997), Medicare, or military plans are considered to have no health insurance coverage. Persons with only Indian Health Service coverage are considered to have no health insurance coverage. See [Appendix II, Health insurance coverage](#).

⁸Any basic actions difficulty or complex activity limitation is defined as having one or more of the following limitations or difficulties: movement difficulty, emotional difficulty, sensory (seeing or hearing) difficulty, cognitive difficulty, self-care (activities of daily living or instrumental activities of daily living) limitation, social limitation, or work limitation. For more information, see [Appendix II, Basic actions difficulty; Complex activity limitation](#). Starting with 2007 data, the hearing question, a component of the basic actions difficulty measure, was revised. Consequently, data prior to 2007 are not comparable with data for 2007 and beyond. For more information on the impact of the revised hearing question, see [Appendix II, Hearing trouble](#).

⁹MSA is metropolitan statistical area. Starting with 2006 data, MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2006, see [Appendix II, Metropolitan statistical area \(MSA\)](#) for the applicable standards.

NOTES: Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Health Interview Survey, family core and sample adult questionnaires. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 88 (page 1 of 2). Initial injury-related visits to hospital emergency departments, by sex, age, and intent and mechanism of injury: United States, average annual, selected years 2005–2006 through 2010–2011

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#088>.

[Data are based on reporting by a sample of hospital emergency departments]

<i>Sex, age, and intent and mechanism of injury</i> ¹	2005–2006	2008–2009	2010–2011	2005–2006	2008–2009	2010–2011
Both sexes	Initial injury-related visits, in thousands			Initial injury-related visits per 10,000 persons		
All ages, age-adjusted ^{2,3}	31,706	31,328	33,007	1,076.4	1,040.8	1,084.0
All ages, crude ²	31,706	31,328	33,007	1,068.6	1,029.4	1,067.9
Unintentional injuries ⁴	25,658	25,725	27,270	864.7	845.3	882.3
Falls	8,100	8,900	9,932	273.0	292.4	321.3
Struck by or against objects or persons	2,935	2,916	3,166	98.9	95.8	102.4
Motor vehicle traffic	3,714	3,508	3,557	125.2	115.3	115.1
Cut or pierce	2,145	2,008	1,922	72.3	66.0	62.2
Intentional injuries	1,977	2,313	2,451	66.6	76.0	79.3
Male						
All ages, age-adjusted ^{2,3}	16,966	16,640	17,483	1,166.1	1,118.0	1,164.5
All ages, crude ²	16,966	16,640	17,483	1,164.2	1,111.8	1,150.5
Unintentional injuries ⁴	13,736	13,590	14,451	942.5	908.0	951.0
Falls	3,685	3,944	4,689	252.9	263.5	308.6
Struck by or against objects or persons	1,833	1,863	2,008	125.8	124.4	132.2
Motor vehicle traffic	1,733	1,734	1,710	118.9	115.8	112.5
Cut or pierce	1,392	1,263	1,236	95.5	84.4	81.4
Intentional injuries	1,135	1,266	1,396	77.8	84.6	91.8
Under 18 years ²	5,072	5,132	5,309	1,346.6	1,351.1	1,397.8
Unintentional injuries ⁴	4,391	4,509	4,724	1,165.8	1,187.1	1,243.9
Falls	1,362	1,512	1,737	361.5	398.1	457.4
Struck by or against objects or persons	816	909	997	216.6	239.2	262.6
Motor vehicle traffic	357	305	301	94.8	80.3	79.1
Cut or pierce	291	284	238	77.3	74.8	62.7
Intentional injuries	190	194	167	50.4	51.1	44.1
18–24 years ²	2,552	2,562	2,511	1,729.5	1,695.5	1,612.1
Unintentional injuries ⁴	1,985	1,947	1,890	1,345.4	1,288.6	1,213.7
Falls	318	366	390	215.2	242.4	250.4
Struck by or against objects or persons	290	283	259	196.9	187.4	166.6
Motor vehicle traffic	386	373	357	261.6	247.0	229.3
Cut or pierce	265	215	192	179.5	142.6	123.5
Intentional injuries	273	381	403	185.2	252.2	258.7
25–44 years ²	5,199	4,611	4,850	1,243.6	1,109.5	1,184.3
Unintentional injuries ⁴	4,001	3,540	3,690	957.1	851.8	901.1
Falls	763	703	815	182.4	169.2	199.1
Struck by or against objects or persons	472	401	452	112.9	96.4	110.4
Motor vehicle traffic	629	578	591	150.5	139.1	144.3
Cut or pierce	480	401	423	114.8	96.5	103.2
Intentional injuries	436	495	589	104.4	119.2	143.8
45–64 years ²	2,842	2,996	3,270	790.0	780.7	822.7
Unintentional injuries ⁴	2,275	2,437	2,741	632.5	635.1	689.6
Falls	599	669	909	166.6	174.2	228.6
Struck by or against objects or persons	208	216	204	57.9	56.4	51.4
Motor vehicle traffic	262	375	334	72.9	97.7	84.0
Cut or pierce	285	306	294	79.2	79.7	73.9
Intentional injuries	205	168	219	57.1	43.9	55.2
65 years and over ²	1,301	1,340	1,544	837.5	805.1	871.6
Unintentional injuries ⁴	1,082	1,157	1,406	696.8	695.2	793.5
Falls	644	694	838	414.5	416.7	473.0
Struck by or against objects or persons	46	*54	95	29.8	*32.2	53.6
Motor vehicle traffic	98	103	128	63.4	61.7	72.1
Cut or pierce	70	*57	90	45.3	*34.0	50.6
Intentional injuries	*	*	*	*	*	*

See footnotes at end of table.

Table 88 (page 2 of 2). Initial injury-related visits to hospital emergency departments, by sex, age, and intent and mechanism of injury: United States, average annual, selected years 2005–2006 through 2010–2011

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#088>.

[Data are based on reporting by a sample of hospital emergency departments]

<i>Sex, age, and intent and mechanism of injury¹</i>	<i>2005–2006</i>	<i>2008–2009</i>	<i>2010–2011</i>	<i>2005–2006</i>	<i>2008–2009</i>	<i>2010–2011</i>
Female	Initial injury-related visits, in thousands			Initial injury-related visits per 10,000 persons		
All ages, age-adjusted ^{2,3}	14,740	14,688	15,524	980.5	955.6	997.2
All ages, crude ²	14,740	14,688	15,524	976.3	949.7	988.0
Unintentional injuries ⁴	11,922	12,134	12,819	789.7	784.6	815.8
Falls	4,415	4,956	5,243	292.4	320.4	333.6
Struck by or against objects or persons	1,102	1,053	1,158	73.0	68.1	73.7
Motor vehicle traffic	1,981	1,774	1,847	131.2	114.7	117.6
Cut or pierce	753	745	685	49.9	48.2	43.6
Intentional injuries	843	1,048	1,055	55.8	67.7	67.2
Under 18 years ²	3,625	3,508	3,673	1,008.7	967.5	1,013.2
Unintentional injuries ⁴	3,058	3,008	3,120	851.1	829.5	860.7
Falls	1,039	1,096	1,138	289.1	302.3	314.0
Struck by or against objects or persons	419	439	425	116.7	121.1	117.2
Motor vehicle traffic	367	249	302	102.1	68.6	83.4
Cut or pierce	160	154	158	44.4	42.4	43.7
Intentional injuries	188	222	196	52.3	61.4	54.1
18–24 years ²	1,882	1,736	1,936	1,329.3	1,194.5	1,297.1
Unintentional injuries ⁴	1,431	1,325	1,530	1,010.5	911.7	1,025.0
Falls	290	307	305	205.0	210.9	204.5
Struck by or against objects or persons	146	110	171	103.4	75.4	114.7
Motor vehicle traffic	397	360	460	280.6	247.5	308.1
Cut or pierce	116	77	*94	82.2	53.2	*63.3
Intentional injuries	176	232	251	124.2	159.7	168.4
25–44 years ²	4,173	4,087	4,233	1,004.2	996.6	1,034.6
Unintentional injuries ⁴	3,266	3,179	3,303	785.8	775.1	807.3
Falls	873	1,004	941	210.1	244.7	229.9
Struck by or against objects or persons	309	198	284	74.3	48.3	69.4
Motor vehicle traffic	719	621	616	173.1	151.3	150.5
Cut or pierce	269	270	219	64.7	65.9	53.6
Intentional injuries	313	396	413	75.4	96.5	100.9
45–64 years ²	2,904	3,061	3,101	767.8	760.0	741.9
Unintentional injuries ⁴	2,278	2,539	2,519	602.2	630.4	602.7
Falls	865	1,012	1,075	228.7	251.2	257.1
Struck by or against objects or persons	160	216	197	42.2	53.5	47.2
Motor vehicle traffic	359	399	345	94.8	99.0	82.6
Cut or pierce	158	190	157	41.7	47.2	37.6
Intentional injuries	149	161	182	39.4	39.9	43.5
65 years and over ²	2,155	2,294	2,582	1,002.9	1,016.3	1,110.7
Unintentional injuries ⁴	1,889	2,083	2,348	879.1	922.8	1,009.8
Falls	1,347	1,538	1,784	626.9	681.2	767.2
Struck by or against objects or persons	69	91	81	31.9	40.4	34.7
Motor vehicle traffic	139	146	124	64.5	64.7	53.5
Cut or pierce	*50	*54	*56	*23.3	*23.9	*24.2
Intentional injuries	*	*	*	*	*	*

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

¹Intent and mechanism of injury are based on the first-listed external cause of injury code (E code). Intentional injuries include suicide attempts and assaults. See [Appendix II, External cause of injury; Injury; Injury-related visit; Table IX](#) for a listing of E codes.

²Includes all injury-related visits not shown separately in table, including those with undetermined intent (1% in 2010–2011) and insufficient or no information to code cause of injury (9% in 2010–2011).

³Rates are age-adjusted to the year 2000 standard population using six age groups: under 18 years, 18–24 years, 25–44 years, 45–64 years, 65–74 years, and 75 years and over. See [Appendix II, Age adjustment](#).

⁴Includes unintentional injury-related visits with mechanism of injury not shown in table.

NOTES: An emergency department visit was considered injury-related if the first-listed diagnosis was injury-related (ICD–9–CM 800–909.2, 909.4, 909.9–994.9, 995.50–995.59, and 995.80–995.85) or the first-listed external cause code (E code) was injury-related (ICD–9–CM E800–E869, E880–E929, and E950–E999). See: http://www.cdc.gov/nchs/injury/injury_tools.htm for code used to classify injury-related visits in this table. Visits with a first-listed diagnosis or first-listed E code describing a complication or adverse effect of medical care were not considered injury related. For more information on injury-related visits, see Bergen G, Chen LH, Warner M, Fingerhut LA. Injury in the United States: 2007 Chartbook. Hyattsville, MD: NCHS. 2008. Available from: <http://www.cdc.gov/nchs/data/misc/injury2007.pdf>. Estimates for first-listed injury-related visits were further limited to those visits that were initial visits for the injury. This was determined using an imputed variable in 2005–2006; for 2007 and beyond this was determined by using the initial visit episode of care information collected on the questionnaire. Limiting the estimates to initial visits decreases the total number of injury-related visits by 9% in 2005–2006, 14% in 2007–2008, 10% to 12% in 2008–2009 and 2009–2010 (shown in spreadsheet version), and 10% in 2010–2011. Rates were calculated using estimates of the civilian population of the United States including institutionalized persons. Population data are from unpublished tabulations provided by the U.S. Census Bureau. Rates for 2005–2010 were calculated using postcensal population estimates based on the 2000 census. Rates for 2011 and beyond were calculated using postcensal population estimates based on the 2010 census. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Hospital Ambulatory Medical Care Survey. See [Appendix I, National Hospital Ambulatory Medical Care Survey \(NHAMCS\)](#).

Table 89 (page 1 of 3). Visits to physician offices, hospital outpatient departments, and hospital emergency departments, by age, sex, and race: United States, selected years 1995–2011

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#089>.

[Data are based on reporting by a sample of office-based physicians, hospital outpatient departments, and hospital emergency departments]

Age, sex, and race	All places ¹				Physician offices			
	1995	2000	2010	2011	1995	2000	2010	2011
Age								
Number of visits, in thousands								
Total	860,859	1,014,848	1,239,387	---	697,082	823,542	1,008,802	---
Under 18 years	194,644	212,165	246,228	---	150,351	163,459	191,500	---
18–44 years	285,184	315,774	342,797	---	219,065	243,011	261,941	---
45–64 years	188,320	255,894	352,001	---	159,531	216,783	296,385	---
45–54 years	104,891	142,233	171,039	---	88,266	119,474	140,819	---
55–64 years	83,429	113,661	180,962	---	71,264	97,309	155,566	---
65 years and over	192,712	231,014	298,362	---	168,135	200,289	258,976	---
65–74 years	102,605	116,505	151,075	---	90,544	102,447	132,201	---
75 years and over	90,106	114,510	147,287	---	77,591	97,842	126,775	---
Number of visits per 100 persons								
Total, age-adjusted ²	334	374	401	---	271	304	325	---
Total, crude	329	370	408	---	266	300	332	---
Under 18 years	275	293	331	---	213	226	257	---
18–44 years	264	291	310	---	203	224	237	---
45–64 years	364	422	441	---	309	358	371	---
45–54 years	339	385	388	---	286	323	320	---
55–64 years	401	481	505	---	343	412	434	---
65 years and over	612	706	767	---	534	612	666	---
65–74 years	560	656	713	---	494	577	624	---
75 years and over	683	766	831	---	588	654	715	---
Sex and age								
Male, age-adjusted ²	290	325	350	---	232	261	283	---
Male, crude	277	314	350	---	220	251	283	---
Under 18 years	273	302	340	---	209	231	262	---
18–44 years	190	203	205	---	139	148	151	---
45–54 years	275	316	324	---	229	260	265	---
55–64 years	351	428	460	---	300	367	396	---
65–74 years	508	614	680	---	445	539	597	---
75 years and over	711	771	871	---	616	670	760	---
Female, age-adjusted ²	377	420	452	---	309	345	367	---
Female, crude	378	424	464	---	310	348	379	---
Under 18 years	277	285	322	---	217	221	252	---
18–44 years	336	377	415	---	265	298	323	---
45–54 years	400	451	450	---	339	384	372	---
55–64 years	446	529	546	---	382	453	469	---
65–74 years	603	692	741	---	534	609	647	---
75 years and over	666	763	804	---	571	645	685	---
Race and age ³								
White, age-adjusted ²	339	380	408	---	282	315	336	---
White, crude	338	381	421	---	281	316	349	---
Under 18 years	295	306	341	---	237	243	270	---
18–44 years	267	301	319	---	211	239	249	---
45–54 years	334	386	389	---	286	330	326	---
55–64 years	397	480	505	---	345	416	440	---
65–74 years	557	641	727	---	496	568	642	---
75 years and over	689	764	838	---	598	658	723	---
Black or African American, age-adjusted ²	309	353	439	---	204	239	316	---
Black or African American, crude	281	324	425	---	178	214	303	---
Under 18 years	193	264	351	---	100	167	241	---
18–44 years	260	257	339	---	158	149	222	---
45–54 years	387	383	466	---	281	269	339	---
55–64 years	414	495	617	---	294	373	481	---
65–74 years	553	656	715	---	429	512	565	---
75 years and over	534	745	845	---	395	568	682	---

See footnotes at end of table.

Table 89 (page 2 of 3). Visits to physician offices, hospital outpatient departments, and hospital emergency departments, by age, sex, and race: United States, selected years 1995–2011

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#089>.

[Data are based on reporting by a sample of office-based physicians, hospital outpatient departments, and hospital emergency departments]

Age, sex, and race	Hospital outpatient departments				Hospital emergency departments			
	1995	2000	2010	2011	1995	2000	2010	2011
Age								
Number of visits, in thousands								
Total	67,232	83,289	100,742	125,721	96,545	108,017	129,843	136,296
Under 18 years	17,636	21,076	24,913	27,651	26,657	27,630	29,815	29,451
18–44 years	24,299	26,947	28,159	37,557	41,820	45,816	52,697	56,646
45–64 years	14,811	20,772	27,739	37,980	13,978	18,339	27,877	29,828
45–54 years	8,029	11,558	13,639	19,310	8,595	11,201	16,581	17,595
55–64 years	6,782	9,214	14,100	18,670	5,383	7,138	11,296	12,232
65 years and over	10,486	14,494	19,932	22,534	14,090	16,232	19,454	20,372
65–74 years	6,004	7,515	10,675	12,529	6,057	6,543	8,199	8,208
75 years and over	4,482	6,979	9,257	10,005	8,033	9,690	11,255	12,163
Number of visits per 100 persons								
Total, age-adjusted ²	26	31	33	40	37	40	43	45
Total, crude	26	30	33	41	37	39	43	44
Under 18 years	25	29	33	37	38	38	40	40
18–44 years	22	25	25	34	39	42	48	51
45–64 years	29	34	35	46	27	30	35	36
45–54 years	26	31	31	44	28	30	38	40
55–64 years	33	39	39	49	26	30	32	32
65 years and over	33	44	51	56	45	50	50	51
65–74 years	33	42	50	56	33	37	39	37
75 years and over	34	47	52	56	61	65	64	68
Sex and age								
Male, age-adjusted ²	21	26	27	32	37	38	40	42
Male, crude	21	25	27	33	36	38	39	41
Under 18 years	25	29	34	37	40	41	43	41
18–44 years	14	17	16	20	37	38	38	43
45–54 years	20	26	24	34	26	30	35	38
55–64 years	26	32	32	45	25	30	32	34
65–74 years	29	38	47	52	34	36	37	37
75 years and over	34	42	50	49	61	59	60	62
Female, age-adjusted ²	31	35	38	48	37	41	47	48
Female, crude	31	35	39	49	37	41	46	48
Under 18 years	25	29	33	38	35	35	37	39
18–44 years	31	33	35	47	40	46	57	59
45–54 years	32	36	37	53	29	31	40	41
55–64 years	38	45	46	54	26	31	31	31
65–74 years	36	46	54	60	32	37	40	37
75 years and over	34	49	53	61	61	69	66	72
Race and age ³								
White, age-adjusted ²	23	28	31	37	34	37	41	42
White, crude	23	28	32	38	34	37	40	41
Under 18 years	23	27	33	37	35	36	39	37
18–44 years	20	23	25	31	36	39	45	47
45–54 years	23	28	28	37	25	28	34	35
55–64 years	28	36	36	44	24	28	29	30
65–74 years	29	38	48	49	32	35	37	34
75 years and over	31	44	52	52	60	63	62	65
Black or African American, age-adjusted ²	48	51	51	69	58	62	73	85
Black or African American, crude	45	48	50	68	58	62	72	83
Under 18 years	39	40	48	*50	53	57	62	72
18–44 years	38	40	37	55	64	68	81	96
45–54 years	55	61	54	89	51	53	73	83
55–64 years	73	70	73	94	47	52	62	60
65–74 years	*77	85	*85	*121	47	59	66	73
75 years and over	66	85	*74	*98	73	92	89	118

See footnotes at end of table.

Table 89 (page 3 of 3). Visits to physician offices, hospital outpatient departments, and hospital emergency departments, by age, sex, and race: United States, selected years 1995–2011

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#089>.

[Data are based on reporting by a sample of office-based physicians, hospital outpatient departments, and hospital emergency departments]

-- Data not available. Estimates for all places and physician offices will be published on the *Health, United States* website when the data are available.

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

¹All places includes visits to physician offices and hospital outpatient and emergency departments. See [Appendix II, Emergency department; Emergency department or emergency room visit; Office visit; Outpatient department; Outpatient visit](#).

²Estimates are age-adjusted to the year 2000 standard population using six age groups: under 18 years, 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See [Appendix II, Age adjustment](#).

³Estimates by racial group should be used with caution because information on race was collected from medical records. In 2010, race data were missing and imputed for 23% of visits to physician offices, and in 2011, for 17% of visits to hospital outpatient departments, and 15% of visits to hospital emergency departments. Information on the race imputation process used in each data year is available in the public-use file documentation. Available from: <http://www.cdc.gov/nchs/ahcd.htm>. Starting with 1999 data, the instruction for the race item on the Patient Record Form was changed so that more than one race could be recorded. In previous years only one race could be recorded. Estimates for race in this table are for visits where only one race was recorded. Because of the small number of responses with more than one racial group recorded, estimates for visits with multiple races recorded are unreliable and are not presented.

NOTES: Rates for 1995–2000 were computed using 1990-based postcensal estimates of the civilian noninstitutionalized population as of July 1, adjusted for net underenumeration using the 1990 National Population Adjustment Matrix from the U.S. Census Bureau. For 2001–2010 data, rates were computed using 2000-based postcensal estimates of the civilian noninstitutionalized population as of July 1. For 2011 data and beyond, rates were computed using 2010-based postcensal estimates of the civilian noninstitutionalized population as of July 1. More information is available from: <http://www.cdc.gov/nchs/ahcd.htm>. Rates using the civilian noninstitutionalized population 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) but institutionalized persons are omitted from the denominator (the civilian noninstitutionalized population). Starting with *Health, United States, 2005*, data for physician offices for 2001 and beyond use a revised weighting scheme. See [Appendix I, National Ambulatory Medical Care Survey \(NAMCS\); National Hospital Ambulatory Medical Care Survey \(NHAMCS\)](#). Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey. See [Appendix I, National Ambulatory Medical Care Survey \(NAMCS\); National Hospital Ambulatory Medical Care Survey \(NHAMCS\)](#).

Table 90 (page 1 of 2). Visits to primary care generalist and specialty care physicians, by selected characteristics and type of physician: United States, selected years 1980–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#090>.

[Data are based on reporting by a sample of office-based physicians]

Age, sex, and race	Type of primary care generalist physician ¹											
	All primary care generalists				General and family practice				Internal medicine			
	1980	1990	2000	2010	1980	1990	2000	2010	1980	1990	2000	2010
Age												
Percent distribution												
Total	66.2	63.6	58.9	55.2	33.5	29.9	24.1	21.1	12.1	13.8	15.3	13.9
Under 18 years	77.8	79.5	79.7	80.9	26.1	26.5	19.9	15.3	2.0	2.9	*	*
18–44 years	65.3	65.2	62.1	62.7	34.3	31.9	28.2	27.8	8.6	11.8	12.7	11.6
45–64 years	60.2	55.5	51.2	46.7	36.3	32.1	26.4	23.1	19.5	18.6	20.1	18.5
45–54 years	60.2	55.6	52.3	48.7	37.4	32.0	27.8	26.2	17.1	17.1	18.7	15.7
55–64 years	60.2	55.5	49.9	44.8	35.4	32.1	24.7	20.4	21.8	20.0	21.7	21.0
65 years and over	61.6	52.6	46.5	38.3	37.5	28.1	20.2	16.4	22.7	23.3	24.5	20.5
65–74 years	61.2	52.7	46.6	37.3	37.4	28.1	19.7	17.5	22.1	23.0	24.5	18.2
75 years and over	62.3	52.4	46.4	39.2	37.6	28.0	20.8	15.4	23.5	23.7	24.5	22.8
Sex and age												
Male:												
Under 18 years	77.3	78.1	77.7	80.1	25.6	24.1	18.3	15.7	2.0	3.0	*	*
18–44 years	50.8	51.8	51.5	51.7	38.0	35.9	34.2	33.7	11.5	15.0	14.4	16.4
45–64 years	55.6	50.6	49.4	43.7	34.4	31.0	28.7	24.4	20.5	19.2	19.8	19.1
65 years and over	58.2	51.2	43.1	36.6	35.6	27.7	19.3	16.2	22.3	23.3	23.8	20.3
Female:												
Under 18 years	78.5	81.1	82.0	81.7	26.6	29.1	21.7	14.9	2.0	2.8	*	*
18–44 years	72.1	71.3	67.2	67.9	32.5	30.0	25.3	25.0	7.3	10.3	11.9	9.4
45–64 years	63.4	58.8	52.5	48.9	37.7	32.8	24.9	22.2	18.9	18.2	20.2	18.1
65 years and over	63.9	53.5	48.9	39.6	38.7	28.3	20.9	16.7	22.9	23.3	25.0	20.5
Race and age ²												
White:												
Under 18 years	77.6	79.2	78.5	79.6	26.4	27.1	21.2	15.6	2.0	2.3	*	*
18–44 years	64.8	64.4	61.4	61.2	34.5	31.9	29.2	27.9	8.6	10.6	11.0	11.1
45–64 years	59.6	54.2	49.3	45.2	36.0	31.5	27.3	22.8	19.2	17.6	17.1	17.5
65 years and over	61.4	51.9	45.1	37.6	36.6	27.5	20.3	16.6	23.3	23.1	23.0	19.7
Black or African American:												
Under 18 years	79.9	85.5	87.3	88.0	23.7	20.2	*	*16.5	*2.2	9.8	*	*
18–44 years	68.5	68.3	65.0	72.6	31.7	31.9	22.0	29.4	9.0	18.1	20.9	*14.0
45–64 years	66.1	61.6	61.7	57.0	38.6	31.2	23.3	26.7	22.6	26.9	35.9	24.5
65 years and over	64.6	58.6	52.8	45.2	49.0	28.9	*18.5	*18.6	14.2	28.7	33.4	*25.4

See footnotes at end of table.

Table 90 (page 2 of 2). Visits to primary care generalist and specialty care physicians, by selected characteristics and type of physician: United States, selected years 1980–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#090>.

[Data are based on reporting by a sample of office-based physicians]

Age, sex, and race	Type of primary care generalist physician ¹								Specialty care physicians			
	Obstetrics and gynecology				Pediatrics				1980	1990	2000	2010
	1980	1990	2000	2010	1980	1990	2000	2010				
Percent distribution												
Age												
Total	9.6	8.7	7.8	7.8	10.9	11.2	11.7	12.4	33.8	36.4	41.1	44.8
Under 18 years	1.3	1.2	*1.1	*1.3	48.5	48.9	57.3	63.4	22.2	20.5	20.3	19.1
18–44 years	21.7	20.8	20.4	22.3	0.7	0.7	*0.9	1.0	34.7	34.8	37.9	37.3
45–64 years	4.2	4.6	4.5	4.9	*	*	*	*	39.8	44.5	48.8	53.3
45–54 years	5.6	6.3	5.6	6.7	*	*	*	*	39.8	44.4	47.7	51.3
55–64 years	2.9	3.1	3.3	3.3	*	*	*	*	39.8	44.5	50.1	55.2
65 years and over	1.4	1.1	1.5	1.3	*	*	*	*	38.4	47.4	53.5	61.7
65–74 years	1.7	1.6	2.0	1.7	*	*	*	*	38.8	47.3	53.4	62.7
75 years and over	1.0	*0.6	*1.0	*1.0	*	*	*	*	37.7	47.6	53.6	60.8
Sex and age												
Male:												
Under 18 years	...	...	...	...	49.4	50.7	58.0	63.7	22.7	21.9	22.3	19.9
18–44 years	...	...	...	...	1.0	0.7	*1.7	*1.4	49.2	48.2	48.5	48.3
45–64 years	...	...	...	...	*	*	*	*	44.4	49.4	50.6	56.3
65 years and over	...	...	...	...	*	*	*	*	41.8	48.8	56.9	63.4
Female:												
Under 18 years	2.5	2.3	2.1	*2.8	47.4	46.9	56.5	63.1	21.5	18.9	18.0	18.3
18–44 years	31.7	30.4	29.6	32.5	0.6	0.7	*	*0.9	27.9	28.7	32.8	32.1
45–64 years	6.7	7.7	7.3	8.5	*	*	*	*	36.6	41.2	47.5	51.1
65 years and over	2.1	1.8	2.6	2.4	*	*	*	*	36.1	46.5	51.1	60.4
Race and age²												
White:												
Under 18 years	1.1	1.0	*1.2	*1.3	48.2	48.8	54.7	61.7	22.4	20.8	21.5	20.4
18–44 years	21.0	21.1	20.4	21.1	0.7	0.7	*0.8	*1.1	35.2	35.6	38.6	38.8
45–64 years	4.1	4.8	4.7	4.7	*	*	*	*	40.4	45.8	50.7	54.8
65 years and over	1.4	1.2	1.5	*1.3	*	*	*	*	38.6	48.1	54.9	62.4
Black or African American:												
Under 18 years	2.8	*3.4	*	*	51.2	52.1	75.0	70.2	20.1	14.5	*12.7	*12.0
18–44 years	27.1	17.9	20.7	28.4	*	*	*	*	31.5	31.7	35.0	27.4
45–64 years	4.8	3.5	*2.4	*5.6	*	*	*	*	33.9	38.4	38.3	43.0
65 years and over	*	*	*	*1.2	*	*	*	*	35.4	41.4	47.2	54.8

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

¹Type of physician is based on physician's self-designated primary area of practice. Primary care generalist physicians are defined as practitioners in the fields of general and family practice, general internal medicine, general obstetrics and gynecology, and general pediatrics and exclude primary care specialists. Primary care generalists in general and family practice exclude primary care specialties, such as sports medicine and geriatrics. Primary care internal medicine physicians exclude internal medicine specialists, such as allergists, cardiologists, and endocrinologists. Primary care obstetrics and gynecology physicians exclude obstetrics and gynecology specialties, such as gynecological oncology, maternal and fetal medicine, obstetrics and gynecology critical care medicine, and reproductive endocrinology. Primary care pediatricians exclude pediatric specialists, such as adolescent medicine specialists, neonatologists, pediatric allergists, and pediatric cardiologists. See [Appendix II, Physician specialty](#).

²Estimates by racial group should be used with caution because information on race was collected from medical records. In 2010, race data were missing and imputed for 23% of visits. Information on the race imputation process used in each data year is available in the public-use file documentation. Available from: <http://www.cdc.gov/nchs/ahcd.htm>. Starting with 1999 data, the instruction for the race item on the Patient Record Form was changed so that more than one race could be recorded. In previous years only one racial category could be checked. Estimates for racial groups presented in this table are for visits where only one race was recorded. Because of the small number of responses with more than one racial group checked, estimates for visits with multiple races checked are unreliable and are not presented.

NOTES: This table presents data on visits to physician offices and excludes visits to other sites, such as hospital outpatient and emergency departments. See [Appendix II, Office visit](#). In 1980, the survey excluded Alaska and Hawaii. Data for all other years include all 50 states and the District of Columbia. Visits with specialty of physician unknown are excluded. Starting with *Health, United States, 2005*, data for 2001 and later years for physician offices use a revised weighting scheme. See [Appendix I, National Ambulatory Medical Care Survey \(NAMCS\)](#). Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey. See [Appendix I, National Ambulatory Medical Care Survey \(NAMCS\)](#).

Table 91 (page 1 of 2). Dental visits in the past year, by selected characteristics: United States, selected years 1997–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#091>.

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

Characteristic	2 years and over			2–17 years			18–64 years			65 years and over ¹		
	1997	2010	2012	1997	2010	2012	1997	2010	2012	1997	2010	2012
Percent of persons with a dental visit in the past year ²												
Total ³	65.1	64.7	66.2	72.7	78.9	82.3	64.1	61.1	61.6	54.8	57.7	61.8
Sex												
Male	62.9	61.7	63.8	72.3	78.3	82.7	60.4	56.8	57.7	55.4	56.2	60.5
Female	67.1	67.5	68.5	73.0	79.6	81.8	67.7	65.4	65.4	54.4	58.9	62.8
Race ⁴												
White only	66.4	65.6	66.8	74.0	79.2	82.3	65.7	62.4	62.5	56.8	59.3	63.4
Black or African American only	58.9	58.8	62.1	68.8	79.0	83.1	57.0	53.1	56.4	35.4	40.6	45.1
American Indian or Alaska Native only	55.1	57.4	65.0	66.8	73.2	89.8	49.9	49.8	53.6	*	72.2	*48.9
Asian only	62.5	66.5	65.5	69.9	74.8	78.9	60.3	64.6	61.7	53.9	61.9	65.3
Native Hawaiian or Other Pacific Islander only	---	*	*	---	*	*	---	*	*	---	*	*
2 or more races	---	65.2	68.9	---	77.9	80.5	---	54.7	60.1	---	48.1	47.3
Black or African American; White	---	72.5	71.8	---	78.4	77.2	---	62.1	61.7	---	*	*67.8
American Indian or Alaska Native; White	---	54.7	60.4	---	70.0	86.1	---	49.0	51.0	---	*54.5	*44.8
Hispanic origin and race ⁴												
Hispanic or Latino	54.0	56.5	58.8	61.0	74.8	80.4	50.8	48.5	49.2	47.8	42.1	47.1
Not Hispanic or Latino	66.4	66.2	67.7	74.7	80.1	82.9	65.7	63.4	64.1	55.2	59.0	63.0
White only	68.0	67.6	68.9	76.4	80.9	83.3	67.5	65.4	65.8	57.2	60.9	65.0
Black or African American only	58.8	58.7	62.0	68.8	79.2	82.9	56.9	53.1	56.5	35.3	40.5	45.2
Percent of poverty level ⁵												
Below 100%	50.5	50.6	51.5	62.0	73.2	76.4	46.9	41.0	41.5	31.5	32.8	32.8
100%–199%	50.8	51.6	54.1	62.5	73.4	79.2	48.3	44.1	45.8	40.8	43.8	44.6
200%–399%	66.2	63.5	64.9	76.1	79.0	82.5	63.4	59.6	59.8	60.7	57.9	60.8
400% or more	78.9	79.3	81.1	85.7	88.0	89.8	77.7	77.5	78.8	74.7	77.2	82.4
Hispanic origin and race and percent of poverty level ^{4,5}												
Hispanic or Latino:												
Below 100%	45.7	50.8	52.5	55.9	74.3	77.9	39.2	34.7	37.3	33.6	32.4	36.5
100%–199%	47.2	50.8	55.2	53.8	71.1	80.3	43.5	40.2	43.1	47.9	39.5	41.0
200%–399%	61.2	59.1	59.9	70.5	76.5	81.6	57.5	54.1	52.8	57.0	46.0	47.9
400% or more	73.0	73.3	75.9	82.4	84.2	85.9	70.8	71.6	73.0	64.9	54.3	71.9
Not Hispanic or Latino:												
White only:												
Below 100%	51.7	49.3	49.2	64.4	69.1	73.8	50.6	44.4	43.2	32.0	36.4	32.6
100%–199%	52.4	52.7	52.7	66.1	75.3	76.7	50.4	47.2	46.7	42.2	45.4	45.9
200%–399%	67.5	64.7	66.0	77.1	79.6	82.5	65.0	61.4	61.5	61.9	59.8	62.9
400% or more	79.7	79.8	82.2	86.8	88.6	90.9	78.5	77.9	80.0	75.5	78.8	83.2
Black or African American only:												
Below 100%	52.8	52.0	53.9	66.1	78.0	78.1	46.2	39.7	42.7	27.7	20.9	25.6
100%–199%	48.7	50.0	57.5	61.2	75.9	84.8	46.3	41.5	49.0	26.9	33.6	39.0
200%–399%	63.3	61.2	62.6	75.0	81.2	85.1	60.7	57.2	57.8	41.5	45.3	48.7
400% or more	74.6	77.2	78.3	81.8	87.2	90.4	73.4	75.9	76.4	66.1	69.8	76.1

See footnotes at end of table.

Table 91 (page 2 of 2). Dental visits in the past year, by selected characteristics: United States, selected years 1997–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#091>.

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

Characteristic	2 years and over			2–17 years			18–64 years			65 years and over ¹		
	1997	2010	2012	1997	2010	2012	1997	2010	2012	1997	2010	2012
Disability measure ⁶ Percent of persons with a dental visit in the past year ²												
Any basic actions difficulty or complex activity limitation . . . . .	...	...	...	...	...	...	55.1	53.5	53.0	49.0	50.7	54.7
Any basic actions difficulty . . . . .	...	...	...	...	...	...	54.7	53.2	53.1	48.7	50.5	54.6
Any complex activity limitation . . . . .	...	...	...	...	...	...	51.0	47.4	47.7	44.6	43.1	49.4
No disability . . . . .	...	...	...	...	...	...	67.4	64.2	64.8	64.2	68.8	72.4
Geographic region												
Northeast	69.6	70.1	72.9	77.5	83.8	86.4	69.6	67.9	70.7	55.5	61.5	63.4
Midwest	68.4	67.3	67.1	76.4	80.8	80.1	67.4	64.3	63.0	57.6	58.2	65.1
South	60.2	60.9	62.3	68.0	77.4	82.4	59.4	56.5	56.7	49.0	54.1	55.8
West	65.0	63.9	66.4	71.5	76.1	81.3	62.9	60.2	60.8	61.9	59.8	67.6
Location of residence												
Within MSA ⁷	66.7	65.9	67.5	73.6	79.3	82.5	65.7	62.4	62.9	57.6	59.4	64.3
Outside MSA ⁷	59.1	58.4	59.4	69.3	76.4	81.0	58.0	53.8	54.0	46.1	51.3	51.8

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

--- Data not available.

... Category not applicable.

¹Based on the 1997–2012 National Health Interview Surveys, about 21%–30% of persons aged 65 and over were edentulous (having lost all their natural teeth). In 1997–2012, about 69%–73% of older dentate persons, compared with 17%–23% of older edentate persons, had a dental visit in the past year.

²Respondents were asked “About how long has it been since you last saw or talked to a dentist?” See [Appendix II, Dental visit](#).

³Includes all other races not shown separately and unknown disability status.

⁴The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Prior to 1999, data were tabulated according to the 1977 Standards with four racial groups, and the Asian only category included Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁵Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed for 1997 and beyond. See [Appendix II, Family income; Poverty; Table VI](#).

⁶Any basic actions difficulty or complex activity limitation is defined as having one or more of the following limitations or difficulties: movement difficulty, emotional difficulty, sensory (seeing or hearing) difficulty, cognitive difficulty, self-care (activities of daily living or instrumental activities of daily living) limitation, social limitation, or work limitation. For more information, see [Appendix II, Basic actions difficulty; Complex activity limitation](#). Starting with 2007 data, the hearing question, a component of the basic actions difficulty measure, was revised. Consequently, data prior to 2007 are not comparable with data for 2007 and beyond. For more information on the impact of the revised hearing question, see [Appendix II, Hearing trouble](#).

⁷MSA is metropolitan statistical area. Starting with 2006 data, MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2006, see [Appendix II, Metropolitan statistical area \(MSA\)](#) for the applicable standards.

NOTES: In 1997, the National Health Interview Survey questionnaire was redesigned. See [Appendix I, National Health Interview Survey \(NHIS\)](#). Standard errors for selected years are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

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

Table 92 (page 1 of 2). Prescription drug use in the past 30 days, by sex, age, race and Hispanic origin: United States, selected years 1988–1994 through 2007–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#092>.

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

Sex and age	Not Hispanic or Latino											
	All persons ¹			White only ²			Black or African American only ²			Mexican origin ^{2,3}		
	1988–1994	1999–2002	2007–2010	1988–1994	1999–2002	2007–2010	1988–1994	1999–2002	2007–2010	1988–1994	1999–2002	2007–2010
Percent of population with at least one prescription drug in past 30 days												
Both sexes, age-adjusted ⁴	39.1	45.2	47.5	41.1	48.7	52.8	36.9	40.1	42.3	31.7	31.7	33.9
Male	32.7	39.8	42.8	34.2	43.0	47.5	31.1	35.4	36.7	27.5	25.8	31.0
Female	45.0	50.3	52.0	47.6	54.3	57.9	41.4	43.8	46.8	36.0	37.8	37.0
Both sexes, crude	37.8	45.0	48.5	41.4	50.7	56.2	31.2	36.0	40.2	24.0	23.6	26.4
Male	30.6	38.6	43.0	33.5	43.8	50.3	25.5	30.7	33.9	20.1	18.8	23.7
Female	44.6	51.1	53.8	48.9	57.5	61.8	36.2	40.6	45.7	28.1	28.9	29.4
Under 18 years	20.5	23.8	24.0	22.9	27.0	28.1	14.8	18.5	21.7	16.1	15.8	16.8
18–44 years	31.3	35.9	38.7	34.3	41.3	47.5	27.8	28.5	28.5	21.1	19.1	19.4
45–64 years	54.8	64.1	66.2	55.5	66.1	69.7	57.5	62.3	64.2	48.1	49.3	49.7
65 years and over	73.6	84.7	89.7	74.0	85.4	90.2	74.5	81.1	89.1	67.7	72.0	86.2
Male:												
Under 18 years	20.4	25.7	24.5	22.3	29.9	27.4	15.5	19.6	24.8	16.3	16.2	17.6
18–44 years	21.5	27.1	29.5	23.5	31.2	37.1	21.1	21.5	18.8	14.9	13.0	16.7
45–64 years	47.2	55.6	61.3	48.1	57.4	65.2	48.2	54.0	54.6	43.8	36.4	43.9
65 years and over	67.2	80.1	88.8	67.4	81.0	90.1	64.4	78.1	85.3	61.3	66.8	80.2
Female:												
Under 18 years	20.6	21.7	23.5	23.6	24.0	28.8	14.2	17.3	18.6	16.0	15.4	16.0
18–44 years	40.7	44.6	47.6	44.7	51.7	57.6	33.4	34.2	36.7	28.1	26.2	22.8
45–64 years	62.0	72.0	70.8	62.6	74.7	74.1	64.4	69.0	72.1	52.2	62.4	55.7
65 years and over	78.3	88.1	90.4	78.8	88.8	90.2	81.3	83.1	91.5	73.0	76.3	91.1
Percent of population with three or more prescription drugs in past 30 days												
Both sexes, age-adjusted ⁴	11.8	17.8	20.8	12.4	18.9	22.4	12.6	16.5	20.7	9.0	11.2	15.0
Male	9.4	14.8	19.1	9.9	15.9	20.6	10.2	14.5	17.7	7.0	9.5	13.4
Female	13.9	20.4	22.5	14.6	21.8	24.3	14.3	18.1	22.9	11.0	12.8	16.6
Both sexes, crude	11.0	17.6	21.7	12.5	20.6	25.8	9.2	13.5	18.6	4.8	6.1	9.0
Male	8.3	13.9	19.0	9.5	16.5	22.9	7.0	10.9	15.0	3.4	4.8	7.6
Female	13.6	21.1	24.2	15.4	24.5	28.6	11.1	15.7	21.7	6.4	7.5	10.6
Under 18 years	2.4	4.1	3.8	3.2	4.9	4.0	1.5	2.5	3.9	*1.2	2.0	2.6
18–44 years	5.7	8.4	9.7	6.3	10.1	12.3	5.4	6.6	7.7	3.0	2.7	*3.0
45–64 years	20.0	30.8	34.4	20.9	31.6	36.6	21.9	31.1	36.9	16.0	20.7	24.1
65 years and over	35.3	51.8	66.6	35.0	52.6	66.8	41.2	50.3	66.7	31.3	39.5	61.6
Male:												
Under 18 years	2.6	4.3	4.4	3.3	5.2	4.5	1.7	3.0	5.6	*0.9	1.9	3.1
18–44 years	3.6	6.7	7.1	4.1	8.4	9.1	4.2	4.4	*5.3	*1.8	*1.7	2.6
45–64 years	15.1	23.6	30.4	15.8	24.0	32.7	18.7	26.3	29.5	11.6	18.2	19.7
65 years and over	31.3	46.3	66.8	30.9	47.2	67.8	31.7	48.7	60.6	27.6	34.2	56.6
Female:												
Under 18 years	2.3	3.9	3.1	3.0	4.7	3.6	*1.2	*2.0	*2.3	*1.5	2.2	2.1
18–44 years	7.6	10.2	12.2	8.5	11.9	15.3	6.4	8.5	9.7	4.3	4.0	*3.5
45–64 years	24.7	37.5	38.1	25.8	39.1	40.4	24.3	35.0	43.1	20.3	23.3	28.5
65 years and over	38.2	55.9	66.4	38.0	56.7	66.1	47.7	51.3	70.6	34.5	44.0	65.7

See footnotes at end of table.

Table 92 (page 2 of 2). Prescription drug use in the past 30 days, by sex, age, race and Hispanic origin: United States, selected years 1988–1994 through 2007–2010

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#092>.

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

Sex and age	Not Hispanic or Latino											
	All persons ¹			White only ²			Black or African American only ²			Mexican origin ^{2,3}		
	1988–1994	1999–2002	2007–2010	1988–1994	1999–2002	2007–2010	1988–1994	1999–2002	2007–2010	1988–1994	1999–2002	2007–2010
Percent of population with five or more prescription drugs in past 30 days												
Both sexes, age-adjusted ⁴	4.0	7.5	10.1	4.2	7.8	10.7	3.8	7.7	10.8	2.9	4.4	7.9
Male	2.9	6.1	9.2	3.1	6.3	9.8	2.9	6.4	9.1	2.0	3.5	7.2
Female	4.9	8.7	11.0	5.1	9.2	11.6	4.5	8.7	12.0	3.7	5.2	8.7
Both sexes, crude	3.6	7.4	10.6	4.2	8.7	12.6	2.6	6.2	9.4	1.4	2.1	4.1
Male	2.5	5.6	9.1	2.9	6.6	11.0	1.8	4.8	7.5	0.9	1.6	3.4
Female	4.7	9.1	12.1	5.4	10.8	14.2	3.3	7.4	11.1	1.9	2.7	4.9
Under 18 years	*	*0.8	0.8	*	*0.9	0.9	*	*	*1.0	*	*0.3	*
18–44 years	1.2	2.3	3.1	1.4	2.5	3.9	1.0	3.2	*2.2	*	*	*
45–64 years	7.4	13.3	16.8	7.8	13.6	17.7	7.1	14.3	19.9	5.4	8.3	12.1
65 years and over	13.8	27.1	39.7	13.9	28.6	39.4	14.3	24.6	41.4	11.6	17.4	39.4
Male:												
Under 18 years	*	*	0.8	*	*	*	*	*	*1.6	*	*	*
18–44 years	*0.8	1.7	2.1	*	1.9	*2.8	*	*1.9	*	*	*	*
45–64 years	4.8	9.5	14.4	5.0	9.4	15.2	5.9	13.0	17.4	*3.5	*5.9	10.4
65 years and over	11.3	24.7	39.5	11.6	25.9	39.9	9.9	21.0	34.1	*8.7	15.3	36.3
Female:												
Under 18 years	*	*0.8	*0.7	*	*	*	*	*	*	*	*	*
18–44 years	1.7	2.8	4.0	1.8	*3.0	4.9	1.2	*4.3	*3.1	*0.6	*	*
45–64 years	9.7	16.8	19.1	10.3	17.6	20.2	8.0	15.3	22.0	*7.2	10.8	13.9
65 years and over	15.6	28.9	39.8	15.7	30.6	39.0	17.4	27.1	46.0	14.0	19.2	41.9

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

¹Includes persons of all races and Hispanic origins, not just those shown separately.

²Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The two non-Hispanic race categories shown in the table conform to the 1997 Standards.

Starting with 1999 data, race-specific estimates are for persons who reported only one racial group. Prior to data year 1999, estimates were tabulated according to the 1977 Standards. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. See [Appendix II, Hispanic origin; Race](#).

³Persons of Mexican origin may be of any race.

⁴Estimates are age-adjusted to the year 2000 standard population using four age groups: Under 18 years, 18–44 years, 45–64 years, and 65 years and over.

Age-adjusted estimates in this table may differ from other age-adjusted estimates based on the same data and presented elsewhere if different age groups are used in the adjustment procedure. See [Appendix II, Age adjustment](#).

NOTES: See [Appendix II, Drug](#). Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

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

Table 93 (page 1 of 3). Selected prescription drug classes used in the past 30 days, by sex and age: United States, selected years 1988–1994 through 2007–2010

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#093>.

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

Age group and Multum Lexicon Plus therapeutic class ¹ (common indications for use)	Total			Male			Female		
	1988–1994	1999–2002	2007–2010	1988–1994	1999–2002	2007–2010	1988–1994	1999–2002	2007–2010
All ages									
Percent of population with at least one prescription drug in drug class in past 30 days									
Antihyperlipidemic agents (high cholesterol)	1.7	6.5	12.5	1.5	7.1	13.5	1.8	5.8	11.6
Analgesics (pain relief)	7.2	9.4	9.1	5.4	7.3	7.9	9.0	11.3	10.2
Antidepressants (depression and related disorders)	1.8	6.4	8.7	1.2	4.4	5.3	2.3	8.3	11.9
Proton pump inhibitors or H2 antagonists (gastric reflux, ulcers) ²	2.8	5.3	8.6	2.4	4.7	7.8	3.0	5.9	9.4
Beta-adrenergic blocking agents (high blood pressure, heart disease)	3.1	4.4	7.5	2.7	4.1	7.4	3.5	4.6	7.6
ACE inhibitors (high blood pressure, heart disease)	2.4	4.6	6.3	2.4	4.7	6.9	2.4	4.5	5.8
Antidiabetic agents (diabetes)	2.6	3.7	5.7	2.5	3.7	5.7	2.6	3.8	5.7
Diuretics (high blood pressure, heart disease, kidney disease) ³	3.4	4.1	5.3	2.3	3.1	4.3	4.4	5.1	6.2
Thyroid hormones (hypothyroidism)	2.3	3.9	5.1	0.8	1.5	1.9	3.7	6.2	8.2
Bronchodilators (asthma, breathing)	2.6	3.5	5.0	2.5	3.1	4.4	2.7	3.8	5.6
Sex hormones (contraceptives, menopause, hot flashes) ⁴ . . . . .	...	...	...	...	...	...	9.8	15.2	8.9
Anxiolytics, sedatives, and hypnotics (generalized anxiety and related disorders)	2.8	3.3	4.7	1.9	2.6	3.6	3.6	4.0	5.7
Antihypertensive combinations (high blood pressure)	2.4	2.9	4.5	1.4	1.9	3.8	3.3	3.8	5.2
Anticonvulsants (epilepsy, seizure, and related disorders)	1.4	2.4	4.0	1.2	2.1	3.4	1.6	2.7	4.6
Calcium channel blocking agents (high blood pressure, heart disease)	3.6	4.2	3.8	3.4	3.5	3.6	3.8	4.8	4.0
Under 18 years									
Bronchodilators (asthma, breathing)	3.0	4.0	5.3	3.3	4.4	5.9	2.7	3.6	4.8
CNS stimulants (attention deficit disorder, hyperactivity)	*0.8	2.9	4.2	*1.2	4.4	5.7	*	1.4	2.5
Penicillins (bacterial infections)	6.1	5.1	3.4	5.9	5.2	3.1	6.4	5.0	3.8
Leukotriene modifiers (asthma, allergies) . . . . .	...	0.7	2.4	...	*0.9	2.6	...	*	*2.2
Antihistamines (allergies)	2.0	4.4	2.0	2.1	4.9	1.9	1.9	3.9	2.1
Respiratory inhalant products (asthma, chronic obstructive pulmonary disease, and related disorders)	*0.7	1.7	1.8	*	1.8	2.3	*	1.6	1.3
Adrenal cortical steroids (anti-inflammatory)	*0.5	0.8	1.6	*	*0.7	2.1	*0.5	0.9	1.0
Nasal preparations (nose symptoms)	*	1.1	1.4	*	*1.3	1.7	*	1.0	*1.1
Antidepressants (depression and related disorders)	*	1.8	1.3	*	2.2	*1.2	*	*1.5	*1.5
Upper respiratory combinations (cough and cold, congestion)	2.3	2.3	1.3	2.6	*2.4	*1.5	2.0	*2.2	1.2
Analgesics (pain relief)	1.2	1.4	1.3	*1.2	1.3	*1.1	1.4	1.6	*1.6
Dermatological agents (skin symptoms)	0.7	1.1	1.2	*	1.1	*1.1	*1.0	*1.1	1.3
18–44 years									
Analgesics (pain relief)	7.2	8.0	8.0	5.1	6.0	6.6	9.1	9.9	9.3
Antidepressants (depression and related disorders)	1.6	6.0	7.9	*1.0	3.6	4.4	2.3	8.5	11.3
Sex hormones (contraceptives, menopause, hot flashes) ⁴ . . . . .	...	...	...	...	...	...	11.5	13.5	15.5
Proton pump inhibitors or H2 antagonists (gastric reflux, ulcers) ²	2.0	3.0	5.0	1.6	3.0	4.5	2.4	3.0	5.5
Anxiolytics, sedatives, and hypnotics (generalized anxiety and related disorders)	1.4	2.1	3.8	*1.0	*1.7	3.0	1.9	2.5	4.7
Anticonvulsants (epilepsy, seizure, and related disorders)	0.8	1.6	3.3	*0.6	1.6	2.7	1.0	*1.5	3.9
Bronchodilators (asthma, breathing)	1.4	2.2	3.2	*1.1	1.6	2.2	*1.8	2.8	4.3
Antihyperlipidemic agents (high cholesterol)	*0.4	1.3	2.8	*	2.0	3.3	*	*	2.3
Antihistamines (allergies)	2.5	3.9	2.5	1.8	3.6	*1.7	3.2	4.2	3.3
Thyroid hormones (hypothyroidism)	1.3	1.6	2.3	*	*	*	2.1	2.8	4.2
ACE inhibitors (high blood pressure, heart disease)	0.7	1.4	2.0	*0.9	1.5	2.1	*0.6	*1.2	1.9
Antidiabetic agents (diabetes)	*1.0	1.5	1.9	*	*1.5	1.7	*1.0	*1.6	2.2
Muscle relaxants (muscle spasm and related disorders)	1.0	1.3	1.6	*1.3	*1.1	*1.4	*0.7	*1.4	1.9
Beta-adrenergic blocking agents (high blood pressure, heart disease)	1.1	*1.2	1.6	*0.9	*1.3	1.3	1.3	*	1.8
Nasal preparations (nose symptoms)	*0.6	1.5	1.6	*	*1.2	*1.3	*0.7	1.7	1.8

See footnotes at end of table.

Table 93 (page 2 of 3). Selected prescription drug classes used in the past 30 days, by sex and age: United States, selected years 1988–1994 through 2007–2010

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#093>.

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

Age group and Multum Lexicon Plus therapeutic class ¹ (common indications for use)	Total			Male			Female		
	1988–1994	1999–2002	2007–2010	1988–1994	1999–2002	2007–2010	1988–1994	1999–2002	2007–2010
45–64 years									
Percent of population with at least one prescription drug in drug class in past 30 days									
Antihyperlipidemic agents (high cholesterol)	4.3	13.8	21.9	4.4	17.2	24.7	4.2	10.7	19.2
Proton pump inhibitors or H2 antagonists (gastric reflux, ulcers) ²	5.2	9.9	14.8	5.3	8.4	13.8	5.2	11.3	15.6
Antidepressants (depression and related disorders)	3.5	10.5	14.4	*2.3	7.0	8.9	4.6	13.8	19.6
Sex hormones (contraceptives, menopause, hot flashes) ⁴ . . . . .	...	...	...	...	...	...	19.9	30.3	8.1
Analgesics (pain relief)	11.9	16.0	14.1	9.2	13.5	12.5	14.3	18.3	15.6
Beta-adrenergic blocking agents (high blood pressure, heart disease)	6.6	8.7	11.1	7.0	7.8	11.3	6.2	9.5	10.9
ACE inhibitors (high blood pressure, heart disease)	5.2	8.8	11.0	5.7	9.8	12.4	4.6	7.9	9.8
Antidiabetic agents (diabetes)	5.5	7.0	10.1	5.9	7.8	10.7	5.1	6.3	9.5
Thyroid hormones (hypothyroidism)	4.7	6.6	8.5	*1.2	*2.7	3.5	8.1	10.1	13.2
Antihypertensive combinations (high blood pressure)	5.3	5.6	8.4	3.3	*3.7	7.9	7.1	7.3	8.9
Anxiolytics, sedatives, and hypnotics (generalized anxiety and related disorders)	6.0	6.2	7.9	4.3	4.9	6.9	7.5	7.4	9.0
Diuretics (high blood pressure, heart disease, kidney disease) ³	6.1	6.6	7.2	4.8	4.8	5.8	7.3	8.3	8.5
Anticonvulsants (epilepsy, seizure, and related disorders)	2.7	4.3	6.4	*2.5	3.5	5.6	2.9	5.1	7.1
Bronchodilators (asthma, breathing)	3.4	3.8	6.1	2.9	3.1	5.0	3.8	4.5	7.2
Calcium channel blocking agents (high blood pressure, heart disease)	7.0	6.7	5.4	8.2	5.9	5.4	5.9	7.5	5.4
65 years and over									
Antihyperlipidemic agents (high cholesterol)	5.9	23.4	46.7	5.3	24.3	53.0	6.4	22.7	41.8
Beta-adrenergic blocking agents (high blood pressure, heart disease)	11.8	15.9	32.1	10.4	17.5	35.4	12.8	14.8	29.5
Diuretics (high blood pressure, heart disease, kidney disease) ³	16.2	19.2	22.5	12.2	17.1	22.4	19.1	20.7	22.6
ACE inhibitors (high blood pressure, heart disease)	9.5	16.9	21.9	9.8	18.0	26.3	9.3	16.1	18.5
Proton pump inhibitors or H2 antagonists (gastric reflux, ulcers) ²	7.5	14.6	21.5	7.2	14.1	20.7	7.7	15.0	22.0
Antidiabetic agents (diabetes)	9.0	12.4	18.4	9.0	12.9	20.0	9.0	12.0	17.2
Anticoagulants or antiplatelet agents (blood clot prevention) ⁵	6.1	9.1	18.1	6.8	11.5	24.0	5.6	7.4	13.5
Analgesics (pain relief)	13.8	18.4	17.5	11.4	15.0	17.1	15.6	20.9	17.8
Calcium channel blocking agents (high blood pressure, heart disease)	16.1	19.1	17.0	14.5	17.4	16.8	17.3	20.4	17.3
Thyroid hormones (hypothyroidism)	7.0	14.3	16.1	3.3	6.7	7.2	9.7	19.8	22.9
Antihypertensive combinations (high blood pressure)	9.6	9.8	15.2	6.0	7.4	11.7	12.2	11.6	18.0
Antidepressants (depression and related disorders)	3.0	9.3	13.7	*2.3	7.2	9.4	3.5	10.8	17.0
Angiotensin II inhibitors (high blood pressure, heart disease) . . . . .	...	4.8	12.2	...	4.1	11.0	...	5.3	13.1
Antiarrhythmic agents (heart rhythm irregularities)	23.1	16.6	11.1	21.6	17.9	12.6	24.3	15.6	9.9
65–74 years									
Antihyperlipidemic agents (high cholesterol)	7.3	26.2	45.0	6.2	26.6	51.5	8.1	25.9	39.6
Beta-adrenergic blocking agents (high blood pressure, heart disease)	11.3	14.8	28.2	10.6	16.0	32.9	11.9	13.9	24.3
ACE inhibitors (high blood pressure, heart disease)	9.6	17.2	21.0	10.6	18.1	25.5	8.9	16.4	17.3
Proton pump inhibitors or H2 antagonists (gastric reflux, ulcers) ²	7.0	14.7	20.7	6.3	13.4	19.4	7.5	15.8	21.9
Antidiabetic agents (diabetes)	8.8	12.9	20.3	8.0	13.8	21.8	9.4	12.0	19.1
Diuretics (high blood pressure, heart disease, kidney disease) ³	14.2	15.9	19.6	10.8	14.6	19.1	17.0	16.9	20.0
Analgesics (pain relief)	13.0	18.5	17.6	10.5	14.9	16.2	15.0	21.4	18.9
Antihypertensive combinations (high blood pressure)	8.1	8.0	15.8	4.8	*6.7	13.3	10.8	9.0	17.9
Anticoagulants or antiplatelet agents (blood clot prevention) ⁵	5.4	6.7	14.5	6.3	9.8	20.5	4.6	*4.2	9.5
Antidepressants (depression and related disorders)	2.8	9.3	14.2	*2.3	5.8	9.2	3.1	12.1	18.4
Calcium channel blocking agents (high blood pressure, heart disease)	15.0	16.1	14.0	14.0	15.3	15.8	15.8	16.8	12.5
Thyroid hormones (hypothyroidism)	6.4	13.0	14.0	*3.4	*5.0	5.1	8.9	19.7	21.3
Angiotensin II inhibitors (high blood pressure, heart disease) . . . . .	...	4.2	11.4	...	*3.5	10.1	...	4.9	12.5
Antiarrhythmic agents (heart rhythm irregularities)	20.2	13.0	8.8	19.0	15.5	11.6	21.1	10.8	6.5

See footnotes at end of table.

Table 93 (page 3 of 3). Selected prescription drug classes used in the past 30 days, by sex and age: United States, selected years 1988–1994 through 2007–2010

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#093>.

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

Age group and Multum Lexicon Plus therapeutic class ¹ (common indications for use)	Total			Male			Female		
	1988–1994	1999–2002	2007–2010	1988–1994	1999–2002	2007–2010	1988–1994	1999–2002	2007–2010
75 years and over	Percent of population with at least one prescription drug in drug class in past 30 days								
Antihyperlipidemic agents (high cholesterol)	3.8	19.9	48.8	*3.5	21.1	55.1	4.0	19.2	44.3
Beta-adrenergic blocking agents (high blood pressure, heart disease)	12.5	17.3	37.0	9.8	19.6	39.0	14.1	15.8	35.6
Diuretics (high blood pressure, heart disease, kidney disease) ³	19.2	23.2	26.2	14.7	20.5	27.1	21.9	24.9	25.6
ACE inhibitors (high blood pressure, heart disease)	9.3	16.4	23.0	8.5	17.7	27.4	9.8	15.6	19.9
Anticoagulants or antiplatelet agents (blood clot prevention) ⁵	7.2	12.0	22.6	7.8	13.9	28.8	6.9	10.9	18.2
Proton pump inhibitors or H2 antagonists (gastric reflux, ulcers) ²	8.3	14.6	22.3	9.0	15.3	22.4	7.9	14.2	22.3
Calcium channel blocking agents (high blood pressure, heart disease)	17.8	22.8	20.8	15.3	20.5	18.1	19.2	24.2	22.7
Thyroid hormones (hypothyroidism)	7.9	15.8	18.7	3.0	9.2	10.1	10.9	20.0	24.7
Analgesics (pain relief)	15.1	18.4	17.3	13.0	15.1	18.4	16.3	20.4	16.5
Antidiabetic agents (diabetes)	9.3	11.8	16.0	10.7	11.5	17.6	8.5	12.0	14.9
Antihypertensive combinations (high blood pressure)	11.9	12.0	14.6	8.3	*8.2	9.5	14.0	14.4	18.2
Antiarrhythmic agents (heart rhythm irregularities)	27.7	21.0	13.8	26.3	21.3	14.0	28.6	20.7	13.7
Angiotensin II inhibitors (high blood pressure, heart disease) . . . . .	...	5.4	13.2	...	*4.9	12.3	...	5.8	13.8
Antidepressants (depression and related disorders)	3.4	9.3	13.1	*2.3	9.2	9.8	4.0	9.4	15.5

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

... Category not applicable.

¹The drug therapeutic class is based on the December 2010 Lexicon Plus, a proprietary database of Cerner Multum, Inc. Lexicon Plus is a comprehensive database of all prescription and some nonprescription drug products available in the U.S. drug market. Data on prescription drug use are collected by the National Health and Nutrition Examination Survey. Respondents were asked if they had taken a prescription drug in the past 30 days. Those who answered “yes” were asked to show the interviewer the medication containers for all prescriptions. If no container was available, the respondent was asked to verbally report the name of the medication. Each drug’s complete name was recorded and classified. Data presented here are based on the second level classification of prescription drugs. Up to four classes are assigned to each drug. Drugs classified into more than one class were counted in each class. For more information, see http://www.cdc.gov/nchs/nhanes/nhanes1999-2000/RXQ_DRUG.htm. See Appendix II, Multum Lexicon Plus therapeutic class.

²The drugs classes proton pump inhibitors (272) and H2 antagonists (94) have been combined because of their similar indications for use.

³This category includes carbonic anhydrase inhibitors which are primarily used to treat glaucoma.

⁴Although sex hormones may be used by males, most are used by females. Therefore, data for sex hormones are only presented for females.

⁵The drugs classes anticoagulants (82) and antiplatelet agents (83) have been combined because of their similar indications for use.

NOTES: Some drug classes were not available in 1988–1994 and are coded as not applicable. See Appendix II, Drug. Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>.

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

Table 94 (page 1 of 4). Persons with hospital stays in the past year, by selected characteristics: United States, selected years 1997–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#094>.

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

Characteristic	One or more hospital stays ¹				Two or more hospital stays ¹			
	1997	2000	2010	2012	1997	2000	2010	2012
	Percent							
1 year and over, age-adjusted ^{2,3}	7.8	7.6	7.0	6.8	1.8	1.8	1.8	1.8
1 year and over, crude ²	7.7	7.5	7.2	7.0	1.7	1.8	1.9	1.9
Age								
1–17 years	2.8	2.5	2.4	2.0	0.5	0.4	0.5	0.4
1–5 years	3.9	3.8	3.4	2.9	0.7	0.7	0.6	0.6
6–17 years	2.3	1.9	1.9	1.7	0.4	0.3	0.5	0.3
18–44 years	7.4	7.0	6.3	6.1	1.2	1.1	1.3	1.3
18–24 years	7.9	7.0	5.7	5.6	1.3	1.1	1.1	1.0
25–44 years	7.3	7.0	6.6	6.3	1.2	1.2	1.3	1.4
45–64 years	8.2	8.4	8.3	8.0	2.2	2.2	2.5	2.3
45–54 years	6.9	7.3	7.3	6.8	1.7	1.8	2.1	2.0
55–64 years	10.2	10.0	9.5	9.3	2.9	2.8	2.9	2.7
65 years and over	18.0	18.2	16.1	15.9	5.4	5.8	4.9	5.3
65–74 years	16.1	16.1	13.6	13.6	4.8	4.9	3.8	4.7
75 years and over	20.4	20.7	19.0	19.0	6.2	6.8	6.2	6.2
75–84 years	19.8	20.1	18.3	17.6	6.1	6.2	6.1	5.6
85 years and over	22.8	23.4	20.8	23.1	6.2	9.0	6.6	8.0
1–64 years								
Total, 1–64 years ^{2,4}	6.3	6.1	5.7	5.4	1.3	1.2	1.3	1.3
Sex								
Male, crude	4.4	4.2	4.2	4.2	0.9	1.0	1.1	1.2
1–17 years	2.9	2.4	2.4	2.1	0.6	0.4	0.5	0.4
18–44 years	3.6	3.1	2.9	3.1	0.6	0.6	0.7	0.9
45–54 years	6.0	7.0	6.4	6.0	1.4	1.8	1.9	1.8
55–64 years	11.1	10.2	9.3	9.2	3.0	3.0	2.8	2.6
Female, crude	8.0	7.9	7.6	7.0	1.6	1.5	1.7	1.6
1–17 years	2.6	2.5	2.3	2.0	0.5	0.4	0.5	0.4
18–44 years	11.2	10.8	9.8	9.0	1.8	1.7	1.9	1.7
45–54 years	7.6	7.6	8.3	7.6	2.0	1.9	2.3	2.2
55–64 years	9.4	9.8	9.7	9.4	2.9	2.7	2.9	2.7
Race ^{4,5}								
White only	6.2	5.9	5.6	5.3	1.2	1.1	1.3	1.2
Black or African American only	7.6	7.4	6.7	6.7	1.9	1.9	1.9	1.8
American Indian or Alaska Native only	7.6	7.0	*7.6	6.2	*	*	*2.4	*1.8
Asian only	3.9	3.9	3.6	3.6	*0.5	*0.6	*0.4	0.5
Native Hawaiian or Other Pacific Islander only	---	*	*	*	---	*	*	*
2 or more races	---	8.8	7.7	7.4	---	*1.6	*2.4	2.9
Hispanic origin and race ^{4,5}								
Hispanic or Latino	6.8	5.5	5.2	5.0	1.3	0.9	1.1	1.2
Not Hispanic or Latino	6.2	6.1	5.8	5.4	1.3	1.3	1.4	1.3
White only	6.1	6.0	5.7	5.3	1.2	1.2	1.3	1.3
Black or African American only	7.5	7.4	6.7	6.6	1.9	1.9	1.9	1.8
Percent of poverty level ^{4,6}								
Below 100%	10.3	9.1	8.3	8.5	2.8	2.6	2.7	2.7
100%–199%	7.3	7.3	7.0	6.3	1.7	1.9	1.9	1.8
200%–399%	6.0	6.0	5.2	5.0	1.2	1.1	1.1	1.2
400% or more	4.7	5.0	4.5	4.1	0.7	0.8	0.8	0.8

See footnotes at end of table.

Table 94 (page 2 of 4). Persons with hospital stays in the past year, by selected characteristics: United States, selected years 1997–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#094>.

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

Characteristic	One or more hospital stays ¹				Two or more hospital stays ¹			
	1997	2000	2010	2012	1997	2000	2010	2012
Hispanic origin and race and percent of poverty level ^{4,5,6}								
Percent								
Hispanic or Latino:								
Below 100%	9.1	7.4	7.3	7.0	2.0	1.6	2.0	2.0
100%–199%	5.9	5.4	4.8	4.5	1.0	0.8	1.1	1.2
200%–399%	5.9	4.6	4.3	4.2	1.1	0.7	0.7	1.0
400% or more	5.5	4.7	4.4	4.6	*1.1	*0.6	*0.8	*0.8
Not Hispanic or Latino:								
White only:								
Below 100%	10.7	9.6	8.8	8.8	3.2	2.7	2.9	2.9
100%–199%	7.7	7.8	7.8	7.2	1.8	2.2	2.2	2.0
200%–399%	6.1	6.1	5.5	5.3	1.2	1.1	1.2	1.2
400% or more	4.7	5.0	4.6	4.0	0.7	0.8	0.8	0.8
Black or African American only:								
Below 100%	11.4	10.8	9.4	10.2	3.3	3.4	3.1	3.5
100%–199%	8.0	8.5	7.7	7.1	2.1	2.3	2.3	2.2
200%–399%	6.2	6.1	5.3	5.2	1.5	1.3	1.4	1.2
400% or more	4.7	5.8	4.5	4.6	*0.9	*1.3	*1.0	*0.6
Health insurance status at the time of interview ^{4,7}								
Insured	6.6	6.4	6.2	5.8	1.3	1.3	1.4	1.4
Private	5.6	5.5	5.0	4.6	1.0	1.0	0.9	0.9
Medicaid	16.1	15.9	12.7	11.9	4.9	4.7	4.5	3.8
Uninsured	4.8	4.5	4.0	3.9	1.0	0.9	0.9	0.9
Health insurance status prior to interview ^{4,7}								
Insured continuously all 12 months	6.5	6.3	6.0	5.6	1.3	1.2	1.4	1.3
Uninsured for any period up to 12 months	8.5	8.4	7.9	7.6	1.8	1.9	1.9	1.9
Uninsured more than 12 months	3.8	3.5	3.0	3.1	0.8	0.8	0.8	0.8
Percent of poverty level and health insurance status prior to interview ^{4,6,7}								
Below 100%:								
Insured continuously all 12 months	12.4	10.7	10.4	10.1	3.7	3.1	3.4	3.2
Uninsured for any period up to 12 months	13.7	13.4	10.4	12.5	3.4	*3.4	3.0	4.4
Uninsured more than 12 months	4.9	5.0	4.0	4.4	1.0	*1.6	1.3	1.0
100%–199%:								
Insured continuously all 12 months	8.5	8.6	8.5	7.8	2.0	2.3	2.5	2.3
Uninsured for any period up to 12 months	9.3	9.1	10.1	7.2	*1.9	*2.2	1.9	1.4
Uninsured more than 12 months	3.8	3.2	2.7	3.0	*0.7	*0.7	*0.5	0.8
200%–399%:								
Insured continuously all 12 months	6.3	6.4	5.6	5.4	1.3	1.2	1.2	1.3
Uninsured for any period up to 12 months	7.0	6.6	6.1	6.7	*1.5	*1.3	*1.6	*1.5
Uninsured more than 12 months	3.3	2.8	2.6	2.1	*0.7	*0.4	*0.7	*0.5
400% or more:								
Insured continuously all 12 months	4.9	5.1	4.7	4.2	0.7	0.8	0.8	0.8
Uninsured for any period up to 12 months	3.9	6.0	4.1	4.0	*	*	*	*1.1
Uninsured more than 12 months	*	*2.1	*1.8	*2.1	*	*	*	*
Disability measure among adults 18–64 years ^{4,8}								
Any basic actions difficulty or complex activity limitation	14.1	15.1	14.3	13.4	4.1	4.4	5.2	4.9
Any basic actions difficulty	13.9	15.1	14.2	14.1	4.1	4.4	5.1	5.2
Any complex activity limitation	21.5	22.6	21.2	19.0	7.7	8.8	8.6	7.8
No disability	5.8	5.6	5.4	5.1	0.6	0.7	0.8	0.7

See footnotes at end of table.

Table 94 (page 3 of 4). Persons with hospital stays in the past year, by selected characteristics: United States, selected years 1997–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#094>.

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

Characteristic	One or more hospital stays ¹				Two or more hospital stays ¹			
	1997	2000	2010	2012	1997	2000	2010	2012
Geographic region ⁴								
	Percent							
Northeast	6.0	5.5	5.2	5.2	1.2	1.0	1.2	1.2
Midwest	6.5	6.3	6.3	5.8	1.5	1.3	1.5	1.3
South	6.8	6.6	6.0	5.8	1.4	1.5	1.5	1.5
West	5.4	5.2	4.9	4.6	0.8	0.9	1.1	1.1
Location of residence ⁴								
Within MSA ⁹	6.1	5.8	5.5	5.2	1.2	1.1	1.3	1.3
Outside MSA ⁹	7.0	6.9	6.9	6.3	1.6	1.5	1.6	1.6
65 years and over								
Total 65 years and over ^{2,10}	18.1	18.3	16.2	16.2	5.4	5.8	4.9	5.4
65–74 years	16.1	16.1	13.6	13.6	4.8	4.9	3.8	4.7
75 years and over	20.4	20.7	19.0	19.0	6.2	6.8	6.2	6.2
Sex ¹⁰								
Male	19.0	19.5	16.2	16.0	5.8	5.8	5.4	5.7
Female	17.5	17.4	16.2	16.3	5.1	5.7	4.6	5.2
Hispanic origin and race ^{5,10}								
Hispanic or Latino	17.3	16.6	13.9	15.8	6.2	6.4	5.0	5.1
Not Hispanic or Latino	18.2	18.4	16.4	16.2	5.4	5.8	4.9	5.4
White only	18.3	18.4	16.5	15.8	5.4	5.7	4.9	5.3
Black or African American only	18.9	19.8	16.9	21.0	5.5	7.5	5.5	7.3
Percent of poverty level ^{6,10}								
Below 100%	20.9	20.9	18.8	20.9	6.4	7.5	5.1	7.2
100%–199%	19.6	19.2	17.2	16.9	6.5	6.6	5.2	6.5
200%–399%	17.3	18.1	16.0	16.4	4.9	5.8	5.5	5.6
400% or more	16.6	16.0	15.0	14.5	4.7	4.2	4.1	4.2
Disability measure ^{8,10}								
Any basic actions difficulty or complex activity limitation	22.6	24.7	20.2	23.9	7.2	8.6	6.4	8.6
Any basic actions difficulty	22.7	24.7	20.4	23.6	7.2	8.7	6.6	8.5
Any complex activity limitation	29.0	31.5	25.4	31.4	10.8	12.2	9.2	12.2
No disability	7.8	9.7	10.6	7.6	1.1	1.9	*1.6	1.7
Geographic region ¹⁰								
Northeast	17.2	16.6	16.5	14.3	5.1	4.5	6.1	4.8
Midwest	18.2	19.5	16.4	18.3	5.6	7.2	4.7	6.7
South	19.4	19.5	16.4	17.1	6.1	6.3	4.7	5.4
West	16.5	16.4	15.3	13.9	4.4	4.4	4.5	4.6
Location of residence ¹⁰								
Within MSA ⁹	17.8	17.8	15.9	15.8	5.2	5.4	4.8	5.3
Outside MSA ⁹	19.1	19.6	17.3	17.7	6.3	6.9	5.6	5.7

See footnotes at end of table.

Table 94 (page 4 of 4). Persons with hospital stays in the past year, by selected characteristics: United States, selected years 1997–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#094>.

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

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

- - - Data not available.

¹These estimates exclude hospitalizations for institutionalized persons and those who died while hospitalized, because they are outside the scope of this survey. See [Appendix II, Hospital utilization](#).

²Includes all other races not shown separately, unknown health insurance status, and unknown disability status.

³Estimates are for persons 1 year of age and over and are age-adjusted to the year 2000 standard population using six age groups: 1–17 years, 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See [Appendix II, Age adjustment](#).

⁴Estimates are for persons aged 1–64 and are age-adjusted to the year 2000 standard population using four age groups: 1–17 years, 18–44 years, 45–54 years, and 55–64 years. The disability measure is age-adjusted using the three adult age groups. See [Appendix II, Age adjustment](#).

⁵The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Prior to 1999, data were tabulated according to the 1977 Standards with four racial groups, and the Asian only category included Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁶Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Missing family income data were imputed for 1997 and beyond. See [Appendix II, Family income; Poverty; Table VI](#).

⁷Health insurance categories are mutually exclusive. Persons who reported both Medicaid and private coverage are classified as having private coverage. Starting with 1997 data, state-sponsored health plan coverage is included as Medicaid coverage. Starting with 1999 data, coverage by the Children's Health Insurance Program (CHIP) is included with Medicaid coverage. In addition to private and Medicaid, the insured category also includes military, other government, and Medicare coverage. Persons not covered by private insurance, Medicaid, CHIP, state-sponsored or other government-sponsored health plans (starting in 1997), Medicare, or military plans are considered to have no health insurance coverage. Persons with only Indian Health Service coverage are considered to have no health insurance coverage. See [Appendix II, Health insurance coverage](#).

⁸Any basic actions difficulty or complex activity limitation is defined as having one or more of the following limitations or difficulties: movement difficulty, emotional difficulty, sensory (seeing or hearing) difficulty, cognitive difficulty, self-care (activities of daily living or instrumental activities of daily living) limitation, social limitation, or work limitation. For more information, see [Appendix II, Basic actions difficulty; Complex activity limitation](#). Starting with 2007 data, the hearing question, a component of the basic actions difficulty measure, was revised. Consequently, data prior to 2007 are not comparable with data for 2007 and beyond. For more information on the impact of the revised hearing question, see [Appendix II, Hearing trouble](#).

⁹MSA is metropolitan statistical area. Starting with 2006 data, MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2006, see [Appendix II, Metropolitan statistical area \(MSA\)](#) for the applicable standards.

¹⁰Estimates are for persons aged 65 and over and are age-adjusted to the year 2000 standard population using two age groups: 65–74 years and 75 years and over. See [Appendix II, Age adjustment](#).

NOTES: Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Health Interview Survey, family core and sample adult questionnaires. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 95 (page 1 of 3). Discharges, days of care, and average length of stay in nonfederal short-stay hospitals, by selected characteristics: United States, selected years 1980 through 2009–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#095>.

[Data are based on a sample of hospital records]

Characteristic	1980 ¹	1985 ¹	1990	1995	2000	2005	2007	2009–2010 ²
Discharges per 10,000 population								
Total, age-adjusted ³	1,744.5	1,522.3	1,252.4	1,180.2	1,132.8	1,162.4	1,124.0	1,125.1
Total, crude	1,676.8	1,484.1	1,222.7	1,157.4	1,128.3	1,174.4	1,143.9	1,160.3
Age								
Under 18 years	756.5	614.0	463.5	423.7	402.6	411.0	376.7	336.2
Under 1 year	2,317.6	2,137.9	1,915.3	1,977.6	2,027.6	1,949.3	1,639.3	1,542.6
1–4 years	864.6	650.2	466.9	457.1	458.0	429.7	389.9	340.8
5–17 years	609.3	477.4	334.1	290.2	268.6	286.5	271.5	239.5
18–44 years	1,578.8	1,301.2	1,026.6	914.3	849.4	898.0	888.8	867.3
18–24 years	1,570.3	1,297.8	1,065.3	928.9	854.1	862.4	846.1	789.0
25–44 years	1,582.8	1,302.5	1,013.8	909.9	847.9	910.3	903.8	896.0
25–34 years	1,682.9	1,416.9	1,140.3	1,015.0	942.5	1,007.8	1,003.5	981.9
35–44 years	1,438.3	1,153.1	868.8	808.0	764.8	821.5	810.4	809.3
45–64 years	1,947.6	1,707.8	1,354.5	1,185.4	1,114.2	1,147.0	1,143.9	1,200.5
45–54 years	1,750.2	1,470.7	1,123.9	984.7	920.8	964.3	959.3	999.3
55–64 years	2,153.6	1,948.0	1,632.6	1,483.4	1,415.0	1,402.4	1,391.2	1,453.1
65 years and over	3,836.9	3,698.0	3,341.2	3,477.4	3,533.6	3,595.6	3,395.1	3,436.1
65–74 years	3,158.4	2,972.6	2,616.3	2,600.0	2,546.0	2,628.9	2,439.9	2,487.1
75 years and over	4,893.0	4,756.1	4,340.3	4,590.7	4,619.6	4,588.4	4,392.4	4,493.8
75–84 years	4,638.6	4,464.2	3,957.0	4,155.7	4,124.4	4,131.7	3,983.3	3,982.8
85 years and over	5,764.6	5,728.9	5,606.3	5,925.1	6,050.9	5,758.1	5,358.9	5,667.7
Sex ³								
Male	1,543.9	1,382.5	1,130.0	1,048.5	990.8	1,013.0	973.8	975.3
Female	1,951.9	1,675.6	1,389.5	1,317.3	1,277.3	1,319.6	1,280.6	1,283.5
Sex and age								
Male, all ages	1,390.4	1,240.2	1,002.2	941.7	910.6	959.0	936.7	957.4
Under 18 years	762.6	626.4	463.1	431.3	408.6	412.2	385.6	343.1
18–44 years	950.9	776.9	579.2	507.2	450.0	471.1	460.8	434.0
45–64 years	1,953.1	1,775.6	1,402.7	1,212.0	1,127.4	1,148.8	1,156.6	1,209.8
65–74 years	3,474.1	3,255.2	2,877.6	2,762.2	2,649.1	2,742.6	2,559.3	2,598.5
75–84 years	5,093.5	5,031.8	4,417.3	4,361.1	4,294.1	4,388.1	4,162.6	4,137.3
85 years and over	6,372.3	6,406.9	6,420.9	6,387.9	6,166.6	5,984.1	5,440.6	6,193.4
Female, all ages	1,944.0	1,712.2	1,431.7	1,362.9	1,336.6	1,382.2	1,344.0	1,357.1
Under 18 years	750.2	601.0	464.1	415.7	396.2	409.8	367.3	329.0
18–44 years	2,180.2	1,808.3	1,468.0	1,318.0	1,248.1	1,330.9	1,324.5	1,310.2
45–64 years	1,942.5	1,645.9	1,309.7	1,160.5	1,101.7	1,145.3	1,131.7	1,191.6
65–74 years	2,916.6	2,754.8	2,411.2	2,469.4	2,461.0	2,533.1	2,338.4	2,391.0
75–84 years	4,370.4	4,130.4	3,678.9	4,024.1	4,013.5	3,957.7	3,859.8	3,871.9
85 years and over	5,500.3	5,458.0	5,289.6	5,743.7	6,003.3	5,654.4	5,320.0	5,415.6
Geographic region ³								
Northeast	1,622.9	1,428.7	1,332.2	1,335.3	1,274.8	1,245.9	1,274.6	1,299.6
Midwest	1,925.2	1,584.7	1,287.5	1,132.8	1,109.2	1,174.9	1,125.5	1,146.8
South	1,814.1	1,569.4	1,325.0	1,252.4	1,209.2	1,202.5	1,139.9	1,136.1
West	1,519.7	1,469.6	1,006.6	967.4	894.0	1,005.9	966.0	932.7

See footnotes at end of table.

Table 95 (page 2 of 3). Discharges, days of care, and average length of stay in nonfederal short-stay hospitals, by selected characteristics: United States, selected years 1980 through 2009–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#095>.

[Data are based on a sample of hospital records]

Characteristic	1980 ¹	1985 ¹	1990	1995	2000	2005	2007	2009–2010 ²
Days of care per 10,000 population								
Total, age-adjusted ³	13,027.0	10,017.9	8,189.3	6,386.2	5,576.8	5,541.7	5,404.1	5,369.2
Total, crude	12,166.8	9,576.6	7,840.5	6,201.7	5,546.5	5,620.9	5,539.4	5,598.7
Age								
Under 18 years	3,415.1	2,812.3	2,263.1	1,846.7	1,789.7	1,918.3	1,785.0	1,479.5
Under 1 year	13,213.9	14,141.2	11,484.7	10,834.5	11,524.0	12,131.6	8,466.7	9,170.4
1–4 years	3,333.5	2,280.4	1,700.1	1,525.6	1,482.2	1,355.3	1,280.3	1,111.0
5–17 years	2,698.5	2,049.8	1,633.2	1,240.3	1,172.1	1,300.9	1,406.4	990.5
18–44 years	8,323.6	6,294.7	4,676.7	3,517.2	3,093.8	3,305.0	3,258.0	3,147.4
18–24 years	7,174.6	5,287.2	4,015.9	2,987.4	2,679.5	2,819.9	2,738.7	2,687.1
25–44 years	8,861.4	6,685.2	4,895.5	3,676.4	3,225.5	3,472.8	3,439.7	3,316.3
25–34 years	8,497.5	6,688.9	4,939.7	3,536.1	3,161.7	3,434.3	3,423.1	3,342.6
35–44 years	9,386.6	6,680.4	4,844.8	3,812.3	3,281.5	3,507.9	3,455.2	3,289.7
45–64 years	15,969.5	12,015.9	9,139.3	6,574.5	5,515.4	5,717.3	5,868.2	6,058.0
45–54 years	13,167.2	9,692.8	6,996.6	5,162.0	4,374.2	4,711.2	4,745.9	4,719.7
55–64 years	18,895.4	14,369.5	11,722.6	8,671.6	7,290.8	7,124.0	7,371.8	7,739.0
65 years and over	40,983.5	32,279.7	28,956.1	23,736.5	21,118.9	19,882.8	18,951.7	19,225.8
65–74 years	31,470.3	24,373.3	20,878.2	16,847.0	14,389.7	13,985.3	13,274.8	13,504.6
75 years and over	55,788.2	43,812.7	40,090.8	32,478.1	28,518.6	25,939.4	24,878.5	25,602.5
75–84 years	51,836.2	40,521.6	35,995.1	28,947.5	25,397.8	23,155.3	22,658.1	22,884.1
85 years and over	69,332.0	54,782.4	53,616.9	43,305.9	37,537.8	33,071.5	30,124.5	31,848.6
Sex ³								
Male	12,475.8	9,792.1	8,057.8	6,239.0	5,358.8	5,301.3	5,157.4	5,158.3
Female	13,662.9	10,340.4	8,404.5	6,548.8	5,809.7	5,828.7	5,685.1	5,630.6
Sex and age								
Male, all ages	10,674.1	8,518.8	6,943.0	5,507.5	4,860.8	4,979.7	4,937.6	5,043.5
Under 18 years	3,473.1	2,942.7	2,335.7	1,998.0	1,955.7	2,006.2	1,858.1	1,555.6
18–44 years	6,102.4	4,746.6	3,517.4	2,729.7	2,175.0	2,282.7	2,241.8	2,036.6
45–64 years	15,894.9	12,290.1	9,434.2	6,822.7	5,704.4	5,773.5	6,103.5	6,327.1
65–74 years	33,697.6	26,220.5	22,515.5	17,697.4	14,897.4	14,502.6	13,666.7	14,462.9
75–84 years	54,723.3	44,087.4	38,257.8	29,642.6	26,616.7	25,106.9	23,894.6	24,184.6
85 years and over	77,013.1	58,609.5	60,347.3	45,263.6	37,765.3	35,179.0	31,480.6	35,211.1
Female, all ages	13,560.1	10,566.3	8,691.1	6,863.4	6,202.7	6,239.5	6,121.1	6,137.1
Under 18 years	3,354.5	2,675.5	2,186.8	1,687.9	1,615.1	1,826.1	1,708.3	1,399.7
18–44 years	10,450.7	7,792.0	5,820.3	4,297.9	4,010.8	4,341.8	4,292.3	4,283.0
45–64 years	16,037.1	11,765.5	8,865.1	6,341.7	5,336.4	5,663.9	5,644.3	5,801.9
65–74 years	29,764.7	22,949.2	19,592.7	16,162.0	13,971.3	13,549.0	12,942.1	12,678.4
75–84 years	50,133.3	38,424.7	34,628.3	28,502.5	24,601.0	21,830.1	21,806.2	21,949.6
85 years and over	65,990.5	53,253.6	51,000.5	42,538.6	37,444.4	32,103.5	29,479.5	30,236.0
Geographic region ³								
Northeast	14,024.4	11,143.1	10,266.8	8,389.7	7,185.9	6,636.5	7,284.4	7,072.6
Midwest	14,871.9	10,803.6	8,306.5	5,908.8	5,005.3	4,954.3	4,775.3	4,932.7
South	12,713.5	9,642.6	8,204.1	6,659.9	5,925.1	5,830.4	5,555.7	5,514.2
West	9,635.2	8,300.7	5,755.1	4,510.6	4,082.0	4,690.3	4,184.5	4,084.4

See footnotes at end of table.

Table 95 (page 3 of 3). Discharges, days of care, and average length of stay in nonfederal short-stay hospitals, by selected characteristics: United States, selected years 1980 through 2009–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#095>.

[Data are based on a sample of hospital records]

Characteristic	1980 ¹	1985 ¹	1990	1995	2000	2005	2007	2009–2010 ²
Average length of stay, in days								
Total, age-adjusted ³	7.5	6.6	6.5	5.4	4.9	4.8	4.8	4.8
Total, crude	7.3	6.5	6.4	5.4	4.9	4.8	4.8	4.8
Age								
Under 18 years	4.5	4.6	4.9	4.4	4.4	4.7	4.7	4.4
Under 1 year	5.7	6.6	6.0	5.5	5.7	6.2	5.2	5.9
1–4 years	3.9	3.5	3.6	3.3	3.2	3.2	3.3	3.3
5–17 years	4.4	4.3	4.9	4.3	4.4	4.5	5.2	4.1
18–44 years	5.3	4.8	4.6	3.8	3.6	3.7	3.7	3.6
18–24 years	4.6	4.1	3.8	3.2	3.1	3.3	3.2	3.4
25–44 years	5.6	5.1	4.8	4.0	3.8	3.8	3.8	3.7
25–34 years	5.0	4.7	4.3	3.5	3.4	3.4	3.4	3.4
35–44 years	6.5	5.8	5.6	4.7	4.3	4.3	4.3	4.1
45–64 years	8.2	7.0	6.7	5.5	5.0	5.0	5.1	5.0
45–54 years	7.5	6.6	6.2	5.2	4.8	4.9	4.9	4.7
55–64 years	8.8	7.4	7.2	5.8	5.2	5.1	5.3	5.3
65 years and over	10.7	8.7	8.7	6.8	6.0	5.5	5.6	5.6
65–74 years	10.0	8.2	8.0	6.5	5.7	5.3	5.4	5.4
75 years and over	11.4	9.2	9.2	7.1	6.2	5.7	5.7	5.7
75–84 years	11.2	9.1	9.1	7.0	6.2	5.6	5.7	5.7
85 years and over	12.0	9.6	9.6	7.3	6.2	5.7	5.6	5.6
Sex ³								
Male	8.1	7.1	7.1	6.0	5.4	5.2	5.3	5.3
Female	7.0	6.2	6.0	5.0	4.5	4.4	4.4	4.4
Sex and age								
Male, all ages	7.7	6.9	6.9	5.8	5.3	5.2	5.3	5.3
Under 18 years	4.6	4.7	5.0	4.6	4.8	4.9	4.8	4.5
18–44 years	6.4	6.1	6.1	5.4	4.8	4.8	4.9	4.7
45–64 years	8.1	6.9	6.7	5.6	5.1	5.0	5.3	5.2
65–74 years	9.7	8.1	7.8	6.4	5.6	5.3	5.3	5.6
75–84 years	10.7	8.8	8.7	6.8	6.2	5.7	5.7	5.8
85 years and over	12.1	9.1	9.4	7.1	6.1	5.9	5.8	5.7
Female, all ages	7.0	6.2	6.1	5.0	4.6	4.5	4.6	4.5
Under 18 years	4.5	4.5	4.7	4.1	4.1	4.5	4.7	4.3
18–44 years	4.8	4.3	4.0	3.3	3.2	3.3	3.2	3.3
45–64 years	8.3	7.1	6.8	5.5	4.8	4.9	5.0	4.9
65–74 years	10.2	8.3	8.1	6.5	5.7	5.3	5.5	5.3
75–84 years	11.5	9.3	9.4	7.1	6.1	5.5	5.6	5.7
85 years and over	12.0	9.8	9.6	7.4	6.2	5.7	5.5	5.6
Geographic region ³								
Northeast	8.6	7.8	7.7	6.3	5.6	5.3	5.7	5.4
Midwest	7.7	6.8	6.5	5.2	4.5	4.2	4.2	4.3
South	7.0	6.1	6.2	5.3	4.9	4.8	4.9	4.9
West	6.3	5.6	5.7	4.7	4.6	4.7	4.3	4.4

¹Comparisons of data from 1980–1985 with data from subsequent years should be made with caution because estimates of change may reflect improvements in the survey design rather than true changes in hospital use. See [Appendix I, National Hospital Discharge Survey \(NHDS\)](#).

²Starting in 2008, the sample of nonfederal short-stay hospitals was cut in half. This smaller sample size has increased standard errors. Therefore, caution should be exercised in interpreting trends in these data. See [Appendix I, National Hospital Discharge Survey \(NHDS\)](#).

³Estimates are age-adjusted to the year 2000 standard population using six age groups: under 18 years, 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See [Appendix II, Age adjustment](#).

NOTES: Excludes newborn infants. Rates are based on the civilian population as of July 1. Starting with *Health, United States, 2003*, rates for 2000 and beyond are based on the 2000 census. Rates for 1990–1999 use population estimates based on the 1990 census adjusted for net underenumeration using the 1990 National Population Adjustment Matrix from the U.S. Census Bureau. Rates for 1990–1999 are not strictly comparable with rates for 2000 and beyond because population estimates for 1990–1999 have not been revised to reflect the 2000 census. See [Appendix I, National Hospital Discharge Survey \(NHDS\)](#); [Population Census and Population Estimates](#). Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Hospital Discharge Survey. See [Appendix I, National Hospital Discharge Survey \(NHDS\)](#).

Table 96 (page 1 of 3). Discharges in nonfederal short-stay hospitals, by sex, age, and selected first-listed diagnosis: United States, selected years 1990 through 2009–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#096>.

[Data are based on a sample of hospital records]

Age and first-listed diagnosis	Discharges								
	Both sexes			Male			Female		
	1990	2000	2009–2010 ¹	1990	2000	2009–2010 ¹	1990	2000	2009–2010 ¹
	Number, in thousands								
All ages ²	30,788	31,706	35,599	12,280	12,514	14,461	18,508	19,192	21,139
Under 18 years ²	3,072	2,912	*2,506	1,572	1,515	*1,309	1,500	1,397	*1,197
Dehydration	63	114	*64	32	64	*35	31	50	*29
Acute bronchitis and bronchiolitis	114	201	*119	67	116	*73	47	85	*46
Pneumonia	221	182	*167	126	95	*84	95	87	*83
Asthma	182	214	*140	111	129	*88	71	85	*52
Appendicitis	83	86	*72	50	48	*45	34	38	*26
Injury	329	243	*173	210	156	*104	119	87	*69
Fracture	117	100	*76	76	68	*48	42	32	*28
Complications of care and adverse effects	41	*52	*39	22	*29	*21	19	*23	*18
18–44 years ²	11,138	9,439	9,746	3,120	2,498	2,465	8,018	6,941	7,280
HIV/AIDS	*20	47	24	*15	32	17	*	15	*7
Cancer, all	181	117	114	64	41	40	116	76	74
Childbirth . . . . .	...	...	...	...	...	...	3,815	3,588	3,851
Uterine fibroids . . . . .	...	...	...	...	...	...	110	121	84
Diabetes	105	127	159	61	72	79	44	55	81
Alcohol and drug	284	330	215	199	217	147	84	*112	69
Schizophrenia, mood disorders, delusional disorders, nonorganic psychoses	384	*596	541	184	*296	271	200	*300	271
Schizophrenia	145	*160	140	88	*104	84	57	*56	56
Mood disorders	211	*399	368	83	*172	166	128	*227	202
Heart disease	236	242	228	163	148	140	73	95	88
Ischemic heart disease	129	109	68	95	79	47	34	31	21
Pneumonia	136	121	107	69	55	51	67	66	56
Asthma	106	100	85	27	30	26	79	70	59
Intervertebral disc disorders	222	138	96	138	81	49	84	58	47
Injury	935	509	503	641	346	316	294	164	187
Fracture	302	198	203	217	141	142	85	57	61
Poisoning and toxic effects	124	95	125	54	37	55	70	57	70
Complications of care and adverse effects	135	135	187	63	62	74	72	73	113
45–64 years ²	6,244	6,958	9,585	3,115	3,424	4,710	3,129	3,534	4,874
HIV/AIDS	*3	*20	16	*3	*15	12	*	*	*4
Cancer, all	545	393	497	236	189	244	309	204	253
Colorectal cancer	59	49	60	33	27	30	26	22	29
Lung/bronchus/tracheal cancer	101	43	62	60	26	28	41	17	34
Breast cancer ³ . . . . .	...	...	...	...	...	...	69	45	47
Prostate cancer . . . . .	...	...	...	19	29	*53	...	...	...
Uterine fibroids . . . . .	...	...	...	...	...	...	70	114	95
Diabetes	134	207	255	65	114	128	70	93	127
Alcohol and drug	100	146	194	77	102	142	23	44	52
Schizophrenia, mood disorders, delusional disorders, nonorganic psychoses	152	267	379	56	*120	169	95	146	210
Schizophrenia	47	80	115	19	*44	61	28	36	54
Mood disorders	91	*168	242	32	*66	97	58	*103	146
Heart disease	1,100	1,271	1,162	704	802	730	397	470	432
Ischemic heart disease	739	789	544	502	539	371	237	251	173
Heart attack	233	242	210	165	178	147	68	64	63
Arrhythmias	131	157	197	79	97	121	53	60	76
Heart failure	122	196	254	68	102	145	54	94	109
Hypertension	75	119	143	38	53	69	37	65	74
Stroke	162	229	288	91	116	160	72	113	127
Pneumonia	154	220	261	76	104	135	79	117	126
Chronic obstructive pulmonary disease	73	192	231	39	94	94	34	99	137
Asthma	86	84	125	26	19	34	59	65	92
Osteoarthritis	87	150	491	36	63	211	51	87	280
Intervertebral disc disorders	145	132	162	82	68	82	63	64	79
Injury	334	299	450	178	155	242	157	144	208
Fracture	149	164	233	74	77	122	75	87	111
Poisoning and toxic effects	29	39	95	10	17	43	19	23	52
Internal organ injury	36	28	56	23	18	35	14	10	*21
Complications of care and adverse effects	148	215	398	79	110	199	69	105	199

See footnotes at end of table.

Table 96 (page 2 of 3). Discharges in nonfederal short-stay hospitals, by sex, age, and selected first-listed diagnosis: United States, selected years 1990 through 2009–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#096>.

[Data are based on a sample of hospital records]

Age and first-listed diagnosis	Discharges								
	Both sexes			Male			Female		
	1990	2000	2009–2010 ¹	1990	2000	2009–2010 ¹	1990	2000	2009–2010 ¹
	Number, in thousands								
65–74 years ²	4,689	4,678	5,251	2,268	2,199	2,540	2,421	2,479	2,711
Septicemia	49	65	150	27	33	76	21	32	74
Cancer, all	436	292	311	222	146	171	214	146	140
Colorectal cancer	48	42	35	24	25	20	24	17	15
Lung/bronchus/tracheal cancer	77	48	58	50	23	33	26	25	25
Breast cancer ³ . . . . .	...	...	...	...	...	...	42	31	19
Prostate cancer . . . . .	...	...	...	40	31	29	...	...	...
Diabetes	93	85	96	34	39	45	59	47	51
Schizophrenia, mood disorders, delusional disorders, nonorganic psychoses	59	68	*62	20	*28	*21	39	40	*41
Dementia and Alzheimer's disease	10	*21	*18	4	*13	*	*6	*7	*9
Heart disease	1,000	1,111	860	547	586	498	453	525	363
Ischemic heart disease	576	564	359	331	329	229	245	235	131
Heart attack	185	184	131	110	104	81	75	81	50
Arrhythmias	124	188	180	67	90	97	57	99	82
Heart failure	188	242	198	93	113	110	95	128	88
Hypertension	39	39	61	13	14	*24	26	26	38
Stroke	222	233	231	108	109	124	114	124	107
Pneumonia	176	223	177	90	106	85	86	117	92
Chronic obstructive pulmonary disease	81	188	208	41	85	91	40	103	117
Gallstones	79	61	47	30	25	23	49	36	24
Kidney disease	18	35	121	9	17	70	9	18	51
Urinary tract infection	54	47	80	17	16	25	37	31	56
Hyperplasia of the prostate . . . . .	...	...	...	113	45	21	...	...	...
Osteoarthritis	122	186	339	44	86	133	78	101	206
Injury	193	187	203	71	70	75	122	117	128
Fracture	120	116	126	36	39	37	85	77	88
Hip fracture	48	49	39	12	*17	12	36	32	27
Complications of care and adverse effects	125	147	203	68	79	102	57	68	101
75–84 years ²	3,949	5,119	5,257	1,660	2,107	2,283	2,289	3,013	2,973
Septicemia	54	85	183	24	38	84	30	46	99
Cancer, all	300	241	227	158	104	109	142	137	119
Colorectal cancer	50	41	39	20	18	17	29	23	22
Lung/bronchus/tracheal cancer	36	33	44	22	16	22	*15	18	22
Breast cancer ³ . . . . .	...	...	...	...	...	...	24	23	13
Prostate cancer . . . . .	...	...	...	37	13	*6	...	...	...
Diabetes	44	79	88	17	33	37	27	45	51
Schizophrenia, mood disorders, delusional disorders, nonorganic psychoses	39	51	*	*10	*15	*	28	36	*24
Dementia and Alzheimer's disease	20	45	58	9	18	26	11	27	33
Heart disease	865	1,185	976	377	521	466	488	664	510
Ischemic heart disease	382	517	328	177	259	173	205	258	156
Heart attack	156	207	149	83	104	70	73	103	78
Arrhythmias	133	219	223	58	86	92	76	134	131
Heart failure	261	327	291	108	133	137	153	194	154
Hypertension	23	49	50	*	*14	*17	19	35	33
Stroke	258	317	260	104	137	116	154	181	144
Pneumonia	224	327	237	112	153	107	112	175	130
Chronic obstructive pulmonary disease	55	181	173	34	88	83	22	93	91
Gallstones	48	49	52	20	20	22	28	29	30
Kidney disease	24	47	145	10	24	68	*14	23	77
Urinary tract infection	86	106	162	25	36	48	61	71	114
Hyperplasia of the prostate . . . . .	...	...	...	69	33	21	...	...	...
Osteoarthritis	69	125	213	25	38	84	44	87	129
Injury	259	284	313	58	84	104	201	200	208
Fracture	195	211	219	35	57	62	161	154	158
Hip fracture	115	123	92	20	34	25	95	89	66
Complications of care and adverse effects	81	126	162	38	67	83	43	59	79

See footnotes at end of table.

Table 96 (page 3 of 3). Discharges in nonfederal short-stay hospitals, by sex, age, and selected first-listed diagnosis: United States, selected years 1990 through 2009–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#096>.

[Data are based on a sample of hospital records]

Age and first-listed diagnosis	Discharges								
	Both sexes			Male			Female		
	1990	2000	2009–2010 ¹	1990	2000	2009–2010 ¹	1990	2000	2009–2010 ¹
	Number, in thousands								
85 years and over ²	1,694	2,599	3,256	543	771	1,153	1,151	1,828	2,102
Septicemia	41	66	150	12	26	60	29	40	90
Cancer, all	77	84	83	31	31	39	45	52	44
Colorectal cancer	14	21	10	*5	*7	*4	9	14	*6
Lung/bronchus/tracheal cancer	*6	5	*14	*	*3	*	*	*3	*6
Breast cancer ³	...	...	...	...	...	...	*9	*6	*5
Prostate cancer	...	...	...	*7	*6	*4	...	...	...
Diabetes	16	28	34	5	7	13	11	21	*21
Schizophrenia, mood disorders, delusional disorders, nonorganic psychoses	*8	*16	*	*	*	*8	*7	*13	*
Dementia and Alzheimer's disease	15	46	44	*2	12	18	13	34	26
Heart disease	335	558	606	112	176	228	223	382	378
Ischemic heart disease	128	183	142	49	67	60	79	117	82
Heart attack	60	108	92	23	37	37	37	71	56
Arrhythmias	51	100	122	16	31	40	35	69	82
Heart failure	126	206	259	39	57	98	87	149	161
Hypertension	*5	18	28	*	*2	*9	*4	15	19
Stroke	129	161	163	35	50	52	95	111	111
Pneumonia	151	221	204	64	76	80	88	145	124
Chronic obstructive pulmonary disease	13	56	83	*6	19	32	*7	37	50
Gallstones	18	17	23	*6	*4	*8	13	*13	15
Kidney disease	14	21	96	8	*9	43	*6	*13	53
Urinary tract infection	65	82	185	20	19	40	45	63	144
Hyperplasia of the prostate	...	...	...	13	*9	*6	...	...	...
Osteoarthritis	13	24	40	*	*	*10	8	17	30
Injury	164	234	302	37	44	80	127	190	222
Fracture	133	194	228	28	32	51	104	162	177
Hip fracture	82	118	122	19	18	29	63	100	93
Complications of care and adverse effects	29	34	73	11	11	30	18	23	43

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

... Category not applicable.

¹Starting with 2008 data, the sample of nonfederal short-stay hospitals was cut in half. This smaller sample size has increased standard errors. Therefore, caution should be exercised in interpreting trends in these data. See [Appendix I, National Hospital Discharge Survey \(NHDS\)](#).

²Includes discharges with first-listed diagnoses not shown in table.

³Shown for females only.

NOTES: Excludes newborn infants. Diagnostic categories are based on the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD–9-CM)*. See [Appendix II, Diagnosis; Human immunodeficiency virus \(HIV\) disease; International Classification of Diseases, 9th Revision, Clinical Modification \(ICD–9-CM\); Table X](#) for ICD–9-CM codes. Additional data and diagnosis categories are available from: <http://www.cdc.gov/nchs/hdi.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Hospital Discharge Survey. See [Appendix I, National Hospital Discharge Survey \(NHDS\)](#).

Table 97 (page 1 of 3). Discharge rate in nonfederal short-stay hospitals, by sex, age, and selected first-listed diagnosis: United States, selected years 1990 through 2009–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#097>.

[Data are based on a sample of hospital records]

Age and first-listed diagnosis	Discharges								
	Both sexes			Male			Female		
	1990	2000	2009–2010 ¹	1990	2000	2009–2010 ¹	1990	2000	2009–2010 ¹
	Number per 10,000 population								
All ages, age-adjusted ^{2,3}	1,252.4	1,132.8	1,125.1	1,130.0	990.8	975.3	1,389.5	1,277.3	1,283.5
All ages, crude ³	1,222.7	1,128.3	1,160.3	1,002.2	910.6	957.4	1,431.7	1,336.6	1,357.1
Under 18 years ³	463.5	402.6	*336.2	463.1	408.6	*343.1	464.1	396.2	*329.0
Dehydration	9.5	15.7	*8.6	9.4	17.2	*9.1	9.7	14.2	*8.0
Acute bronchitis and bronchiolitis	17.2	27.8	*16.0	19.6	31.4	*19.1	14.6	24.1	*12.7
Pneumonia	33.3	25.2	*22.4	37.0	25.7	*22.0	29.5	24.6	*22.7
Asthma	27.5	29.6	*18.7	32.7	34.8	*23.1	22.0	24.0	*14.2
Appendicitis	12.6	11.9	*9.6	14.6	13.0	*11.9	10.5	10.8	*7.2
Injury	49.7	33.6	*23.2	62.0	42.0	*27.2	36.8	24.8	*19.1
Fracture	17.7	13.8	*10.2	22.3	18.3	*12.6	12.9	9.0	*7.8
Complications of care and adverse effects	6.2	*7.3	*5.2	6.5	*7.9	*5.5	5.9	*6.6	*4.9
18–44 years ³	1,026.6	849.4	867.3	579.2	450.0	434.0	1,468.0	1,248.1	1,310.2
HIV/AIDS	*1.8	4.3	2.2	*2.8	5.8	3.1	*	2.8	*1.2
Cancer, all	16.6	10.5	10.1	11.9	7.3	7.0	21.3	13.7	13.3
Childbirth	...	...	...	...	...	...	698.6	645.2	693.1
Uterine fibroids	...	...	...	...	...	...	20.2	21.7	15.2
Diabetes	9.7	11.5	14.2	11.3	13.0	13.9	8.1	9.9	14.5
Alcohol and drug	26.2	29.7	19.2	37.0	39.1	25.8	15.5	*20.2	12.4
Schizophrenia, mood disorders, delusional disorders, nonorganic psychoses	35.4	*53.6	48.2	34.1	*53.2	47.6	36.7	*53.9	48.7
Schizophrenia	13.4	*14.4	12.4	16.4	*18.6	14.8	10.5	*10.1	10.0
Mood disorders	19.4	*35.9	32.8	15.4	*31.0	29.3	23.4	*40.9	36.3
Heart disease	21.7	21.8	20.3	30.2	26.6	24.6	13.4	17.0	15.8
Ischemic heart disease	11.9	9.9	6.0	17.7	14.2	8.3	6.3	5.6	3.7
Pneumonia	12.5	10.9	9.5	12.8	10.0	8.9	12.2	11.9	10.1
Asthma	9.8	9.0	7.6	5.1	5.4	4.6	14.4	12.6	10.7
Intervertebral disc disorders	20.5	12.5	8.5	25.6	14.5	8.6	15.4	10.4	8.4
Injury	86.2	45.8	44.8	119.0	62.3	55.7	53.8	29.4	33.6
Fracture	27.8	17.8	18.1	40.2	25.4	25.0	15.5	10.2	11.0
Poisoning and toxic effects	11.4	8.5	11.2	10.0	6.7	9.7	12.7	10.3	12.6
Complications of care and adverse effects	12.5	12.2	16.6	11.7	11.2	13.1	13.3	13.1	20.3
45–64 years ³	1,354.5	1,114.2	1,200.5	1,402.7	1,127.4	1,209.8	1,309.7	1,101.7	1,191.6
HIV/AIDS	*0.6	*3.2	2.0	*1.2	*4.9	3.0	*	*	*1.1
Cancer, all	118.3	62.9	62.2	106.3	62.1	62.6	129.5	63.6	61.8
Colorectal cancer	12.7	7.9	7.5	14.8	8.9	7.8	10.8	6.9	7.2
Lung/bronchus/tracheal cancer	21.8	6.9	7.8	26.8	8.6	7.2	17.2	5.2	8.3
Breast cancer ⁴	...	...	...	...	...	...	29.0	14.2	11.5
Prostate cancer	...	...	...	8.5	9.6	*13.5	...	...	...
Uterine fibroids	...	...	...	...	...	...	29.3	35.6	23.3
Diabetes	29.1	33.1	32.0	29.1	37.4	32.9	29.2	29.0	31.1
Alcohol and drug	21.7	23.3	24.2	34.6	33.5	36.4	9.6	13.7	12.7
Schizophrenia, mood disorders, delusional disorders, nonorganic psychoses	32.9	42.7	47.5	25.4	*39.6	43.5	39.8	45.6	51.3
Schizophrenia	10.1	12.8	14.4	8.4	*14.4	15.7	11.7	11.3	13.2
Mood disorders	19.6	*26.9	30.4	14.5	*21.6	24.9	24.4	*32.0	35.6
Heart disease	238.7	203.6	145.6	316.8	264.0	187.5	166.1	146.4	105.6
Ischemic heart disease	160.3	126.4	68.2	226.1	177.3	95.4	99.2	78.2	42.3
Heart attack	50.6	38.8	26.4	74.4	58.7	37.8	28.4	19.9	15.4
Arrhythmias	28.5	25.1	24.7	35.5	31.8	31.1	22.1	18.7	18.6
Heart failure	26.4	31.4	31.8	30.7	33.5	37.3	22.4	29.3	26.6
Hypertension	16.3	19.0	17.9	16.9	17.6	17.6	15.6	20.3	18.2
Stroke	35.2	36.7	36.0	40.8	38.3	41.2	30.1	35.2	31.1
Pneumonia	33.5	35.3	32.6	34.0	34.2	34.7	33.0	36.4	30.7
Chronic obstructive pulmonary disease	15.8	30.8	28.9	17.4	30.8	24.1	14.3	30.8	33.5
Asthma	18.6	13.4	15.7	11.8	6.2	8.7	24.9	20.2	22.4
Osteoarthritis	18.9	24.0	61.5	16.3	20.8	54.1	21.2	27.0	68.4
Intervertebral disc disorders	31.5	21.2	20.3	36.8	22.5	21.2	26.5	20.0	19.4
Injury	72.5	47.9	56.4	79.9	51.2	62.2	65.6	44.7	50.8
Fracture	32.4	26.2	29.2	33.4	25.3	31.3	31.5	27.0	27.2
Poisoning and toxic effects	6.3	6.3	11.9	4.5	5.5	11.0	8.0	7.1	12.7
Internal organ injury	7.9	4.5	7.1	10.2	5.9	9.1	5.7	3.2	*5.1
Complications of care and adverse effects	32.0	34.5	49.8	35.6	36.3	51.0	28.7	32.7	48.7

See footnotes at end of table.

Table 97 (page 2 of 3). Discharge rate in nonfederal short-stay hospitals, by sex, age, and selected first-listed diagnosis: United States, selected years 1990 through 2009–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#097>.

[Data are based on a sample of hospital records]

Age and first-listed diagnosis	Discharges								
	Both sexes			Male			Female		
	1990	2000	2009–2010 ¹	1990	2000	2009–2010 ¹	1990	2000	2009–2010 ¹
	Number per 10,000 population								
65–74 years ³	2,616.3	2,546.0	2,487.1	2,877.6	2,649.1	2,598.5	2,411.2	2,461.0	2,391.0
Septicemia	27.2	35.6	71.3	34.9	40.1	77.9	21.2	32.0	65.5
Cancer, all	243.1	159.0	147.5	281.4	176.4	175.3	213.0	144.7	123.6
Colorectal cancer	27.0	22.8	16.6	30.6	29.9	20.1	24.1	16.9	13.5
Lung/bronchus/tracheal cancer	42.9	26.1	27.3	63.9	28.2	33.6	26.4	24.5	21.9
Breast cancer ⁴	...	...	...	...	...	...	42.3	31.2	16.7
Prostate cancer	...	...	...	50.6	37.1	30.1	...	...	...
Diabetes	51.8	46.4	45.4	43.6	46.8	45.7	58.3	46.2	45.2
Schizophrenia, mood disorders, delusional disorders, nonorganic psychoses	32.7	37.1	*29.2	25.3	*34.2	*21.6	38.6	39.6	*35.7
Dementia and Alzheimer's disease	5.6	*11.2	*8.3	4.9	*16.2	*	*6.1	*7.0	*7.6
Heart disease	558.1	604.8	407.4	694.2	706.4	509.0	451.3	521.0	319.8
Ischemic heart disease	321.3	307.0	170.2	419.9	396.5	233.9	243.9	233.2	115.2
Heart attack	103.3	100.3	62.0	139.8	124.7	82.8	74.6	80.2	44.1
Arrhythmias	69.1	102.6	85.1	84.7	108.3	99.4	56.9	97.9	72.7
Heart failure	105.2	131.6	93.9	118.0	136.4	112.3	95.1	127.6	78.0
Hypertension	21.8	21.5	29.1	16.2	16.5	*24.3	26.2	25.5	33.2
Stroke	123.9	127.1	109.5	137.5	131.8	126.6	113.1	123.2	94.7
Pneumonia	98.1	121.3	83.8	113.6	127.7	86.8	85.9	116.1	81.2
Chronic obstructive pulmonary disease	45.3	102.3	98.5	52.6	102.6	92.8	39.6	102.0	103.4
Gallstones	44.2	33.4	22.2	38.2	30.2	23.6	48.9	36.0	21.1
Kidney disease	9.9	19.1	57.1	11.0	21.0	71.3	9.0	17.5	44.9
Urinary tract infection	30.2	25.5	38.0	21.7	19.7	25.4	36.9	30.3	49.0
Hyperplasia of the prostate	...	...	...	143.5	53.6	21.6	...	...	...
Osteoarthritis	68.0	101.4	160.7	55.2	103.1	136.4	78.0	100.1	181.7
Injury	107.7	101.5	96.4	90.7	83.8	77.1	121.1	116.2	112.9
Fracture	67.2	63.3	59.5	45.2	46.8	38.0	84.4	76.9	77.9
Hip fracture	26.7	26.4	18.3	15.3	*20.0	12.2	35.7	31.7	23.6
Complications of care and adverse effects	69.7	80.0	96.3	85.7	95.7	104.5	57.2	67.1	89.3
75–84 years ³	3,957.0	4,124.4	3,982.8	4,417.3	4,294.1	4,137.3	3,678.9	4,013.5	3,871.9
Septicemia	53.9	68.3	138.7	63.8	78.1	151.6	47.9	61.9	129.3
Cancer, all	300.3	194.0	172.3	420.8	211.0	197.3	227.6	182.9	154.3
Colorectal cancer	49.8	33.0	29.8	54.0	37.5	30.8	47.3	30.1	29.1
Lung/bronchus/tracheal cancer	36.5	27.0	33.5	57.2	32.2	40.5	*24.0	23.6	28.5
Breast cancer ⁴	...	...	...	...	...	...	38.7	30.8	16.5
Prostate cancer	...	...	...	99.2	27.4	*11.1	...	...	...
Diabetes	44.3	63.4	66.9	44.8	68.1	67.5	44.0	60.3	66.5
Schizophrenia, mood disorders, delusional disorders, nonorganic psychoses	38.8	41.4	*	*27.3	*30.6	*	45.7	48.5	*31.3
Dementia and Alzheimer's disease	20.0	36.5	44.0	22.8	36.8	46.2	18.3	36.3	42.3
Heart disease	866.6	954.8	739.5	1,003.8	1,062.5	844.7	783.7	884.3	663.8
Ischemic heart disease	382.4	416.7	248.7	470.5	528.5	312.9	329.1	343.6	202.7
Heart attack	155.9	166.9	112.8	220.9	212.8	127.7	116.7	136.9	102.2
Arrhythmias	133.4	176.8	168.7	153.3	174.4	165.9	121.4	178.3	170.7
Heart failure	261.4	263.1	220.7	286.2	271.1	248.3	246.4	257.9	200.9
Hypertension	22.6	39.7	38.0	*	*28.4	*31.7	30.7	47.1	42.5
Stroke	259.0	255.5	196.9	277.7	278.4	210.6	247.7	240.6	187.1
Pneumonia	224.6	263.5	179.3	297.8	310.8	193.3	180.4	232.6	169.3
Chronic obstructive pulmonary disease	55.4	146.2	131.4	89.4	179.6	149.9	34.8	124.3	118.0
Gallstones	47.6	39.6	39.1	51.9	41.4	39.0	45.0	38.5	39.1
Kidney disease	24.5	37.6	110.2	27.6	48.7	123.9	*22.6	30.4	100.3
Urinary tract infection	86.0	85.6	123.0	66.6	72.5	87.6	97.8	94.2	148.5
Hyperplasia of the prostate	...	...	...	183.3	67.2	38.5	...	...	...
Osteoarthritis	68.6	100.6	161.4	65.2	76.5	152.6	70.7	116.4	167.8
Injury	259.1	229.1	237.0	153.4	171.7	189.0	323.0	266.6	271.5
Fracture	195.8	170.2	166.2	92.6	116.4	111.8	258.1	205.4	205.3
Hip fracture	115.2	99.0	69.4	53.7	68.6	45.6	152.4	118.8	86.5
Complications of care and adverse effects	81.5	101.4	123.1	101.4	136.0	150.8	69.4	78.8	103.2

See footnotes at end of table.

Table 97 (page 3 of 3). Discharge rate in nonfederal short-stay hospitals, by sex, age, and selected first-listed diagnosis: United States, selected years 1990 through 2009–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#097>.

[Data are based on a sample of hospital records]

Age and first-listed diagnosis	Discharges								
	Both sexes			Male			Female		
	1990	2000	2009–2010 ¹	1990	2000	2009–2010 ¹	1990	2000	2009–2010 ¹
	Number per 10,000 population								
85 years and over ³	5,606.3	6,050.9	5,667.7	6,420.9	6,166.6	6,193.4	5,289.6	6,003.3	5,415.6
Septicemia	135.6	153.9	261.4	139.0	207.3	320.8	134.3	131.9	232.8
Cancer, all	254.0	194.5	144.0	370.6	250.5	209.0	208.7	171.5	112.8
Colorectal cancer	47.6	49.7	17.0	*59.1	*58.8	*20.7	43.2	45.9	*15.2
Lung/bronchus/tracheal cancer	*19.1	12.1	*25.0	*	*20.9	*	*	*8.5	*15.2
Breast cancer ⁴	...	...	...	...	...	...	*41.7	*20.5	*12.0
Prostate cancer	...	...	...	*87.8	*49.3	*20.0	...	...	...
Diabetes	53.0	65.6	58.7	*53.5	*54.2	69.4	52.8	70.3	*53.6
Schizophrenia, mood disorders, delusional disorders, nonorganic psychoses	*27.9	*37.3	*	*	*	*40.6	*30.7	*43.0	*
Dementia and Alzheimer's disease	49.7	107.0	77.2	*28.9	94.3	96.2	57.7	112.2	68.0
Heart disease	1,107.0	1,298.2	1,054.7	1,320.3	1,407.4	1,224.2	1,024.1	1,253.4	973.4
Ischemic heart disease	423.0	427.2	246.9	581.6	534.4	323.5	361.3	383.2	210.2
Heart attack	199.8	251.1	161.0	274.2	296.0	197.1	170.9	232.7	143.6
Arrhythmias	167.2	232.4	212.3	189.6	247.1	213.2	158.5	226.4	211.9
Heart failure	416.7	480.4	451.7	460.5	455.7	528.8	399.7	490.5	414.7
Hypertension	*17.9	41.1	49.1	*	*18.3	*47.6	*19.3	50.4	49.8
Stroke	427.2	373.8	284.1	408.2	396.7	278.5	434.6	364.3	286.8
Pneumonia	501.0	514.9	355.3	753.7	607.8	429.2	402.8	476.8	319.9
Chronic obstructive pulmonary disease	44.1	130.9	144.0	*72.9	150.4	173.4	*32.9	123.0	129.8
Gallstones	60.7	39.2	39.7	*68.2	*29.7	*40.6	57.8	*43.1	39.3
Kidney disease	47.1	49.5	167.4	92.4	*68.1	230.5	*29.4	*41.9	137.1
Urinary tract infection	216.5	191.5	321.9	239.3	153.1	217.0	207.6	207.2	372.1
Hyperplasia of the prostate	...	...	...	158.6	*69.9	*31.8	...	...	...
Osteoarthritis	44.5	56.0	70.2	*	*	*54.9	35.8	57.3	77.6
Injury	542.0	545.5	525.3	435.4	355.6	428.4	583.4	623.5	571.7
Fracture	439.0	450.9	396.6	335.7	252.4	275.7	479.2	532.4	454.6
Hip fracture	272.3	275.1	211.6	224.4	146.5	155.4	291.0	327.9	238.6
Complications of care and adverse effects	96.6	79.1	127.1	132.3	90.5	160.0	82.7	74.4	111.4

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

... Category not applicable.

¹Starting with 2008 data, the sample of nonfederal short-stay hospitals was cut in half. This smaller sample size has increased standard errors. Therefore, caution should be exercised in interpreting trends in these data. See [Appendix I, National Hospital Discharge Survey \(NHDS\)](#).

²Estimates are age-adjusted to the year 2000 standard population using six age groups: under 18 years, 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See [Appendix II, Age adjustment](#).

³Includes discharges with first-listed diagnoses not shown in table.

⁴Shown for females only.

NOTES: Excludes newborn infants. Diagnostic categories are based on the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD–9-CM)*. See [Appendix II, Diagnosis; Human immunodeficiency virus \(HIV\) disease; International Classification of Diseases, 9th Revision, Clinical Modification \(ICD–9-CM\); Table X](#) for ICD–9-CM codes. Rates are based on the civilian population as of July 1. Starting with *Health, United States, 2003*, rates for 2000 and beyond are based on the 2000 census. Rates for 1990–1999 use population estimates based on the 1990 census adjusted for net underenumeration using the 1990 National Population Adjustment Matrix from the U.S. Census Bureau. Rates for 1990–1999 are not strictly comparable with rates for 2000 and beyond because population estimates for 1990–1999 have not been revised to reflect the 2000 census. See [Appendix I, National Hospital Discharge Survey \(NHDS\); Population Census and Population Estimates](#). Additional data and diagnosis categories are available from: <http://www.cdc.gov/nchs/hdi.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Hospital Discharge Survey. See [Appendix I, National Hospital Discharge Survey \(NHDS\)](#).

Table 98 (page 1 of 3). Average length of stay in nonfederal short-stay hospitals, by sex, age, and selected first-listed diagnosis: United States, selected years 1990 through 2009–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#098>.

[Data are based on a sample of hospital records]

Age and first-listed diagnosis	Average length of stay ¹								
	Both sexes			Male			Female		
	1990	2000	2009–2010 ²	1990	2000	2009–2010 ²	1990	2000	2009–2010 ²
	Number of days								
All ages, crude ³	6.4	4.9	4.8	6.9	5.3	5.3	6.1	4.6	4.5
Under 18 years ³	4.9	4.4	4.4	5.0	4.8	4.5	4.7	4.1	4.3
Dehydration	3.0	2.2	2.1	2.9	2.2	2.0	3.0	2.1	2.2
Acute bronchitis and bronchiolitis	3.7	3.1	3.2	3.6	3.0	3.3	3.8	*3.3	3.0
Pneumonia	4.6	3.6	3.5	4.6	3.4	3.7	4.7	3.9	3.3
Asthma	2.9	2.2	2.5	2.8	2.1	2.3	3.1	2.3	2.8
Appendicitis	4.0	3.2	3.2	3.9	2.9	3.3	4.0	3.5	2.9
Injury	4.1	3.8	3.3	4.2	4.1	3.3	3.8	*3.2	3.2
Fracture	4.5	3.5	3.4	4.2	3.9	3.4	5.0	2.5	3.4
Complications of care and adverse effects	*5.3	*5.7	5.6	*6.0	*5.5	6.4	*4.5	*5.9	4.6
18–44 years ³	4.6	3.6	3.6	6.1	4.8	4.7	4.0	3.2	3.3
HIV/AIDS	*10.7	*8.8	7.9	*10.6	*9.4	8.5	*	*7.5	6.4
Cancer, all	7.8	6.3	6.3	8.4	7.9	7.9	7.5	5.4	5.4
Childbirth	...	...	...	...	...	...	2.8	2.5	2.7
Uterine fibroids	...	...	...	...	...	...	4.2	2.5	2.2
Diabetes	5.8	3.9	3.3	6.2	3.7	3.3	5.2	4.3	3.3
Alcohol and drug	9.0	*5.0	3.7	8.9	4.8	3.8	9.1	*5.3	3.3
Schizophrenia, mood disorders, delusional disorders, nonorganic psychoses	14.3	*7.9	7.1	13.8	*8.2	7.3	14.8	*7.6	6.9
Schizophrenia	15.4	*11.0	9.9	15.3	*10.6	9.4	15.6	*11.9	10.7
Mood disorders	14.3	*6.6	6.0	*13.2	*6.6	6.3	15.0	*6.5	5.8
Heart disease	5.4	3.6	4.0	5.4	3.5	3.6	5.4	3.7	4.7
Ischemic heart disease	4.6	3.0	3.2	4.8	2.8	3.3	4.1	3.6	3.1
Pneumonia	6.9	5.1	4.3	7.8	5.0	4.5	6.0	5.2	4.1
Asthma	4.4	2.9	3.4	3.8	2.5	2.3	4.6	3.1	3.9
Intervertebral disc disorders	4.4	2.3	2.5	4.2	2.2	2.2	4.7	2.3	2.7
Injury	5.1	4.3	4.2	5.0	4.5	4.6	5.3	4.1	3.6
Fracture	6.0	4.9	4.8	5.6	5.0	4.9	6.9	4.4	4.6
Poisoning and toxic effects	2.7	2.5	2.6	2.7	2.8	3.0	2.7	2.4	2.3
Complications of care and adverse effects	5.6	4.7	5.1	5.3	4.9	5.5	*5.9	4.6	4.8
45–64 years ³	6.7	5.0	5.0	6.7	5.1	5.2	6.8	4.8	4.9
HIV/AIDS	*	*	8.2	*	*	8.7	*	*	*7.0
Cancer, all	8.8	6.2	6.1	9.3	6.8	6.1	8.4	5.6	6.1
Colorectal cancer	13.3	7.4	7.6	*13.0	7.4	7.9	*13.6	7.4	7.2
Lung/bronchus/tracheal cancer	7.7	6.2	6.8	7.1	6.0	7.1	8.6	6.4	6.6
Breast cancer ⁴	...	...	...	...	...	...	4.3	2.0	2.4
Prostate cancer	...	...	...	7.3	3.2	1.7	...	...	...
Uterine fibroids	...	...	...	...	...	...	4.5	2.8	2.2
Diabetes	8.1	5.6	5.2	7.3	6.0	5.7	8.9	5.2	4.8
Alcohol and drug	8.5	4.8	4.6	8.6	4.6	4.8	8.3	*5.0	4.2
Schizophrenia, mood disorders, delusional disorders, nonorganic psychoses	14.6	9.1	8.1	13.7	*8.8	7.9	15.2	9.4	8.3
Schizophrenia	15.6	*11.9	10.8	14.2	*11.4	9.9	16.5	*12.5	11.7
Mood disorders	14.7	*7.9	6.9	13.4	*7.3	6.7	15.4	*8.3	7.1
Heart disease	5.9	3.9	4.2	5.8	3.8	4.0	6.1	4.1	4.6
Ischemic heart disease	5.7	3.7	3.9	5.7	3.6	3.7	5.8	3.8	4.3
Heart attack	7.5	4.8	4.8	7.5	4.7	4.6	7.6	5.0	5.3
Arrhythmias	4.6	2.9	3.3	4.6	2.8	3.3	4.6	2.9	3.3
Heart failure	7.0	4.9	5.0	6.9	5.2	4.7	7.3	4.7	5.4
Hypertension	3.9	2.2	2.2	*4.3	2.0	2.3	3.6	2.4	2.2
Stroke	10.3	5.3	5.2	10.0	5.2	5.2	10.7	5.5	5.3
Pneumonia	8.0	5.8	5.2	8.0	6.0	5.3	7.9	5.7	5.1
Chronic obstructive pulmonary disease	6.5	4.7	4.9	6.8	5.0	4.1	6.2	4.4	5.5
Asthma	5.2	3.9	4.1	5.3	*3.2	3.9	5.2	4.0	4.2
Osteoarthritis	7.4	3.9	3.3	7.1	3.6	3.1	7.5	4.1	3.4
Intervertebral disc disorders	5.2	2.8	3.3	5.0	2.6	*3.5	5.4	3.1	3.0
Injury	6.5	5.1	5.7	6.6	5.5	*6.4	6.4	4.6	4.8
Fracture	7.6	5.6	*7.1	7.2	6.4	*	7.9	4.9	5.4
Poisoning and toxic effects	4.9	3.0	3.3	*	*2.9	3.0	4.3	3.1	3.6
Internal organ injury	*8.3	7.6	5.8	*	8.3	5.9	*8.1	*	5.6
Complications of care and adverse effects	7.9	6.1	6.0	8.4	5.9	6.1	7.4	6.4	6.0

See footnotes at end of table.

Table 98 (page 2 of 3). Average length of stay in nonfederal short-stay hospitals, by sex, age, and selected first-listed diagnosis: United States, selected years 1990 through 2009–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#098>.

[Data are based on a sample of hospital records]

Age and first-listed diagnosis	Average length of stay ¹								
	Both sexes			Male			Female		
	1990	2000	2009–2010 ²	1990	2000	2009–2010 ²	1990	2000	2009–2010 ²
	Number of days								
65–74 years ³	8.0	5.7	5.4	7.8	5.6	5.6	8.1	5.7	5.3
Septicemia	*15.9	8.6	9.3	*	8.5	9.7	14.4	8.8	9.0
Cancer, all	9.4	7.0	6.4	9.9	6.9	6.8	9.0	7.1	5.9
Colorectal cancer	12.9	9.1	7.0	11.3	9.2	7.4	14.5	9.0	6.5
Lung/bronchus/tracheal cancer	9.2	7.0	5.9	8.7	6.8	6.0	10.2	*7.1	5.7
Breast cancer ⁴	...	...	...	...	...	...	4.4	*	2.1
Prostate cancer	...	...	...	6.5	3.8	2.2	...	...	...
Diabetes	8.4	5.9	5.4	9.1	6.2	5.8	8.0	5.6	5.2
Schizophrenia, mood disorders, delusional disorders, nonorganic psychoses	16.6	11.7	12.8	17.4	*11.7	13.0	16.3	11.7	12.7
Dementia and Alzheimer's disease	*12.6	*9.3	8.5	*10.4	*9.6	*8.4	*14.0	*8.9	8.7
Heart disease	7.0	4.8	4.7	7.0	4.7	4.6	7.0	4.9	4.7
Ischemic heart disease	6.6	4.6	4.2	6.8	4.3	4.2	6.3	4.9	4.3
Heart attack	8.4	5.9	5.2	8.8	5.3	5.1	7.8	6.6	5.3
Arrhythmias	5.7	3.8	3.6	5.6	3.8	3.4	5.8	3.7	3.8
Heart failure	8.4	5.5	5.0	7.9	5.7	4.9	8.8	5.4	5.2
Hypertension	4.3	2.6	2.1	*4.6	*2.7	2.1	4.1	2.4	2.1
Stroke	8.4	4.7	5.1	8.3	4.5	4.7	8.5	4.8	5.7
Pneumonia	9.5	6.4	5.7	9.5	6.4	5.8	9.5	6.3	5.6
Chronic obstructive pulmonary disease	8.2	4.8	4.6	8.6	4.5	4.4	7.7	5.0	4.7
Gallstones	6.6	4.4	5.0	6.9	*5.2	4.9	6.5	3.9	5.1
Kidney disease	10.4	7.6	6.2	8.4	6.9	5.9	*12.4	8.2	6.6
Urinary tract infection	8.0	4.8	4.0	7.2	5.1	4.2	8.4	4.7	3.9
Hyperplasia of the prostate	...	...	...	4.5	2.8	2.0	...	...	...
Osteoarthritis	9.3	4.7	3.5	8.8	4.7	3.4	9.5	4.7	3.6
Injury	9.2	5.6	5.6	8.4	5.7	6.3	9.7	5.6	5.2
Fracture	11.1	5.9	5.8	10.2	6.4	7.2	11.5	5.7	5.2
Hip fracture	*15.5	7.1	6.7	*11.8	*7.9	*8.9	*16.7	6.7	5.7
Complications of care and adverse effects	7.8	6.4	5.8	7.3	6.1	6.0	8.5	6.8	5.6
75–84 years ³	9.1	6.2	5.7	8.7	6.2	5.8	9.4	6.1	5.7
Septicemia	12.1	7.9	8.6	12.9	7.4	9.0	11.5	8.4	8.3
Cancer, all	10.4	7.2	6.5	9.3	7.2	6.5	11.7	7.2	6.5
Colorectal cancer	12.9	9.0	8.1	12.5	*9.3	8.3	13.2	8.8	8.0
Lung/bronchus/tracheal cancer	9.5	6.5	6.2	9.6	6.2	6.1	*9.4	6.9	6.2
Breast cancer ⁴	...	...	...	...	...	...	5.7	*3.2	*2.6
Prostate cancer	...	...	...	6.6	*5.1	*4.7	...	...	...
Diabetes	12.5	6.0	5.9	11.7	6.4	6.5	13.1	5.6	5.5
Schizophrenia, mood disorders, delusional disorders, nonorganic psychoses	15.8	10.8	12.5	*15.7	*11.6	*11.8	15.8	10.4	12.8
Dementia and Alzheimer's disease	*15.3	8.2	8.7	*12.8	7.6	7.7	*	8.6	9.4
Heart disease	8.0	5.3	5.0	8.1	5.4	5.0	7.8	5.3	4.9
Ischemic heart disease	7.9	5.1	4.8	8.5	5.2	4.9	7.4	5.1	4.5
Heart attack	9.7	6.2	5.7	10.1	5.8	5.8	9.3	6.6	5.7
Arrhythmias	6.6	4.2	4.5	6.5	4.3	4.5	6.7	4.1	4.5
Heart failure	8.0	5.9	5.3	7.7	6.1	5.2	8.2	5.8	5.3
Hypertension	6.0	2.6	2.7	*	*2.1	2.0	*5.6	2.8	3.0
Stroke	10.4	5.9	5.4	10.0	5.7	5.5	10.6	6.0	5.3
Pneumonia	10.4	6.3	5.7	9.8	6.4	5.7	11.0	6.3	5.8
Chronic obstructive pulmonary disease	8.0	4.9	4.7	6.6	4.8	4.7	*10.1	4.9	4.7
Gallstones	8.5	5.3	5.6	8.0	5.6	6.2	8.8	5.1	5.1
Kidney disease	10.5	7.4	6.2	11.0	8.2	5.6	*10.1	6.6	6.7
Urinary tract infection	11.0	5.2	4.9	8.1	5.5	5.3	12.3	5.1	4.8
Hyperplasia of the prostate	...	...	...	6.0	3.1	*	...	...	...
Osteoarthritis	10.1	4.6	3.7	9.9	4.4	3.6	10.2	4.7	3.8
Injury	10.1	6.8	6.1	8.9	*8.2	7.1	10.4	6.3	5.5
Fracture	11.0	7.4	6.1	10.0	*	7.1	11.2	6.7	5.7
Hip fracture	12.1	7.7	6.2	10.4	7.8	6.9	12.5	7.6	5.9
Complications of care and adverse effects	12.5	7.1	6.2	14.0	8.1	6.5	11.2	6.0	5.9

See footnotes at end of table.

Table 98 (page 3 of 3). Average length of stay in nonfederal short-stay hospitals, by sex, age, and selected first-listed diagnosis: United States, selected years 1990 through 2009–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#098>.

[Data are based on a sample of hospital records]

Age and first-listed diagnosis	Average length of stay ¹								
	Both sexes			Male			Female		
	1990	2000	2009–2010 ²	1990	2000	2009–2010 ²	1990	2000	2009–2010 ²
	Number of days								
85 years and over ³	9.6	6.2	5.6	9.4	6.1	5.7	9.6	6.2	5.6
Septicemia	12.6	6.9	7.9	*11.8	6.7	8.6	12.9	6.9	7.4
Cancer, all	12.1	7.5	6.7	13.4	8.6	5.9	11.3	6.8	7.5
Colorectal cancer	22.4	*10.1	9.7	*	*	8.4	*21.1	8.2	10.5
Lung/bronchus/tracheal cancer	*	*8.0	5.0	*	*5.9	3.8	*	*	6.6
Breast cancer ⁴	...	...	...	...	...	...	*5.3	*	2.5
Prostate cancer	...	...	...	*7.5	*	5.3	...	...	...
Diabetes	9.1	5.5	5.2	*	*	5.8	9.2	4.9	4.9
Schizophrenia, mood disorders, delusional disorders, nonorganic psychoses	*	*10.5	*10.6	*	*	*8.4	*	*10.8	*12.2
Dementia and Alzheimer's disease	11.4	7.9	6.8	*	*8.8	7.3	*11.0	*7.6	6.5
Heart disease	8.1	5.2	4.9	7.8	5.1	5.2	8.2	5.3	4.8
Ischemic heart disease	7.5	5.4	4.9	6.8	5.4	4.9	7.9	5.4	4.8
Heart attack	9.8	6.7	5.7	8.9	6.4	5.9	10.3	6.9	5.6
Arrhythmias	8.3	4.4	4.3	*9.6	4.3	4.4	7.7	4.4	4.2
Heart failure	8.6	5.3	5.2	8.0	4.9	5.7	8.8	5.5	4.9
Hypertension	*	*4.2	2.9	*	*	2.8	*	*	2.9
Stroke	9.6	5.3	*7.4	9.6	5.6	5.5	9.5	5.1	*8.4
Pneumonia	10.9	7.0	5.9	11.1	6.1	5.3	10.7	7.5	6.3
Chronic obstructive pulmonary disease	*9.0	5.7	4.6	*7.8	5.5	4.5	*	5.7	4.6
Gallstones	10.3	5.8	5.5	*9.3	*5.6	6.4	10.7	*5.9	5.1
Kidney disease	*12.6	8.5	5.7	*	*9.0	5.3	*13.8	*8.2	5.9
Urinary tract infection	10.2	5.6	4.5	9.3	5.7	4.8	10.7	5.5	4.4
Hyperplasia of the prostate	...	...	...	6.6	*3.7	3.2	...	...	...
Osteoarthritis	10.5	4.7	3.9	*	*	3.7	*9.6	4.4	4.0
Injury	10.5	5.9	5.2	11.0	6.4	5.7	10.3	5.8	5.0
Fracture	11.1	6.1	5.3	11.2	6.4	5.8	11.1	6.0	5.2
Hip fracture	12.7	6.5	5.8	12.6	6.8	5.8	12.7	6.5	5.8
Complications of care and adverse effects	*11.7	*8.2	5.9	*10.7	*6.4	6.3	*12.3	*9.1	5.5

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

... Category not applicable.

¹Average length of stay is calculated by dividing days of care by number of discharges. See [Appendix II, Average length of stay; Days of care](#).

²Starting with 2008 data, the sample of nonfederal short-stay hospitals was cut in half. This smaller sample size has increased standard errors. Therefore, caution should be exercised in interpreting trends in these data. See [Appendix I, National Hospital Discharge Survey \(NHDS\)](#).

³Includes discharges with first-listed diagnoses not shown in table.

⁴Shown for females only.

NOTES: Excludes newborn infants. Diagnostic categories are based on the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD–9-CM)*. See [Appendix II, Diagnosis; Human immunodeficiency virus \(HIV\) disease; International Classification of Diseases, 9th Revision, Clinical Modification \(ICD–9-CM\); Table X](#) for ICD–9-CM codes. Rates are based on the civilian population as of July 1. Starting with *Health, United States, 2003*, rates for 2000 and beyond are based on the 2000 census. Rates for 1990–1999 use population estimates based on the 1990 census adjusted for net underenumeration using the 1990 National Population Adjustment Matrix from the U.S. Census Bureau. Rates for 1990–1999 are not strictly comparable with rates for 2000 and beyond because population estimates for 1990–1999 have not been revised to reflect the 2000 census. See [Appendix I, National Hospital Discharge Survey \(NHDS\); Population Census and Population Estimates](#). Additional data and diagnosis categories are available from: <http://www.cdc.gov/nchs/hdi.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Hospital Discharge Survey. See [Appendix I, National Hospital Discharge Survey \(NHDS\)](#).

Table 99 (page 1 of 4). Discharges with at least one procedure in nonfederal short-stay hospitals, by sex, age, and selected procedures: United States, selected years 1990 through 2009–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#099>.

[Data are based on a sample of hospital records]

Age and procedure (any listed)	Both sexes			Male			Female		
	1990	2000	2009–2010 ¹	1990	2000	2009–2010 ¹	1990	2000	2009–2010 ¹
18 years and over									
Percent									
Hospital discharges with at least one procedure, crude ²	67.4	62.1	63.2	65.2	59.2	59.9	68.7	63.9	65.3
Number per 10,000 population									
Hospital discharges with at least one procedure, age-adjusted ^{2,3}	1,020.1	859.9	887.0	882.2	701.4	709.4	1,176.4	1,026.2	1,078.1
Hospital discharges with at least one procedure, crude ²	1,006.4	856.8	900.0	788.1	648.4	697.8	1,205.9	1,049.8	1,091.3
Operations on vessels of heart	28.3	41.2	33.1	41.9	56.9	46.7	15.8	26.7	20.2
Coronary angioplasty or arthroectomy	14.0	26.2	23.2	20.5	34.9	31.7	8.0	18.1	15.1
Coronary artery stent insertion	...	21.7	20.5	...	28.7	28.0	...	15.3	13.5
Drug-eluting stent insertion	...	...	15.0	...	...	20.4	...	...	9.9
Coronary artery bypass graft (CABG)	14.1	15.0	9.9	21.2	21.8	15.0	7.7	8.7	5.1
Cardiac catheterization	52.1	57.8	43.1	68.3	72.1	53.0	37.4	44.6	33.7
Pacemaker	8.6	8.5	8.7	10.1	8.5	9.0	7.1	8.5	8.4
Carotid (neck arteries) endarterectomy	3.6	5.9	4.1	4.1	6.6	4.7	3.1	5.3	3.5
Endoscopy of small intestine	40.8	42.5	44.6	38.6	39.1	40.7	42.8	45.6	48.3
Endoscopy of large intestine	27.9	25.0	20.6	22.5	20.2	18.0	32.8	29.4	23.1
Gall bladder removal	27.9	19.6	18.2	16.5	13.3	13.1	38.2	25.5	23.0
Laparoscopic gall bladder removal	...	14.8	14.8	...	9.2	9.6	...	20.1	19.7
Treatment of intra-abdominal scar tissue	17.0	14.4	14.7	6.5	5.7	7.8	26.6	22.4	21.3
Reduction of fracture	27.6	24.9	23.2	27.3	22.0	20.0	27.8	27.7	26.3
Excision of intervertebral disc and spinal fusion	18.7	18.2	21.8	22.3	20.0	21.4	15.4	16.4	22.1
Total hip replacement	6.4	7.3	13.9	5.4	6.8	13.6	7.3	7.7	14.1
Partial hip replacement	4.8	5.0	13.1	2.0	2.3	10.9	7.3	7.6	15.1
Total knee replacement	6.7	13.8	28.8	4.9	11.0	21.6	8.4	16.4	35.6
CT scan	68.4	29.2	*17.0	68.6	27.4	15.7	68.2	30.9	*18.2
Arteriography and angiocardiology with contrast	59.7	63.0	53.8	75.6	76.2	63.4	45.2	50.7	44.8
Diagnostic ultrasound	72.3	36.9	34.9	62.1	33.1	33.9	81.7	40.4	35.9
Magnetic resonance imaging	9.5	9.2	9.8	9.4	8.2	9.0	9.6	10.2	*10.6
Mechanical ventilation	17.6	23.0	32.4	18.8	23.9	34.0	16.4	22.1	30.9
18–44 years									
Percent									
Hospital discharges with at least one procedure ²	73.0	71.7	72.4	62.6	55.9	53.7	77.0	77.4	78.7
Number per 10,000 population									
Hospital discharges with at least one procedure ²	749.3	609.1	627.6	362.8	251.6	233.3	1,130.6	965.9	1,030.6
Operations on vessels of heart	3.0	3.9	2.8	4.9	5.5	4.1	*1.2	2.3	*1.5
Coronary angioplasty or arthroectomy	1.9	3.0	*2.3	3.0	4.3	3.4	*0.8	1.6	*1.2
Coronary artery stent insertion	...	2.5	*2.0	...	3.6	*2.9	...	1.4	*1.1
Drug-eluting stent insertion	...	...	*1.5	...	...	*2.1	...	...	*
Coronary artery bypass graft (CABG)	1.0	0.9	*0.5	*1.8	1.1	*0.8	*	*0.7	*
Cardiac catheterization	9.0	8.5	6.3	12.5	11.0	8.3	5.5	5.9	4.3
Endoscopy of small intestine	13.1	10.3	14.7	13.2	10.4	11.4	13.0	10.2	18.0
Endoscopy of large intestine	6.9	5.5	6.2	5.6	4.7	5.3	8.1	6.3	7.0
Gall bladder removal	18.7	11.9	12.8	6.2	4.3	5.1	31.0	19.4	20.7
Laparoscopic gall bladder removal	...	9.9	11.0	...	3.0	3.7	...	16.8	18.4
Treatment of intra-abdominal scar tissue	14.1	10.8	10.5	2.0	1.5	*2.5	26.0	20.1	18.6
Hysterectomy	...	...	...	...	...	...	63.3	55.7	38.0
Abdominal hysterectomy	...	...	...	...	...	...	47.1	34.6	21.3
Vaginal hysterectomy	...	...	...	...	...	...	15.8	19.1	*12.3
Forceps, vacuum, and breech delivery	...	...	...	...	...	...	77.5	59.9	*43.9
Episiotomy	...	...	...	...	...	...	293.3	160.8	53.6
Other procedures inducing or assisting delivery	...	...	...	...	...	...	387.9	384.2	422.6
Medical induction of labor	...	...	...	...	...	...	41.1	77.7	125.9
Cesarean section	...	...	...	...	...	...	167.1	149.5	233.5
Reduction of fracture	19.1	13.7	11.6	27.9	19.0	15.3	10.4	8.4	7.9
Excision of intervertebral disc and spinal fusion	17.0	14.1	10.7	21.5	16.2	10.3	12.6	12.1	11.0
CT scan	27.5	10.6	*6.6	32.3	11.0	*6.1	22.7	10.3	*7.1
Arteriography and angiocardiology with contrast	12.5	10.3	9.1	17.4	12.9	9.9	7.6	7.7	8.2
Diagnostic ultrasound	34.2	11.6	10.0	19.3	8.3	7.2	48.9	14.9	12.8
Magnetic resonance imaging	4.9	3.8	*4.1	4.9	3.6	*2.9	4.9	*4.0	*5.4
Mechanical ventilation	4.6	7.0	9.9	5.4	8.2	11.2	3.8	5.8	8.6

See footnotes at end of table.

Table 99 (page 2 of 4). Discharges with at least one procedure in nonfederal short-stay hospitals, by sex, age, and selected procedures: United States, selected years 1990 through 2009–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#099>.

[Data are based on a sample of hospital records]

Age and procedure (any listed)	Both sexes			Male			Female		
	1990	2000	2009–2010 ¹	1990	2000	2009–2010 ¹	1990	2000	2009–2010 ¹
45–64 years									
Percent									
Hospital discharges with at least one procedure ² . . .	68.2	62.3	63.0	68.9	63.4	63.3	67.6	61.3	62.8
Number per 10,000 population									
Hospital discharges with at least one procedure ² . . .	924.2	694.6	756.7	965.9	714.4	766.2	885.4	675.9	747.7
Operations on vessels of heart	53.0	57.7	40.0	83.2	88.5	59.5	24.8	28.4	21.4
Coronary angioplasty or arthroectomy	29.4	37.5	28.9	45.3	55.9	42.7	14.5	20.0	15.8
Coronary artery stent insertion . . . . .	...	31.1	25.4	...	46.5	37.5	...	16.5	13.8
Drug-eluting stent insertion . . . . .	...	...	18.7	...	...	27.5	...	...	10.2
Coronary artery bypass graft (CABG)	23.4	20.3	11.1	37.5	32.5	16.9	10.3	8.6	*5.5
Cardiac catheterization	98.2	83.0	54.4	136.8	113.9	72.3	62.3	53.7	37.2
Pacemaker	7.8	4.0	3.2	10.9	5.2	4.2	*4.9	2.8	*2.3
Carotid (neck arteries) endarterectomy	4.0	5.2	3.1	5.2	5.2	3.6	3.0	*5.2	*2.7
Endoscopy of small intestine	45.0	36.4	43.2	46.3	40.7	42.2	43.8	32.3	44.2
Endoscopy of large intestine	28.5	19.3	18.0	25.4	18.1	15.9	31.4	20.4	20.0
Gall bladder removal	36.4	20.6	18.0	22.3	16.3	13.8	49.5	24.6	21.9
Laparoscopic gall bladder removal . . . . .	...	15.3	14.6	...	12.1	10.6	...	18.5	18.5
Treatment of intra-abdominal scar tissue	17.1	15.0	13.8	9.5	7.0	8.2	24.2	22.6	19.1
Removal of prostate . . . . .	...	...	...	35.8	15.6	16.9	...	...	...
Transurethral prostatectomy . . . . .	...	...	...	30.4	7.0	3.3	...	...	...
Hysterectomy . . . . .	...	...	...	...	...	...	76.4	78.2	54.1
Abdominal hysterectomy . . . . .	...	...	...	...	...	...	58.4	53.2	32.1
Vaginal hysterectomy . . . . .	...	...	...	...	...	...	17.6	21.6	15.4
Reduction of fracture	20.3	18.5	18.2	19.5	17.6	18.1	21.0	19.3	18.3
Excision of intervertebral disc and spinal fusion	26.1	25.7	30.8	29.4	27.1	31.3	23.1	24.4	30.2
Total hip replacement	6.2	8.1	18.0	5.7	9.1	19.0	6.5	7.2	17.1
Partial hip replacement	*	*1.3	*13.8	*	*0.8	*13.7	*	*1.7	*13.8
Total knee replacement	6.7	12.7	37.1	5.8	8.7	27.8	*7.4	16.4	46.0
Mastectomy . . . . .	...	...	...	...	...	...	21.2	10.6	9.3
CT scan	65.4	25.2	*17.1	69.9	25.9	17.4	61.2	24.5	*16.9
Arteriography and angiocardiology with contrast	105.4	85.3	64.3	138.5	111.4	83.3	74.6	60.7	46.3
Diagnostic ultrasound	69.5	34.3	31.8	73.8	38.0	36.3	65.5	30.9	27.5
Magnetic resonance imaging	10.9	8.9	9.2	10.7	9.4	9.2	11.0	8.4	9.2
Mechanical ventilation	17.6	21.2	32.9	18.6	22.9	34.4	16.7	19.6	31.5
65–74 years									
Percent									
Hospital discharges with at least one procedure ² . . .	66.5	61.3	63.2	69.3	63.9	64.6	63.8	58.9	62.0
Number per 10,000 population									
Hospital discharges with at least one procedure ² . . .	1,739.4	1,559.8	1,573.0	1,994.1	1,692.3	1,678.0	1,539.4	1,450.6	1,482.5
Operations on vessels of heart	97.0	139.8	104.2	148.9	195.3	152.6	56.3	94.1	62.4
Coronary angioplasty or arthroectomy	44.1	86.3	69.4	64.9	116.0	96.6	27.8	61.9	45.9
Coronary artery stent insertion . . . . .	...	71.7	61.1	...	94.9	83.3	...	52.5	42.0
Drug-eluting stent insertion . . . . .	...	...	46.1	...	...	62.5	...	...	32.1
Coronary artery bypass graft (CABG)	52.1	53.9	34.7	83.1	79.7	55.9	27.7	32.6	16.5
Cardiac catheterization	164.0	174.2	120.4	213.8	222.7	153.7	124.9	134.2	91.7
Pacemaker	24.6	22.5	18.6	32.1	22.8	18.1	18.7	22.3	19.0
Carotid (neck arteries) endarterectomy	14.6	24.1	15.6	18.0	29.5	21.8	11.9	19.6	*10.3
Endoscopy of small intestine	92.8	106.6	93.2	91.5	102.4	99.0	93.7	110.0	88.2
Endoscopy of large intestine	70.3	64.8	44.3	62.5	59.7	41.6	76.5	69.0	46.7
Gall bladder removal	45.0	42.1	30.0	42.0	37.9	31.9	47.4	45.5	28.3
Laparoscopic gall bladder removal . . . . .	...	29.5	22.0	...	24.4	21.2	...	33.7	22.6
Treatment of intra-abdominal scar tissue	23.1	21.4	29.0	17.1	14.5	24.3	27.7	27.1	33.0
Removal of prostate . . . . .	...	...	...	201.1	83.7	50.8	...	...	...
Transurethral prostatectomy . . . . .	...	...	...	180.9	59.4	24.1	...	...	...
Hysterectomy . . . . .	...	...	...	...	...	...	37.4	35.9	30.2
Abdominal hysterectomy . . . . .	...	...	...	...	...	...	20.8	20.5	15.0
Vaginal hysterectomy . . . . .	...	...	...	...	...	...	16.5	14.7	*14.1
Reduction of fracture	36.2	36.4	32.9	24.3	26.2	18.4	45.5	44.8	45.5
Excision of intervertebral disc and spinal fusion	16.3	21.1	42.1	14.2	22.5	39.2	18.0	20.0	*44.5
Total hip replacement	24.0	25.4	39.3	23.0	26.4	37.1	24.9	24.5	41.2
Partial hip replacement	8.9	7.6	*25.3	*4.0	*	*19.1	*12.7	10.5	*30.7
Total knee replacement	33.2	65.4	108.3	26.4	64.5	84.0	38.6	66.0	129.3
Mastectomy . . . . .	...	...	...	...	...	...	30.7	22.7	*12.9
CT scan	153.7	64.3	*29.4	163.4	65.7	*31.1	146.1	63.1	*27.9
Arteriography and angiocardiology with contrast	184.5	186.2	146.5	239.0	231.9	186.7	141.7	148.5	111.9
Diagnostic ultrasound	155.2	92.7	79.8	165.2	94.1	85.6	147.4	91.6	74.8
Magnetic resonance imaging	20.6	17.2	*18.3	19.2	*14.6	18.9	21.7	*19.3	*17.8
Mechanical ventilation	48.6	60.0	79.9	58.7	70.3	90.7	40.6	51.6	70.7

See footnotes at end of table.

Table 99 (page 3 of 4). Discharges with at least one procedure in nonfederal short-stay hospitals, by sex, age, and selected procedures: United States, selected years 1990 through 2009–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#099>.

[Data are based on a sample of hospital records]

Age and procedure (any listed)	Both sexes			Male			Female		
	1990	2000	2009–2010 ¹	1990	2000	2009–2010 ¹	1990	2000	2009–2010 ¹
75–84 years									
Hospital discharges with at least one procedure ² . . .	59.0	53.6	56.4	61.7	56.3	59.0	57.0	51.8	54.5
Percent									
Number per 10,000 population									
Hospital discharges with at least one procedure ² . . .	2,332.9	2,212.3	2,247.8	2,723.9	2,416.5	2,441.4	2,096.7	2,078.8	2,108.7
Operations on vessels of heart	69.1	143.2	126.0	107.6	202.5	189.8	45.8	104.5	80.2
Coronary angioplasty or arthroectomy	22.4	84.7	82.7	33.7	109.3	116.8	15.7	68.7	58.2
Coronary artery stent insertion . . . . .	...	69.8	75.3	...	86.5	107.5	...	58.8	52.2
Drug-eluting stent insertion . . . . .	...	...	54.7	...	...	77.5	...	...	38.2
Coronary artery bypass graft (CABG)	47.0	57.7	42.7	74.7	90.5	*72.3	30.3	36.2	*21.5
Cardiac catheterization	116.6	190.2	149.3	166.0	236.9	179.9	86.8	159.6	127.4
Pacemaker	50.8	58.1	60.0	70.6	72.2	84.9	38.8	48.9	42.1
Carotid (neck arteries) endarterectomy	19.8	32.8	23.7	24.2	45.5	29.6	*17.1	24.5	19.5
Endoscopy of small intestine	171.4	189.7	166.0	188.9	193.8	164.2	160.8	187.0	167.3
Endoscopy of large intestine	131.1	123.7	87.9	126.1	113.8	83.9	134.1	130.1	90.7
Gall bladder removal	51.8	43.4	43.6	64.4	46.7	50.5	44.2	41.3	38.7
Laparoscopic gall bladder removal . . . . .	...	28.9	35.9	...	29.6	39.2	...	28.5	33.6
Treatment of intra-abdominal scar tissue	34.0	28.6	30.2	28.2	26.3	28.7	37.5	30.2	31.3
Removal of prostate . . . . .	...	...	...	273.5	98.0	41.2	...	...	...
Transurethral prostatectomy . . . . .	...	...	...	257.5	89.0	36.6	...	...	...
Hysterectomy . . . . .	...	...	...	...	...	...	28.5	25.5	18.5
Abdominal hysterectomy . . . . .	...	...	...	...	...	...	18.8	16.2	*11.1
Vaginal hysterectomy . . . . .	...	...	...	...	...	...	*9.4	8.1	*5.6
Reduction of fracture	86.2	80.1	68.1	43.4	57.2	46.0	112.1	95.0	84.0
Excision of intervertebral disc and spinal fusion	12.0	17.4	36.5	*13.2	*20.4	*39.9	11.3	15.3	34.0
Total hip replacement	30.7	26.3	49.4	*26.9	*21.3	47.2	33.1	29.6	51.1
Partial hip replacement	43.6	36.6	37.9	*14.3	20.0	*29.9	61.2	47.5	43.7
Total knee replacement	28.4	59.3	86.2	*19.5	48.7	80.4	33.9	66.3	90.4
Mastectomy . . . . .	...	...	...	...	...	...	29.2	22.0	*11.3
CT scan	279.7	119.2	*55.2	307.2	127.9	*51.0	263.0	113.5	*58.3
Arteriography and angiocardiology with contrast	141.0	219.2	187.8	192.3	287.9	223.3	109.9	174.3	162.2
Diagnostic ultrasound	273.5	134.1	122.0	315.7	142.8	137.7	248.0	128.4	110.8
Magnetic resonance imaging	30.5	*37.3	*37.6	43.0	*33.6	*44.0	*23.0	*39.8	*33.0
Mechanical ventilation	79.8	91.1	102.0	110.3	106.5	119.5	61.3	80.9	89.5
85 years and over									
Hospital discharges with at least one procedure ² . . .	49.3	44.6	46.8	52.4	45.4	50.5	47.8	44.3	44.7
Percent									
Number per 10,000 population									
Hospital discharges with at least one procedure ² . . .	2,762.1	2,700.5	2,650.6	3,367.3	2,797.9	3,125.0	2,526.8	2,660.6	2,423.0
Operations on vessels of heart	*14.0	51.1	55.5	*	83.0	98.6	*	38.0	34.8
Coronary angioplasty or arthroectomy	*	36.3	44.6	*	*52.9	74.6	*	29.5	*30.2
Coronary artery stent insertion . . . . .	...	31.6	40.0	...	*48.9	66.6	...	*24.4	*27.2
Drug-eluting stent insertion . . . . .	...	...	22.7	...	...	*36.9	...	...	*15.8
Coronary artery bypass graft (CABG)	*	*15.1	*10.1	*	*30.1	*22.5	*	*9.0	*4.2
Cardiac catheterization	*23.7	87.7	78.5	*	122.8	111.7	*19.0	73.2	62.6
Pacemaker	79.5	82.9	89.3	120.4	104.3	100.6	63.5	74.2	84.0
Carotid (neck arteries) endarterectomy	*	*12.0	*	*	*	*7.1	*	*4.8	*
Endoscopy of small intestine	228.8	262.4	192.2	288.7	245.1	228.5	205.5	269.5	174.7
Endoscopy of large intestine	180.8	158.1	98.1	188.0	133.3	128.9	178.0	168.3	83.4
Gall bladder removal	46.4	40.9	23.0	*68.4	*42.9	*30.2	37.8	*40.1	*19.5
Laparoscopic gall bladder removal . . . . .	...	*30.4	15.4	...	*	*	...	*30.5	*14.0
Treatment of intra-abdominal scar tissue	29.6	24.3	23.0	*	*16.4	*13.9	33.7	*27.5	*27.4
Removal of prostate . . . . .	...	...	...	257.2	*113.0	42.7	...	...	...
Transurethral prostatectomy . . . . .	...	...	...	247.1	*110.0	41.8	...	...	...
Hysterectomy . . . . .	...	...	...	...	...	...	*	*	*
Abdominal hysterectomy . . . . .	...	...	...	...	...	...	*	*	*
Vaginal hysterectomy . . . . .	...	...	...	...	...	...	*	*	*
Reduction of fracture	196.2	200.5	180.3	150.6	93.8	132.8	213.9	244.3	203.0
Excision of intervertebral disc and spinal fusion	*	*2.3	*6.2	*	*	*	*	*	*
Total hip replacement	*27.8	*20.7	*25.5	*	*	*	*23.2	*26.3	*21.6
Partial hip replacement	67.4	82.2	77.1	*52.9	*44.1	66.2	73.1	97.9	82.3
Total knee replacement	*12.4	*22.9	34.0	*	*	*31.3	*	*16.2	35.3
Mastectomy . . . . .	...	...	...	...	...	...	*28.9	*15.7	*
CT scan	378.4	158.7	*84.9	401.2	141.4	*84.8	369.5	165.9	*85.0
Arteriography and angiocardiology with contrast	50.6	120.8	135.6	*87.6	164.4	161.9	36.2	102.8	123.0
Diagnostic ultrasound	327.7	208.5	200.6	394.5	181.4	216.3	301.7	219.6	193.1
Magnetic resonance imaging	*18.5	*40.4	*35.7	*	*	*35.9	*16.2	*	*
Mechanical ventilation	91.5	106.0	130.3	97.9	116.5	172.2	89.1	101.7	110.2

See footnotes at end of table.

Table 99 (page 4 of 4). Discharges with at least one procedure in nonfederal short-stay hospitals, by sex, age, and selected procedures: United States, selected years 1990 through 2009–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#099>.

[Data are based on a sample of hospital records]

... Category not applicable.

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

¹Starting with 2008 data, the sample of nonfederal short-stay hospitals was cut in half. This smaller sample size has increased standard errors. Therefore, caution should be exercised in interpreting trends in these data. See [Appendix I, National Hospital Discharge Survey \(NHDS\)](#).

²Includes discharges for procedures not shown separately.

³Estimates are age-adjusted to the year 2000 standard population using five age groups: 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See [Appendix II, Age adjustment](#).

NOTES: Up to four procedures were coded for each hospital discharge. Starting with 2010 data, up to eight procedure codes were available on the file. To maintain comparability with previous years, the number of procedure codes for the 2010 data was limited to four codes. If more than one procedure with the same code (e.g., a coronary artery bypass graft) was performed during the hospital stay, it was counted only once (any listed). Procedure categories are based on the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD–9-CM)*. See [Appendix II, International Classification of Diseases, 9th Revision, Clinical Modification \(ICD–9-CM\); Procedure; Table XI](#) for ICD–9-CM codes. Rates are based on the civilian population as of July 1. Starting with *Health, United States, 2003*, rates for 2000 and beyond are based on the 2000 census. Rates for 1990–1999 use population estimates based on the 1990 census adjusted for net underenumeration using the 1990 National Population Adjustment Matrix from the U.S. Census Bureau. Rates for 1990–1999 are not strictly comparable with rates for 2000 and beyond because population estimates for 1990–1999 have not been revised to reflect the 2000 census. See [Appendix I, National Hospital Discharge Survey \(NHDS\); Population Census and Population Estimates](#). Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Hospital Discharge Survey. See [Appendix I, National Hospital Discharge Survey \(NHDS\)](#).

Table 100. Hospital admissions, average length of stay, outpatient visits, and outpatient surgery, by type of ownership and size of hospital: United States, selected years 1975–2011

[Data are based on reporting by a census of hospitals]

Type of ownership and size of hospital	1975	1980	1990	1995	2000	2005	2010	2011
Admissions								
Number, in thousands								
All hospitals	36,157	38,892	33,774	33,282	34,891	37,006	36,915	36,565
Federal	1,913	2,044	1,759	1,559	1,034	952	911	892
Nonfederal ¹	34,243	36,848	32,015	31,723	33,946	36,054	36,004	35,673
Community ²	33,435	36,143	31,181	30,945	33,089	35,239	35,149	34,843
Nonprofit	23,722	25,566	22,878	22,557	24,453	25,881	25,532	25,185
For profit	2,646	3,165	3,066	3,428	4,141	4,618	4,925	5,060
State-local government	7,067	7,413	5,236	4,961	4,496	4,740	4,693	4,598
6–24 beds	174	159	95	124	141	186	199	197
25–49 beds	1,431	1,254	870	944	995	1,173	1,169	1,173
50–99 beds	3,675	3,700	2,474	2,299	2,355	2,412	2,173	2,104
100–199 beds	7,017	7,162	5,833	6,288	6,735	6,678	6,125	6,022
200–299 beds	6,174	6,596	6,333	6,495	6,702	7,075	6,569	6,464
300–399 beds	4,739	5,358	5,091	4,693	5,135	6,025	5,835	5,851
400–499 beds	3,689	4,401	3,644	3,413	3,617	3,634	3,869	3,863
500 beds or more	6,537	7,513	6,840	6,690	7,410	8,054	9,210	9,169
Average length of stay ³								
Number of days								
All hospitals	11.4	10.0	9.1	7.8	6.8	6.5	6.2	6.1
Federal	20.3	16.8	14.9	13.1	12.8	11.6	11.8	10.8
Nonfederal ¹	10.8	9.6	8.8	7.5	6.6	6.3	6.1	6.0
Community ²	7.7	7.6	7.2	6.5	5.8	5.6	5.4	5.4
Nonprofit	7.8	7.7	7.3	6.4	5.7	5.5	5.3	5.2
For profit	6.6	6.5	6.4	5.8	5.4	5.3	5.3	5.3
State-local government	7.6	7.3	7.7	7.4	6.7	6.6	6.2	6.2
6–24 beds	5.6	5.3	5.4	5.5	4.3	4.2	4.3	4.5
25–49 beds	6.0	5.8	6.1	5.7	5.1	4.9	5.2	5.2
50–99 beds	6.8	6.7	7.2	7.0	6.5	6.4	6.4	6.5
100–199 beds	7.1	7.0	7.1	6.4	5.7	5.6	5.3	5.2
200–299 beds	7.5	7.4	6.9	6.2	5.7	5.3	5.1	5.1
300–399 beds	7.8	7.6	7.0	6.1	5.5	5.4	5.1	5.1
400–499 beds	8.1	7.9	7.3	6.3	5.6	5.5	5.3	5.3
500 beds or more	9.1	8.7	8.1	7.1	6.3	6.0	5.7	5.7
Outpatient visits ⁴								
Number, in thousands								
All hospitals	254,844	262,951	368,184	483,195	592,673	673,689	750,408	754,454
Federal	51,957	50,566	58,527	59,934	63,402	80,018	90,134	87,975
Nonfederal ¹	202,887	212,385	309,657	423,261	531,972	593,671	660,274	666,479
Community ²	190,672	202,310	301,329	414,345	521,405	584,429	651,424	656,079
Nonprofit	131,435	142,156	221,073	303,851	393,168	441,653	494,178	496,643
For profit	7,713	9,696	20,110	31,940	43,378	46,016	48,201	50,013
State-local government	51,525	50,459	60,146	78,554	84,858	96,760	109,045	109,423
6–24 beds	915	1,155	1,471	3,644	4,555	7,970	9,934	10,531
25–49 beds	5,855	6,227	10,812	19,465	27,007	35,172	43,099	45,098
50–99 beds	16,303	17,976	27,582	38,597	49,385	53,382	57,701	56,126
100–199 beds	35,156	36,453	58,940	91,312	114,183	121,053	120,902	120,555
200–299 beds	32,772	36,073	60,561	84,080	99,248	107,332	110,661	109,901
300–399 beds	29,169	30,495	43,699	54,277	73,444	85,366	90,515	95,282
400–499 beds	22,127	25,501	33,394	44,284	52,205	56,023	65,543	66,428
500 beds or more	48,375	48,430	64,870	78,685	101,378	118,131	153,067	152,158
Outpatient surgery								
Percent of total surgeries ⁵								
Community hospitals ²	---	16.3	50.5	58.1	62.7	63.3	63.6	64.2

--- Data not available.

¹The category of nonfederal hospitals comprises psychiatric, tuberculosis and other respiratory diseases hospitals, and long-term and short-term general and other special hospitals. See [Appendix II, Hospital](#).

²Community hospitals are nonfederal short-term general and special hospitals whose facilities and services are available to the public. See [Appendix II, Hospital](#).

³Average length of stay is calculated as the number of inpatient days divided by the number of admissions. See [Appendix II, Average length of stay](#).

⁴Outpatient visits include visits to the emergency department, outpatient department, referred visits (pharmacy, EKG, radiology), and outpatient surgery. See [Appendix II, Outpatient visit](#).

⁵Total surgeries is a measure of patients with at least one surgical procedure. Persons with multiple surgical procedures during the same outpatient visit or inpatient stay are counted only once. See [Appendix II, Outpatient surgery](#).

SOURCE: American Hospital Association (AHA) Annual Survey of Hospitals. Hospital Statistics, 1976, 1981, 1991–2013 editions. Chicago, IL. (Copyright 1976, 1981, 1991–2013: Used with permission of Health Forum LLC, an affiliate of AHA.) See [Appendix I, American Hospital Association \(AHA\) Annual Survey of Hospitals](#).

Table 101. Active physicians and physicians in patient care, by state: United States, selected years 1975–2011

[Data are based on reporting by physicians]

State	Active physicians ^{1,2}						Physicians in patient care ^{1,2,3}					
	1975	1985	1995	2000 ⁴	2010	2011	1975	1985	1995	2000 ⁴	2010	2011
	Number per 10,000 civilian population											
United States	15.3	20.7	24.2	25.8	27.2	27.5	13.5	18.0	21.3	22.7	24.0	26.1
Alabama	9.2	14.2	18.4	19.8	21.4	21.4	8.6	13.1	17.0	18.2	20.6	20.7
Alaska	8.4	13.0	15.7	18.5	24.3	24.3	7.8	12.1	14.2	16.3	23.3	23.3
Arizona	16.7	20.2	21.4	20.9	22.6	23.8	14.1	17.1	18.2	17.6	21.6	22.8
Arkansas	9.1	13.8	17.3	18.8	20.2	20.5	8.5	12.8	16.0	17.3	19.4	19.7
California	18.8	23.7	23.7	23.8	26.1	26.2	17.3	21.5	21.7	21.6	24.7	24.9
Colorado	17.3	20.7	23.7	24.0	26.9	27.4	15.0	17.7	20.6	20.9	25.5	26.0
Connecticut	19.8	27.6	32.8	33.7	36.0	36.5	17.7	24.3	29.5	30.3	33.6	34.1
Delaware	14.3	19.7	23.4	24.7	26.3	26.4	12.7	17.1	19.7	21.0	25.2	25.2
District of Columbia	39.6	55.3	63.6	62.5	76.9	76.4	34.6	45.6	53.6	54.5	68.8	68.3
Florida	15.2	20.2	22.9	24.1	26.0	25.8	13.4	17.8	20.3	21.2	25.0	24.8
Georgia	11.5	16.2	19.7	20.4	21.3	21.9	10.6	14.7	18.0	18.6	20.2	20.8
Hawaii	16.2	21.5	24.8	26.4	31.3	29.8	14.7	19.8	22.8	24.0	29.6	28.2
Idaho	9.5	12.1	13.9	15.8	18.4	18.1	8.9	11.4	13.1	14.4	17.9	17.7
Illinois	14.5	20.5	24.8	26.1	27.9	28.5	13.1	18.2	22.1	23.1	26.6	27.3
Indiana	10.6	14.7	18.4	20.0	22.2	22.2	9.6	13.2	16.6	18.0	21.3	21.3
Iowa	11.4	15.6	19.2	19.8	21.8	21.7	9.4	12.4	15.1	15.5	20.8	20.7
Kansas	12.8	17.3	20.8	21.8	24.0	24.3	11.2	15.1	18.0	18.8	23.1	23.4
Kentucky	10.9	15.1	19.2	20.6	23.1	23.2	10.1	13.9	18.0	19.1	22.2	22.3
Louisiana	11.4	17.3	21.7	23.8	25.4	26.0	10.5	16.1	20.3	22.4	24.5	25.1
Maine	12.8	18.7	22.3	26.8	31.8	31.7	10.7	15.6	18.2	21.7	30.2	30.2
Maryland	18.6	30.4	34.1	35.4	39.1	39.3	16.5	24.9	29.9	31.1	34.9	35.3
Massachusetts	20.8	30.2	37.5	38.6	43.4	44.5	18.3	25.4	33.2	34.4	40.0	41.1
Michigan	15.4	20.8	24.8	26.3	28.9	29.4	12.0	16.0	19.0	20.2	27.6	28.1
Minnesota	14.9	20.5	23.4	24.9	30.1	30.0	13.7	18.5	21.5	23.0	28.2	28.7
Mississippi	8.4	11.8	13.9	16.6	18.3	18.5	8.0	11.1	13.0	15.2	17.6	17.9
Missouri	15.0	20.5	23.9	24.7	26.3	27.1	11.6	16.3	19.7	20.2	25.1	25.9
Montana	10.6	14.0	18.4	20.4	22.5	22.1	10.1	13.2	17.1	18.8	21.8	21.4
Nebraska	12.1	15.7	19.8	21.7	24.5	24.7	10.9	14.4	18.3	20.1	23.4	23.6
Nevada	11.9	16.0	16.7	18.0	19.8	19.4	10.9	14.5	14.6	15.9	19.2	18.8
New Hampshire	14.3	18.1	21.5	23.8	29.5	30.1	13.1	16.7	19.8	21.7	28.2	28.7
New Jersey	16.2	23.4	29.3	31.1	31.8	32.0	14.0	19.8	24.9	26.2	30.1	30.4
New Mexico	12.2	17.0	20.2	20.9	23.8	23.8	10.1	14.7	18.0	18.5	22.5	22.5
New York	22.7	29.0	35.3	36.2	36.4	37.4	20.2	25.2	31.6	32.3	34.2	35.3
North Carolina	11.7	16.9	21.1	22.3	25.0	25.0	10.6	15.0	19.4	20.5	23.7	23.8
North Dakota	9.7	15.8	20.5	19.2	25.0	24.2	9.2	14.9	18.9	19.8	24.1	23.4
Ohio	14.1	19.9	23.8	25.4	28.5	29.1	12.2	16.8	20.0	21.3	27.3	27.9
Oklahoma	11.6	16.1	18.8	19.4	21.0	20.9	9.4	12.9	14.7	14.8	20.2	20.2
Oregon	15.6	19.7	21.6	22.9	28.3	29.0	13.8	17.6	19.5	20.5	26.9	27.6
Pennsylvania	16.6	23.6	30.1	31.6	32.6	33.0	13.9	19.2	24.6	25.4	30.7	31.1
Rhode Island	17.8	23.3	30.4	32.5	37.1	37.8	16.1	20.2	26.7	28.8	35.2	35.9
South Carolina	10.0	14.7	18.9	21.0	23.3	23.0	9.3	13.6	17.6	19.4	22.4	22.2
South Dakota	8.2	13.4	16.7	19.2	23.0	23.1	7.7	12.3	15.7	17.7	22.2	22.3
Tennessee	12.4	17.7	22.5	23.6	26.0	26.4	11.3	16.2	20.8	21.8	24.8	25.2
Texas	12.5	16.8	19.4	20.3	21.5	21.8	11.0	14.7	17.3	17.9	20.6	20.9
Utah	14.1	17.2	19.2	19.6	21.0	21.5	13.0	15.5	17.6	17.8	20.0	20.5
Vermont	18.2	23.8	26.9	32.0	35.7	35.7	15.5	20.3	24.2	28.8	33.4	33.4
Virginia	12.9	19.5	22.5	23.9	27.0	27.1	11.9	17.8	20.8	22.0	25.7	25.8
Washington	15.3	20.2	22.5	23.7	27.1	27.1	13.6	17.9	20.2	21.2	25.5	25.5
West Virginia	11.0	16.3	21.0	23.5	25.5	25.6	10.0	14.6	17.9	19.5	24.5	24.6
Wisconsin	12.5	17.7	21.5	23.1	26.8	26.8	11.4	15.9	19.6	20.9	25.6	25.7
Wyoming	9.5	12.9	15.3	17.3	19.7	19.3	8.9	12.0	13.9	15.7	19.1	18.7

¹Includes active doctors of medicine (MDs) and active doctors of osteopathy (DOs). See [Appendix II, Physician](#).

²Starting with 2003 data, federal and nonfederal physicians are included. Data prior to 2003 included nonfederal physicians only.

³Prior to 2006, excludes DOs. Excludes physicians in medical teaching, administration, research, and other nonpatient care activities. Includes residents.

⁴Data for DOs are as of January 2001.

NOTES: Data for MDs are as of December 31. Data for DOs are as of May 31, unless otherwise specified. Starting with *Health, United States, 2012*, data for DOs for 2009 and beyond are from the American Medical Association (AMA). Prior to 2009, data for DOs are from the American Osteopathic Association (AOA).

SOURCE: American Medical Association (AMA): Physician distribution and medical licensure in the U.S., 1975; Physician characteristics and distribution in the U.S., 1986 edition; 1996–1997 edition; 2009–2013 edition; Department of Physician Practice and Communication Information, Division of Survey and Data Resources, AMA. (Copyright 1976, 1986, 1997, 2004, 2008, 2009, 2010, 2011, 2012, 2013: Used with permission of the AMA); American Osteopathic Association: 1975–1976 Yearbook and Directory of Osteopathic Physicians, 1985–1986 Yearbook and Directory of Osteopathic Physicians; American Association of Colleges of Osteopathic Medicine: Annual Statistical Report, 1996; American Osteopathic Association: Factsheet 2006, 2006; Osteopathic Medical Profession Report 2008 and 2009; and unpublished data. See [Appendix I, American Medical Association \(AMA\) Physician Masterfile](#); [American Osteopathic Association \(AOA\)](#).

Table 102. Doctors of medicine, by place of medical education and activity: United States and outlying U.S. areas, selected years 1975–2011

[Data are based on reporting by physicians]

Place of medical education and activity	1975	1985	1995	2000	2005	2009	2010	2011
Number of doctors of medicine								
Total doctors of medicine	393,742	552,716	720,325	813,770	902,053	972,376	985,375	1,004,635
Active doctors of medicine ¹	340,280	497,140	625,443	692,368	762,438	792,805	794,862	809,492
Place of medical education:								
U.S. medical graduates	---	392,007	481,137	527,931	571,798	591,835	595,908	604,737
International medical graduates ²	---	105,133	144,306	164,437	190,640	200,970	198,954	204,755
Activity:								
Patient care ^{3,4}	287,837	431,527	564,074	631,431	718,473	749,566	752,572	767,782
Office-based practice	213,334	329,041	427,275	490,398	563,225	560,381	565,024	575,641
General and family practice	46,347	53,862	59,932	67,534	74,999	76,514	77,098	77,723
Cardiovascular diseases	5,046	9,054	13,739	16,300	17,519	17,443	17,454	17,477
Dermatology	3,442	5,325	6,959	7,969	8,795	9,192	9,272	9,495
Gastroenterology	1,696	4,135	7,300	8,515	9,742	10,293	10,466	10,735
Internal medicine	28,188	52,712	72,612	88,699	107,028	109,305	110,612	114,110
Pediatrics	12,687	22,392	33,890	42,215	51,854	52,420	53,054	55,084
Pulmonary diseases	1,166	3,035	4,964	6,095	7,321	7,677	7,846	8,074
General surgery	19,710	24,708	24,086	24,475	26,079	24,536	24,327	24,408
Obstetrics and gynecology	15,613	23,525	29,111	31,726	34,659	34,092	34,083	34,420
Ophthalmology	8,795	12,212	14,596	15,598	16,580	15,731	15,723	15,882
Orthopedic surgery	8,148	13,033	17,136	17,367	19,115	19,205	19,325	19,428
Otolaryngology	4,297	5,751	7,139	7,581	8,206	8,025	7,964	8,024
Plastic surgery	1,706	3,299	4,612	5,308	6,011	6,110	6,180	6,248
Urological surgery	5,025	7,081	7,991	8,460	8,955	8,678	8,606	8,574
Anesthesiology	8,970	15,285	23,770	27,624	31,887	31,294	31,819	32,096
Diagnostic radiology	1,978	7,735	12,751	14,622	17,618	17,100	17,503	17,770
Emergency medicine	---	---	11,700	14,541	20,173	19,978	20,654	21,393
Neurology	1,862	4,691	7,623	8,559	10,400	10,433	10,547	10,972
Pathology, anatomical/clinical	4,195	6,877	9,031	10,267	11,747	10,554	10,688	10,880
Psychiatry	12,173	18,521	23,334	24,955	27,638	26,235	25,690	25,802
Radiology	6,970	7,355	5,994	6,674	7,049	6,837	7,032	7,114
Other specialty	15,320	28,453	29,005	35,314	39,850	38,729	39,081	39,932
Hospital-based practice	74,503	102,486	136,799	141,033	155,248	189,185	187,548	192,141
Residents and interns ⁵	53,527	72,159	93,650	95,125	95,391	109,065	108,142	112,959
Full-time hospital staff	20,976	30,327	43,149	45,908	59,857	80,120	79,406	79,182
Other professional activity ⁶	24,252	44,046	40,290	41,556	43,965	43,239	42,290	41,710
Inactive	21,449	38,646	72,326	75,168	99,823	121,704	125,928	134,168
Not classified	26,145	13,950	20,579	45,136	39,304	57,427	64,153	60,131
Unknown address	5,868	2,980	1,977	1,098	488	440	432	844

--- Data not available.

¹Doctors of medicine who are inactive, have unknown address, or primary specialty not classified are excluded. See [Appendix II, Physician](#).

²International medical graduates received their medical education in schools outside the United States and Canada.

³Specialty information is based on the physician's self-designated primary area of practice. Categories include generalists and specialists. See [Appendix II, Physician specialty](#).

⁴Starting with 2003 data, estimates include federal and nonfederal doctors of medicine. Prior to 2003, estimates were for nonfederal doctors of medicine only. See [Health, United States, 2004](#), Table 103, for data on federal doctors of medicine.

⁵Starting with 1990 data, clinical fellows are included in this category. In prior years, clinical fellows were included in the other professional activity category.

⁶Includes medical teaching, administration, research, and other. Prior to 1990, this category also included clinical fellows.

NOTES: Data for doctors of medicine are as of December 31, except for 1990–1994 data, which are as of January 1. Outlying areas include Puerto Rico, the U.S. Virgin Islands, and the Pacific islands of Canton, Caroline, Guam, Mariana, Marshall, American Samoa, and Wake.

SOURCE: American Medical Association (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, 1995–1996, 1996–1997, 1997–1998, 1999, 2000–2001, 2001–2002, 2002–2003, 2003–2004, 2004–2013 editions, Department of Physician Practice and Communications Information, Division of Survey and Data Resources, AMA. (Copyright 1971, 1976, 1982, 1986, 1989, 1990, 1992, 1993, 1994, 1996, 1997, 1997, 1982, 1986, 1989, 1990, 1992, 1993, 1994, 1996–2013: Used with permission of the AMA.) See [Appendix I, American Medical Association \(AMA\) Physician Masterfile](#).

Table 103. Doctors of medicine in primary care, by specialty: United States and outlying U.S. areas, selected years 1949–2011

[Data are based on reporting by physicians]

<i>Specialty</i>	1949 ¹	1960 ¹	1970	1980	1990	1995	2000	2010	2011
	Number								
Total doctors of medicine ²	201,277	260,484	334,028	467,679	615,421	720,325	813,770	985,375	1,004,635
Active doctors of medicine ³	191,577	247,257	310,845	414,916	547,310	625,443	692,368	794,862	809,492
General primary care specialists	113,222	125,359	134,354	170,705	213,514	241,329	274,653	304,687	309,672
General practice/family medicine	95,980	88,023	57,948	60,049	70,480	75,976	86,312	94,746	95,274
Internal medicine	12,453	26,209	39,924	58,462	76,295	88,240	101,353	113,591	116,715
Obstetrics/Gynecology	---	---	18,532	24,612	30,220	33,519	35,922	38,520	38,957
Pediatrics	4,789	11,127	17,950	27,582	36,519	43,594	51,066	57,830	58,726
Primary care subspecialists	---	---	3,161	16,642	30,911	39,659	52,294	76,122	79,751
Family medicine	---	---	---	---	---	236	483	1,445	1,593
Internal medicine	---	---	1,948	13,069	22,054	26,928	34,831	50,730	52,929
Obstetrics/Gynecology	---	---	344	1,693	3,477	4,133	4,319	4,277	4,229
Pediatrics	---	---	869	1,880	5,380	8,362	12,661	19,670	21,000
	Percent of active doctors of medicine								
General primary care specialists	59.1	50.7	43.2	41.1	39.0	38.6	39.7	38.3	38.3
General practice/family medicine	50.1	35.6	18.6	14.5	12.9	12.1	12.5	11.9	11.8
Internal medicine	6.5	10.6	12.8	14.1	13.9	14.1	14.6	14.3	14.4
Obstetrics/Gynecology	---	---	6.0	5.9	5.5	5.4	5.2	4.8	4.8
Pediatrics	2.5	4.5	5.8	6.6	6.7	7.0	7.4	7.3	7.3
Primary care subspecialists	---	---	1.0	4.0	5.6	6.3	7.6	9.6	9.9
Family medicine	---	---	0.0	0.0	0.0	0.0	0.1	0.2	0.2
Internal medicine	---	---	0.6	3.1	4.0	4.3	5.0	6.4	6.5
Obstetrics/Gynecology	---	---	0.1	0.4	0.6	0.7	0.6	0.5	0.5
Pediatrics	---	---	0.3	0.5	1.0	1.3	1.8	2.5	2.6

--- Data not available.

0.0 Percentage greater than zero but less than 0.05.

¹Estimated by the Bureau of Health Professions, Health Resources and Services Administration. Active doctors of medicine (MDs) include those with address unknown and primary specialty not classified.

²Includes MDs engaged in federal and nonfederal patient care (office-based or hospital-based) and other professional activities.

³Starting with 1970 data, MDs who are inactive, have unknown address, or primary specialty not classified are excluded. See [Appendix II, Physician](#).

NOTES: See [Appendix II, Physician specialty](#). Data are as of December 31 except for 1990–1994 data, which are as of January 1, and 1949 data, which are as of midyear. Outlying areas include Puerto Rico, the U.S. Virgin Islands, and the Pacific islands of Canton, Caroline, Guam, Mariana, Marshall, American Samoa, and Wake.

SOURCE: Health Manpower Source Book: Medical Specialists, USDHEW, 1962; American Medical Association (AMA). Distribution of physicians in the United States, 1970; Physician characteristics and distribution in the U.S., 1981, 1992, 1996–1997, 1997–1998, 1999, 2000–2001, 2001–2002, 2002–2003, 2003–2004, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013 editions. Department of Physician Practice and Communications Information, Division of Survey and Data Resources, AMA. (Copyright 1971, 1982, 1992, 1996, 1997, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013: Used with permission of the AMA.) See [Appendix I, American Medical Association \(AMA\) Physician Masterfile](#).

Table 104. Active dentists, by state: United States, selected years 1993–2011

[Data are based on reporting by dentists]

State	1993	2000	2009	2010	2011	1993	2000	2009	2010	2011
	Number of dentists					Number of dentists per 10,000 civilian population				
United States	155,087	166,383	186,416	189,151	193,300	6.0	5.9	6.1	6.1	6.2
Alabama	1,779	1,912	2,090	2,073	2,105	4.2	4.3	4.4	4.3	4.4
Alaska	421	467	548	554	585	7.0	7.4	7.8	7.8	8.1
Arizona	2,032	2,322	3,440	3,511	3,567	5.0	4.5	5.4	5.5	5.5
Arkansas	1,001	1,080	1,164	1,213	1,226	4.1	4.0	4.0	4.2	4.2
California	20,909	22,963	28,557	28,767	29,395	6.7	6.8	7.7	7.7	7.8
Colorado	2,503	2,818	3,363	3,470	3,552	6.9	6.6	6.8	6.9	6.9
Connecticut	2,587	2,636	2,707	2,731	2,831	7.8	7.7	7.6	7.6	7.9
Delaware	331	357	416	419	433	4.7	4.6	4.7	4.7	4.8
District of Columbia	810	728	622	625	665	13.6	12.7	10.5	10.4	10.8
Florida	7,110	8,170	9,930	10,092	10,429	5.1	5.1	5.3	5.4	5.5
Georgia	3,251	3,611	4,439	4,512	4,640	4.7	4.4	4.6	4.7	4.7
Hawaii	976	992	1,043	1,063	1,089	8.3	8.2	7.7	7.8	7.9
Idaho	573	678	933	940	940	5.2	5.2	6.0	6.0	5.9
Illinois	7,978	8,205	8,459	8,518	8,692	6.8	6.6	6.6	6.6	6.8
Indiana	2,716	2,867	3,109	3,127	3,170	4.7	4.7	4.8	4.8	4.9
Iowa	1,545	1,564	1,621	1,664	1,707	5.4	5.3	5.3	5.5	5.6
Kansas	1,316	1,329	1,449	1,478	1,494	5.1	4.9	5.1	5.2	5.2
Kentucky	2,129	2,258	2,430	2,418	2,464	5.6	5.6	5.6	5.6	5.6
Louisiana	2,029	2,086	2,163	2,185	2,267	4.7	4.7	4.8	4.8	5.0
Maine	592	601	669	655	679	4.8	4.7	5.0	4.9	5.1
Maryland	3,753	3,986	4,213	4,258	4,353	7.5	7.5	7.4	7.4	7.5
Massachusetts	4,652	5,137	5,498	5,558	5,639	7.7	8.1	8.4	8.5	8.6
Michigan	5,884	5,913	6,120	6,139	6,152	6.2	5.9	6.2	6.2	6.2
Minnesota	2,913	2,960	3,248	3,272	3,335	6.4	6.0	6.2	6.2	6.2
Mississippi	1,040	1,115	1,206	1,220	1,247	3.9	3.9	4.1	4.1	4.2
Missouri	2,773	2,680	2,872	2,910	3,001	5.3	4.8	4.8	4.9	5.0
Montana	476	485	586	594	615	5.6	5.4	6.0	6.0	6.2
Nebraska	1,054	1,087	1,144	1,148	1,168	6.5	6.4	6.3	6.3	6.3
Nevada	570	763	1,367	1,393	1,460	4.0	3.8	5.1	5.2	5.4
New Hampshire	642	707	838	848	855	5.7	5.7	6.4	6.4	6.5
New Jersey	6,144	6,607	7,058	7,226	7,318	7.7	7.9	8.1	8.2	8.3
New Mexico	719	809	937	973	1,019	4.4	4.4	4.6	4.7	4.9
New York	14,395	15,159	15,128	15,391	15,481	7.8	8.0	7.8	7.9	8.0
North Carolina	2,968	3,394	4,327	4,504	4,509	4.2	4.2	4.6	4.7	4.7
North Dakota	315	300	341	359	384	4.9	4.7	5.1	5.3	5.6
Ohio	5,981	6,108	6,128	6,146	6,238	5.4	5.4	5.3	5.3	5.4
Oklahoma	1,584	1,683	1,852	1,875	1,903	4.9	4.9	5.0	5.0	5.0
Oregon	2,034	2,273	2,656	2,675	2,734	6.6	6.6	7.0	7.0	7.1
Pennsylvania	7,915	8,031	7,821	7,976	8,102	6.5	6.5	6.2	6.3	6.4
Rhode Island	581	589	580	597	621	5.7	5.6	5.5	5.7	5.9
South Carolina	1,601	1,803	2,132	2,175	2,229	4.4	4.5	4.6	4.7	4.8
South Dakota	347	359	420	423	442	4.8	4.8	5.2	5.2	5.4
Tennessee	2,748	2,993	3,108	3,143	3,262	5.3	5.3	4.9	5.0	5.1
Texas	8,860	9,873	11,554	11,923	12,565	4.9	4.7	4.7	4.7	4.9
Utah	1,162	1,398	1,808	1,872	1,895	6.1	6.3	6.6	6.8	6.7
Vermont	323	353	360	370	376	5.6	5.8	5.8	5.9	6.0
Virginia	3,686	4,036	4,765	4,886	4,989	5.7	5.7	6.0	6.1	6.2
Washington	3,271	3,860	4,765	4,829	4,940	6.2	6.5	7.1	7.2	7.2
West Virginia	816	828	870	877	877	4.5	4.6	4.7	4.7	4.7
Wisconsin	3,054	3,119	3,244	3,253	3,331	6.0	5.8	5.7	5.7	5.8
Wyoming	235	267	285	285	294	5.0	5.4	5.1	5.1	5.2

NOTES: Data include professionally active dentists only. Professionally active dentists include those whose primary and/or secondary occupation is one of the following: private practice (full- or part-time), dental school/faculty staff member, armed forces, other federal services (i.e., Veterans' Affairs, Public Health Service), state or local government employee, hospital staff dentist, graduate student/intern/resident, or other health/dental organization staff member. U.S. totals include dentists with unknown state of practice not shown separately.

SOURCE: American Dental Association, Survey Center, Dentist Supply in the US: 1993–2011, Tables 1 and 5 (Copyright 2013 American Dental Association. Reprinted with permission. All rights reserved.) Any form of reproduction is strictly prohibited without prior written permission of the American Dental Association.

Table 105. Healthcare employment and wages, by selected occupations: United States, selected years 2001–2012

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#105>.

[Data are based on a semiannual mail survey of nonfarm establishments]

Occupation title	2001	2005	2009	2012	2001–2012	2001	2005	2009	2012	2001–2012
Healthcare practitioners and technical occupations	Employment ¹				AAPC ²	Mean hourly wage ³				AAPC ²
Audiologists	11,040	10,030	12,590	12,060	0.8	\$23.89	\$27.72	\$32.14	\$35.04	3.5
Cardiovascular technologists and technicians	40,990	43,560	48,070	50,530	1.9	17.55	19.99	23.91	25.51	3.5
Dental hygienists	149,880	161,140	173,900	190,290	2.2	27.30	29.15	32.63	33.99	2.0
Diagnostic medical sonographers	32,990	43,590	51,630	57,700	5.2	23.08	26.65	30.60	31.90	3.0
Dietetic technicians	28,940	23,780	24,510	24,660	-1.4	11.23	12.20	13.72	13.79	1.9
Dietitians and nutritionists	43,200	48,850	53,220	58,240	2.8	19.74	22.09	25.59	27.00	2.9
Emergency medical technicians and paramedics	170,690	196,880	217,920	232,860	2.9	12.24	13.68	15.88	16.53	2.8
Licensed practical and licensed vocational nurses	683,790	710,020	728,670	718,800	0.5	15.14	17.41	19.66	20.39	2.7
Magnetic resonance imaging technologists	---	---	---	29,560	---	---	---	---	31.45	---
Medical and clinical laboratory technicians	146,920	142,330	152,420	157,920	0.7	14.52	15.95	18.20	18.91	2.4
Medical and clinical laboratory technologists	145,400	155,250	166,860	160,700	0.9	20.70	23.37	26.74	28.19	2.8
Medical records and health information technicians	142,170	160,450	170,580	182,370	2.3	12.20	13.81	16.29	17.68	3.4
Nuclear medicine technologists	17,360	18,280	21,670	20,480	1.5	24.65	29.10	32.91	34.06	3.0
Nurse anesthetists	---	---	---	34,180	---	---	---	---	74.22	---
Nurse midwives	---	---	---	5,710	---	---	---	---	43.78	---
Nurse practitioners	---	---	---	105,780	---	---	---	---	43.97	---
Occupational therapists	77,080	87,430	97,840	105,540	2.9	25.10	28.41	33.98	36.73	3.5
Opticians, dispensing	63,120	70,090	60,840	64,930	0.3	13.49	14.80	16.73	16.83	2.0
Pharmacists	223,630	229,740	267,860	281,560	2.1	35.02	42.62	51.27	55.27	4.2
Pharmacy technicians	207,140	266,790	331,890	353,340	5.0	10.82	12.19	13.92	14.63	2.8
Physical therapists	126,450	151,280	174,490	191,460	3.8	28.43	31.42	36.64	38.99	2.9
Physician assistants	56,200	63,350	76,900	83,640	3.7	30.00	34.17	40.78	44.45	3.6
Psychiatric technicians	59,750	62,040	70,730	67,760	1.2	12.94	14.04	14.77	15.93	1.9
Radiation therapists	13,460	14,120	15,570	18,230	2.8	25.71	30.59	37.18	38.66	3.8
Radiologic technologists ³	168,240	184,580	213,560	194,790	1.3	18.68	22.60	26.05	27.14	3.5
Recreational therapists	26,830	23,260	21,960	19,180	-3.0	14.92	16.90	19.84	21.29	3.3
Registered nurses ⁴	2,217,990	2,368,070	2,583,770	2,633,980	1.6	23.19	27.35	31.99	32.66	3.2
Respiratory therapists	82,930	95,320	107,270	116,960	3.2	19.17	22.24	26.06	27.50	3.3
Respiratory therapy technicians	28,700	22,060	15,100	13,460	-6.7	16.93	18.57	21.96	22.84	2.8
Speech-language pathologists	83,110	94,660	111,640	121,690	3.5	24.20	27.89	32.86	34.97	3.4
Healthcare support occupations										
Dental assistants	267,840	270,720	294,020	300,160	1.0	13.29	14.41	16.35	16.86	2.2
Home health aides	560,190	663,280	955,220	839,930	3.8	8.90	9.34	10.39	10.49	1.5
Massage therapists	26,440	37,670	55,920	71,040	9.4	15.93	19.33	19.13	19.40	1.8
Medical assistants	345,930	382,720	495,970	553,140	4.4	11.71	12.58	14.16	14.69	2.1
Medical equipment preparers	33,540	41,790	47,070	50,230	3.7	11.29	12.42	14.32	15.51	2.9
Medical transcriptionists	94,090	90,380	82,810	74,810	-2.1	12.99	14.36	16.03	16.66	2.3
Nursing assistants ⁵	1,307,600	1,391,430	1,438,010	1,420,020	0.8	9.54	10.67	12.01	12.32	2.4
Occupational therapy aides	7,560	6,220	8,040	7,950	0.5	11.70	13.20	13.89	14.36	1.9
Occupational therapy assistants	17,520	22,160	26,680	29,500	4.9	17.39	19.13	24.44	25.52	3.5
Pharmacy aides	58,130	46,610	52,230	42,600	-2.8	9.22	9.76	10.74	11.28	1.9
Physical therapist aides	35,250	41,930	44,160	48,700	3.0	10.45	11.01	12.01	12.22	1.4
Physical therapist assistants	47,810	58,670	63,750	69,810	3.5	17.18	18.98	23.36	25.15	3.5
Psychiatric aides	59,640	56,150	62,610	77,880	2.5	11.42	11.47	13.19	12.83	1.1

¹Employment is the number of filled positions. This table includes both full-time and part-time wage and salary positions. Estimates do not include business establishments where persons are self-employed, owners and partners in unincorporated firms, household workers, or unpaid family workers. Estimates were rounded to the nearest 10.

²AAPC is average annual percent change. See [Appendix II, Average annual rate of change \(percent change\)](#).

³The mean hourly wage rate for an occupation is the total wages that all workers in the occupation earn in an hour, divided by the total number of employees in the occupation. More information is available from: http://www.bls.gov/oes/current/oes_tec.htm.

⁴2012 data are not comparable to earlier data. Starting with 2012 data, the registered nurses occupation category was split into four occupations as part of the 2010 SOC revision: Registered nurses (29–1141), plus three advanced nursing occupations: Nurse anesthetists (29–1151), Nurse midwives (29–1161), and Nurse practitioners (29–1171).

⁵2012 data are not comparable to earlier data. Starting with 2012 data, the nursing aides, orderlies, and attendants occupation category was split into two occupations as part of the 2010 SOC revision: Nursing assistants (31–1014) and Orderlies (31–1015).

NOTES: This table excludes occupations such as dentists, physicians, and chiropractors, which have a large percentage of workers who are self-employed. Challenges in using Occupational Employment Statistics (OES) data as a time series include changes in the occupational, industrial, and geographical classification systems, changes in the way data are collected, changes in the survey reference period, and changes in mean wage estimation methodology, as well as permanent features of the methodology. See [Appendix I, Occupational Employment Statistics \(OES\)](#).

SOURCE: U.S. Department of Labor, Bureau of Labor Statistics. Occupational Employment Statistics. Available from: http://www.bls.gov/oes/current/oes_nat.htm#29-0000. See [Appendix I, Occupational Employment Statistics \(OES\)](#).

Table 106. First-year enrollment and graduates of health professions schools, and number of schools, by selected profession: United States, selected academic years 1980–1981 through 2010–2011

[Data are based on reporting by health professions associations]

Profession	Academic years					
	1980–1981	1990–1991	2000–2001	2008–2009	2009–2010	2010–2011
First-year enrollment						
	Number					
Dentistry	6,030	4,001	4,327	4,918	5,089	5,170
Medicine (Allopathic) ^{1,2}	17,186	16,876	16,699	18,370	18,853	19,082
Medicine (Osteopathic) ³	1,496	1,950	2,927	4,950	5,227	5,428
Optometry ¹	1,174	1,245	1,384	1,486	1,676	1,674
Pharmacy ^{1,4}	7,377	8,267	8,382	12,379	12,705	13,077
Podiatry ⁵	695	561	475	626	687	671
Public Health ^{1,6,7}	3,348	4,087	5,840	7,893	10,251	11,205
Graduates						
Dentistry	5,256	5,550	3,995	4,796	4,873	4,996
Medicine (Allopathic) ¹	15,632	15,427	15,796	16,467	16,838	17,363
Medicine (Osteopathic)	1,151	1,534	2,510	3,588	3,631	4,159
Optometry ¹	1,092	1,224	1,310	1,327	1,325	1,308
Pharmacy ^{1,8}	7,323	7,122	7,000	10,988	11,487	11,931
Podiatry	597	591	531	430	503	543
Public Health ^{1,7}	3,168	3,995	5,747	8,406	8,957	9,717
Schools						
Dentistry	60	56	55	57	58	59
Medicine (Allopathic) ^{1,9}	125	125	124	131	133	135
Medicine (Osteopathic)	14	15	19	26	31	32
Optometry ¹	13	17	17	17	20	20
Pharmacy ¹	72	74	82	112	116	123
Podiatry	5	7	7	8	9	9
Public Health ^{1,7}	21	24	28	40	43	46

¹Includes data from schools in Puerto Rico.

²Includes new entrants and those repeating the initial year.

³May also include persons enrolled in first-year classes for data years 1980–1981 and 2006–2007.

⁴Starting with 2005–2006 data, first-year enrollment for pharmacy schools include Pharm.D.1 enrollments only. Prior to 2005, first-year enrollment data include both Pharm.D.1, B.S. Pharmacy, and B.Pharm. enrollments. Includes second from last year for baccalaureate and third from last year for Pharm.D.1 and does not include first-year enrollees in accelerated programs. In 2006, one pharmacy school did not report enrollment data.

⁵First-year enrollment data for podiatry in 1980–1981 are reported as of the beginning of the academic year.

⁶Starting with 2006–2007 data, first-year enrollment data for public health schools include Spring, Summer, and Fall enrollment. All other data years include Fall enrollment only and are not directly comparable.

⁷Includes data from a school of public health in Mexico as of 2007.

⁸Data reflect the number of graduates for the previous academic year. For example, the number of pharmacy graduates reported in 2010–2011 graduated from the period September 2009 to August 2010.

⁹Includes schools with preliminary and provisional accreditation, in addition to fully accredited schools.

NOTE: Data on the number of schools and first-year enrollments are reported as of the beginning of the academic year, while data on the number of graduates are reported as of the end of the academic year.

SOURCE: American Dental Association: 2010–2011 Survey of Dental Education: Academic Programs, Enrollments, and Graduates - Vol. 1, Chicago, IL. 2011. Table 10; p. 23 (number of first-year students) and Table 22; p. 49 (number of dental school graduates and number of dental schools). Available from: <http://www.ada.org/1621.aspx> (Copyright 2012 American Dental Association. Reprinted with permission. All rights reserved.) Any form of reproduction is strictly prohibited without prior written permission of the American Dental Association; Association of American Medical Colleges (AAMC): FACTS—Applicants, Matriculants, Enrollment, Graduates, MD/PhD and Residency Applicants Data. Table 27 (number of graduates) Available from: <http://www.aamc.org/data/facts>. Association of American Medical Colleges: AAMC Data Book 2012—Medical Schools and Teaching Hospitals by the Numbers, Washington, DC. 2012. Table A1 (number of schools) and Table B1 (number of first-year enrollment students and number of graduates). Used with permission of the AAMC; American Association of Colleges of Osteopathic Medicine: Trends in Osteopathic Medical School Applicants, Enrollment and Graduates, Chevy Chase, MD. Available from: <http://www.aacom.org/data/Documents/Trends-apps-enroll-grads.pdf>. Reprinted with permission from AACOM. All rights reserved; Association of Schools and Colleges of Optometry: Annual Student Data Report Academic Years 2000–2001, 2001–2002, 2007–2008, 2008–2009, 2009–2010, 2010–2011, 2011–2012, 2012–2013 and unpublished data. Available from: <http://www.opted.org/data-surveys/survey-results-and-directories>; American Association of Colleges of Pharmacy: Fall 2000 and Fall 2007–2012 editions of the Profile of Pharmacy Students. Available from: <http://www.aacp.org/resources/research/institutionalresearch/Pages/StudentApplications,EnrollmentsandDegreesConferred.aspx>; American Association of Colleges of Podiatric Medicine: Applicant, Matriculant, and Graduate Statistics, 2006 through 2011. Available from: <http://www.aacpm.org>. Association of Schools of Public Health: Annual Data Reports and unpublished data. Washington, DC. Available from: <http://www.asph.org/>; Bureau of Health Professions: United States Health Personnel FACTBOOK. Health Resources and Services Administration. Rockville, MD. 2003. See Appendix I, American Dental Association (ADA); Association of American Medical Colleges (AAMC); American Association of Colleges of Osteopathic Medicine (AACOM); Association of Schools and Colleges of Optometry (ASCO); American Association of Colleges of Pharmacy (AACP); American Association of Colleges of Podiatric Medicine (AACPM); Association of Schools of Public Health (ASPH).

Table 107. Hospitals, beds, and occupancy rates, by type of ownership and size of hospital: United States, selected years 1975–2011

[Data are based on reporting by a census of hospitals]

Type of ownership and size of hospital	1975	1980	1990	1995	2000	2005	2010	2011
Hospitals				Number				
All hospitals	7,156	6,965	6,649	6,291	5,810	5,756	5,754	5,724
Federal	382	359	337	299	245	226	213	208
Nonfederal ¹	6,774	6,606	6,312	5,992	5,565	5,530	5,541	5,516
Community ²	5,875	5,830	5,384	5,194	4,915	4,936	4,985	4,973
Nonprofit	3,339	3,322	3,191	3,092	3,003	2,958	2,904	2,903
For profit	775	730	749	752	749	868	1,013	1,025
State-local government	1,761	1,778	1,444	1,350	1,163	1,110	1,068	1,045
6–24 beds	299	259	226	278	288	370	424	445
25–49 beds	1,155	1,029	935	922	910	1,032	1,167	1,177
50–99 beds	1,481	1,462	1,263	1,139	1,055	1,001	970	955
100–199 beds	1,363	1,370	1,306	1,324	1,236	1,129	1,029	1,005
200–299 beds	678	715	739	718	656	619	585	582
300–399 beds	378	412	408	354	341	368	352	353
400–499 beds	230	266	222	195	182	173	185	184
500 beds or more	291	317	285	264	247	244	273	272
Beds								
All hospitals	1,465,828	1,364,516	1,213,327	1,080,601	983,628	946,997	941,995	924,333
Federal	131,946	117,328	98,255	77,079	53,067	45,837	44,940	38,065
Nonfederal ¹	1,333,882	1,247,188	1,115,072	1,003,522	930,561	901,160	897,055	886,268
Community ²	941,844	988,387	927,360	872,736	823,560	802,311	804,943	797,403
Nonprofit	658,195	692,459	656,755	609,729	582,988	561,106	555,768	547,804
For profit	73,495	87,033	101,377	105,737	109,883	113,510	124,652	128,371
State-local government	210,154	208,895	169,228	157,270	130,689	127,695	124,523	121,228
6–24 beds	5,615	4,932	4,427	5,085	5,156	6,316	7,261	7,616
25–49 beds	41,783	37,478	35,420	34,352	33,333	33,726	37,446	37,680
50–99 beds	106,776	105,278	90,394	82,024	75,865	71,737	69,470	67,844
100–199 beds	192,438	192,892	183,867	187,381	175,778	161,593	148,090	143,843
200–299 beds	164,405	172,390	179,670	175,240	159,807	151,290	142,616	141,308
300–399 beds	127,728	139,434	138,938	121,136	117,220	126,899	121,749	122,269
400–499 beds	101,278	117,724	98,833	86,459	80,763	76,894	82,071	81,699
500 beds or more	201,821	218,259	195,811	181,059	175,638	173,856	196,240	195,144
Occupancy rate³				Percent				
All hospitals	76.7	77.7	69.5	65.7	66.1	69.3	66.6	66.5
Federal	80.7	80.1	72.9	72.6	68.2	66.0	65.3	69.1
Nonfederal ¹	76.3	77.4	69.2	65.1	65.9	69.5	66.6	66.4
Community ²	75.0	75.6	66.8	62.8	63.9	67.3	64.5	64.3
Nonprofit	77.5	78.2	69.3	64.5	65.5	69.1	66.2	66.0
For profit	65.9	65.2	52.8	51.8	55.9	59.6	57.1	57.0
State-local government	70.4	71.1	65.3	63.7	63.2	66.7	64.4	64.5
6–24 beds	48.0	46.8	32.3	36.9	31.7	33.5	32.3	31.9
25–49 beds	56.7	52.8	41.3	42.6	41.3	47.1	44.8	44.3
50–99 beds	64.7	64.2	53.8	54.1	54.8	59.0	55.1	55.6
100–199 beds	71.2	71.4	61.5	58.8	60.0	63.2	60.4	59.7
200–299 beds	77.1	77.4	67.1	63.1	65.0	67.7	64.0	63.7
300–399 beds	79.7	79.7	70.0	64.8	65.7	70.1	67.4	66.7
400–499 beds	81.1	81.2	73.5	68.1	69.1	71.2	68.5	68.4
500 beds or more	80.9	82.1	77.3	71.4	72.2	75.9	73.0	73.2

¹The category of nonfederal hospitals comprises psychiatric hospitals, tuberculosis and other respiratory diseases hospitals, and long-term and short-term general and other special hospitals. See [Appendix II, Hospital](#).

²Community hospitals are nonfederal short-term general and special hospitals whose facilities and services are available to the public. See [Appendix II, Hospital](#).

³Estimated percentage of staffed beds that are occupied. Occupancy rate is calculated as the average daily census (from the American Hospital Association) divided by the number of hospital beds. See [Appendix II, Occupancy rate](#).

SOURCE: American Hospital Association (AHA) Annual Survey of Hospitals. Hospital Statistics, 1976, 1981, 1991–2013 editions. Chicago, IL. (Copyright 1976, 1981, 1991–2013: Used with permission of Health Forum LLC, an affiliate of AHA.) See [Appendix I, American Hospital Association \(AHA\) Annual Survey of Hospitals](#).

Table 108. Community hospital beds and average annual percent change, by state: United States, selected years 1970–2011

[Data are based on reporting by a census of hospitals]

State	1970	1980	1990	2000	2010	2011	1970–1980	1980–1990	1990–2000	2000–2010	2010–2011	
	Beds per 1,000 resident population						Average annual percent change ¹					
United States	4.3	4.5	3.7	2.9	2.6	2.6	0.5	-1.9	-2.4	-1.1	-	
Alabama	4.3	5.1	4.6	3.7	3.2	3.2	1.7	-1.0	-2.2	-1.4	-	
Alaska	2.3	2.7	2.3	2.3	2.2	2.2	1.6	-1.6	-	-0.4	-	
Arizona	4.1	3.6	2.7	2.1	2.0	2.1	-1.3	-2.8	-2.5	-0.5	5.0	
Arkansas	4.2	5.0	4.6	3.7	3.2	3.2	1.8	-0.8	-2.2	-1.4	-	
California	3.8	3.6	2.7	2.1	1.9	1.9	-0.5	-2.8	-2.5	-1.0	-	
Colorado	4.6	4.2	3.2	2.2	2.0	2.0	-0.9	-2.7	-3.7	-0.9	-	
Connecticut	3.4	3.5	2.9	2.3	2.3	2.2	0.3	-1.9	-2.3	-	-4.3	
Delaware	3.7	3.6	3.0	2.3	2.4	2.4	-0.3	-1.8	-2.6	0.4	-	
District of Columbia	7.4	7.3	7.6	5.8	5.7	5.9	-0.1	0.4	-2.7	-0.2	3.5	
Florida	4.4	5.1	3.9	3.2	2.9	2.8	1.5	-2.6	-2.0	-1.0	-3.4	
Georgia	3.8	4.6	4.0	2.9	2.6	2.6	1.9	-1.4	-3.2	-1.1	-	
Hawaii	3.4	3.1	2.7	2.5	2.4	1.9	-0.9	-1.4	-0.8	-0.4	-20.8	
Idaho	4.0	3.7	3.2	2.7	2.2	2.1	-0.8	-1.4	-1.7	-2.0	-4.5	
Illinois	4.7	5.1	4.0	3.0	2.6	2.5	0.8	-2.4	-2.8	-1.4	-3.8	
Indiana	4.0	4.5	3.9	3.2	2.8	2.7	1.2	-1.4	-2.0	-1.3	-3.6	
Iowa	5.6	5.7	5.1	4.0	3.3	3.3	0.2	-1.1	-2.4	-1.9	-	
Kansas	5.4	5.8	4.8	4.0	3.5	3.5	0.7	-1.9	-1.8	-1.3	-	
Kentucky	4.0	4.5	4.3	3.7	3.3	3.2	1.2	-0.5	-1.5	-1.1	-3.0	
Louisiana	4.2	4.8	4.6	3.9	3.4	3.4	1.3	-0.4	-1.6	-1.4	-	
Maine	4.7	4.7	3.7	2.9	2.7	2.7	-	-2.4	-2.4	-0.7	-	
Maryland	3.1	3.6	2.8	2.1	2.0	2.0	1.5	-2.5	-2.8	-0.5	-	
Massachusetts	4.4	4.4	3.6	2.6	2.4	2.4	-	-2.0	-3.2	-0.8	-	
Michigan	4.3	4.4	3.7	2.6	2.6	2.6	0.2	-1.7	-3.5	-	-	
Minnesota	6.1	5.7	4.4	3.4	2.9	2.8	-0.7	-2.6	-2.5	-1.6	-3.4	
Mississippi	4.4	5.3	5.0	4.8	4.4	4.3	1.9	-0.6	-0.4	-0.9	-2.3	
Missouri	5.1	5.7	4.8	3.6	3.1	3.1	1.1	-1.7	-2.8	-1.5	-	
Montana	5.8	5.9	5.8	4.7	3.8	3.6	0.2	-0.2	-2.1	-2.1	-5.3	
Nebraska	6.2	6.0	5.5	4.8	4.0	3.6	-0.3	-0.9	-1.4	-1.8	-10.0	
Nevada	4.2	4.2	2.8	1.9	2.0	2.0	-	-4.0	-3.8	0.5	-	
New Hampshire	4.0	3.9	3.1	2.3	2.2	2.2	-0.3	-2.3	-2.9	-0.4	-	
New Jersey	3.6	4.2	3.7	3.0	2.4	2.3	1.6	-1.3	-2.1	-2.2	-4.2	
New Mexico	3.5	3.1	2.8	1.9	2.0	2.0	-1.2	-1.0	-3.8	0.5	-	
New York	4.6	4.5	4.1	3.5	3.0	3.0	-0.2	-0.9	-1.6	-1.5	-	
North Carolina	3.8	4.2	3.3	2.9	2.4	2.4	1.0	-2.4	-1.3	-1.9	-	
North Dakota	6.8	7.4	7.0	6.0	5.1	4.6	0.8	-0.6	-1.5	-1.6	-9.8	
Ohio	4.2	4.7	4.0	3.0	3.0	2.9	1.1	-1.6	-2.8	-	-3.3	
Oklahoma	4.5	4.6	4.0	3.2	3.0	3.0	0.2	-1.4	-2.2	-0.6	-	
Oregon	4.0	3.5	2.8	1.9	1.7	1.8	-1.3	-2.2	-3.8	-1.1	5.9	
Pennsylvania	4.7	4.8	4.4	3.4	3.2	3.1	0.2	-0.9	-2.5	-0.6	-3.1	
Rhode Island	4.0	3.8	3.2	2.3	2.3	2.3	-0.5	-1.7	-3.2	-	-	
South Carolina	3.7	3.9	3.3	2.9	2.7	2.6	0.5	-1.7	-1.3	-0.7	-3.7	
South Dakota	5.6	5.5	6.1	5.7	5.0	5.0	-0.2	1.0	-0.7	-1.3	-	
Tennessee	4.7	5.5	4.8	3.6	3.3	3.1	1.6	-1.4	-2.8	-0.9	-6.1	
Texas	4.3	4.7	3.5	2.7	2.4	2.4	0.9	-2.9	-2.6	-1.2	-	
Utah	3.6	3.1	2.6	1.9	1.8	1.8	-1.5	-1.7	-3.1	-0.5	-	
Vermont	4.5	4.4	3.0	2.7	2.1	1.9	-0.2	-3.8	-1.0	-2.5	-9.5	
Virginia	3.7	4.1	3.3	2.4	2.2	2.2	1.0	-2.1	-3.1	-0.9	-	
Washington	3.5	3.1	2.5	1.9	1.7	1.7	-1.2	-2.1	-2.7	-1.1	-	
West Virginia	5.4	5.5	4.7	4.4	4.0	4.0	0.2	-1.6	-0.7	-0.9	-	
Wisconsin	5.2	4.9	3.8	2.9	2.4	2.3	-0.6	-2.5	-2.7	-1.9	-4.2	
Wyoming	5.5	3.6	4.8	3.9	3.6	3.4	-4.1	2.9	-2.1	-0.8	-5.6	

- Quantity zero.

¹See [Appendix II, Average annual rate of change \(percent change\)](#).

NOTES: The types of facilities included in the community hospitals category have changed over time. See [Appendix II, Hospital](#).

SOURCE: American Hospital Association (AHA): Hospitals. JAHA 35(15):383–430, 1961 (Copyright 1961: Used with permission of AHA); AHA Annual Survey of Hospitals for 1970 and 1980 unpublished; Hospital Statistics 1991–1992, 2001–2013 editions. Chicago, IL. (Copyright 1971, 1981, 1991, 2001–2013: Used with the permission of Health Forum LLC, an affiliate of AHA.) See [Appendix I, American Hospital Association \(AHA\) Annual Survey of Hospitals](#).

Table 109. Occupancy rates in community hospitals and average annual percent change, by state: United States, selected years 1970–2011

[Data are based on reporting by a census of hospitals]

State	1970	1980	1990	2000	2010	2011	1970–1980	1980–1990	1990–2000	2000–2010	2010–2011
	Occupancy rate ¹						Average annual percent change ²				
United States	77	75	67	64	65	64	-0.3	-1.1	-0.5	0.2	-1.5
Alabama	80	73	63	60	61	58	-0.9	-1.5	-0.5	0.2	-4.9
Alaska	59	58	50	57	61	60	-0.2	-1.5	1.3	0.7	-1.6
Arizona	73	74	62	63	65	64	0.1	-1.8	0.2	0.3	-1.5
Arkansas	74	70	62	59	55	55	-0.6	-1.2	-0.5	-0.7	-
California	71	69	64	66	68	67	-0.3	-0.7	0.3	0.3	-1.5
Colorado	74	72	64	58	60	58	-0.3	-1.2	-1.0	0.3	-3.3
Connecticut	83	80	77	75	78	75	-0.4	-0.4	-0.3	0.4	-3.8
Delaware	79	82	77	75	74	74	0.4	-0.6	-0.3	-0.1	-
District of Columbia	78	83	75	74	73	72	0.6	-1.0	-0.1	-0.1	-1.4
Florida	76	72	62	61	63	64	-0.5	-1.5	-0.2	0.3	1.6
Georgia	77	70	66	63	66	66	-0.9	-0.6	-0.5	0.5	-
Hawaii	76	75	85	76	72	77	-0.1	1.3	-1.1	-0.5	6.9
Idaho	66	65	56	53	51	50	-0.2	-1.5	-0.5	-0.4	-2.0
Illinois	79	75	66	60	62	62	-0.5	-1.3	-0.9	0.3	-
Indiana	80	78	61	56	58	58	-0.3	-2.4	-0.9	0.4	-
Iowa	72	69	62	58	56	57	-0.4	-1.1	-0.7	-0.4	1.8
Kansas	71	69	56	53	54	53	-0.3	-2.1	-0.5	0.2	-1.9
Kentucky	80	77	62	62	60	59	-0.4	-2.1	-	-0.3	-1.7
Louisiana	74	70	57	56	59	58	-0.6	-2.0	-0.2	0.5	-1.7
Maine	73	75	72	64	62	63	0.3	-0.4	-1.2	-0.3	1.6
Maryland	79	84	79	73	74	73	0.6	-0.6	-0.8	0.1	-1.4
Massachusetts	80	82	74	71	73	72	0.2	-1.0	-0.4	0.3	-1.4
Michigan	81	78	66	65	66	67	-0.4	-1.7	-0.2	0.2	1.5
Minnesota	74	74	67	67	64	66	-	-1.0	-	-0.5	3.1
Mississippi	74	71	59	59	54	54	-0.4	-1.8	-	-0.9	-
Missouri	79	75	62	58	61	61	-0.5	-1.9	-0.7	0.5	-
Montana	66	66	61	67	63	63	-	-0.8	0.9	-0.6	-
Nebraska	70	67	58	59	55	55	-0.4	-1.4	0.2	-0.7	-
Nevada	73	69	60	71	68	68	-0.6	-1.4	1.7	-0.4	-
New Hampshire	73	73	67	59	60	61	-	-0.9	-1.3	0.2	1.7
New Jersey	83	83	80	69	71	72	-	-0.4	-1.5	0.3	1.4
New Mexico	70	66	58	58	57	58	-0.6	-1.3	-	-0.2	1.8
New York	83	86	86	79	79	80	0.4	-	-0.8	-	1.3
North Carolina	79	78	73	70	70	69	-0.1	-0.7	-0.4	0.0	-1.4
North Dakota	67	69	64	60	59	61	0.3	-0.7	-0.6	-0.2	3.4
Ohio	82	79	65	61	61	60	-0.4	-1.9	-0.6	-	-1.6
Oklahoma	73	68	58	56	57	55	-0.7	-1.6	-0.4	0.2	-3.5
Oregon	69	69	57	59	59	59	-	-1.9	0.3	-	-
Pennsylvania	82	80	73	68	67	67	-0.2	-0.9	-0.7	-0.1	-
Rhode Island	83	86	79	72	69	68	0.4	-0.8	-0.9	-0.4	-1.4
South Carolina	76	77	71	69	66	64	0.1	-0.8	-0.3	-0.4	-3.0
South Dakota	66	61	62	65	62	64	-0.8	0.2	0.5	-0.5	3.2
Tennessee	78	76	64	56	60	61	-0.3	-1.7	-1.3	0.7	1.7
Texas	73	70	57	59	60	59	-0.4	-2.0	0.3	0.2	-1.7
Utah	74	70	59	56	53	53	-0.6	-1.7	-0.5	-0.5	-
Vermont	76	74	67	67	65	70	-0.3	-1.0	-	-0.3	7.7
Virginia	81	78	67	68	67	68	-0.4	-1.5	0.1	-0.1	1.5
Washington	70	72	63	60	63	61	0.3	-1.3	-0.5	0.5	-3.2
West Virginia	79	76	63	61	61	61	-0.4	-1.9	-0.3	-	-
Wisconsin	73	74	65	60	60	60	0.1	-1.3	-0.8	-	-
Wyoming	63	57	54	56	56	53	-1.0	-0.5	0.4	-	-5.4

- Quantity zero.

¹Estimated percent of staffed beds that are occupied. Occupancy rate is calculated as the average daily census (inpatient days divided by 365) divided by the number of hospital beds. See [Appendix II, Occupancy rate](#).

²See [Appendix II, Average annual rate of change \(percent change\)](#).

NOTES: The types of facilities included in the community hospitals category have changed over time. See [Appendix II, Hospital](#).

SOURCE: 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 1991–1992, 2001–2013 editions. Chicago, IL. (Copyright 1971, 1981, 1991, 2001–2013: Used with permission of Health Forum LLC, an affiliate of AHA.) See [Appendix I, American Hospital Association \(AHA\) Annual Survey of Hospitals](#).

Table 110 (page 1 of 2). Nursing homes, beds, residents, and occupancy rates, by state: United States, selected years 1995–2012

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hs/content2013.htm#110>.

[Data are based on a census of certified nursing facilities]

State	Nursing homes				Beds			
	1995	2000	2011	2012	1995	2000	2011	2012
	Number							
United States	16,389	16,886	15,702	15,673	1,751,302	1,795,388	1,703,486	1,703,213
Alabama	221	225	228	228	23,353	25,248	26,692	26,685
Alaska	15	15	15	16	814	821	662	679
Arizona	152	150	141	145	16,162	17,458	16,401	16,609
Arkansas	256	255	234	232	29,952	25,715	24,600	24,568
California	1,382	1,369	1,235	1,231	140,203	131,762	120,833	121,873
Colorado	219	225	212	214	19,912	20,240	20,115	20,374
Connecticut	267	259	238	231	32,827	32,433	29,045	27,882
Delaware	42	43	47	46	4,739	4,906	4,990	4,923
District of Columbia	19	20	19	19	3,206	3,078	2,772	2,766
Florida	627	732	681	682	72,656	83,365	82,567	82,989
Georgia	352	363	359	358	38,097	39,817	39,857	39,870
Hawaii	34	45	48	47	2,513	4,006	4,315	4,219
Idaho	76	84	79	77	5,747	6,181	6,131	5,933
Illinois	827	869	781	775	103,230	110,766	100,346	99,804
Indiana	556	564	510	515	59,538	56,762	58,782	59,314
Iowa	419	467	442	444	39,959	37,034	32,548	35,058
Kansas	429	392	341	341	30,016	27,067	25,683	25,426
Kentucky	288	307	282	283	23,221	25,341	25,934	26,001
Louisiana	337	337	281	280	37,769	39,430	35,990	35,648
Maine	132	126	109	108	9,243	8,248	7,121	7,057
Maryland	218	255	231	233	28,394	31,495	28,763	28,860
Massachusetts	550	526	426	422	54,532	56,030	49,095	48,702
Michigan	432	439	425	426	49,473	50,696	46,903	46,698
Minnesota	432	433	384	380	43,865	42,149	31,620	30,919
Mississippi	183	190	203	204	16,059	17,068	18,632	18,530
Missouri	546	551	514	513	52,679	54,829	55,114	55,134
Montana	100	104	85	83	7,210	7,667	6,927	6,779
Nebraska	231	236	222	218	18,169	17,877	16,141	15,972
Nevada	42	51	51	51	3,998	5,547	5,984	5,992
New Hampshire	74	83	78	76	7,412	7,837	7,710	7,564
New Jersey	300	361	362	366	43,967	52,195	51,681	52,119
New Mexico	83	80	71	72	6,969	7,289	6,789	6,894
New York	624	665	634	632	107,750	120,514	117,931	117,360
North Carolina	391	410	422	418	38,322	41,376	44,421	44,036
North Dakota	87	88	84	83	7,125	6,954	6,370	6,281
Ohio	943	1,009	962	959	106,884	105,038	92,584	92,180
Oklahoma	405	392	312	308	33,918	33,903	29,073	28,876
Oregon	161	150	137	137	13,885	13,500	12,232	12,225
Pennsylvania	726	770	710	707	92,625	95,063	88,927	88,552
Rhode Island	94	99	85	84	9,612	10,271	8,792	8,678
South Carolina	166	178	188	189	16,682	18,102	19,605	19,636
South Dakota	114	114	111	112	8,296	7,844	6,892	6,950
Tennessee	322	349	319	322	37,074	38,593	37,235	37,507
Texas	1,266	1,215	1,194	1,202	123,056	125,052	133,268	134,357
Utah	91	93	100	100	7,101	7,651	8,377	8,481
Vermont	23	44	40	38	1,862	3,743	3,250	3,199
Virginia	271	278	286	284	30,070	30,595	32,358	32,302
Washington	285	277	228	226	28,464	25,905	21,811	21,767
West Virginia	129	139	125	125	10,903	11,413	10,789	10,849
Wisconsin	413	420	393	392	48,754	46,395	35,859	35,153
Wyoming	37	40	38	39	3,035	3,119	2,969	2,983

See footnotes at end of table.

Table 110 (page 2 of 2). Nursing homes, beds, residents, and occupancy rates, by state: United States, selected years 1995–2012

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#110>.

[Data are based on a census of certified nursing facilities]

State	Residents				Occupancy rate ¹			
	1995	2000	2011	2012	1995	2000	2011	2012
	Number							
United States	1,479,550	1,480,076	1,389,241	1,383,488	84.5	82.4	81.6	81.2
Alabama	21,691	23,089	22,855	22,673	92.9	91.4	85.6	85.0
Alaska	634	595	607	591	77.9	72.5	91.7	87.0
Arizona	12,382	13,253	11,472	11,426	76.6	75.9	69.9	68.8
Arkansas	20,823	19,317	18,071	17,982	69.5	75.1	73.5	73.2
California	109,805	106,460	102,377	102,587	78.3	80.8	84.7	84.2
Colorado	17,055	17,045	16,099	16,136	85.7	84.2	80.0	79.2
Connecticut	29,948	29,657	25,748	24,948	91.2	91.4	88.6	89.5
Delaware	3,819	3,900	4,195	4,268	80.6	79.5	84.1	86.7
District of Columbia	2,576	2,858	2,610	2,604	80.3	92.9	94.2	94.1
Florida	61,845	69,050	72,068	72,286	85.1	82.8	87.3	87.1
Georgia	35,933	36,559	34,272	34,122	94.3	91.8	86.0	85.6
Hawaii	2,413	3,558	3,800	3,738	96.0	88.8	88.1	88.6
Idaho	4,697	4,640	4,315	4,074	81.7	75.1	70.4	68.7
Illinois	83,696	83,604	74,580	73,849	81.1	75.5	74.3	74.0
Indiana	44,328	42,328	38,994	39,310	74.5	74.6	66.3	66.3
Iowa	27,506	29,204	25,121	25,077	68.8	78.9	77.2	71.5
Kansas	25,140	22,230	18,877	18,596	83.8	82.1	73.5	73.1
Kentucky	20,696	22,730	23,242	23,051	89.1	89.7	89.6	88.7
Louisiana	32,493	30,735	25,586	25,906	86.0	77.9	71.1	72.7
Maine	8,587	7,298	6,391	6,395	92.9	88.5	89.7	90.6
Maryland	24,716	25,629	24,683	24,543	87.0	81.4	85.8	85.0
Massachusetts	49,765	49,805	42,801	42,204	91.3	88.9	87.2	86.7
Michigan	43,271	42,615	39,545	39,307	87.5	84.1	84.3	84.2
Minnesota	41,163	38,813	28,529	27,789	93.8	92.1	90.2	89.9
Mississippi	15,247	15,815	16,447	16,304	94.9	92.7	88.3	88.0
Missouri	39,891	38,586	37,519	37,998	75.7	70.4	68.1	68.9
Montana	6,415	5,973	4,799	4,657	89.0	77.9	69.3	68.7
Nebraska	16,166	14,989	12,522	12,235	89.0	83.8	77.6	76.6
Nevada	3,645	3,657	4,717	4,625	91.2	65.9	78.8	77.2
New Hampshire	6,877	7,158	6,906	6,938	92.8	91.3	89.6	91.7
New Jersey	40,397	45,837	45,486	45,499	91.9	87.8	88.0	87.3
New Mexico	6,051	6,503	5,645	5,669	86.8	89.2	83.1	82.2
New York	103,409	112,957	108,077	107,481	96.0	93.7	91.6	91.6
North Carolina	35,511	36,658	37,486	37,313	92.7	88.6	84.4	84.7
North Dakota	6,868	6,343	5,733	5,694	96.4	91.2	90.0	90.7
Ohio	79,026	81,946	78,673	78,075	73.9	78.0	85.0	84.7
Oklahoma	26,377	23,833	19,491	19,315	77.8	70.3	67.0	66.9
Oregon	11,673	9,990	7,498	7,334	84.1	74.0	61.3	60.0
Pennsylvania	84,843	83,880	80,253	80,055	91.6	88.2	90.2	90.4
Rhode Island	8,823	9,041	8,053	7,978	91.8	88.0	91.6	91.9
South Carolina	14,568	15,739	17,240	16,900	87.3	86.9	87.9	86.1
South Dakota	7,926	7,059	6,471	6,371	95.5	90.0	93.9	91.7
Tennessee	33,929	34,714	31,437	31,189	91.5	89.9	84.4	83.2
Texas	89,354	85,275	92,133	93,710	72.6	68.2	69.1	69.8
Utah	5,832	5,703	5,448	5,423	82.1	74.5	65.0	63.9
Vermont	1,792	3,349	2,833	2,761	96.2	89.5	87.2	86.3
Virginia	28,119	27,091	28,308	28,260	93.5	88.5	87.5	87.5
Washington	24,954	21,158	17,578	17,272	87.7	81.7	80.6	79.4
West Virginia	10,216	10,334	9,448	9,535	93.7	90.5	87.6	87.9
Wisconsin	43,998	38,911	29,801	29,000	90.2	83.9	83.1	82.5
Wyoming	2,661	2,605	2,401	2,435	87.7	83.5	80.9	81.6

--- Data not available.

¹Percentage of beds occupied (number of nursing home residents per 100 nursing home beds).

NOTES: Annual numbers of nursing homes, beds, and residents are based on the Online Survey Certification and Reporting Database reporting cycle. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: Cowles CM ed., 2012 Nursing Home Statistical Yearbook. Anacortes, WA: Cowles Research Group, 2013 and previous editions; and Cowles Research Group, unpublished data. Based on data from the Centers for Medicare & Medicaid Services' Quality Improvement Evaluation System (QIES) and its predecessor, the Online Survey Certification and Reporting Database (OSCAR). See [Appendix I, Quality Improvement Evaluation System \(QIES\)](#).

Table 111. Medicare-certified providers and suppliers: United States, selected years 1975–2011

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#111>.

[Data are compiled from various Centers for Medicare & Medicaid Services data systems]

Providers or suppliers	1975	1980	1985	1990	1996	2000	2005	2009	2010	2011
	Number of providers or suppliers									
Skilled nursing facilities	---	5,052	6,451	8,937	---	14,841	15,006	15,071	15,084	15,132
Home health agencies	2,242	2,924	5,679	5,661	8,437	7,857	8,090	10,184	10,914	11,930
Clinical Laboratory Improvement Amendments facilities	---	---	---	4,828	159,907	171,018	196,296	218,139	224,679	229,611
End-stage renal disease facilities	---	999	1,393	1,987	2,876	3,787	4,755	5,476	5,631	5,766
Outpatient physical therapy	117	419	854	1,144	2,302	2,867	2,962	2,640	2,536	2,351
Portable X-ray	132	216	308	435	555	666	553	546	561	577
Rural health clinics	---	391	428	517	2,775	3,453	3,661	3,752	3,845	3,940
Comprehensive outpatient rehabilitation facilities	---	---	72	184	307	522	634	406	354	298
Ambulatory surgical centers	---	---	336	1,165	2,112	2,894	4,445	5,260	5,316	5,335
Hospices	---	---	164	772	1,927	2,326	2,872	3,405	3,509	3,630
Critical access hospitals . . . . .	...	...	...	...	...	---	---	1,311	1,325	1,331

--- Data not available.
 ... Category not applicable.

NOTES: Data for 1975–1990 are as of July 1. Data for 1996–2011 are as of December 31. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: Centers for Medicare & Medicaid Services (CMS). 2012 CMS Statistics. Baltimore, MD: CMS; 2012 and previous editions. Available from: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Research/ResearchGenInfo/CMSStatistics.html>, Tables II.3, II.5, and II.6.

Table 112 (page 1 of 2). Gross domestic product, national health expenditures, per capita amounts, percent distribution, and average annual percent change: United States, selected years 1960–2011

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#112>.

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

<i>Gross domestic product and national health expenditures</i>	1960	1970	1980	1990	2000	2005	2010	2011
				Amount, in billions				
Gross domestic product (GDP)	\$526	\$1,038	\$2,788	\$5,801	\$9,952	\$12,623	\$14,499	\$15,076
				Deflator (2005 = 100.0)				
Price deflator for GDP ¹	18.6	24.3	47.8	72.3	88.7	100.0	111.0	113.4
				Amount, in billions				
National health expenditures	\$27.4	\$74.9	\$255.8	\$724.3	\$1,377.2	\$2,030.5	\$2,600.0	\$2,700.7
Health consumption expenditures	24.8	67.1	235.7	675.6	1,289.6	1,904.0	2,450.8	2,547.2
Personal health care	23.4	63.1	217.2	616.8	1,165.4	1,697.1	2,190.0	2,279.3
Administration and net cost of								
private health insurance	1.1	2.6	12.0	38.8	81.2	150.9	181.5	188.9
Public health	0.4	1.4	6.4	20.0	43.0	56.0	79.3	79.0
Investment ²	2.6	7.8	20.1	48.7	87.5	126.5	149.1	153.5
				Deflator (2005 = 100.0)				
Chain-weighted national health expenditure deflator ¹	---	---	---	---	---	100.0	114.6	117.3
				Per capita amount, in dollars				
National health expenditures	\$147	\$356	\$1,110	\$2,854	\$4,878	\$6,875	\$8,417	\$8,680
Health consumption expenditures	133	319	1,023	2,662	4,568	6,447	7,934	8,187
Personal health care	125	300	943	2,430	4,128	5,746	7,090	7,326
Administration and net cost of								
private health insurance	6	12	52	153	288	511	588	607
Public health	2	6	28	79	152	190	257	254
Investment ²	14	37	87	192	310	428	483	493
				Percent				
National health expenditures as percent of GDP	5.2	7.2	9.2	12.5	13.8	16.1	17.9	17.9
				Percent distribution				
National health expenditures	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Health consumption expenditures	90.6	89.6	92.1	93.3	93.6	93.8	94.3	94.3
Personal health care	85.4	84.3	84.9	85.2	84.6	83.6	84.2	84.4
Administration and net cost of								
private health insurance	3.9	3.5	4.7	5.4	5.9	7.4	7.0	7.0
Public health	1.4	1.8	2.5	2.8	3.1	2.8	3.1	2.9
Investment ²	9.4	10.4	7.9	6.7	6.4	6.2	5.7	5.7
				Average annual percent change from previous year shown ³				
GDP . . . . .	...	7.0	10.4	7.6	5.5	4.9	2.8	4.0
National health expenditures . . . . .	...	10.6	13.1	11.0	6.6	8.1	5.1	3.9
Health consumption expenditures . . . . .	...	10.5	13.4	11.1	6.7	8.1	5.2	3.9
Personal health care . . . . .	...	10.4	13.2	11.0	6.6	7.8	5.2	4.1
Administration and net cost of								
private health insurance . . . . .	...	9.4	16.4	12.4	7.7	13.2	3.8	4.1
Public health . . . . .	...	13.8	16.9	12.0	8.0	5.4	7.2	-0.5
Investment ² . . . . .	...	11.7	10.0	9.2	6.0	7.6	3.3	2.9
National health expenditures, per capita . . . . .	...	9.3	12.0	9.9	5.5	7.1	4.1	3.1
Health consumption expenditures . . . . .	...	9.1	12.4	10.0	5.5	7.1	4.2	3.2
Personal health care . . . . .	...	9.1	12.1	9.9	5.4	6.8	4.3	3.3
Administration and net cost of								
private health insurance . . . . .	...	8.1	15.4	11.3	6.5	12.2	2.8	3.3
Public health . . . . .	...	12.5	15.8	10.9	6.8	4.4	6.3	-1.2
Investment ² . . . . .	...	10.4	8.9	8.2	4.9	6.7	2.4	2.2

See footnotes at end of table.

Table 112 (page 2 of 2). Gross domestic product, national health expenditures, per capita amounts, percent distribution, and average annual percent change: United States, selected years 1960–2011

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#112>.

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

-- Data not available.

... Category not applicable.

¹Year 2005 = 100.

²Investment consists of research and structures and equipment.

³See [Appendix II, Average annual rate of change \(percent change\)](#).

NOTES: Dollar amounts shown are in current dollars. Deflating health care spending separates the effects of price growth from growth attributable to all other factors. The dollar value of these estimates of real health care expenditures is determined by the index(es) chosen to remove price growth from spending. One approach to deflating health spending is to remove the effects of economy-wide inflation alone using the GDP deflator. An alternative approach to removing the effects of price growth from health spending for the National Health Expenditure Accounts is to deflate health care expenditures by a measure of medical specific price inflation. For personal health care (PHC) spending, this would involve directly deflating expenditures by price indexes associated with the services and goods provided; for non-PHC spending this would involve deflating by composite indexes matching the components of spending for each category. For more information on the detailed price series recommended for deflating each category of spending, see the National Health Expenditure Accounts Methodology Paper, 2011. Available from:

<http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/Downloads/dsm-11.pdf>. The data reflect preliminary annual estimates of the resident population of the United States as of July 1, 2011, excluding the Armed Forces overseas. See [Appendix II, Gross domestic product \(GDP\); Health expenditures, national](#). Percents are calculated using unrounded data. Estimates may not add to totals because of rounding. Starting with *Health, United States, 2010*, estimates are based on a revised methodology that incorporates available source data and various methodological and definitional changes. These revisions are due to a comprehensive change in the classification structure of how estimates are defined and presented. For more information on the impact of these revisions, see: <http://www.cms.gov/NationalHealthExpendData/downloads/benchmark2009.pdf>. Data have been revised and differ from previous editions of *Health, United States*.

SOURCE: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group, National Health Expenditure Accounts, National health expenditures aggregate, 1960–2011. Available from:

<http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/index.html?redirect=/nationalhealthexpenddata/>; U.S. Department of Commerce Bureau of Economic Analysis, National Economic Accounts, National Income and Product Accounts, Table 1.1.9, accessed on May 16, 2013. Available from: <http://www.bea.gov/iTable/iTable.cfm?ReqID=9&step=1>. See [Appendix I, National Health Expenditure Accounts \(NHEA\); National Income and Product Accounts \(NIPA\)](#).

Table 113 (page 1 of 2). Consumer Price Index and average annual percent change for all items, selected items, and medical care components: United States, selected years 1960–2012

Excel and PDF: <http://www.cdc.gov/nchs/hus/contents2013.htm#113>.

[Data are based on reporting by samples of providers and other retail outlets]

<i>Items and medical care components</i>	1960	1970	1980	1990	1995	2000	2005	2011	2012
Consumer Price Index (CPI)									
All items	29.6	38.8	82.4	130.7	152.4	172.2	195.3	224.9	229.6
All items less medical care	30.2	39.2	82.8	128.8	148.6	167.3	188.7	216.3	220.6
Services	24.1	35.0	77.9	139.2	168.7	195.3	230.1	265.8	271.4
Food	30.0	39.2	86.8	132.4	148.4	167.8	190.7	227.8	233.8
Apparel	45.7	59.2	90.9	124.1	132.0	129.6	119.5	122.1	126.3
Housing	---	36.4	81.1	128.5	148.5	169.6	195.7	219.1	222.7
Energy	22.4	25.5	86.0	102.1	105.2	124.6	177.1	243.9	246.1
Medical care	22.3	34.0	74.9	162.8	220.5	260.8	323.2	400.3	414.9
Components of medical care									
Medical care services	19.5	32.3	74.8	162.7	224.2	266.0	336.7	423.8	440.3
Professional services	---	37.0	77.9	156.1	201.0	237.7	281.7	335.7	342.0
Physician services	21.9	34.5	76.5	160.8	208.8	244.7	287.5	340.3	347.3
Dental services	27.0	39.2	78.9	155.8	206.8	258.5	324.0	408.0	417.5
Eyeglasses and eye care ¹	---	---	---	117.3	137.0	149.7	163.2	178.3	179.9
Services by other medical professionals ¹	---	---	---	120.2	143.9	161.9	186.8	217.4	219.6
Hospital and related services	---	---	69.2	178.0	257.8	317.3	439.9	641.5	672.1
Hospital services ²	---	---	---	---	---	115.9	161.6	241.2	253.6
Inpatient hospital services ^{2,3}	---	---	---	---	---	113.8	156.6	236.6	248.8
Outpatient hospital services ^{1,3}	---	---	---	138.7	204.6	263.8	373.0	546.9	574.0
Hospital rooms	9.3	23.6	68.0	175.4	251.2	---	---	---	---
Other inpatient services ¹	---	---	---	142.7	206.8	---	---	---	---
Nursing homes and adult day care ²	---	---	---	---	---	117.0	145.0	182.2	188.8
Health insurance ⁴	---	---	---	---	---	---	---	105.5	118.3
Medical care commodities	46.9	46.5	75.4	163.4	204.5	238.1	276.0	324.1	333.6
Medicinal drugs ⁵	---	---	---	---	---	---	---	105.5	108.6
Prescription drugs ⁶	54.0	47.4	72.5	181.7	235.0	285.4	349.0	425.0	440.1
Nonprescription drugs ⁵	---	---	---	---	---	---	---	98.6	99.3
Medical equipment and supplies ⁵	---	---	---	---	---	---	---	99.3	100.6
Nonprescription drugs and medical supplies ^{1,7}	---	---	---	120.6	140.5	149.5	151.7	---	---
Internal and respiratory over-the-counter drugs ⁸	---	42.3	74.9	145.9	167.0	176.9	179.7	---	---
Nonprescription medical equipment and supplies ⁹	---	---	79.2	138.0	166.3	178.1	180.6	---	---
Average annual percent change from previous year shown									
All items	2.7	7.8	4.7	3.1	2.5	2.5	2.5	3.2	2.1
All items less medical care	2.6	7.8	4.5	2.9	2.4	2.4	2.4	3.2	2.0
Services	3.8	8.3	6.0	3.9	3.0	3.0	3.3	1.7	2.1
Food	2.7	8.3	4.3	2.3	2.5	2.6	3.7	2.6	2.6
Apparel	2.6	4.4	3.2	1.2	-0.4	-1.6	2.2	3.4	3.4
Housing	---	8.3	4.7	2.9	2.7	2.9	1.3	1.6	1.6
Energy	1.3	12.9	1.7	0.6	3.4	7.3	15.4	0.9	0.9
Medical care	4.3	8.2	8.1	6.3	3.4	4.4	3.0	3.7	3.7
Components of medical care									
Medical care services	5.2	8.8	8.1	6.6	3.5	4.8	3.1	3.9	3.9
Professional services	---	7.7	7.2	5.2	3.4	3.5	2.3	1.9	1.9
Physician services	4.6	8.3	7.7	5.4	3.2	3.3	2.7	2.1	2.1
Dental services	3.8	7.2	7.0	5.8	4.6	4.6	2.3	2.3	2.3
Eyeglasses and eye care ¹	---	---	---	3.2	1.8	1.7	0.9	0.9	0.9
Services by other medical professionals ¹	---	---	---	3.7	2.4	2.9	1.4	1.0	1.0
Hospital and related services	---	---	9.9	7.7	4.2	6.8	5.6	4.8	4.8
Hospital services ²	---	---	---	---	---	6.9	6.2	5.1	5.1
Inpatient hospital services ^{2,3}	---	---	---	---	---	6.6	6.8	5.2	5.2
Outpatient hospital services ^{1,3}	---	---	---	8.1	5.2	7.2	5.1	5.0	5.0
Hospital rooms	9.8	11.2	9.9	7.4	---	---	---	---	---
Other inpatient services ¹	---	---	---	7.7	---	---	---	---	---
Nursing homes and adult day care ²	---	---	---	---	---	4.4	2.9	3.6	3.6
Health insurance ⁴	---	---	---	---	---	---	-1.1	12.1	12.1
Medical care commodities	-0.1	5.0	8.0	4.6	3.1	3.0	3.0	2.9	2.9
Medicinal drugs ⁵	---	---	---	---	---	---	---	3.1	3.0
Prescription drugs ⁶	-1.3	4.3	9.6	5.3	4.0	4.1	4.2	3.6	3.6
Nonprescription drugs ⁵	---	---	---	---	---	---	-1.3	0.7	0.7
Medical equipment and supplies ⁵	---	---	---	---	---	---	0.3	1.2	1.2
Nonprescription drugs and medical supplies ^{1,7}	---	---	---	3.1	1.2	0.3	---	---	---
Internal and respiratory over-the-counter drugs ⁸	---	5.9	6.9	2.7	1.2	0.3	---	---	---
Nonprescription medical equipment and supplies ⁹	---	---	5.7	3.8	1.4	0.3	---	---	---

See footnotes at end of table.

Table 113 (page 2 of 2). Consumer Price Index and average annual percent change for all items, selected items, and medical care components: United States, selected years 1960–2012

Excel and PDF: <http://www.cdc.gov/nchs/hus/contents2013.htm#113>.

[Data are based on reporting by samples of providers and other retail outlets]

- - - Data not available.

. . . Category not applicable.

¹December 1986 = 100.

²December 1996 = 100.

³Special index based on a substantially smaller sample.

⁴December 2005 = 100.

⁵December 2009 = 100.

⁶Prior to 2006, this category included medical supplies.

⁷Starting with 2010 updates, this index series will no longer be published.

⁸Starting with 2010 updates, replaced by the series, Nonprescription drugs.

⁹Starting with 2010 updates, replaced by the series, Medical equipment and supplies.

NOTES: CPI for all urban consumers (CPI-U) U.S. city average, detailed expenditure categories. 1982–1984 = 100, except where noted. Data are not seasonally adjusted. See [Appendix II, Consumer Price Index \(CPI\)](#). Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: U.S. Department of Labor, Bureau of Labor Statistics, Consumer Price Index. Various releases. 2012 data available from Tables 1A and 3A at: <http://www.bls.gov/cpi/cpid1301.pdf>. See [Appendix I, Consumer Price Index \(CPI\)](#).

Table 114 (page 1 of 2). National health expenditures, average annual percent change, and percent distribution, by type of expenditure: United States, selected years 1960–2011

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2013.htm#114>.

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

Type of national health expenditure	1960	1970	1980	1990	2000	2005	2010	2011
	Amount, in billions							
National health expenditures	\$27.4	\$74.9	\$255.8	\$724.3	\$1,377.2	\$2,030.5	\$2,600.0	\$2,700.7
Health consumption expenditures	24.8	67.1	235.7	675.6	1,289.6	1,904.0	2,450.8	2,547.2
Personal health care	23.4	63.1	217.2	616.8	1,165.4	1,697.1	2,190.0	2,279.3
Hospital care	9.0	27.2	100.5	250.4	415.5	609.4	815.9	850.6
Professional services	8.0	19.8	64.6	208.1	390.2	556.9	694.2	723.1
Physician and clinical services	5.6	14.3	47.7	158.9	290.9	417.2	519.1	541.4
Other professional services	0.4	0.7	3.5	17.4	37.0	52.7	69.8	73.2
Dental services	2.0	4.7	13.4	31.7	62.3	87.0	105.3	108.4
Other health, residential, and personal care	0.5	1.3	8.5	24.3	64.5	96.5	128.0	133.1
Home health care ¹	0.1	0.2	2.4	12.6	32.4	48.7	71.2	74.3
Nursing care facilities and continuing care retirement communities ¹	0.8	4.0	15.3	44.9	85.1	112.5	143.0	149.3
Retail outlet sales of medical products	5.0	10.6	25.9	76.5	177.6	273.2	337.8	348.9
Prescription drugs	2.7	5.5	12.0	40.3	120.9	204.7	255.7	263.0
Durable medical equipment	0.7	1.7	4.1	13.8	25.2	31.2	36.9	38.9
Other nondurable medical products	1.6	3.3	9.8	22.4	31.6	37.2	45.2	47.0
Government administration ²	0.1	0.7	2.8	7.2	17.1	28.3	31.1	32.5
Net cost of health insurance ³	1.0	1.9	9.3	31.6	64.1	122.6	150.4	156.4
Government public health activities ⁴	0.4	1.4	6.4	20.0	43.0	56.0	79.3	79.0
Investment	2.6	7.8	20.1	48.7	87.5	126.5	149.1	153.5
Research ⁵	0.7	2.0	5.4	12.7	25.5	40.3	49.0	49.8
Structures and equipment	1.9	5.8	14.7	36.0	62.1	86.2	100.1	103.7
	Average annual percent change from previous year shown ⁶							
National health expenditures . . . . .	...	10.6	13.1	11.0	6.6	8.1	5.1	3.9
Health consumption expenditures . . . . .	...	10.5	13.4	11.1	6.7	8.1	5.2	3.9
Personal health care . . . . .	...	10.4	13.2	11.0	6.6	7.8	5.2	4.1
Hospital care . . . . .	...	11.7	14.0	9.6	5.2	8.0	6.0	4.3
Professional services . . . . .	...	9.5	12.6	12.4	6.5	7.4	4.5	4.2
Physician and clinical services . . . . .	...	9.8	12.8	12.8	6.2	7.5	4.5	4.3
Other professional services . . . . .	...	6.4	17.0	17.5	7.8	7.3	5.8	4.9
Dental services . . . . .	...	9.0	11.0	9.0	7.0	6.9	3.9	3.0
Other health, residential, and personal care . . . . .	...	11.4	20.4	11.1	10.3	8.4	5.8	4.0
Home health care ¹ . . . . .	...	14.5	26.9	18.1	9.9	8.5	7.9	4.5
Nursing care facilities and continuing care retirement communities ¹ . . . . .	...	17.4	14.2	11.4	6.6	5.7	4.9	4.4
Retail outlet sales of medical products . . . . .	...	7.7	9.4	11.4	8.8	9.0	4.3	3.3
Prescription drugs . . . . .	...	7.5	8.2	12.8	11.6	11.1	4.5	2.9
Durable medical equipment . . . . .	...	9.0	8.8	13.0	6.2	4.4	3.4	5.3
Other nondurable medical products . . . . .	...	7.4	11.4	8.6	3.5	3.4	4.0	4.0
Government administration ² . . . . .	...	29.9	14.1	10.0	9.1	10.6	1.9	4.7
Net cost of health insurance ³ . . . . .	...	6.4	17.3	13.1	7.3	13.8	4.2	4.0
Government public health activities ⁴ . . . . .	...	13.8	16.9	12.0	8.0	5.4	7.2	-0.5
Investment . . . . .	...	11.7	10.0	9.2	6.0	7.6	3.3	2.9
Research ⁵ . . . . .	...	10.9	10.8	8.9	7.2	9.6	4.0	1.7
Structures and equipment . . . . .	...	12.0	9.7	9.4	5.6	6.8	3.0	3.6

See footnotes at end of table.

Table 114 (page 2 of 2). National health expenditures, average annual percent change, and percent distribution, by type of expenditure: United States, selected years 1960–2011

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2013.htm#114>.

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

Type of national health expenditure	1960	1970	1980	1990	2000	2005	2010	2011
	Percent distribution							
National health expenditures	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Health consumption expenditures	90.6	89.6	92.1	93.3	93.6	93.8	94.3	94.3
Personal health care	85.4	84.3	84.9	85.2	84.6	83.6	84.2	84.4
Hospital care	32.8	36.3	39.3	34.6	30.2	30.0	31.4	31.5
Professional services	29.3	26.4	25.3	28.7	28.3	27.4	26.7	26.8
Physician and clinical services	20.6	19.1	18.7	21.9	21.1	20.5	20.0	20.0
Other professional services	1.4	1.0	1.4	2.4	2.7	2.6	2.7	2.7
Dental services	7.3	6.3	5.2	4.4	4.5	4.3	4.0	4.0
Other health, residential, and personal care	1.6	1.8	3.3	3.4	4.7	4.8	4.9	4.9
Home health care ¹	0.2	0.3	0.9	1.7	2.4	2.4	2.7	2.8
Nursing care facilities and continuing care retirement communities ¹	3.0	5.4	6.0	6.2	6.2	5.5	5.5	5.5
Retail outlet sales of medical products	18.4	14.1	10.1	10.6	12.9	13.5	13.0	12.9
Prescription drugs	9.8	7.3	4.7	5.6	8.8	10.1	9.8	9.7
Durable medical equipment	2.7	2.3	1.6	1.9	1.8	1.5	1.4	1.4
Other nondurable medical products	5.9	4.4	3.8	3.1	2.3	1.8	1.7	1.7
Government administration ²	0.2	1.0	1.1	1.0	1.2	1.4	1.2	1.2
Net cost of health insurance ³	3.7	2.5	3.6	4.4	4.7	6.0	5.8	5.8
Government public health activities ⁴	1.4	1.8	2.5	2.8	3.1	2.8	3.1	2.9
Investment	9.4	10.4	7.9	6.7	6.4	6.2	5.7	5.7
Research ⁵	2.5	2.6	2.1	1.8	1.8	2.0	1.9	1.8
Structures and equipment	6.8	7.8	5.7	5.0	4.5	4.2	3.9	3.8

. . . Category not applicable.

¹Includes expenditures for care in freestanding facilities only. Additional services of this type are provided in hospital-based facilities and are considered hospital care.

²Includes all administrative costs (federal and state and local employees' salaries; contracted employees, including fiscal intermediaries; rent and building costs; computer systems and programs; other materials and supplies; and other miscellaneous expenses) associated with insuring individuals enrolled in the following health insurance programs: Medicare, Medicaid, Children's Health Insurance Program, Department of Defense, Department of Veterans Affairs, Indian Health Service, workers' compensation, maternal and child health, vocational rehabilitation, Substance Abuse and Mental Health Services Administration, and other federal programs.

³Net cost of health insurance is calculated as the difference between calendar year incurred premiums earned and benefits incurred for private health insurance. This includes administrative costs, and in some cases additions to reserves, rate credits and dividends, premium taxes, and net underwriting gains or losses. Also included in this category is the difference between premiums earned and benefits incurred for the private health insurance companies that insure the enrollees of the following programs: Medicare, Medicaid, Children's Health Insurance Program, and workers' compensation (health portion only).

⁴Includes personal care services delivered by government public health agencies.

⁵Research and development expenditures of drug companies and other manufacturers and providers of medical equipment and supplies are excluded. These are included in the expenditure class in which the product falls because such expenditures are covered by the payment received for that product.

⁶See [Appendix II, Average annual rate of change \(percent change\)](#).

NOTES: Percents and average annual percent change are calculated using unrounded data. Starting with *Health, United States, 2010*, estimates are based on a revised methodology that incorporates available source data and various methodological and definitional changes. These revisions are due to a comprehensive change in the classification structure of how estimates are defined and presented. For more information on the impact of these revisions, see: <http://www.cms.gov/NationalHealthExpendData/downloads/benchmark2009.pdf>. See [Appendix I, National Health Expenditure Accounts \(NHEA\)](#). Data have been revised and differ from previous editions of *Health, United States*.

SOURCE: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group, National Health Expenditure Accounts, National health expenditures, 2011. Available from: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/index.html>. See [Appendix I, National Health Expenditure Accounts \(NHEA\)](#).

Table 115 (page 1 of 3). Personal health care expenditures, by source of funds and type of expenditure: United States, selected years 1960–2011

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#115>.

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

Type of personal health care expenditure and source of funds	1960	1970	1980	1990	2000	2001	2005	2010	2011
Per capita	\$125	\$300	\$943	\$2,430	\$4,128	\$4,439	\$5,746	\$7,090	\$7,326
	Amount								
	Amount, in billions								
All personal health care expenditures ¹	\$23.4	\$63.1	\$217.2	\$616.8	\$1,165.4	\$1,265.3	\$1,697.1	\$2,190.0	\$2,279.3
Out-of-pocket payments	13.1	25.0	58.4	138.6	201.7	209.0	262.9	299.4	307.7
Health insurance	6.6	29.6	131.9	403.2	844.9	932.3	1282.0	1705.3	1779.1
Private health insurance	4.9	14.0	61.4	205.1	406.7	445.3	607.2	757.5	786.1
Medicare . . . . .	...	7.3	36.3	107.3	216.3	239.1	326.3	491.2	521.6
Medicaid . . . . .	...	5.0	24.7	69.7	186.9	208.4	287.7	366.2	374.5
Federal . . . . .	...	2.7	13.7	40.3	109.3	123.5	165.5	248.1	229.0
State and local . . . . .	...	2.3	11.0	29.4	77.6	84.9	122.2	118.2	145.5
CHIP ² . . . . .	...	...	...	...	2.5	3.5	6.5	10.0	10.2
Federal . . . . .	...	...	...	...	1.8	2.4	4.5	7.0	7.1
State and local . . . . .	...	...	...	...	0.8	1.0	2.0	3.0	3.1
Other health insurance programs ³	1.7	3.3	9.6	21.2	32.4	36.0	54.3	80.4	86.8
Other third-party payers and programs ⁴	3.7	8.5	26.9	74.9	118.8	124.0	152.2	185.3	192.5
	Deflator (2005 = 100.0)								
Chain-weighted personal health care deflator ⁵	10.4	15.1	32.1	63.4	85.1	88.3	100.0	115.4	117.8
	Percent distribution								
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	55.9	39.6	26.9	22.5	17.3	16.5	15.5	13.7	13.5
Health insurance	28.3	46.9	60.7	65.4	72.5	73.7	75.5	77.9	78.1
Private health insurance	21.1	22.2	28.3	33.2	34.9	35.2	35.8	34.6	34.5
Medicare . . . . .	...	11.5	16.7	17.4	18.6	18.9	19.2	22.4	22.9
Medicaid . . . . .	...	8.0	11.4	11.3	16.0	16.5	17.0	16.7	16.4
Federal . . . . .	...	4.3	6.3	6.5	9.4	9.8	9.8	11.3	10.0
State and local . . . . .	...	3.7	5.1	4.8	6.7	6.7	7.2	5.4	6.4
CHIP ² . . . . .	...	...	...	...	0.2	0.3	0.4	0.5	0.4
Federal . . . . .	...	...	...	...	0.2	0.2	0.3	0.3	0.3
State and local . . . . .	...	...	...	...	0.1	0.1	0.1	0.1	0.1
Other health insurance programs ³	7.2	5.2	4.4	3.4	2.8	2.8	3.2	3.7	3.8
Other third-party payers and programs ⁴	15.8	13.5	12.4	12.1	10.2	9.8	9.0	8.5	8.4
	Amount, in billions								
Hospital expenditures ⁶	\$9.0	\$27.2	\$100.5	\$250.4	\$415.5	\$449.4	\$609.4	\$815.9	\$850.6
	Percent distribution								
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	20.6	9.0	5.4	4.5	3.2	3.1	3.2	3.2	3.3
Health insurance	50.7	71.4	79.6	82.6	86.2	86.9	87.4	87.4	87.3
Private health insurance	35.6	32.5	36.7	38.7	34.1	34.3	35.7	35.9	36.1
Medicare . . . . .	...	19.7	26.1	26.9	29.7	30.1	29.0	27.3	27.2
Medicaid . . . . .	...	9.7	9.2	10.6	17.1	17.3	17.2	18.1	17.8
Federal . . . . .	...	5.2	5.0	6.3	10.3	10.5	10.0	12.2	11.0
State and local . . . . .	...	4.5	4.2	4.3	6.8	6.8	7.2	5.9	6.8
CHIP ² . . . . .	...	...	...	...	0.2	0.3	0.4	0.4	0.4
Federal . . . . .	...	...	...	...	0.2	0.2	0.3	0.3	0.3
State and local . . . . .	...	...	...	...	0.1	0.1	0.1	0.1	0.1
Other health insurance programs ³	15.1	9.5	7.7	6.3	5.0	5.0	5.1	5.7	5.9
Other third-party payers and programs ⁴	28.7	19.5	15.0	13.0	10.6	10.0	9.4	9.3	9.4
	Amount, in billions								
Physician and clinical expenditures	\$5.6	\$14.3	\$47.7	\$158.9	\$290.9	\$315.7	\$417.2	\$519.1	\$541.4
	Percent distribution								
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	60.1	45.1	29.8	18.9	11.2	10.7	10.2	9.8	9.7
Health insurance	32.6	48.8	59.8	67.8	76.6	77.2	79.2	81.1	81.3
Private health insurance	28.3	29.4	34.8	42.2	47.4	47.7	48.5	46.6	46.0
Medicare . . . . .	...	11.5	17.4	19.2	20.2	20.2	20.5	22.2	22.9
Medicaid . . . . .	...	4.5	5.1	4.4	6.6	6.8	7.1	8.2	8.3
Federal . . . . .	...	2.4	2.9	2.6	3.9	4.0	4.3	5.7	5.3
State and local . . . . .	...	2.1	2.2	1.8	2.7	2.8	2.9	2.5	3.0
CHIP ² . . . . .	...	...	...	...	0.3	0.3	0.4	0.6	0.6
Federal . . . . .	...	...	...	...	0.2	0.2	0.3	0.4	0.4
State and local . . . . .	...	...	...	...	0.1	0.1	0.1	0.2	0.2
Other health insurance programs ³	4.3	3.4	2.4	2.1	2.1	2.2	2.6	3.5	3.6
Other third-party payers and programs ⁴	7.3	6.1	10.4	13.3	12.3	12.1	10.6	9.1	9.0

See footnotes at end of table.

Table 115 (page 2 of 3). Personal health care expenditures, by source of funds and type of expenditure: United States, selected years 1960–2011

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#115>.

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

Type of personal health care expenditure and source of funds	1960	1970	1980	1990	2000	2001	2005	2010	2011
Amount, in billions									
Nursing care facilities and continuing care retirement communities expenditures ⁷	\$0.8	\$4.0	\$15.3	\$44.9	\$85.1	\$90.8	\$112.5	\$143.0	\$149.3
Percent distribution									
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	74.7	49.5	40.7	40.3	31.9	30.4	28.9	28.0	26.7
Health insurance		28.5	51.9	48.8	61.1	63.5	64.7	65.7	67.2
Private health insurance		0.2	1.3	6.2	8.8	8.5	7.4	8.6	8.3
Medicare		3.5	2.0	3.8	12.7	14.7	18.3	22.6	25.2
Medicaid		23.3	46.2	36.6	37.4	38.0	36.6	31.8	30.9
Federal		12.5	26.1	20.6	21.7	23.4	20.6	21.6	18.7
State and local		10.8	20.1	16.0	15.7	14.7	15.9	10.2	12.1
CHIP ²					0.0	0.0	0.0	0.0	0.0
Federal					0.0	0.0	0.0	0.0	0.0
State and local					0.0	0.0	0.0	0.0	0.0
Other health insurance programs ³	0.0	1.5	2.4	2.2	2.2	2.3	2.5	2.8	2.9
Other third-party payers and programs ⁴	25.3	21.9	7.4	10.9	6.9	6.1	6.4	6.3	6.1
Amount, in billions									
Home health care expenditures ⁸	\$0.1	\$0.2	\$2.4	\$12.6	\$32.4	\$34.4	\$48.7	\$71.2	\$74.3
Percent distribution									
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	12.5	9.4	15.3	17.9	19.6	18.8	12.8	7.2	7.6
Health insurance	5.6	37.9	53.7	66.1	71.4	72.8	81.5	89.8	89.4
Private health insurance	2.5	3.0	14.7	22.9	23.8	19.6	12.6	6.6	6.9
Medicare		26.7	26.8	26.0	26.4	28.8	37.4	44.4	44.2
Medicaid		6.7	11.6	17.1	20.9	24.1	31.0	37.6	37.1
Federal		3.3	6.2	9.1	11.3	13.0	16.8	24.7	21.7
State and local		3.4	5.4	7.9	9.6	11.0	14.3	12.9	15.3
CHIP ²					0.0	0.0	0.0	0.0	0.0
Federal					0.0	0.0	0.0	0.0	0.0
State and local					0.0	0.0	0.0	0.0	0.0
Other health insurance programs ³	3.1	1.4	0.5	0.3	0.3	0.3	0.5	1.2	1.2
Other third-party payers and programs ⁴	81.9	52.7	31.1	16.0	9.0	8.4	5.6	3.0	3.0
Amount, in billions									
Prescription drug expenditures	\$2.7	\$5.5	\$12.0	\$40.3	\$120.9	\$138.7	\$204.7	\$255.7	\$263.0
Percent distribution									
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	96.0	82.4	71.3	56.8	28.1	26.4	25.1	18.1	17.1
Health insurance	1.5	16.5	26.9	40.3	70.0	71.6	73.0	80.6	81.5
Private health insurance	1.3	8.8	15.0	27.0	50.2	50.9	49.7	46.4	46.5
Medicare				0.5	1.7	1.8	1.9	23.0	24.2
Medicaid		7.6	11.7	12.6	16.3	16.8	17.7	7.7	7.2
Federal		4.1	6.8	7.2	9.3	9.6	10.2	5.2	4.1
State and local		3.5	4.9	5.4	7.0	7.2	7.6	2.5	3.1
CHIP ²					0.2	0.3	0.5	0.6	0.6
Federal					0.2	0.2	0.4	0.5	0.4
State and local					0.1	0.1	0.2	0.2	0.2
Other health insurance programs ³	0.1	0.1	0.2	0.2	1.5	1.8	3.1	2.8	3.0
Other third-party payers and programs ⁴	2.5	1.1	1.8	3.0	1.9	2.0	1.9	1.3	1.4
Amount, in billions									
Dental services expenditures	\$2.0	\$4.7	\$13.4	\$31.7	\$62.3	\$67.8	\$87.0	\$105.3	\$108.4
Percent distribution									
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	96.0	90.0	65.8	48.1	44.4	43.2	44.0	41.2	41.6
Health insurance	3.2	9.5	33.3	51.3	55.0	56.3	55.6	58.3	57.9
Private health insurance	1.9	4.5	28.4	48.1	50.2	50.6	49.3	48.8	48.6
Medicare				0.0	0.1	0.1	0.1	0.2	0.3
Medicaid		3.4	3.7	2.4	3.7	4.4	4.8	7.0	6.7
Federal		1.8	2.0	1.3	2.1	2.5	2.7	4.8	4.1
State and local		1.6	1.7	1.0	1.6	1.9	2.0	2.2	2.6
CHIP ²					0.4	0.5	0.5	1.0	1.1
Federal					0.3	0.3	0.4	0.7	0.7
State and local					0.1	0.1	0.2	0.3	0.3
Other health insurance programs ³	1.3	1.6	1.2	0.9	0.6	0.6	0.9	1.2	1.3
Other third-party payers and programs ⁴	0.8	0.4	0.8	0.6	0.6	0.5	0.4	0.5	0.5

See footnotes at end of table.

Table 115 (page 3 of 3). Personal health care expenditures, by source of funds and type of expenditure: United States, selected years 1960–2011

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#115>.

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

Type of personal health care expenditure and source of funds	1960	1970	1980	1990	2000	2001	2005	2010	2011
	Amount, in billions								
All other personal health care expenditures ⁹ . . .	\$3.2	\$7.1	\$25.8	\$77.9	\$158.3	\$168.5	\$217.6	\$280.0	\$292.2
	Percent distribution								
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	84.9	74.5	57.1	49.9	38.3	36.3	33.2	31.2	31.4
Health insurance	3.4	8.3	25.0	33.3	44.2	46.2	50.0	52.2	52.1
Private health insurance	2.0	3.4	6.7	12.0	12.6	12.7	12.9	12.8	12.9
Medicare . . . . .	...	1.0	2.8	5.5	8.0	8.6	9.9	10.7	10.9
Medicaid . . . . .	...	2.9	14.7	14.9	22.6	23.9	25.9	27.5	26.9
Federal . . . . .	...	1.6	8.1	8.5	12.9	13.6	14.7	18.6	16.4
State and local . . . . .	...	1.4	6.7	6.4	9.7	10.3	11.2	8.8	10.6
CHIP ² . . . . .	...	...	...	...	0.2	0.2	0.3	0.4	0.4
Federal . . . . .	...	...	...	...	0.1	0.1	0.2	0.3	0.3
State and local . . . . .	...	...	...	...	0.1	0.1	0.1	0.1	0.1
Other health insurance programs ³	1.4	0.9	0.8	0.9	0.8	0.8	1.0	0.8	1.0
Other third-party payers and programs ⁴	11.7	17.2	17.9	16.9	17.5	17.5	16.8	16.6	16.5

... Category not applicable.

0.0 Quantity more than zero but less than 0.05.

¹Includes all expenditures for specified health services and supplies other than expenses for government administration, net cost of health insurance, public health activities, research, and structures and equipment.

²Children's Health Insurance Program (CHIP). Medicaid CHIP expansions are included.

³Includes Department of Defense and Department of Veterans Affairs.

⁴Includes worksite health care, other private revenues, Indian Health Service, workers' compensation, general assistance, maternal and child health, vocational rehabilitation, other federal programs, Substance Abuse and Mental Health Services Administration, other state and local programs, and school health.

⁵The personal health care deflator is calculated as a chain-weighted price index using the Producer Price Indexes for hospitals, offices of physicians, medical and diagnostic laboratories, home health care services, and nursing care facilities; and Consumer Price Indices specific to each of the remaining personal health care components. For more information on the detailed price series recommended for deflating each category of spending see the National Health Expenditure Accounts Methodology Paper, 2011. Available from:

<http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/Downloads/dsm-11.pdf>.

⁶Includes expenditures for hospital-based nursing home and home health agency care.

⁷Includes expenditures for care in freestanding nursing homes. Expenditures for care in hospital-based nursing homes are included with hospital care.

⁸Includes expenditures for care in freestanding facilities only. Additional services of this type are provided in hospital-based facilities and are considered hospital care.

⁹Includes expenditures for other professional services, other nondurable medical products, durable medical equipment, and other health, residential, and personal care, not shown separately. See [Appendix II, Health expenditures, national](#).

NOTES: Percents may not add to totals because of rounding. The Medicare and Medicaid programs began coverage in 1965. The Children's Health Insurance Program began coverage in 1997. Starting with *Health, United States, 2010*, estimates are based on a revised methodology that incorporates available source data and various methodological and definitional changes. These revisions are due to a comprehensive change in the classification structure of how estimates are defined and presented. For more information on the impact of these revisions, see: <http://www.cms.gov/NationalHealthExpendData/downloads/benchmark2009.pdf>. See [Appendix I, National Health Expenditure Accounts \(NHEA\)](#). Data have been revised and differ from previous editions of *Health, United States*.

SOURCE: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group, National Health Expenditure Accounts, National health expenditures. Available from:

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsHistorical.html>; Hartman M, Martin AB, Benson J, Catlin A. National Health Spending in 2011: Overall growth remains low, but some payers and services show signs of acceleration. *Health Aff* 2013;32(1):87–99. See [Appendix I, National Health Expenditure Accounts \(NHEA\)](#).

Table 116 (page 1 of 3). Cost of hospital discharges with common hospital operating room procedures in nonfederal community hospitals, by age and selected principal procedure: United States, selected years 2000–2011

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2013.htm#116>.

[Data are compiled by the Agency for Healthcare Research and Quality using discharge data from participating states]

Age and principal operating room procedure ¹	Mean inflation-adjusted cost per hospitalization: 2011 dollars ²			Number of discharges with operating room principal procedure			Total inflation-adjusted national costs: 2011 dollars (in millions)		
	2000	2005	2011	2000	2005	2011	2000	2005	2011
All ages									
Hospital discharges with an operating room principal procedure ³	\$13,271	\$15,883	\$17,824	9,022,288	10,285,810	9,896,370	\$119,000	\$163,518	\$175,990
Laminectomy (back surgery)	8,170	9,218	11,493	294,345	255,955	203,297	2,415	2,361	2,342
Heart valve procedures	42,900	52,435	53,282	82,826	96,715	113,996	3,547	5,091	6,048
Coronary artery bypass graft (CABG)	31,268	37,984	38,707	349,967	227,774	165,683	10,984	8,666	6,411
Percutaneous coronary angioplasty (PTCA) (balloon angioplasty of heart)	14,978	18,415	18,823	601,832	749,572	516,941	9,016	13,809	9,728
Insertion, revision, replacement, removal of cardiac pacemaker or cardioverter/defibrillator	27,684	35,291	33,194	68,723	165,619	121,497	1,918	5,837	4,035
Colorectal resection (removal of part of the bowel)	19,476	22,594	23,194	261,519	283,453	288,458	5,198	6,412	6,681
Appendectomy	7,328	8,475	9,206	277,029	308,634	264,882	2,007	2,615	2,438
Cholecystectomy (gall bladder removal)	10,402	12,060	12,644	400,818	388,252	399,933	4,134	4,683	5,047
Hysterectomy	6,537	7,249	9,288	596,889	567,964	350,962	3,873	4,124	3,268
Cesarean section	5,437	5,463	5,889	927,397	1,301,770	1,269,236	4,923	7,115	7,481
Treatment, fracture or dislocation of hip and femur	12,585	15,231	16,780	244,706	259,071	255,022	3,132	3,943	4,275
Arthroplasty knee (knee replacement)	13,805	15,566	15,908	328,118	549,867	711,398	4,503	8,563	11,317
Hip replacement	14,974	17,038	17,155	304,709	381,318	464,452	4,619	6,490	7,962
Spinal fusion	17,433	24,730	27,570	210,677	331,912	464,975	3,587	8,217	12,837
Under 18 years									
Hospital discharges with an operating room principal procedure ³	13,307	19,260	20,879	394,504	551,952	348,370	5,075	10,588	7,165
Incision and excision of CNS (a type of brain surgery)	28,857	34,930	39,295	6,581	11,786	6,959	183	413	272
Tonsillectomy and/or adenoidectomy	4,404	5,699	5,628	12,524	16,842	16,103	57	96	92
Small bowel resection (removal of part of the small bowel)	36,209	50,383	50,686	1,769	3,075	1,856	63	153	92
Appendectomy	6,575	8,091	8,453	77,676	88,563	64,020	497	716	543
Cesarean section	6,035	5,735	6,050	24,419	29,549	19,491	133	170	118
Spinal fusion	29,262	45,920	54,953	7,704	13,305	10,159	222	605	552
18–44 years									
Hospital discharges with an operating room principal procedure ³	8,771	9,889	11,490	2,894,835	3,202,648	2,845,870	24,844	31,706	32,597
Incision and excision of CNS (a type of brain surgery)	25,471	30,435	37,438	20,221	18,779	20,935	496	575	779
Laminectomy (back surgery)	7,351	8,584	11,009	98,649	69,320	42,269	730	596	468
Appendectomy	6,750	7,714	8,465	137,667	140,028	120,243	916	1,080	1,019
Cholecystectomy (gall bladder removal)	8,521	9,384	10,186	136,587	133,060	146,198	1,118	1,249	1,492
Oophorectomy (removal of one or both ovaries)	6,351	7,370	9,271	39,388	34,430	24,413	253	254	227
Ligation of fallopian tubes (“tying” of fallopian tubes)	4,703	4,537	5,204	77,428	77,073	48,106	344	350	251
Hysterectomy	6,059	6,581	8,350	299,858	262,861	146,091	1,791	1,732	1,223
Cesarean section	5,419	5,452	5,879	900,964	1,267,786	1,245,270	4,778	6,917	7,328
Treatment, fracture or dislocation of lower extremity (other than hip or femur)	9,338	11,803	13,927	70,112	61,369	52,424	643	723	729
Spinal fusion	16,385	22,893	25,251	75,502	89,893	85,881	1,196	2,059	2,170

See footnotes at end of table.

Table 116 (page 2 of 3). Cost of hospital discharges with common hospital operating room procedures in nonfederal community hospitals, by age and selected principal procedure: United States, selected years 2000–2011

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2013.htm#116>.

[Data are compiled by the Agency for Healthcare Research and Quality using discharge data from participating states]

Age and principal operating room procedure ¹	Mean inflation-adjusted cost per hospitalization: 2011 dollars ²			Number of discharges with operating room principal procedure			Total inflation-adjusted national costs: 2011 dollars (in millions)		
	2000	2005	2011	2000	2005	2011	2000	2005	2011
45–64 years									
Hospital discharges with an operating room principal procedure ³	\$14,515	\$17,416	\$19,942	2,513,848	3,001,674	3,172,099	\$36,330	\$52,349	\$63,119
Laminectomy (back surgery)	8,240	9,099	11,752	111,022	98,847	79,445	916	900	934
Heart valve procedures	40,302	48,031	51,918	23,731	27,467	32,351	951	1,326	1,670
Coronary artery bypass graft (CABG)	29,211	34,786	37,059	144,812	97,449	73,441	4,251	3,398	2,723
Percutaneous coronary angioplasty (PTCA) (balloon angioplasty of heart)	14,496	17,780	18,337	261,110	328,248	232,484	3,778	5,841	4,263
Insertion, revision, replacement, removal of cardiac pacemaker or cardioverter/defibrillator	33,879	38,293	36,137	16,558	45,357	35,584	557	1,736	1,284
Colorectal resection (removal of part of the bowel)	17,522	20,125	21,635	78,937	98,142	110,704	1,411	1,978	2,390
Cholecystectomy (gall bladder removal)	9,809	11,609	12,518	120,985	121,446	127,318	1,187	1,413	1,590
Oophorectomy	7,608	8,665	10,353	21,888	23,172	24,330	166	201	252
Hysterectomy	6,669	7,392	9,542	238,417	249,676	162,626	1,587	1,849	1,555
Arthroplasty knee (knee replacement)	14,123	15,620	15,999	98,691	205,869	303,745	1,386	3,216	4,859
Hip replacement	15,558	17,281	16,851	67,121	108,449	159,186	1,052	1,871	2,681
Spinal fusion	16,731	22,981	26,038	90,101	154,618	226,588	1,468	3,556	5,904
65–74 years									
Hospital discharges with an operating room principal procedure ³	16,263	19,391	20,904	1,559,874	1,653,945	1,775,480	25,503	32,122	37,076
Laminectomy (back surgery)	8,636	9,189	11,180	47,332	47,031	45,169	409	432	506
Heart valve procedures	43,898	53,346	52,862	24,127	25,535	31,122	1,050	1,366	1,639
Coronary artery bypass graft (CABG)	31,820	38,742	38,597	116,648	72,447	54,435	3,711	2,809	2,100
Percutaneous coronary angioplasty (PTCA) (balloon angioplasty of heart)	14,914	18,242	18,867	172,403	202,718	135,585	2,567	3,700	2,558
Insertion, revision, replacement, removal of cardiac pacemaker or cardioverter/defibrillator	30,240	36,420	35,172	19,805	46,292	33,255	602	1,684	1,168
Endarterectomy (plaque removal from artery lining brain, head, neck)	8,699	9,301	10,140	52,875	41,903	37,423	471	391	380
Colorectal resection (removal of part of the bowel)	19,577	22,882	23,723	65,640	64,326	67,652	1,324	1,475	1,602
Cholecystectomy (gall bladder removal)	11,500	13,766	14,620	67,897	57,382	56,290	793	790	821
Arthroplasty knee (knee replacement)	14,063	15,519	15,697	114,150	182,838	239,275	1,590	2,840	3,757
Hip replacement	14,917	16,759	16,877	74,103	89,657	115,501	1,122	1,502	1,948
Spinal fusion	18,436	26,563	29,449	24,143	48,299	96,137	443	1,283	2,829
75–84 years									
Hospital discharges with an operating room principal procedure ³	16,510	20,052	21,080	1,263,420	1,405,406	1,259,943	21,162	28,215	26,563
Laminectomy (back surgery)	9,321	10,086	11,092	31,988	32,853	28,644	302	331	319
Heart valve procedures	45,278	56,192	54,256	21,844	25,893	31,507	1,000	1,461	1,706
Coronary artery bypass graft (CABG)	34,499	43,067	42,663	71,235	46,557	29,569	2,478	2,007	1,258
Percutaneous coronary angioplasty (PTCA) (balloon angioplasty of heart)	15,788	19,498	19,509	115,128	149,285	93,356	1,830	2,911	1,820
Insertion, revision, replacement, removal of cardiac pacemaker or cardioverter/defibrillator	24,814	34,232	31,374	20,711	50,092	32,348	524	1,712	1,016
Endarterectomy (plaque removal from artery lining brain, head, neck)	9,035	9,647	10,579	46,719	39,208	30,796	436	380	326
Colorectal resection (removal of part of the bowel)	21,352	25,387	25,068	63,982	63,255	53,258	1,403	1,606	1,336
Cholecystectomy (gall bladder removal)	13,165	16,222	16,473	54,014	51,443	45,703	726	833	752
Treatment, fracture or dislocation of hip and femur	11,849	14,194	15,653	75,452	75,221	69,220	920	1,069	1,086
Arthroplasty knee (knee replacement)	14,055	15,617	15,845	81,404	125,729	132,713	1,146	1,964	2,103
Hip replacement	14,737	16,907	17,483	95,401	108,919	108,081	1,429	1,840	1,888
Spinal fusion	19,197	27,712	29,822	12,139	23,530	41,282	231	652	1,231

See footnotes at end of table.

Table 116 (page 3 of 3). Cost of hospital discharges with common hospital operating room procedures in nonfederal community hospitals, by age and selected principal procedure: United States, selected years 2000–2011

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2013.htm#116>.

[Data are compiled by the Agency for Healthcare Research and Quality using discharge data from participating states]

Age and principal operating room procedure ¹	Mean inflation-adjusted cost per hospitalization: 2011 dollars ²			Number of discharges with operating room principal procedure			Total inflation-adjusted national costs: 2011 dollars (in millions)		
	2000	2005	2011	2000	2005	2011	2000	2005	2011
85 years and over									
Hospital discharges with an operating room principal procedure ³	\$15,139	\$18,471	\$19,268	394,256	450,122	483,698	\$6,062	\$8,322	\$9,328
Heart valve procedures	47,631	60,260	54,121	3,114	4,088	8,055	148	246	435
Coronary artery bypass graft (CABG)	38,816	49,624	46,357	5,483	4,315	3,122	211	215	145
Percutaneous coronary angioplasty (PTCA) (balloon angioplasty of heart)	17,928	21,745	20,394	17,268	29,810	27,087	307	647	552
Insertion, revision, replacement, removal of cardiac pacemaker or cardioverter/defibrillator	14,733	24,954	23,910	7,301	14,121	12,205	110	351	293
Colorectal resection (removal of part of the bowel)	23,084	27,175	26,174	21,347	21,140	20,082	503	575	526
Cholecystectomy (gall bladder removal)	16,040	18,021	17,917	16,163	17,286	17,927	262	311	321
Treatment, fracture or dislocation of hip and femur	11,536	13,631	15,245	79,202	80,284	83,872	940	1,096	1,281
Arthroplasty knee	14,254	16,402	16,795	10,414	16,274	18,974	149	266	318
Hip replacement	14,338	16,975	17,802	51,469	55,699	62,419	750	944	1,111
Amputation of lower extremity (amputation of leg, foot or toe)	13,238	17,152	17,284	13,260	10,403	9,754	179	179	170

¹Data are based on valid operating room procedures. Operating room procedures were identified using the Centers for Medicare & Medicaid Services' Diagnosis Related Groups (DRGs). For DRGs, physician panels identified *International Classification of Diseases (ICD-9-CM)* procedure codes that would be performed in operating rooms in most hospitals. Operating room procedures, as defined by DRGs, are classified by the Clinical Classifications Software (CCS) into 1 of 231 clinically meaningful categories. Mean costs per hospitalization are based on the principal procedure as determined by the CCS. The number of discharges is based on the first-listed (principal) major procedure. See [Appendix II, Procedure](#).

²Charges (the amount billed by the hospital) were converted to costs using cost-charge ratios from the Centers for Medicare & Medicaid Services. Costs are for the entire hospitalization including the principal procedure. Costs were adjusted for inflation to 2011 dollars using the gross domestic product deflator (<http://www.bea.gov/iTable/iTable.cfm?ReqID=9&step=1>, Table 1.1.4. Price Indexes for Gross Domestic Product, downloaded July 8, 2013). See [Appendix II, Cost-charge ratio](#).

³Includes discharges for operating room principal procedures not shown separately.

NOTES: Excludes newborn infants. The number of states participating in the sample varied over time from 28 states in 2000 to 46 states in 2011. See [Appendix I, Healthcare Cost and Utilization Project \(HCUP\), Nationwide Inpatient Sample](#), for a list of states available in each year. The estimates are weighted to provide national estimates. Because of sampling frame and methodological differences between the Healthcare Cost and Utilization Project, Nationwide Inpatient Sample, and the National Hospital Discharge Survey (NHDS), estimates from these data sources are not directly comparable. Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: Agency for Healthcare Research and Quality, Healthcare Cost and Utilization Project, Nationwide Inpatient Sample. See [Appendix I, Healthcare Cost and Utilization Project \(HCUP\), Nationwide Inpatient Sample](#).

Table 117 (page 1 of 3). Expenses for health care and prescribed medicine, by selected population characteristics: United States, selected years 1987–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#117>.

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

Characteristic	Total expenses ¹										
	Population in millions ²			Percent of persons with expense				Mean annual expense per person with expense ³			
	1997	2000	2010	1987	1997	2000	2010	1987	1997	2000	2010
All ages	271.3	278.4	308.6	84.5	84.1	83.5	84.6	\$2,989	\$3,294	\$3,420	\$4,839
Under 65 years:											
Total	237.1	243.6	267.4	83.2	82.5	81.8	82.8	2,323	2,498	2,694	3,866
Under 6 years	23.8	24.1	25.6	88.9	88.0	86.7	88.9	1,982	1,166	1,424	1,641
6–17 years	48.1	48.4	49.2	80.2	81.7	80.0	84.4	1,291	1,309	1,415	1,888
18–44 years	108.9	109.0	111.1	81.5	78.3	77.7	76.0	2,041	2,264	2,413	3,230
45–64 years	56.3	62.1	81.5	87.0	89.2	88.5	89.2	3,961	4,384	4,511	6,429
Sex											
Male	118.0	120.9	133.6	78.8	77.6	76.6	78.5	2,195	2,257	2,579	3,547
Female	119.1	122.7	133.8	87.5	87.4	87.0	87.1	2,435	2,710	2,794	4,152
Hispanic origin and race ⁴											
Hispanic or Latino	29.4	32.0	47.4	71.0	69.5	69.0	70.0	1,859	2,079	1,835	2,830
Not Hispanic or Latino:											
White	166.2	169.2	166.1	86.9	87.2	86.6	87.9	2,329	2,680	2,818	4,163
Black or African American	31.3	32.1	33.9	72.2	72.1	71.3	78.7	2,823	2,003	2,861	4,304
Asian . . . . .	...	...	12.6	...	...	...	76.0	...	...	...	2,367
American Indian, Alaska Native, Native Hawaiian, Other Pacific Islander, and Multiple Race . . . . .	...	...	7.4	...	...	...	81.6	...	...	...	2,819
Insurance status ⁵											
Any private insurance	174.0	181.6	175.6	86.5	86.5	85.9	88.5	2,227	2,545	2,566	3,914
Public insurance only	29.8	29.7	51.6	82.4	83.3	83.6	85.6	3,750	3,036	4,090	4,431
Uninsured all year	33.3	32.3	40.2	61.8	61.1	57.3	54.3	1,431	1,492	1,900	2,381
65 years and over:											
Total	34.2	34.8	41.2	93.7	95.2	95.5	96.3	7,396	8,081	7,777	10,274
Sex											
Male	14.6	15.0	17.9	92.0	94.5	93.4	95.8	7,567	9,081	8,339	10,698
Female	19.6	19.8	23.2	94.9	95.7	97.1	96.7	7,279	7,345	7,368	9,950
Hispanic origin and race ⁴											
Hispanic or Latino	1.7	1.9	2.9	82.5	94.2	92.5	92.4	7,035	8,456	6,979	7,308
Not Hispanic or Latino:											
White	28.8	28.9	32.7	94.9	95.9	95.9	97.0	7,279	8,122	7,894	10,511
Black or African American	2.8	2.9	3.5	88.5	92.2	94.0	94.4	8,940	7,959	7,479	10,982
Asian . . . . .	...	...	1.5	...	...	...	94.3	...	...	...	8,343
American Indian, Alaska Native, Native Hawaiian, Other Pacific Islander, and Multiple Race . . . . .	...	...	*	...	...	...	*	...	...	...	*
Insurance status ⁶											
Medicare only	8.8	12.0	16.1	85.9	92.1	94.8	94.8	5,823	7,445	6,677	10,057
Medicare and private insurance	21.7	19.2	18.8	95.4	97.0	96.0	97.7	7,318	7,881	7,974	10,187
Medicare and other public insurance	3.2	3.2	5.6	94.4	93.2	96.3	97.7	11,376	11,390	10,671	11,668

See footnotes at end of table.

Table 117 (page 2 of 3). Expenses for health care and prescribed medicine, by selected population characteristics: United States, selected years 1987–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#117>.

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

Characteristic	Prescribed medicine expenses ⁷							
	Percent of persons with expense				Mean annual out-of-pocket expense per person with out-of-pocket expense ³			
	1987	1997	2000	2010	1987	1997	2000	2010
All ages	57.3	62.1	62.3	61.3	\$177	\$274	\$347	\$312
Under 65 years:								
Total	54.0	58.7	58.5	56.8	131	194	252	248
Under 6 years	61.8	61.3	56.9	47.0	46	48	47	31
6–17 years	44.3	48.2	46.2	43.3	86	73	89	94
18–44 years	51.3	55.9	56.0	52.6	102	166	191	177
45–64 years	65.3	71.8	73.3	73.8	248	361	475	414
Sex								
Male	46.5	51.5	51.3	50.5	121	173	222	241
Female	61.4	65.8	65.6	63.2	138	211	276	253
Hispanic origin and race ⁴								
Hispanic or Latino	41.6	47.7	45.0	42.6	94	129	185	137
Not Hispanic or Latino:								
White	57.7	63.1	63.8	63.3	136	211	271	289
Black or African American	44.1	50.0	47.6	51.7	115	156	208	180
Asian . . . . .	...	...	...	41.3	...	...	...	138
American Indian, Alaska Native, Native Hawaiian, Other Pacific Islander, and Multiple Race . . . . .	...	...	...	52.8	...	...	...	157
Insurance status ⁵								
Any private insurance	56.5	61.6	61.6	61.6	134	185	217	263
Public insurance only	56.5	62.0	62.4	57.5	90	192	361	142
Uninsured all year	35.1	40.2	37.6	35.0	144	280	418	353
65 years and over:								
Total	81.6	86.0	88.3	90.3	407	656	789	575
Sex								
Male	78.0	82.8	83.9	89.8	378	591	591	559
Female	84.0	88.3	91.5	90.8	424	701	926	587
Hispanic origin and race ⁴								
Hispanic or Latino	74.7	87.5	83.9	86.1	538	535	665	428
Not Hispanic or Latino:								
White	82.3	86.7	89.0	91.2	415	678	818	600
Black or African American	79.5	85.3	85.3	87.3	319	545	674	464
Asian . . . . .	...	...	...	86.6	...	...	...	459
American Indian, Alaska Native, Native Hawaiian, Other Pacific Islander, and Multiple Race . . . . .	...	...	...	*	...	...	...	*
Insurance status ⁶								
Medicare only	70.6	82.1	87.7	88.6	449	758	942	609
Medicare and private insurance	83.4	88.1	89.0	91.9	422	666	730	638
Medicare and other public coverage	88.2	85.0	88.5	91.7	154	367	624	266

See footnotes at end of table.

Table 117 (page 3 of 3). Expenses for health care and prescribed medicine, by selected population characteristics: United States, selected years 1987–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#117>.

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

. . . Category not applicable.

* Estimates are considered unreliable. Data preceded by an asterisk have a relative standard error equal to or greater than 30%. Data not shown if based on fewer than 100 sample cases.

¹Includes expenses for inpatient hospital and physician services, ambulatory physician and nonphysician services, prescribed medicines, home health services, dental services, and other medical equipment, supplies, and services that were purchased or rented during the year. Excludes expenses for over-the-counter medications, phone contacts with health providers, and premiums for health insurance.

²Includes persons in the civilian noninstitutionalized population for all or part of the year. Expenditures for persons in this population for only part of the year are restricted to those incurred during periods of eligibility (e.g., expenses incurred during periods of institutionalization and military service are not included in estimates).

³Estimates of expenses were converted to 2010 dollars using the Consumer Price Index (all items) and differ from previous editions of *Health, United States*. See [Appendix II, Consumer Price Index \(CPI\)](#).

⁴Persons of Hispanic origin may be of any race. Estimates for Asian persons as well as for American Indian, Alaska Native, Hawaiian Pacific Islander and Multiple Race persons are not available for years prior to 2002 because Asian persons could not be distinguished separately and multiple race information was not collected.

⁵Any private insurance includes individuals with insurance that provided coverage for hospital and physician care at any time during the year, other than Medicare, Medicaid, or other public coverage for hospital or physician services. Public insurance only includes individuals who were not covered by private insurance at any time during the year but were covered by Medicare, Medicaid, other public coverage for hospital or physician services, and/or CHAMPUS/CHAMPVA (TRICARE) at any point during the year. Uninsured includes persons not covered by either private or public insurance throughout the entire year or period of eligibility for the survey. Individuals with Indian Health Service coverage only are considered uninsured.

⁶Populations do not add to total because uninsured persons and persons with unknown insurance status were excluded.

⁷Includes expenses for all prescribed medications that were purchased or refilled during the survey year.

NOTES: Estimates for 1987 are based on the National Medical Expenditure Survey (NMES); estimates for other years are based on the Medical Expenditure Panel Survey (MEPS). Because expenditures in NMES were based primarily on charges and those for MEPS were based on payments, NMES data were adjusted to be more comparable with MEPS by using estimated charge-to-payment ratios for 1987. Overall, this resulted in an approximate 11% reduction from the unadjusted 1987 NMES expenditure estimates. For a detailed explanation of this adjustment, see Zuvekas S, Cohen J. A guide to comparing health care expenditures in the 1996 MEPS to the 1987 NMES. *Inquiry* 2002;39(1):76–86. See [Appendix I, Medical Expenditure Panel Survey \(MEPS\)](#). Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: Agency for Healthcare Research and Quality, Center for Financing, Access, and Cost Trends. 1987 National Medical Expenditure Survey and 1996–2010 Medical Expenditure Panel Surveys. See [Appendix I, Medical Expenditure Panel Survey \(MEPS\)](#).

Table 118 (page 1 of 3). Sources of payment for health care, by selected population characteristics: United States, selected years 1987–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#118>.

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

Characteristic	All sources	Source of payment for health care							
		Out of pocket				Private insurance ¹			
		1987	1997	2000	2010	1987	1997	2000	2010
Percent distribution									
All ages	100.0	24.8	19.4	19.4	14.2	36.6	40.3	40.3	38.9
Under 65 years:									
Total	100.0	26.2	21.1	20.3	15.3	46.6	53.1	52.5	51.5
Under 6 years	100.0	18.5	14.2	10.3	7.1	39.5	49.3	51.2	46.4
6–17 years	100.0	35.7	29.0	27.7	21.2	47.3	53.2	48.8	40.8
18–44 years	100.0	27.4	21.1	19.9	15.7	46.8	52.9	51.2	50.0
45–64 years	100.0	24.0	20.1	20.2	14.8	47.8	53.6	54.5	54.5
Sex									
Male	100.0	24.5	21.3	18.1	14.6	44.6	50.3	52.2	50.1
Female	100.0	27.5	21.0	22.1	15.9	48.1	55.1	52.7	52.5
Hispanic origin and race ²									
Hispanic or Latino	100.0	22.0	18.8	20.5	12.4	36.1	42.3	45.8	35.2
Not Hispanic or Latino:									
White	100.0	28.2	21.8	21.7	17.2	50.1	55.8	55.1	56.5
Black or African American	100.0	15.5	17.1	11.8	7.6	30.0	42.3	40.5	40.3
Asian	100.0	...	...	...	18.2	...	...	...	60.0
American Indian, Alaska Native, Native Hawaiian, Other Pacific Islander, and Multiple Race	100.0	...	...	...	15.1	...	...	...	26.5
Insurance status									
Any private insurance ³	100.0	29.0	21.6	21.2	17.5	60.0	67.6	70.2	72.1
Public insurance only ⁴	100.0	8.9	10.6	9.8	5.1	...	...	...	...
Uninsured all year ⁵	100.0	40.6	41.3	40.4	29.1	...	...	...	...
65 years and over	100.0	22.0	16.3	17.5	11.8	15.8	16.5	14.9	12.5
Sex									
Male	100.0	21.7	14.2	14.2	11.6	17.6	20.1	16.8	13.1
Female	100.0	22.2	18.1	20.2	12.0	14.4	13.2	13.3	12.0
Hispanic origin and race ²									
Hispanic or Latino	100.0	*13.5	13.6	13.9	10.3	*4.7	5.9	8.4	6.8
Not Hispanic or Latino:									
White	100.0	23.7	17.0	18.3	12.3	16.7	17.9	15.2	13.3
Black or African American	100.0	11.2	11.4	13.6	8.8	*11.9	8.8	9.3	7.5
Asian	100.0	...	...	...	10.1	...	...	...	*18.5
American Indian, Alaska Native, Native Hawaiian, Other Pacific Islander, and Multiple Race	100.0	...	...	...	*	...	...	...	*
Insurance status									
Medicare only	100.0	29.8	19.8	22.2	12.0	...	...	...	...
Medicare and private insurance	100.0	23.4	17.3	17.0	13.6	18.9	25.7	25.3	25.7
Medicare and other public coverage	100.0	*6.2	5.2	9.1	5.9	...	...	...	...

See footnotes at end of table.

Table 118 (page 2 of 3). Sources of payment for health care, by selected population characteristics: United States, selected years 1987–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#118>.

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

Characteristic	Source of payment for health care							
	Public sources ⁶				Other ⁷			
	1987	1997	2000	2010	1987	1997	2000	2010
	Percent distribution							
All ages	34.1	34.4	35.4	41.4	4.5	5.9	5.0	5.5
Under 65 years:								
Total	21.3	18.1	21.3	26.9	6.0	7.7	6.0	6.3
Under 6 years	35.8	25.4	33.6	41.7	6.2	11.2	4.9	*4.8
6–17 years	11.8	14.1	20.1	34.9	5.2	3.7	3.4	3.1
18–44 years	19.4	15.7	21.1	26.5	6.4	10.3	7.8	7.7
45–64 years	22.4	20.3	20.2	24.5	5.8	6.0	5.2	6.2
Sex								
Male	23.9	19.5	23.5	28.4	7.1	8.9	6.3	6.9
Female	19.2	17.0	19.5	25.7	5.2	6.8	5.7	5.9
Hispanic origin and race ²								
Hispanic or Latino	35.8	28.9	27.5	41.2	6.0	10.0	6.2	11.2
Not Hispanic or Latino:								
White	15.9	15.3	18.0	21.0	5.8	7.1	5.2	5.3
Black or African American	47.2	30.7	38.8	44.1	7.3	9.9	8.8	8.0
Asian . . . . .	...	...	...	16.6	...	...	...	5.2
American Indian, Alaska Native, Native Hawaiian, Other Pacific Islander, and Multiple Race . . . . .	...	...	...	53.1	...	...	...	5.3
Insurance status								
Any private insurance ³	6.2	6.6	5.3	8.1	4.8	4.2	3.3	2.3
Public insurance only ⁴	87.2	80.7	84.4	88.6	3.9	8.7	5.8	*6.3
Uninsured all year ⁵	28.6	7.5	*21.2	13.5	30.9	51.1	38.4	57.5
65 years and over	60.8	64.8	64.7	71.8	1.5	2.5	2.9	3.8
Sex								
Male	58.8	63.4	66.9	71.2	*1.9	2.3	2.2	4.0
Female	62.3	65.9	63.0	72.3	1.1	2.7	3.5	3.7
Hispanic origin and race ²								
Hispanic or Latino	80.2	77.8	75.6	76.7	*1.6	*2.7	*2.2	*6.1
Not Hispanic or Latino:								
White	58.0	62.6	64.1	71.1	1.6	2.5	2.4	3.3
Black or African American	76.3	77.6	68.3	76.9	0.6	2.2	*8.9	*6.8
Asian . . . . .	...	...	...	68.6	...	...	...	*2.8
American Indian, Alaska Native, Native Hawaiian, Other Pacific Islander, and Multiple Race . . . . .	...	...	...	*	...	...	...	*
Insurance status								
Medicare only	68.8	72.4	72.2	79.8	1.4	7.7	5.7	8.2
Medicare and private insurance	56.1	56.3	57.1	59.6	1.6	0.6	*0.6	*1.1
Medicare and other public coverage	92.9	92.7	87.3	91.2	1.0	*2.1	*3.6	*1.2

See footnotes at end of table.

Table 118 (page 3 of 3). Sources of payment for health care, by selected population characteristics: United States, selected years 1987–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#118>.

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

. . . Category not applicable.

* Estimates are considered unreliable. Data preceded by an asterisk have a relative standard error equal to or greater than 30%. Data not shown if based on fewer than 100 sample cases.

¹Private insurance includes any type of private insurance payments reported for people with private health insurance coverage during the year.

²Persons of Hispanic origin may be of any race. Estimates for Asian persons as well as for American Indian, Alaska Native, Hawaiian Pacific Islander and Multiple Race persons are not available for years prior to 2002 because Asian persons could not be distinguished separately and multiple race information was not collected.

³Includes 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.

⁴Includes 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.

⁵Includes individuals not covered by either private or public insurance throughout the entire year or period of eligibility for the survey. However, some expenses for the uninsured were paid by sources that were not defined as health insurance coverage, such as the Department of Veterans Affairs, community and neighborhood clinics, the Indian Health Service, state and local health departments, state programs other than Medicaid, workers' compensation, and other unclassified sources (e.g., automobile, home, or liability insurance). Individuals with Indian Health Service coverage only are considered uninsured.

⁶Public sources include payments made by Medicare, Medicaid, the Department of Veterans Affairs, other federal sources (e.g., Indian Health Service, military treatment facilities, and other care provided by the federal government), CHAMPUS/CHAMPVA (TRICARE), and various state and local sources (e.g., community and neighborhood clinics, state and local health departments, and state programs other than Medicaid).

⁷Other sources includes workers' compensation, unclassified sources (automobile, home, or liability insurance, and other miscellaneous or unknown sources), Medicaid payments reported for people who were not enrolled in the program at any time during the year, and any type of private insurance payments reported for people without private health insurance coverage during the year.

NOTES: Estimates for 1987 are based on the National Medical Expenditure Survey (NMES); estimates for other years are based on the Medical Expenditure Panel Survey (MEPS). Because expenditures in NMES were based primarily on charges and those for MEPS were based on payments, NMES data were adjusted to be more comparable with MEPS using estimated charge to payment ratios for 1987. Overall, this resulted in an approximate 11% reduction from the unadjusted 1987 NMES expenditure estimates. For a detailed explanation of this adjustment, see Zuvekas S, Cohen J. A guide to comparing health care expenditures in the 1996 MEPS to the 1987 NMES. *Inquiry* 2002;39(1):76–86. Percents sum to 100 across sources within years. See [Appendix I, Medical Expenditure Panel Survey \(MEPS\)](#). Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: Agency for Healthcare Research and Quality, Center for Financing, Access, and Cost Trends. 1987 National Medical Expenditure Survey and 1996–2010 Medical Expenditure Panel Surveys. See [Appendix I, Medical Expenditure Panel Survey \(MEPS\)](#).

Table 119. Out-of-pocket health care expenses among persons with medical expenses, by age: United States, selected years 1987–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#119>.

[Data are based on household interviews for a sample of the civilian noninstitutionalized population and a sample of medical providers]

Age and year	Percent of persons with expenses	Amount paid out of pocket among persons with expenses ¹						
		Total	\$0	\$1–\$99	\$100–\$499	\$500–\$999	\$1,000–\$1,999	\$2,000 or more
All ages		Percent distribution						
1987	84.5	100.0	10.4	19.7	36.6	15.3	10.1	7.9
1997	84.1	100.0	8.5	25.9	35.1	14.3	9.5	6.7
2000	83.5	100.0	6.9	26.5	34.1	14.6	9.9	7.9
2005	84.7	100.0	8.7	21.1	31.2	15.9	12.0	11.0
2009	84.6	100.0	11.0	22.7	31.5	15.4	10.9	8.4
2010	84.6	100.0	12.6	23.1	31.1	14.2	10.7	8.3
Under 6 years								
1987	88.9	100.0	19.2	27.5	40.2	8.5	2.7	2.0
1997	88.0	100.0	20.0	44.1	29.0	3.9	2.2	0.7
2000	86.7	100.0	16.7	50.9	26.1	4.4	1.4	0.5
2005	88.9	100.0	27.2	36.5	27.5	6.1	1.8	0.8
2009	88.7	100.0	34.2	34.2	23.9	5.1	1.9	0.8
2010	88.9	100.0	40.0	34.3	20.8	3.2	1.3	0.4
6–17 years								
1987	80.2	100.0	15.5	27.1	37.5	9.0	5.8	5.2
1997	81.7	100.0	16.5	36.0	32.2	7.4	3.7	4.1
2000	80.0	100.0	14.7	37.0	33.0	6.6	4.3	4.5
2005	83.0	100.0	18.6	32.2	31.2	9.2	4.7	4.0
2009	85.3	100.0	24.5	30.9	28.3	7.7	4.7	4.0
2010	84.4	100.0	28.4	30.3	26.6	7.0	3.4	4.3
18–44 years								
1987	81.5	100.0	10.1	21.7	39.3	15.1	8.4	5.5
1997	78.3	100.0	7.3	28.3	39.4	14.1	7.0	4.0
2000	77.7	100.0	5.8	29.2	39.4	14.1	7.0	4.5
2005	77.1	100.0	7.0	24.6	37.5	15.2	9.2	6.4
2009	76.2	100.0	8.5	26.3	36.1	15.0	8.4	5.7
2010	76.0	100.0	9.5	28.4	36.1	13.3	7.6	5.1
45–64 years								
1987	87.0	100.0	5.7	12.4	35.6	20.7	15.0	10.7
1997	89.2	100.0	3.4	16.6	36.2	19.5	14.9	9.4
2000	88.5	100.0	2.6	15.5	34.9	20.5	15.3	11.2
2005	89.7	100.0	2.4	12.8	29.1	21.8	18.6	15.2
2009	88.4	100.0	3.4	16.3	33.0	19.0	16.2	12.1
2010	89.2	100.0	4.0	16.6	32.5	18.8	15.6	12.5
65–74 years								
1987	92.8	100.0	5.3	9.8	27.1	21.8	19.3	16.6
1997	94.6	100.0	3.2	10.6	31.4	23.2	17.4	14.2
2000	94.7	100.0	1.5	9.9	27.0	22.0	20.9	18.7
2005	95.9	100.0	1.7	6.5	24.4	20.6	22.0	24.8
2009	95.7	100.0	2.0	12.0	28.5	24.6	18.6	14.4
2010	95.8	100.0	2.4	9.4	29.4	22.5	21.2	15.1
75 years and over								
1987	95.1	100.0	5.6	7.5	24.2	20.3	19.8	22.7
1997	95.8	100.0	2.4	9.7	26.9	20.0	21.1	19.9
2000	96.5	100.0	2.6	9.9	24.6	21.7	19.7	21.5
2005	97.4	100.0	1.6	6.3	20.7	19.8	19.9	31.7
2009	97.5	100.0	2.7	10.4	25.4	23.3	18.9	19.3
2010	97.0	100.0	3.0	10.1	27.9	20.6	21.2	17.2

¹Estimates of expenses were converted to 2010 dollars using the Consumer Price Index (all items) and differ from previous editions of *Health, United States*. See Appendix II, Consumer Price Index (CPI).

NOTES: Includes persons in the civilian noninstitutionalized population for all or part of the year. Expenses for persons in this population for only part of the year are restricted to those incurred during periods of eligibility (e.g., expenses incurred during periods of institutionalization and military service are not included in estimates). Out-of-pocket expenses include expenditures for inpatient hospital and physician services, ambulatory physician and nonphysician services, prescribed medicines, home health services, dental services, and various other medical equipment, supplies, and services that were purchased or rented during the year. Out-of-pocket expenses for over-the-counter medications, phone contacts with health providers, and premiums for health insurance policies are not included in these estimates. Estimates for 1987 are based on the National Medical Expenditure Survey (NMES); estimates for other years are based on the Medical Expenditure Panel Survey (MEPS). Because expenditures in NMES were based primarily on charges and those for MEPS were based on payments, NMES data were adjusted to be more comparable with MEPS using estimated charge to payment ratios for 1987. Overall, this resulted in an approximate 11% reduction from the unadjusted 1987 NMES expenditure estimates. For a detailed explanation of this adjustment, see Zuvekas S, Cohen J. A guide to comparing health care expenditures in the 1996 MEPS to the 1987 NMES. *Inquiry* 2002;39(1):76–86. See Appendix I, Medical Expenditure Panel Survey (MEPS). Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: Agency for Healthcare Research and Quality, Center for Financing, Access, and Cost Trends. 1987 National Medical Expenditure Survey and 1997–2010 Medical Expenditure Panel Surveys. See Appendix I, Medical Expenditure Panel Survey (MEPS).

Table 120 (page 1 of 2). Expenditures for health services and supplies and percent distribution, by sponsor: United States, selected years 1987–2011

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#120>.

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

Type of sponsor	1987	1990	1995	2000	2005	2009	2010	2011
	Amount, in billions							
National health expenditures	\$519.1	\$724.3	\$1,027.4	\$1,377.2	\$2,030.5	\$2,501.2	\$2,600.0	\$2,700.7
Businesses, households, and other private revenues	354.1	488.2	642.3	888.0	1,227.1	1,407.9	1,437.5	1,485.9
Private business	122.3	178.3	243.6	346.1	488.5	533.0	534.9	557.6
Employer contribution to private health insurance premiums ¹	84.3	129.5	176.2	254.7	371.0	415.2	416.8	435.5
Employer contribution to Medicare hospital insurance trust fund ²	24.6	29.4	43.1	62.3	72.7	78.0	79.8	83.6
Workers' compensation and temporary disability insurance and worksite health care	13.4	19.3	24.3	29.1	44.8	39.8	38.4	38.5
Household	189.9	253.0	319.0	434.1	596.5	707.2	728.7	748.8
Employee contribution to private health insurance premiums and individual policy premiums ³	44.0	68.5	100.3	133.4	207.9	258.2	267.9	272.5
Employee and self-employment contributions and voluntary premiums paid to Medicare hospital insurance trust fund ⁴	29.5	35.7	56.0	82.6	96.6	108.5	112.3	117.4
Premiums paid by individuals to Medicare supplementary medical insurance trust fund	6.2	10.2	16.4	16.3	29.1	47.2	49.2	51.2
Out-of-pocket health spending	110.2	138.6	146.4	201.7	262.9	293.3	299.4	307.7
Other private revenues	41.9	56.9	79.7	107.9	142.1	167.7	173.9	179.5
Governments	165.0	236.1	385.1	489.2	803.4	1,093.3	1,162.4	1,214.9
Federal government	86.1	125.3	217.3	261.6	452.9	684.2	735.2	744.6
Employer contributions to private health insurance premiums	4.9	9.9	11.4	14.3	23.1	26.8	28.5	30.8
Employer contributions to Medicare hospital insurance trust fund	1.7	2.0	2.3	2.7	3.3	3.9	4.1	4.2
Adjusted Medicare ⁵	17.4	27.7	57.6	49.3	120.2	236.6	252.0	269.2
Health program expenditures (excluding Medicare) ⁶	62.2	85.8	146.0	195.4	306.2	416.9	450.6	440.5
Medicaid ⁶	28.2	43.3	87.9	119.4	182.6	255.9	276.4	257.1
Other programs ⁷	34.0	42.5	58.1	76.0	123.6	161.1	174.2	183.4
State and local government	78.9	110.8	167.9	227.6	350.5	409.1	427.2	470.2
Employer contributions to private health insurance premiums ⁸	16.0	26.4	38.9	56.8	101.9	128.9	144.0	148.4
Employer contributions to Medicare hospital insurance trust fund	3.1	4.1	5.6	7.5	9.4	11.2	11.3	11.3
Health expenditures by program:								
Medicaid ⁶	22.7	31.5	60.3	85.3	135.4	130.8	134.6	164.8
Other programs ⁹	37.1	48.8	63.1	78.0	103.7	138.1	137.4	145.7
	Percent distribution							
National health expenditures	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Businesses, households, and other private revenues	68.2	67.4	62.5	64.5	60.4	56.3	55.3	55.0
Private business	23.6	24.6	23.7	25.1	24.1	21.3	20.6	20.6
Employer contribution to private health insurance premiums ¹	16.2	17.9	17.1	18.5	18.3	16.6	16.0	16.1
Employer contribution to Medicare hospital insurance trust fund ²	4.7	4.1	4.2	4.5	3.6	3.1	3.1	3.1
Workers' compensation and temporary disability insurance and worksite health care	2.6	2.7	2.4	2.1	2.2	1.6	1.5	1.4
Household	36.6	34.9	31.0	31.5	29.4	28.3	28.0	27.7
Employee contribution to private health insurance premiums and individual policy premiums ³	8.5	9.5	9.8	9.7	10.2	10.3	10.3	10.1
Employee and self-employment contributions and voluntary premiums paid to Medicare hospital insurance trust fund ⁴	5.7	4.9	5.5	6.0	4.8	4.3	4.3	4.3
Premiums paid by individuals to Medicare supplementary medical insurance trust fund	1.2	1.4	1.6	1.2	1.4	1.9	1.9	1.9
Out-of-pocket health spending	21.2	19.1	14.2	14.6	12.9	11.7	11.5	11.4
Other private revenues	8.1	7.9	7.8	7.8	7.0	6.7	6.7	6.6

See footnotes at end of table.

Table 120 (page 2 of 2). Expenditures for health services and supplies and percent distribution, by sponsor: United States, selected years 1987–2011

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#120>.

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

Type of sponsor	1987	1990	1995	2000	2005	2009	2010	2011
	Percent distribution							
Governments	31.8	32.6	37.5	35.5	39.6	43.7	44.7	45.0
Federal government	16.6	17.3	21.1	19.0	22.3	27.4	28.3	27.6
Employer contributions to private health insurance premiums	0.9	1.4	1.1	1.0	1.1	1.1	1.1	1.1
Employer contributions to Medicare hospital insurance trust fund	0.3	0.3	0.2	0.2	0.2	0.2	0.2	0.2
Adjusted Medicare ⁵	3.4	3.8	5.6	3.6	5.9	9.5	9.7	10.0
Health program expenditures (excluding Medicare)	12.0	11.8	14.2	14.2	15.1	16.7	17.3	16.3
Medicaid ⁶	5.4	6.0	8.6	8.7	9.0	10.2	10.6	9.5
Other programs ⁷	6.5	5.9	5.7	5.5	6.1	6.4	6.7	6.8
State and local government	15.2	15.3	16.3	16.5	17.3	16.4	16.4	17.4
Employer contributions to private health insurance premiums ⁸	3.1	3.6	3.8	4.1	5.0	5.2	5.5	5.5
Employer contributions to Medicare hospital insurance trust fund	0.6	0.6	0.5	0.5	0.5	0.4	0.4	0.4
Health expenditures by program								
Medicaid ⁶	4.4	4.3	5.9	6.2	6.7	5.2	5.2	6.1
Other programs ⁹	7.1	6.7	6.1	5.7	5.1	5.5	5.3	5.4

¹Excludes Medicare Retiree Drug Subsidy (RDS) payments to private plans beginning in 2006, small business tax credits beginning in 2010 and Early Retirement Reinsurance Program (ERRP) payments beginning in 2010.
²Includes one-half of self-employment contribution to the Medicare Hospital Insurance (HI) Trust Fund.
³Excludes government-subsidized Consolidated Omnibus Budget Reconciliation Act (COBRA) payments beginning in 2009.
⁴Includes one-half of self-employment contribution to Medicare HI Trust Fund and trust fund revenues from the income taxation of Social Security benefits.
⁵Federal government Medicare expenditures equal Trust Fund interest income and Federal general revenue contributions to Medicare less the net change in Trust Fund balances. Includes Medicare RDS paid to private and state and local government employer plans beginning in 2006. Excludes Part D state phase-down payments to Medicare beginning in 2006 and Medicare premium buy-in programs by Medicaid for people eligible for both Medicaid and Medicare (dual eligibles).
⁶Includes Medicare Premium buy-in programs by Medicaid for people eligible for both Medicaid and Medicare (dual eligibles).
⁷Includes maternal and child health, vocational rehabilitation, Substance Abuse and Mental Health Services Administration, Indian Health Service, federal workers' compensation, and other federal programs, public health activities, Department of Defense, Department of Veterans Affairs, Children's Health Insurance Program (CHIP), and investment (research, structures and equipment). Also includes government-subsidized COBRA payments beginning in 2009, small business tax credits and ERRP payments beginning in 2010. Excludes premiums paid for the Pre-Existing Condition Insurance Plan (PCIP) premiums beginning in 2010.
⁸Excludes Medicare RDS payments to state and local government employer plans beginning in 2006 and ERRP payments beginning in 2010.
⁹Includes maternal and child health, vocational rehabilitation, general assistance, school health, CHIP, public health activities, hospital subsidies, investment (research, structures and equipment). Also includes Part D state phase-down payments to Medicare beginning in 2006. See [Appendix II, Health expenditures, national](#).

NOTES: This table disaggregates health expenditures according to four classes of sponsors: businesses, households (individuals), federal government, and state and local governments, with a small amount of revenue coming from nonpatient revenue sources such as philanthropy. Where businesses or households pay dedicated funds into government health programs (for example, Medicare) or employers and employees share in the cost of health premiums, these costs are assigned to businesses or households accordingly. This results in a lower share of expenditures being assigned to the federal government than for tabulations of expenditures by source of funds. Estimates of national health expenditure by source of funds aim to track government-sponsored health programs over time and do not delineate the role of business employers in paying for health care. See [Appendix I, National Health Expenditure Accounts \(NHEA\)](#). Estimates may not sum to totals because of rounding. Starting with *Health, United States, 2010*, estimates are based on a revised methodology that incorporates available source data and various methodological and definitional changes. These revisions are due to a comprehensive change in the classification structure of how estimates are defined and presented. For more information on the impact of these revisions, see: <http://www.cms.gov/NationalHealthExpendData/downloads/benchmark2009.pdf>. Data have been revised and differ from previous editions of *Health, United States*.

SOURCE: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group. Businesses, Households, and Governments, 1987–2011. National Health Expenditure Accounts, National health expenditures. Available from: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsHistorical.html>. See [Appendix I, National Health Expenditure Accounts \(NHEA\)](#).

Table 121 (page 1 of 2). Employers' costs per employee-hour worked for total compensation, wages and salaries, and health insurance, by selected characteristics: United States, selected years 1991–2013

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#121>.

[Data are based on surveys of a sample of employers]

Characteristic	1991	1994	1996	2000	2005	2010	2011	2012	2013
Total compensation per employee-hour worked									
State and local government	\$22.31	\$25.27	\$25.73	\$29.05	\$35.50	\$39.81	\$40.54	\$41.16	\$42.12
Total private industry	15.40	17.08	17.49	19.85	24.17	27.73	28.10	28.78	29.13
Industry:									
Goods producing	18.48	20.85	21.27	23.55	28.48	32.42	32.91	33.76	34.55
Service providing	14.31	15.82	16.28	18.72	23.11	26.77	27.11	27.78	28.04
Occupational group: ¹									
Management, professional, and related	---	---	---	---	42.09	48.80	50.08	50.88	51.28
Sales and office	---	---	---	---	19.30	21.77	22.02	22.60	22.86
Service	---	---	---	---	12.07	13.71	13.98	14.03	14.19
Natural resources, construction, and maintenance	---	---	---	---	27.26	31.10	30.93	31.46	32.43
Production, transportation, and material moving	---	---	---	---	20.82	23.72	23.70	24.08	24.88
Census region:									
Northeast	17.56	20.03	20.57	22.67	27.09	32.13	32.16	32.99	33.43
Midwest	15.05	16.26	16.30	19.22	24.23	26.75	27.47	27.92	27.93
South	13.68	15.05	15.62	17.81	21.36	24.72	24.93	26.16	26.60
West	15.97	18.08	18.78	20.88	25.98	29.52	29.95	30.03	30.54
Union status:									
Union	19.76	23.26	23.31	25.88	33.17	37.16	37.68	38.41	40.43
Nonunion	14.56	16.04	16.61	19.07	23.09	26.67	27.08	27.80	28.02
Establishment employment size:									
1–99 employees	13.38	14.58	14.85	17.16	20.22	22.84	23.21	23.84	23.92
100 or more	17.34	19.45	20.09	22.81	28.94	33.33	33.69	34.65	35.25
100–499	14.31	15.88	16.61	19.30	24.44	28.55	28.69	29.15	29.71
500 or more	20.60	23.35	24.03	26.93	34.59	39.76	40.53	42.33	43.05
Wages and salaries as a percent of total compensation									
State and local government	69.6	69.5	69.8	70.8	68.3	65.9	65.5	65.2	64.8
Total private industry	72.3	71.1	71.9	73.0	71.0	70.6	70.7	70.4	70.3
Industry:									
Goods producing	68.7	66.5	67.6	69.0	65.5	66.7	66.5	66.7	66.8
Service providing	74.0	73.1	73.7	74.5	72.6	71.6	71.7	71.3	71.1
Occupational group: ¹									
Management, professional, and related	---	---	---	---	71.5	70.7	70.8	70.3	70.2
Sales and office	---	---	---	---	72.6	71.6	71.6	71.4	71.3
Service	---	---	---	---	75.7	75.4	75.4	75.2	75.5
Natural resources, construction, and maintenance	---	---	---	---	68.0	68.0	68.3	67.8	67.6
Production, transportation, and material moving	---	---	---	---	66.2	66.8	66.7	66.8	66.6
Census region:									
Northeast	72.1	70.5	70.9	72.2	70.4	69.0	69.5	69.2	68.8
Midwest	71.1	69.8	71.1	72.4	70.1	70.0	69.8	69.5	69.5
South	73.3	72.1	72.7	73.5	72.1	71.8	71.9	71.5	71.6
West	72.8	72.0	73.1	74.0	70.9	71.1	71.0	70.8	70.6
Union status:									
Union	65.9	63.4	64.1	65.2	62.6	61.6	61.1	60.3	59.8
Nonunion	74.0	72.9	73.6	74.4	72.4	72.0	72.1	71.8	71.8
Establishment employment size:									
1–99 employees	74.7	73.5	74.7	75.5	73.9	73.6	74.0	73.7	74.0
100 or more	70.5	69.3	69.9	71.0	68.5	68.2	68.0	67.6	67.3
100–499	72.1	71.6	71.6	72.8	70.2	70.0	69.9	69.7	69.1
500 or more	69.3	67.6	68.6	69.4	67.0	66.5	66.2	65.6	65.6

See footnotes at end of table.

Table 121 (page 2 of 2). Employers' costs per employee-hour worked for total compensation, wages and salaries, and health insurance, by selected characteristics: United States, selected years 1991–2013

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#121>.

[Data are based on surveys of a sample of employers]

Characteristic	1991	1994	1996	2000	2005	2010	2011	2012	2013
Health insurance as a percent of total compensation									
State and local government	6.9	8.2	7.7	7.8	10.2	11.4	11.7	11.6	11.7
Total private industry	6.0	6.7	5.9	5.5	6.8	7.5	7.5	7.7	7.8
Industry:									
Goods producing	6.9	8.1	7.2	6.9	8.0	8.9	8.9	8.9	9.0
Service providing	5.5	6.0	5.4	4.9	6.4	7.2	7.2	7.4	7.5
Occupational group: ¹									
Management, professional, and related	---	---	---	---	5.5	6.2	6.3	6.5	6.7
Sales and office	---	---	---	---	7.5	8.6	8.6	8.9	8.9
Service	---	---	---	---	6.1	6.7	6.5	6.5	6.3
Natural resources, construction, and maintenance	---	---	---	---	7.5	8.0	8.0	8.2	8.3
Production, transportation, and material moving	---	---	---	---	8.9	9.9	10.1	9.9	10.1
Census region:									
Northeast	6.2	6.9	6.2	5.6	6.8	7.5	7.8	7.9	8.1
Midwest	6.3	7.3	6.3	5.8	7.3	8.3	8.3	8.6	8.6
South	5.5	6.3	5.9	5.4	6.6	7.2	7.2	7.1	7.2
West	5.8	6.1	5.2	5.0	6.3	7.1	7.1	7.3	7.4
Union status:									
Union	8.2	9.8	8.8	8.4	10.3	11.8	12.3	12.9	12.9
Nonunion	5.4	5.9	5.3	5.0	6.2	6.8	6.8	6.9	7.0
Establishment employment size:									
1–99 employees	5.1	5.7	5.0	4.8	5.9	6.4	6.3	6.4	6.5
100 or more	6.6	7.3	6.6	6.0	7.5	8.4	8.6	8.7	8.8
100–499	6.3	6.5	6.3	5.6	7.5	8.3	8.4	8.5	8.7
500 or more	6.8	7.9	6.9	6.4	7.6	8.5	8.7	8.9	8.9

--- Data not available.

¹Starting with 2004 data, sample establishments were classified by industry categories based on the North American Industry Classification System (NAICS), as defined by the U.S. Office of Management and Budget. Within a sample establishment, specific job categories were selected and classified into about 840 occupational classifications according to the 2000 Standard Occupational Classification (SOC) system. Individual occupations were combined to represent one of five higher-level aggregations, such as management, professional, and related occupations. NAICS and SOC have replaced the 1987 Standard Industrial Classification System and the Occupational Classification System. For more detail on NAICS and SOC, including background and definitions, see [Appendix I, National Compensation Survey \(NCS\)](#) and <http://www.bls.gov/soc/home.htm>. See *Health, United States, 2012*, Table 120, for 1991–2003 data using the earlier Occupational Classification System. Data classified under these coding schemes are not comparable with data classified under NAICS or SOC.

NOTES: Costs are calculated annually from March survey data. Total compensation includes wages and salaries and benefits. See [Appendix II, Employer costs for employee compensation; Industry of employment](#). Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: U.S. Department of Labor, Bureau of Labor Statistics, National Compensation Survey: Employer Costs for Employee Compensation Historical Listing (Annual), 1986–2001. Available from: <http://www.bls.gov/ncs/ect/#data>. Employer Costs for Employee Compensation Historical Listing (Quarterly), 2002–2003. Available from: <http://www.bls.gov/ncs/ect/#data>. Employer Costs for Employee Compensation Historical Listing March 2004–March 2013. Available from: <http://www.bls.gov/ncs/ect/#data>. Employer Costs for Employee Compensation March 2013, Tables 3, 5, 6, 7, and 8. Available from: <http://www.bls.gov/news.release/ecec.toc.htm>. See [Appendix I, National Compensation Survey \(NCS\)](#).

Table 122 (page 1 of 3). Private health insurance coverage among persons under age 65, by selected characteristics: United States, selected years 1984–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#122>.

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

Characteristic	Private health insurance ¹									
	1984 ²	1989 ²	1997	2000 ³	2002 ³	2005	2010	2011	2012	
	Number, in millions									
Total ⁴	157.5	162.7	165.8	174.0	172.4	174.7	163.9	164.5	164.9	
	Percent of population									
Total ⁴	76.8	75.9	70.7	71.5	69.4	68.2	61.7	61.8	61.8	
Age										
Under 19 years	72.6	71.9	66.1	66.7	63.7	62.3	54.3	53.9	53.6	
Under 6 years	68.1	67.9	61.3	62.7	60.2	56.6	48.3	47.8	48.4	
6–18 years	74.8	73.9	68.4	68.5	65.3	64.9	57.2	56.9	56.0	
Under 18 years	72.6	71.8	66.1	66.6	63.5	62.1	54.1	53.7	53.4	
6–17 years	74.9	74.0	68.5	68.5	65.1	64.7	57.2	56.7	55.8	
18–64 years	78.6	77.6	72.7	73.5	71.9	70.7	64.7	65.0	65.1	
18–44 years	76.5	75.5	69.4	70.5	68.7	66.6	60.0	60.9	61.4	
18–24 years	67.4	64.5	59.3	60.3	60.2	58.0	52.3	57.2	58.1	
19–25 years	67.4	63.8	58.3	59.1	59.3	56.3	51.8	56.9	58.1	
25–34 years	77.4	75.9	68.1	70.1	68.0	65.1	58.7	58.6	58.7	
35–44 years	83.9	82.7	76.4	77.0	74.6	73.7	66.9	66.0	66.7	
45–64 years	83.3	82.5	79.0	78.7	77.3	76.9	71.3	70.6	70.0	
45–54 years	83.3	83.4	80.4	80.0	77.5	77.4	70.9	70.1	69.6	
55–64 years	83.3	81.6	76.9	76.7	76.9	76.2	71.8	71.2	70.4	
Sex										
Male	77.3	76.1	70.9	71.6	69.0	68.0	61.1	61.4	61.8	
Female	76.2	75.7	70.5	71.3	69.8	68.4	62.4	62.2	61.9	
Sex and marital status ⁵										
Male:										
Married	85.0	84.2	81.6	81.5	79.9	79.6	75.1	74.5	74.9	
Divorced, separated, widowed	65.5	64.6	59.9	62.2	58.5	56.7	50.6	50.5	51.0	
Never married	71.3	68.3	63.3	63.8	61.8	60.2	52.5	55.1	54.7	
Female:										
Married	83.8	83.5	81.0	81.0	80.0	79.3	75.6	75.1	75.0	
Divorced, separated, widowed	63.1	63.6	59.1	63.2	59.7	59.9	53.9	52.6	51.8	
Never married	72.2	70.0	63.8	64.2	64.2	61.5	54.1	55.9	56.2	
Race ⁶										
White only	79.9	79.1	74.2	75.7	73.4	70.9	64.9	64.9	64.8	
Black or African American only	58.1	57.7	54.7	55.9	55.1	52.9	44.8	45.9	45.8	
American Indian or Alaska Native only	49.1	45.5	39.4	43.7	37.9	43.0	31.7	33.7	34.9	
Asian only	69.9	71.9	68.0	72.1	70.9	72.2	68.1	65.9	67.6	
Native Hawaiian or Other Pacific Islander only	---	---	---	*	*	*	*	*	*	
2 or more races	---	---	---	61.4	57.1	57.6	52.4	52.3	52.9	
Hispanic origin and race ⁶										
Hispanic or Latino	55.7	51.5	46.4	47.8	44.4	42.4	36.8	36.4	36.7	
Mexican	53.3	46.8	42.3	45.4	42.1	39.7	33.4	33.9	34.1	
Puerto Rican	48.4	45.6	47.0	51.1	50.0	48.5	46.0	45.5	43.7	
Cuban	72.5	70.3	71.0	63.9	62.0	58.1	53.8	51.1	49.1	
Other Hispanic or Latino	61.6	61.0	49.9	50.7	46.2	45.6	40.9	38.1	39.5	
Not Hispanic or Latino	78.7	78.5	74.0	75.2	73.7	73.0	67.0	67.3	67.5	
White only	82.4	82.5	78.1	79.5	77.9	77.3	72.0	72.2	72.6	
Black or African American only	58.2	57.7	54.9	56.0	55.2	53.1	45.1	46.5	46.4	
Age and percent of poverty level ⁷										
Under 65 years:										
Below 100%	32.2	27.0	23.3	25.2	25.2	21.4	16.0	17.2	16.5	
100%–199%	70.3	64.3	53.5	50.1	47.1	44.7	34.8	35.1	36.7	
100%–133%	59.4	52.8	39.7	39.3	36.4	36.0	24.4	24.1	26.9	
134%–199%	75.2	69.5	60.1	55.3	52.9	49.4	40.3	41.1	42.4	
200%–399%	89.3	89.2	80.8	78.1	75.5	74.8	70.7	71.1	71.3	
400% or more	95.4	94.6	91.8	91.9	90.7	90.6	89.9	90.7	90.6	

See footnotes at end of table.

Table 122 (page 2 of 3). Private health insurance coverage among persons under age 65, by selected characteristics: United States, selected years 1984–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#122>.

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

Characteristic	Private health insurance ¹								
	1984 ²	1989 ²	1997	2000 ³	2002 ³	2005	2010	2011	2012
Percent of population									
Under 19 years:									
Below 100%	29.6	24.1	19.3	20.3	18.3	15.0	9.8	10.6	10.0
100%–199%	73.6	68.5	54.7	49.5	44.8	41.6	31.5	31.2	32.4
100%–133%	63.8	56.9	39.3	37.1	33.2	32.6	20.1	19.1	22.3
134%–199%	78.4	74.0	62.4	56.1	51.2	47.0	38.1	38.0	38.4
200%–399%	91.1	92.1	83.5	80.8	77.4	76.6	72.6	72.4	72.5
400% or more	96.2	96.2	93.3	93.0	92.2	92.5	91.2	92.7	91.2
Under 18 years:									
Below 100%	28.5	22.3	18.3	19.5	16.9	14.2	9.2	9.7	9.1
100%–199%	73.9	68.9	54.7	49.4	44.6	41.4	31.5	31.0	32.1
100%–133%	63.9	57.3	38.7	36.8	33.1	32.0	19.9	19.0	21.6
134%–199%	78.6	74.5	62.8	56.2	51.1	47.0	38.3	37.7	38.4
200%–399%	91.3	92.3	83.7	81.1	77.6	76.6	72.6	72.5	72.5
400% or more	96.1	96.5	93.5	93.1	92.3	92.5	91.4	92.8	91.4
18–64 years:									
Below 100%	35.0	30.8	26.8	29.1	30.5	25.9	20.4	21.8	20.9
100%–199%	68.3	61.5	52.8	50.5	48.5	46.5	36.4	37.2	38.9
100%–133%	56.6	50.0	40.3	40.9	38.4	38.3	26.9	26.7	29.6
134%–199%	73.3	66.6	58.6	54.9	53.8	50.7	41.3	42.8	44.2
200%–399%	88.3	87.6	79.4	76.7	74.6	74.0	70.0	70.5	70.8
400% or more	95.2	94.4	91.3	91.6	90.2	90.1	89.5	90.2	90.4
Disability measure among adults 18–64 years ⁸									
Any basic actions difficulty or complex activity limitation	---	---	61.6	63.1	61.1	58.1	53.0	49.3	50.8
Any basic actions difficulty	---	---	62.3	63.9	61.6	58.8	53.8	49.6	51.7
Any complex activity limitation	---	---	47.9	48.4	47.2	44.0	38.6	35.7	36.0
No disability	---	---	77.4	77.2	76.1	73.7	69.3	70.5	70.2
Geographic region									
Northeast	80.5	82.0	74.2	76.3	73.9	74.0	68.2	66.8	67.2
Midwest	80.6	81.5	77.1	78.8	76.4	74.6	66.7	67.9	68.4
South	74.3	71.4	67.3	66.8	64.6	62.5	57.5	57.8	57.3
West	71.9	71.2	65.4	66.5	66.1	65.6	58.9	58.4	58.5
Location of residence									
Within MSA ⁹	77.5	76.5	71.2	72.3	70.7	69.0	62.9	63.2	63.0
Outside MSA ⁹	75.2	73.8	68.4	67.8	64.2	64.6	55.1	54.1	55.3

See footnotes at end of table.

Table 122 (page 3 of 3). Private health insurance coverage among persons under age 65, by selected characteristics: United States, selected years 1984–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#122>.

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

-- Data not available.

* Estimates are considered unreliable. Data not shown have a relative standard error greater than 30%.

¹Any private health insurance coverage (both individual and insurance obtained through the workplace) at the time of interview; includes those who also had another type of coverage.

²Data prior to 1997 are not strictly comparable with data for later years due to the 1997 questionnaire redesign. See [Appendix I, National Health Interview Survey \(NHIS\)](#) and [Appendix II, Health insurance coverage](#).

³Estimates for 2000–2002 were calculated using 2000-based sample weights and may differ from estimates in other reports that used 1990-based sample weights for 2000–2002 estimates.

⁴Includes all other races not shown separately, those with unknown marital status, unknown disability status, and, in 1984 and 1989, persons with unknown poverty level.

⁵Includes persons aged 14–64.

⁶The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Prior to 1999, data were tabulated according to the 1977 Standards with four racial groups, and the Asian only category including Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁷Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Poverty level was unknown for 10%–11% of persons under age 65 in 1984 and 1989. Missing family income data were imputed for 1995 and beyond. See [Appendix II, Family income; Poverty; Table VI](#).

⁸Any basic actions difficulty or complex activity limitation is defined as having one or more of the following limitations or difficulties: movement difficulty, emotional difficulty, sensory (seeing or hearing) difficulty, cognitive difficulty, self-care (activities of daily living or instrumental activities of daily living) limitation, social limitation, or work limitation. For more information, see [Appendix II, Basic actions difficulty; Complex activity limitation](#). Starting with 2007 data, the hearing question, a component of the basic actions difficulty measure, was revised. Consequently, data prior to 2007 are not comparable with data for 2007 and beyond. For more information on the impact of the revised hearing question, see [Appendix II, Hearing trouble](#).

⁹MSA is metropolitan statistical area. Starting with 2006 data, MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2006, see [Appendix II, Metropolitan statistical area \(MSA\)](#) for the applicable standards.

NOTES: Private health insurance coverage is at the time of interview. The number of persons with private coverage was calculated by multiplying the percentage with private coverage by the number of persons under age 65 in the civilian noninstitutionalized U.S. population, which was determined from the post-stratification Census control total for each survey year. Percentages of persons with private coverage were calculated with unknown values excluded from denominators. See [Appendix II, Health insurance coverage](#). Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Health Interview Survey, health insurance supplements (1984, 1989, 1994–1996). Starting with 1997, data are from the family core and the sample adult questionnaires. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 123 (page 1 of 3). Private health insurance coverage obtained through the workplace among persons under age 65, by selected characteristics: United States, selected years 1984–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#123>.

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

Characteristic	Private insurance obtained through workplace ¹								
	1984 ²	1989 ²	1997	2000 ³	2002 ³	2005	2010	2011	2012
	Number, in millions								
Total ⁴	141.8	146.3	153.6	160.8	159.4	160.1	147.6	146.4	148.6
	Percent of population								
Total ⁴	69.1	68.3	66.4	67.1	65.3	63.6	56.6	56.4	56.9
Age									
Under 19 years	66.4	65.6	62.8	63.1	60.6	58.7	50.9	49.9	50.1
Under 6 years	62.1	62.3	58.3	58.9	57.2	53.4	44.9	44.3	45.0
6–18 years	68.4	67.3	64.9	64.9	62.1	61.1	53.8	52.5	52.4
Under 18 years	66.5	65.8	62.8	63.0	60.4	58.6	50.7	49.7	49.9
6–17 years	68.7	67.7	65.1	65.0	62.0	61.1	53.8	52.4	52.3
18–64 years	70.3	69.4	68.0	68.8	67.4	65.7	58.9	59.1	59.6
18–44 years	69.6	68.4	65.7	66.5	64.7	62.2	54.6	55.6	56.7
18–24 years	58.7	55.3	54.9	55.5	54.8	52.1	45.3	51.0	52.7
19–25 years	59.0	55.0	53.7	54.2	53.8	50.6	44.1	50.5	52.7
25–34 years	71.2	69.5	64.6	66.4	64.3	61.1	53.3	53.0	53.8
35–44 years	77.4	76.2	72.7	73.2	71.2	69.9	62.8	61.6	62.7
45–64 years	71.8	71.6	72.8	72.9	71.8	70.9	64.8	63.9	63.6
45–54 years	74.6	74.4	75.6	75.6	73.3	72.6	65.9	64.7	64.4
55–64 years	69.0	68.3	68.4	68.6	69.6	68.6	63.4	63.0	62.6
Sex									
Male	69.8	68.7	66.7	67.3	65.1	63.6	56.1	56.1	57.1
Female	68.4	67.9	66.2	66.9	65.5	63.6	57.1	56.7	56.8
Sex and marital status ⁵									
Male:									
Married	77.9	76.9	77.4	77.5	76.0	75.3	70.1	69.3	69.9
Divorced, separated, widowed	58.0	57.3	55.2	57.4	54.9	51.9	45.3	45.0	46.2
Never married	61.5	58.8	58.4	58.8	56.9	54.9	46.2	48.4	49.6
Female:									
Married	76.1	75.5	76.4	76.3	75.6	74.2	69.8	69.2	69.3
Divorced, separated, widowed	51.9	54.9	53.8	57.8	54.6	54.3	48.1	46.5	46.3
Never married	63.5	60.9	59.6	60.1	59.3	56.3	48.2	50.0	50.9
Race ⁶									
White only	72.0	71.2	69.7	71.0	69.0	66.1	59.3	59.0	59.6
Black or African American only	52.4	52.8	52.6	53.4	52.8	50.6	42.3	43.5	43.2
American Indian or Alaska Native only	45.8	40.9	37.2	41.7	36.0	39.9	*29.4	32.4	34.0
Asian only	59.0	61.1	61.7	65.8	63.1	64.4	60.6	58.7	60.1
Native Hawaiian or Other Pacific Islander only	---	---	---	*	*	*	*	*	*
2 or more races	---	---	---	59.8	54.7	54.8	49.5	48.3	48.8
Hispanic origin and race ⁶									
Hispanic or Latino	52.0	47.3	43.9	45.3	42.1	40.0	34.6	34.1	34.6
Mexican	50.5	44.2	40.8	43.6	40.3	37.6	31.6	32.0	32.5
Puerto Rican	45.9	42.3	45.1	49.4	48.1	46.2	43.6	42.8	41.6
Cuban	57.4	56.5	58.4	53.6	52.4	53.5	47.4	45.0	42.8
Other Hispanic or Latino	57.4	54.7	47.0	47.3	43.2	42.6	37.8	35.1	36.7
Not Hispanic or Latino	70.7	70.5	69.5	70.6	69.3	68.0	61.3	61.3	62.0
White only	74.0	74.1	73.3	74.5	73.2	71.9	65.7	65.5	66.6
Black or African American only	52.5	52.8	52.9	53.6	52.9	50.9	42.6	44.1	43.6
Age and percent of poverty level ⁷									
Under 65 years:									
Below 100%	24.1	19.8	20.0	21.0	21.5	17.8	12.4	13.6	13.6
100%–199%	61.7	56.1	48.9	45.4	42.6	40.1	30.2	30.4	32.2
100%–133%	50.0	44.3	35.4	35.0	32.5	31.3	20.6	19.7	23.0
134%–199%	66.9	61.5	55.4	50.5	48.0	44.8	35.3	36.2	37.5
200%–399%	82.8	82.2	76.5	73.4	71.4	69.8	65.3	65.0	65.9
400% or more	88.8	87.8	87.4	87.9	86.6	86.1	84.2	85.0	85.1

See footnotes at end of table.

Table 123 (page 2 of 3). Private health insurance coverage obtained through the workplace among persons under age 65, by selected characteristics: United States, selected years 1984–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#123>.

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

Characteristic	Private insurance obtained through workplace ¹								
	1984 ²	1989 ²	1997	2000 ³	2002 ³	2005	2010	2011	2012
Percent of population									
Under 19 years:									
Below 100%	23.6	18.6	17.0	17.1	16.2	13.3	8.2	9.1	8.7
100%–199%	67.0	62.1	51.2	45.8	41.3	38.3	28.8	27.9	29.7
100%–133%	56.1	49.9	35.8	33.6	30.8	29.1	17.9	16.3	20.5
134%–199%	72.3	67.9	59.0	52.2	47.1	43.7	35.1	34.4	35.2
200%–399%	85.7	86.0	80.0	76.9	74.4	72.4	68.7	67.0	68.0
400% or more	90.8	90.3	89.7	89.5	88.7	88.3	86.5	87.5	86.3
Under 18 years:									
Below 100%	23.0	17.5	16.2	16.6	14.9	12.5	7.8	8.4	8.1
100%–199%	67.5	62.5	51.2	45.8	41.2	38.2	28.8	27.7	29.4
100%–133%	56.3	50.3	35.2	33.5	30.6	28.6	17.8	16.1	19.8
134%–199%	72.8	68.4	59.4	52.4	47.2	43.9	35.2	34.1	35.2
200%–399%	85.9	86.4	80.2	77.1	74.6	72.4	68.7	67.0	68.1
400% or more	90.7	90.5	89.8	89.7	88.9	88.5	86.6	87.7	86.4
18–64 years:									
Below 100%	24.8	21.8	22.7	24.0	25.8	21.2	15.4	16.8	16.9
100%–199%	58.3	52.3	47.6	45.2	43.3	41.1	30.9	31.8	33.6
100%–133%	46.0	40.4	35.5	35.9	33.6	32.9	22.1	21.5	24.6
134%–199%	63.6	57.5	53.2	49.5	48.5	45.3	35.3	37.2	38.7
200%–399%	81.4	80.2	74.7	71.7	70.0	68.7	63.9	64.3	65.0
400% or more	88.5	87.5	86.8	87.5	86.0	85.4	83.6	84.2	84.7
Disability measure among adults 18–64 years ⁸									
Any basic actions difficulty or complex activity limitation	---	---	57.3	58.5	57.0	53.3	48.0	44.4	45.8
Any basic actions difficulty	---	---	58.0	59.1	57.6	54.0	48.9	44.9	46.7
Any complex activity limitation	---	---	43.3	43.5	43.3	38.9	32.8	30.3	30.5
No disability	---	---	72.5	72.5	71.7	68.5	63.5	64.6	64.7
Geographic region									
Northeast	74.0	75.0	71.0	72.5	70.9	70.6	64.4	63.0	63.4
Midwest	72.0	73.3	72.6	74.9	72.6	70.1	61.8	62.2	63.8
South	66.2	63.6	62.9	62.5	60.6	58.0	52.2	52.3	52.2
West	64.7	63.9	60.7	61.1	60.4	59.7	52.7	52.2	52.8
Location of residence									
Within MSA ⁹	70.9	69.6	67.3	68.2	66.7	64.5	57.9	57.8	58.1
Outside MSA ⁹	65.3	63.5	62.8	62.6	59.6	59.6	49.4	48.7	50.3

See footnotes at end of table.

Table 123 (page 3 of 3). Private health insurance coverage obtained through the workplace among persons under age 65, by selected characteristics: United States, selected years 1984–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#123>.

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

-- Data not available.

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

¹Any private insurance at the time of interview that was originally obtained through a present or former employer or union, or, starting with 1997 data, through the workplace, self-employment, or a professional association; includes those who also had another type of coverage.

²Data prior to 1997 are not strictly comparable with data for later years due to the 1997 questionnaire redesign. See [Appendix I, National Health Interview Survey \(NHIS\)](#) and [Appendix II, Health insurance coverage](#).

³Estimates for 2000–2002 were calculated using 2000-based sample weights and may differ from estimates in other reports that used 1990-based sample weights for 2000–2002 estimates.

⁴Includes all other races not shown separately, those with unknown marital status, unknown disability status, and, in 1984 and 1989, persons with unknown poverty level.

⁵Includes persons aged 14–64.

⁶The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Prior to 1999, data were tabulated according to the 1977 Standards with four racial groups, and the Asian only category included Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁷Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Poverty level was unknown for 10%–11% of persons under age 65 in 1984 and 1989. Missing family income data were imputed for 1995 and beyond. See [Appendix II, Family income; Poverty; Table VI](#).

⁸Any basic actions difficulty or complex activity limitation is defined as having one or more of the following limitations or difficulties: movement difficulty, emotional difficulty, sensory (seeing or hearing) difficulty, cognitive difficulty, self-care (activities of daily living or instrumental activities of daily living) limitation, social limitation, or work limitation. For more information, see [Appendix II, Basic actions difficulty; Complex activity limitation](#). Starting with 2007 data, the hearing question, a component of the basic actions difficulty measure, was revised. Consequently, data prior to 2007 are not comparable with data for 2007 and beyond. For more information on the impact of the revised hearing question, see [Appendix II, Hearing trouble](#).

⁹MSA is metropolitan statistical area. Starting with 2006 data, MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2006, see [Appendix II, Metropolitan statistical area \(MSA\)](#) for the applicable standards.

NOTES: Private coverage through the workplace is at the time of interview. The number of persons with private coverage through the workplace was calculated by multiplying the percentage with private coverage through the workplace by the number of persons under age 65 in the civilian noninstitutionalized U.S. population, which was determined from the post-stratification Census control total for each survey year. Percentages of persons with private coverage obtained through the workplace were calculated with unknown values excluded from denominators. See [Appendix II, Health insurance coverage](#). Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Health Interview Survey, health insurance supplements (1984, 1989, 1994–1996). Starting with 1997, data are from the family core and the sample adult questionnaires. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 124 (page 1 of 3). Medicaid coverage among persons under age 65, by selected characteristics: United States, selected years 1984–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#124>.

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

Characteristic	1984 ¹	1989 ¹	1997	2000 ²	2002 ²	2004(1) ³	2004(2) ³	2010 ³	2011 ³	2012 ³
	Number, in millions									
Total ⁴	14.0	15.4	22.9	23.2	29.4	31.1	31.6	44.8	47.4	48.1
	Percent of population									
Total ⁴	6.8	7.2	9.7	9.5	11.8	12.3	12.5	16.9	17.8	18.0
Age										
Under 19 years	11.7	12.2	18.0	19.2	24.3	25.4	25.8	35.7	37.5	38.1
Under 6 years	15.5	15.7	24.7	24.7	30.0	31.8	32.4	43.7	46.1	45.7
6–18 years	9.8	10.5	14.9	16.8	21.7	22.5	22.9	31.8	33.4	34.7
Under 18 years	11.9	12.6	18.4	19.6	24.8	25.9	26.4	36.4	38.2	38.9
6–17 years	10.1	10.9	15.2	17.2	22.3	23.1	23.4	32.5	34.1	35.5
18–64 years	4.5	4.9	5.9	5.2	6.5	6.7	6.8	9.2	9.9	10.0
18–44 years	5.1	5.2	6.6	5.6	7.1	7.5	7.7	10.9	11.6	11.6
18–24 years	6.4	6.8	8.8	8.1	9.9	10.3	10.4	14.5	15.2	15.4
19–25 years	6.3	6.6	8.5	7.3	9.0	9.0	9.1	12.6	13.4	13.4
25–34 years	5.3	5.2	6.8	5.5	6.6	7.6	7.8	11.1	11.5	11.4
35–44 years	3.5	4.0	5.2	4.3	5.9	5.7	5.8	8.1	9.0	8.8
45–64 years	3.4	4.3	4.6	4.5	5.3	5.4	5.5	6.8	7.5	8.0
45–54 years	3.2	3.8	4.0	4.2	5.1	5.4	5.5	7.0	8.0	8.2
55–64 years	3.6	4.9	5.6	4.9	5.8	5.4	5.5	6.6	6.9	7.7
Sex										
Male	5.4	5.7	8.4	8.2	10.6	10.8	11.0	15.2	16.3	16.3
Female	8.1	8.6	11.1	10.8	13.0	13.7	13.9	18.5	19.3	19.7
Sex and marital status ⁵										
Male:										
Married	1.9	1.8	2.5	2.2	2.9	2.9	3.0	4.0	4.9	4.8
Divorced, separated, widowed	4.9	5.4	5.7	6.1	6.9	6.7	6.8	9.3	9.8	9.7
Never married	4.8	5.6	7.0	7.2	9.6	10.2	10.4	13.5	14.5	15.1
Female:										
Married	2.6	3.0	3.5	3.1	4.1	4.2	4.3	5.7	6.4	6.2
Divorced, separated, widowed	16.0	16.1	14.7	12.7	15.8	14.9	15.2	17.6	18.0	18.8
Never married	10.7	11.9	14.2	13.2	15.3	16.9	17.1	22.2	21.9	22.6
Race ⁶										
White only	4.6	5.1	7.4	7.1	9.3	10.2	10.4	14.5	15.4	15.5
Black or African American only	20.5	19.0	22.4	21.2	23.2	24.5	24.9	30.4	30.9	31.6
American Indian or Alaska Native only	*28.2	29.7	19.6	15.1	21.1	18.0	18.4	21.6	29.0	36.5
Asian only	*8.7	*8.8	9.6	7.5	9.8	9.6	9.8	12.0	14.7	13.0
Native Hawaiian or Other Pacific Islander only	---	---	---	*	*	*	*	*	*	*
2 or more races	---	---	---	19.1	21.6	19.0	19.3	27.4	27.2	29.1
Hispanic origin and race ⁶										
Hispanic or Latino	13.3	13.5	17.6	15.5	20.8	21.9	22.5	28.6	30.1	30.5
Mexican	12.2	12.4	17.2	14.0	20.2	21.9	22.4	29.5	31.0	31.0
Puerto Rican	31.5	27.3	31.0	29.4	29.0	28.5	29.1	35.7	33.0	35.3
Cuban	*4.8	*7.7	7.3	9.2	14.9	17.9	17.9	17.3	20.0	22.9
Other Hispanic or Latino	7.9	11.1	15.3	14.5	19.6	19.9	20.8	24.5	27.7	28.3
Not Hispanic or Latino	6.2	6.5	8.7	8.5	10.3	10.5	10.7	14.4	15.2	15.2
White only	3.7	4.1	6.1	6.1	7.7	7.8	7.9	11.0	11.8	11.5
Black or African American only	20.7	19.0	22.1	21.0	23.2	24.1	24.6	30.0	30.5	31.3
Age and percent of poverty level ⁷										
Under 65 years:										
Below 100%	33.0	37.6	40.5	38.4	42.8	44.2	45.0	50.8	51.4	52.5
100%–199%	5.3	7.5	13.0	16.2	22.0	21.6	22.0	28.5	30.6	30.1
100%–133%	8.7	11.9	20.1	22.4	29.5	28.5	29.1	36.3	38.8	38.0
134%–199%	3.7	5.6	9.5	13.1	18.0	18.2	18.6	24.4	26.1	25.5
200%–399%	0.8	1.3	2.7	4.0	5.6	6.1	6.1	8.4	8.9	9.0
400% or more	0.2	0.5	0.8	0.9	1.1	1.5	1.5	2.0	1.7	1.7

See footnotes at end of table.

Table 124 (page 2 of 3). Medicaid coverage among persons under age 65, by selected characteristics: United States, selected years 1984–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#124>.

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

Characteristic	1984 ¹	1989 ¹	1997	2000 ²	2002 ²	2004(1) ³	2004(2) ³	2010 ³	2011 ³	2012 ³
Percent of population										
Under 19 years:										
Below 100%	42.0	45.8	56.4	56.9	64.6	67.5	68.9	78.4	79.9	82.1
100%–199%	6.5	8.6	20.3	27.8	37.9	38.7	39.5	53.5	56.7	56.3
100%–133%	10.3	13.4	31.1	36.4	48.6	48.3	49.2	63.5	69.1	68.8
134%–199%	4.7	6.3	14.8	23.3	32.0	33.9	34.6	47.7	49.9	48.8
200%–399%	1.0	1.7	4.4	7.6	11.1	12.1	12.2	17.7	18.3	18.8
400% or more	*	*1.2	1.3	2.1	2.5	3.2	3.2	4.3	3.5	3.6
Under 18 years:										
Below 100%	43.3	47.8	58.0	58.5	66.4	69.2	70.7	79.8	81.4	83.7
100%–199%	6.6	8.7	20.8	28.4	38.6	39.5	40.2	54.3	57.6	57.3
100%–133%	10.4	13.5	32.0	36.9	49.3	48.9	49.8	64.6	70.1	70.1
134%–199%	4.8	6.4	15.1	23.8	32.6	34.7	35.4	48.2	50.6	49.6
200%–399%	1.0	1.7	4.5	7.6	11.3	12.2	12.3	18.0	18.6	19.1
400% or more	*	*1.1	1.3	2.2	2.6	3.3	3.3	4.3	3.6	3.6
18–64 years:										
Below 100%	25.3	29.1	28.0	24.9	27.6	28.6	28.9	32.4	33.0	34.0
100%–199%	4.5	6.8	8.6	9.1	12.5	11.9	12.2	15.7	17.1	16.8
100%–133%	7.6	10.8	13.0	13.2	17.7	17.0	17.4	21.0	22.7	21.8
134%–199%	3.1	5.1	6.5	7.2	9.7	9.5	9.7	13.0	14.1	13.9
200%–399%	0.7	1.1	1.9	2.4	3.1	3.4	3.4	4.8	5.2	5.1
400% or more	0.2	0.4	0.7	0.6	0.7	1.0	1.0	1.3	1.2	1.2
Disability measure among adults 18–64 years ⁸										
Any basic actions difficulty or complex activity limitation	---	---	13.2	12.8	15.0	14.7	14.9	17.8	19.6	19.3
Any basic actions difficulty	---	---	12.7	12.2	14.8	14.0	14.2	16.7	19.1	18.4
Any complex activity limitation	---	---	22.9	23.2	25.7	23.9	24.1	30.0	30.8	30.8
No disability	---	---	3.5	3.0	4.0	4.5	4.7	6.8	6.9	7.0
Geographic region										
Northeast	8.6	6.6	11.3	10.6	12.5	12.8	13.0	17.9	19.6	19.3
Midwest	7.4	7.6	8.4	8.0	10.3	10.2	10.4	17.3	16.7	16.3
South	5.1	6.5	8.7	9.4	12.0	12.2	12.4	16.0	17.3	17.8
West	7.0	8.5	11.7	10.4	12.7	14.2	14.4	17.1	18.4	19.1
Location of residence										
Within MSA ⁹	7.1	7.0	9.7	8.9	11.0	11.7	11.9	16.1	17.0	17.4
Outside MSA ⁹	6.1	7.9	10.1	11.9	15.2	14.8	15.0	21.4	22.1	21.4

See footnotes at end of table.

Table 124 (page 3 of 3). Medicaid coverage among persons under age 65, by selected characteristics: United States, selected years 1984–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#124>.

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

-- Data not available.

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

¹Data prior to 1997 are not strictly comparable with data for later years due to the 1997 questionnaire redesign. See [Appendix I, National Health Interview Survey \(NHIS\)](#) and [Appendix II, Health insurance coverage](#).

²Estimates for 2000–2002 were calculated using 2000-based sample weights and may differ from estimates in other reports that used 1990-based sample weights for 2000–2002 estimates.

³Beginning in quarter 3 of the 2004 NHIS, persons under age 65 with no reported coverage were asked explicitly about Medicaid coverage. Estimates were calculated without and with the additional information from this question in the columns labeled 2004(1) and 2004(2), respectively, and estimates were calculated with the additional information starting with 2005 data.

⁴Includes all other races not shown separately, those with unknown marital status, unknown disability status, and, in 1984 and 1989, persons with unknown poverty level.

⁵Includes persons aged 14–64.

⁶The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Prior to 1999, data were tabulated according to the 1977 Standards with four racial groups, and the Asian only category included Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁷Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Poverty level was unknown for 10%–11% of persons under age 65 in 1984 and 1989. Missing family income data were imputed for 1995 and beyond. See [Appendix II, Family income; Poverty; Table VI](#).

⁸Any basic actions difficulty or complex activity limitation is defined as having one or more of the following limitations or difficulties: movement difficulty, emotional difficulty, sensory (seeing or hearing) difficulty, cognitive difficulty, self-care (activities of daily living or instrumental activities of daily living) limitation, social limitation, or work limitation. For more information, see [Appendix II, Basic actions difficulty; Complex activity limitation](#). Starting with 2007 data, the hearing question, a component of the basic actions difficulty measure, was revised. Consequently, data prior to 2007 are not comparable with data for 2007 and beyond. For more information on the impact of the revised hearing question, see [Appendix II, Hearing trouble](#).

⁹MSA is metropolitan statistical area. Starting with 2006 data, MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2006, see [Appendix II, Metropolitan statistical area \(MSA\)](#) for the applicable standards.

NOTES: The category Medicaid coverage includes persons who had any of the following at the time of interview: Medicaid, other public assistance through 1996, state-sponsored health plan starting in 1997, or Children's Health Insurance Program (CHIP) starting in 1999; it includes those who also had another type of coverage in addition to one of these. In 2011, 14.4% of persons under age 65 reported being covered by Medicaid, 1.5% by state-sponsored health plans, and 1.9% by CHIP. The number of persons with Medicaid coverage was calculated by multiplying the percentage with Medicaid coverage by the number of persons under age 65 in the civilian noninstitutionalized U.S. population, which was determined from the post-stratification Census control total for each survey year. Percentages of persons with Medicaid coverage were calculated with unknown values excluded from denominators. See [Appendix II, Health insurance coverage](#). Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Health Interview Survey, health insurance supplements (1984, 1989, 1994–1996). Starting with 1997, data are from the family core and the sample adult questionnaires. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 125 (page 1 of 3). No health insurance coverage among persons under age 65, by selected characteristics: United States, selected years 1984–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#125>.

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

Characteristic	1984 ¹	1989 ¹	1997	2000 ²	2002 ²	2004(1) ³	2004(2) ³	2010 ³	2011 ³	2012 ³
	Number, in millions									
Total ⁴	29.8	33.4	41.0	41.4	41.7	42.1	41.6	48.3	45.8	45.2
	Percent of population									
Total ⁴	14.5	15.6	17.5	17.0	16.8	16.6	16.4	18.2	17.2	16.9
Age										
Under 19 years	14.1	15.0	14.4	12.9	11.2	10.1	9.6	8.3	7.4	7.0
Under 6 years	14.9	15.1	12.5	11.8	9.2	8.9	8.2	6.3	5.0	4.6
6–18 years	13.8	15.0	15.2	13.4	12.1	10.6	10.3	9.2	8.5	8.1
Under 18 years	13.9	14.7	14.0	12.6	10.9	9.7	9.2	7.8	7.0	6.6
6–17 years	13.4	14.5	14.7	13.0	11.7	10.0	9.7	8.6	8.0	7.6
18–64 years	14.8	16.0	19.0	18.9	19.3	19.4	19.3	22.3	21.2	20.9
18–44 years	17.1	18.4	22.4	22.4	23.0	23.6	23.5	27.1	25.4	24.8
18–24 years	25.0	27.1	30.1	30.4	28.8	30.1	30.0	31.4	25.9	24.5
19–25 years	25.1	27.9	31.5	32.3	30.5	32.3	32.2	33.8	27.9	26.3
25–34 years	16.2	18.3	23.8	23.3	24.6	25.7	25.5	28.3	28.1	28.1
35–44 years	11.2	12.3	16.7	16.9	18.0	17.6	17.5	22.6	22.2	21.7
45–64 years	9.6	10.5	12.4	12.6	13.1	12.9	12.8	15.7	15.4	15.6
45–54 years	10.5	11.0	12.8	12.8	14.1	13.7	13.6	17.9	17.4	17.7
55–64 years	8.7	10.0	11.8	12.4	11.5	11.7	11.6	12.8	13.0	13.2
Sex										
Male	15.3	16.8	18.7	18.1	18.4	18.1	17.9	20.3	18.8	18.5
Female	13.8	14.4	16.3	15.9	15.2	15.2	14.9	16.1	15.6	15.4
Sex and marital status ⁵										
Male:										
Married	11.1	12.5	13.9	14.1	15.0	14.5	14.4	17.2	16.5	16.2
Divorced, separated, widowed	24.9	25.0	28.8	25.8	28.8	27.1	27.0	31.4	30.0	29.3
Never married	22.4	25.0	27.9	27.2	26.9	27.6	27.5	31.1	28.0	27.5
Female:										
Married	11.2	11.8	13.0	13.3	13.4	13.2	13.1	14.7	14.4	14.6
Divorced, separated, widowed	19.2	19.1	23.2	21.3	21.3	23.3	23.0	23.6	24.0	24.2
Never married	16.3	18.0	20.5	21.1	19.5	19.6	19.3	21.9	20.5	19.6
Race ⁶										
White only	13.6	14.5	16.4	15.4	15.5	16.3	16.1	17.6	16.7	16.7
Black or African American only	19.9	21.6	20.1	19.5	18.8	18.1	17.6	20.6	19.0	18.0
American Indian or Alaska Native only	22.5	28.4	38.1	38.4	39.1	35.0	34.6	44.0	34.2	27.0
Asian only	18.5	16.9	19.5	17.6	17.4	16.7	16.5	17.1	16.5	16.8
Native Hawaiian or Other Pacific Islander only	---	---	---	*	*	*	*	*	*	*
2 or more races	---	---	---	16.8	17.6	12.6	12.3	15.8	16.0	14.5
Hispanic origin and race ⁶										
Hispanic or Latino	29.5	33.7	34.5	35.6	33.9	35.1	34.4	32.0	31.1	30.4
Mexican	33.8	39.9	39.4	39.9	37.1	38.1	37.6	34.8	33.0	33.2
Puerto Rican	18.3	24.7	19.0	16.4	19.2	21.0	20.4	13.7	15.8	14.4
Cuban	21.6	20.6	21.1	25.4	20.8	22.8	22.8	26.5	28.1	24.3
Other Hispanic or Latino	27.4	25.8	33.0	33.4	33.2	33.3	32.3	32.4	31.8	30.1
Not Hispanic or Latino	13.2	13.7	15.2	14.0	13.9	13.3	13.2	15.2	14.2	13.9
White only	11.9	12.1	13.8	12.5	12.5	12.1	12.0	13.7	12.9	12.7
Black or African American only	19.7	21.5	20.0	19.5	18.7	17.8	17.3	20.7	18.8	17.8
Age and percent of poverty level ⁷										
Under 65 years:										
Below 100%	33.9	35.2	33.7	34.2	30.3	31.8	31.0	30.3	28.4	28.2
100%–199%	21.8	25.6	30.6	31.0	28.7	29.4	29.0	32.4	30.0	29.3
100%–133%	28.8	32.3	36.6	35.7	32.7	32.3	31.7	34.9	32.0	31.1
134%–199%	18.7	22.6	27.7	28.7	26.6	28.0	27.6	31.0	28.9	28.4
200%–399%	7.6	8.3	14.2	15.4	16.6	15.7	15.6	17.4	16.5	16.2
400% or more	3.2	4.2	6.1	5.9	6.6	5.9	5.9	5.6	5.2	4.9

See footnotes at end of table.

Table 125 (page 2 of 3). No health insurance coverage among persons under age 65, by selected characteristics: United States, selected years 1984–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#125>.

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

Characteristic	1984 ¹	1989 ¹	1997	2000 ²	2002 ²	2004(1) ³	2004(2) ³	2010 ³	2011 ³	2012 ³
Percent of population										
Under 19 years:										
Below 100%	29.0	31.7	23.8	22.6	17.5	17.2	15.7	11.3	9.4	8.3
100%–199%	18.0	20.7	23.7	22.1	17.5	16.5	15.8	13.5	12.1	11.1
100%–133%	24.4	27.6	28.2	26.5	20.1	18.4	17.6	15.9	12.5	9.6
134%–199%	14.9	17.4	21.4	19.7	16.1	15.5	14.9	12.0	11.9	12.0
200%–399%	5.1	4.9	9.7	9.6	9.7	8.1	8.0	7.4	6.8	6.8
400% or more	1.8	2.1	4.0	3.5	3.9	2.8	2.8	2.3	2.1	2.2
Under 18 years:										
Below 100%	28.9	31.6	23.2	22.0	17.0	16.5	15.0	10.6	8.8	7.6
100%–199%	17.5	20.2	23.2	21.7	17.0	15.8	15.1	12.7	11.4	10.4
100%–133%	24.0	27.1	28.1	26.4	19.7	17.9	17.1	15.1	11.5	9.0
134%–199%	14.4	16.9	20.7	19.1	15.5	14.7	14.1	11.3	11.3	11.3
200%–399%	4.9	4.7	9.4	9.3	9.4	7.7	7.6	7.0	6.4	6.7
400% or more	1.8	1.9	3.9	3.3	3.7	2.6	2.6	2.1	2.0	2.1
18–64 years:										
Below 100%	37.6	38.2	41.2	42.4	38.9	41.4	41.0	42.7	40.4	40.5
100%–199%	24.4	28.8	34.7	36.4	35.5	36.7	36.5	42.1	39.3	38.6
100%–133%	31.9	35.6	41.7	41.7	40.5	40.4	40.0	45.7	42.5	42.2
134%–199%	21.1	25.9	31.5	34.0	32.8	35.0	34.8	40.3	37.6	36.5
200%–399%	8.9	10.0	16.4	18.2	19.7	19.1	19.1	21.3	20.4	19.8
400% or more	3.4	4.4	6.7	6.6	7.4	6.8	6.8	6.5	6.1	5.6
Disability measure among adults 18–64 years ⁸										
Any basic actions difficulty or complex activity limitation	---	---	20.1	17.6	18.1	19.8	19.6	20.8	22.0	20.4
Any basic actions difficulty	---	---	20.1	17.6	17.9	20.0	19.8	20.9	22.3	20.3
Any complex activity limitation	---	---	20.2	16.1	17.0	18.1	17.9	17.2	18.2	18.3
No disability	---	---	17.6	18.5	18.6	19.3	19.2	21.6	20.2	20.4
Geographic region										
Northeast	10.2	10.9	13.5	12.2	12.8	11.9	11.8	12.4	11.8	11.5
Midwest	11.3	10.7	13.2	12.3	12.5	12.6	12.4	14.1	13.4	13.6
South	17.7	19.7	20.9	20.5	20.3	20.2	19.9	21.9	20.4	20.3
West	18.2	18.8	20.6	20.7	19.1	19.1	18.9	20.6	20.0	19.0
Location of residence										
Within MSA ⁹	13.6	15.2	16.9	16.6	16.3	16.4	16.2	17.8	16.7	16.4
Outside MSA ⁹	16.6	17.0	19.8	18.6	18.7	17.4	17.2	20.4	19.8	19.9

See footnotes at end of table.

Table 125 (page 3 of 3). No health insurance coverage among persons under age 65, by selected characteristics: United States, selected years 1984–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2013.htm#125>.

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

-- Data not available.

* Estimates are considered unreliable. Data not shown have a relative standard error greater than 30%.

¹Data prior to 1997 are not strictly comparable with data for later years due to the 1997 questionnaire redesign. See [Appendix I, National Health Interview Survey \(NHIS\)](#) and [Appendix II, Health insurance coverage](#).

²Estimates for 2000–2002 were calculated using 2000-based sample weights and may differ from estimates in other reports that used 1990-based sample weights for 2000–2002 estimates.

³Beginning in quarter 3 of the 2004 NHIS, persons under age 65 with no reported coverage were asked explicitly about Medicaid coverage. Estimates were calculated without and with the additional information from this question in the columns labeled 2004(1) and 2004(2), respectively, and estimates were calculated with the additional information starting with 2005 data.

⁴Includes all other races not shown separately, those with unknown marital status, unknown disability status, and, in 1984 and 1989, persons with unknown poverty level.

⁵Includes persons aged 14–64.

⁶The race groups, white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Prior to 1999, data were tabulated according to the 1977 Standards with four racial groups, and the Asian only category included Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See [Appendix II, Hispanic origin; Race](#).

⁷Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Poverty level was unknown for 10%–11% of persons under age 65 in 1984 and 1989. Missing family income data were imputed for 1995 and beyond. See [Appendix II, Family income: Poverty; Table VI](#).

⁸Any basic actions difficulty or complex activity limitation is defined as having one or more of the following limitations or difficulties: movement difficulty, emotional difficulty, sensory (seeing or hearing) difficulty, cognitive difficulty, self-care (activities of daily living or instrumental activities of daily living) limitation, social limitation, or work limitation. For more information, see [Appendix II, Basic actions difficulty; Complex activity limitation](#). Starting with 2007 data, the hearing question, a component of the basic actions difficulty measure, was revised. Consequently, data prior to 2007 are not comparable with data for 2007 and beyond. For more information on the impact of the revised hearing question, see [Appendix II, Hearing trouble](#).

⁹MSA is metropolitan statistical area. Starting with 2006 data, MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2006, see [Appendix II, Metropolitan statistical area \(MSA\)](#) for the applicable standards.

NOTES: Persons not covered by private insurance, Medicaid, Children's Health Insurance Program (CHIP), public assistance (through 1996), state-sponsored or other government-sponsored health plans (starting in 1997), Medicare, or military plans are considered to have no health insurance coverage. Persons with only Indian Health Service coverage are considered to have no health insurance coverage. Health insurance coverage is at the time of interview. The number of persons with no health insurance coverage was calculated by multiplying the percentage with no coverage by the number of persons under age 65 in the civilian noninstitutionalized U.S. population, which was determined from the post-stratification Census control total for each survey year. Percentages of persons without coverage were calculated with unknown values excluded from denominators. See [Appendix II, Health insurance coverage](#). Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Health Interview Survey, health insurance supplements (1984, 1989, 1994–1996). Starting with 1997, data are from the family core and the sample adult questionnaires. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Table 126 (page 1 of 2). Health insurance coverage of noninstitutionalized Medicare beneficiaries aged 65 and over, by type of coverage and selected characteristics: United States, selected years 1992–2011

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#126>.

[Data are based on household interviews of a sample of noninstitutionalized Medicare beneficiaries]

Characteristic	Medicare Risk Health Maintenance Organization ¹					Medicaid ²				
	1992	1995	2000	2010	2011	1992	1995	2000	2010	2011
Age										
Number, in millions										
65 years and over	1.1	2.6	5.9	10.3	11.3	2.7	2.8	2.7	3.2	3.4
Percent distribution										
65 years and over	3.9	8.9	19.3	26.7	28.4	9.4	9.6	9.0	8.4	8.6
65–74 years	4.2	9.5	20.6	26.9	28.5	7.9	8.8	8.5	7.7	7.8
75–84 years	3.7	8.3	18.5	27.6	30.0	10.6	9.6	8.9	9.1	9.4
85 years and over	*	7.3	16.3	23.7	24.4	16.6	13.6	11.2	9.5	10.3
Sex										
Male	4.6	9.2	19.3	25.4	27.9	6.3	6.2	6.3	6.3	5.7
Female	3.4	8.6	19.3	27.8	28.8	11.6	12.0	10.9	10.1	10.9
Race and Hispanic origin										
White, not Hispanic or Latino . . .	3.6	8.4	18.4	23.9	25.9	5.6	5.4	5.1	5.4	5.4
Black, not Hispanic or Latino . . .	*	7.9	20.7	34.3	33.1	28.5	30.3	23.6	16.8	18.9
Hispanic	*	15.5	27.5	47.2	46.3	39.0	40.5	28.7	18.8	20.2
Percent of poverty level ³										
Below 100%	3.6	7.7	18.4	---	---	22.3	17.2	15.9	---	---
100%–less than 200%	3.7	9.5	23.4	---	---	6.7	6.3	8.4	---	---
200% or more	4.2	10.1	18.0	---	---	*	*	*	---	---
Marital status										
Married	4.6	9.5	18.7	27.1	28.4	4.0	4.3	4.3	3.6	3.9
Widowed	2.3	7.7	19.4	25.4	26.6	14.9	15.0	13.6	12.6	13.3
Divorced	*	9.7	24.4	29.1	32.9	23.4	24.5	20.2	16.9	16.8
Never married	*	*	15.8	23.1	25.5	19.2	19.0	17.0	19.8	17.7
Employer-sponsored plan ⁴										
Medigap ⁵										
Age										
Number, in millions										
65 years and over	12.5	11.3	10.7	11.9	11.5	9.9	9.5	7.6	7.6	7.9
Percent distribution										
65 years and over	42.8	38.6	35.2	30.6	28.8	33.9	32.5	25.0	19.6	19.8
65–74 years	46.9	41.1	36.6	32.5	30.6	31.4	29.9	21.7	17.4	18.4
75–84 years	38.2	37.1	35.0	28.4	26.7	37.5	35.2	27.8	21.3	20.0
85 years and over	31.6	30.2	29.4	28.5	26.1	38.3	37.6	31.1	24.7	25.3
Sex										
Male	46.3	42.1	37.7	32.9	31.1	30.6	30.0	23.4	18.2	18.8
Female	40.4	36.0	33.4	28.9	27.0	36.2	34.4	26.2	20.8	20.6
Race and Hispanic origin										
White, not Hispanic or Latino	45.9	41.3	38.6	33.5	31.5	37.2	36.2	28.3	23.0	23.1
Black, not Hispanic or Latino	25.9	26.7	22.0	23.7	23.8	13.6	10.2	7.5	6.7	6.5
Hispanic	20.7	16.9	15.8	14.8	13.6	15.8	10.1	11.3	6.4	7.5
Percent of poverty level ³										
Below 100%	29.0	32.1	28.1	---	---	30.8	29.8	22.6	---	---
100%–less than 200%	37.5	32.0	27.0	---	---	39.3	39.1	28.4	---	---
200% or more	58.4	52.8	49.0	---	---	32.8	32.2	26.2	---	---
Marital status										
Married	49.9	44.6	41.0	35.9	34.2	33.0	32.6	25.6	19.6	20.5
Widowed	34.1	30.3	28.7	26.3	23.6	37.5	35.2	26.7	22.0	21.1
Divorced	27.3	26.6	22.4	18.9	17.8	27.9	24.1	16.9	15.3	14.6
Never married	38.0	35.1	28.5	25.2	23.5	29.1	26.2	21.9	17.5	18.2

See footnotes at end of table.

Table 126 (page 2 of 2). Health insurance coverage of noninstitutionalized Medicare beneficiaries aged 65 and over, by type of coverage and selected characteristics: United States, selected years 1992–2011

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#126>.

[Data are based on household interviews of a sample of noninstitutionalized Medicare beneficiaries]

Characteristic	Medicare fee-for-service only or Other ⁶				
	1992	1995	2000	2010	2011
Age					
Number, in millions					
65 years and over	2.9	3.1	3.5	5.7	5.8
Percent distribution					
65 years and over	9.9	10.5	11.5	14.6	14.4
65–74 years	9.7	10.7	12.6	15.5	14.7
75–84 years	10.1	9.9	9.9	13.5	14.0
85 years and over	10.8	11.3	12.1	13.6	14.0
Sex					
Male	12.2	12.6	13.3	17.3	16.5
Female	8.3	8.9	10.2	12.5	12.8
Race and Hispanic origin					
White, not Hispanic or Latino . . .	7.7	8.7	9.6	14.2	14.2
Black, not Hispanic or Latino . . .	26.7	25.0	26.1	18.6	17.7
Hispanic	18.3	17.1	16.7	12.7	12.4
Percent of poverty level ³					
Below 100%	14.3	13.3	15.1	---	---
100%–less than 200%	12.9	13.1	12.7	---	---
200% or more	4.0	4.5	6.3	---	---
Marital status					
Married	8.5	9.0	10.5	13.9	13.0
Widowed	11.2	11.9	11.6	13.7	15.5
Divorced	15.7	15.1	16.1	19.8	17.9
Never married	*	13.1	16.8	14.4	15.1

* Estimates are considered unreliable if the sample cell size is 50 or fewer.

--- Data not available.

¹Enrollee has Medicare Risk Health Maintenance Organization (HMO) regardless of other insurance. See [Appendix II, Managed care](#).

²Enrolled in Medicaid and not enrolled in a Medicare Risk HMO. See [Appendix II, Managed care](#).

³Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. See [Appendix II, Family income; Poverty](#).

⁴Private insurance plans purchased through employers (own, current, or former employer, family business, union, or former employer or union of spouse) and not enrolled in a Medicare Risk HMO or Medicaid.

⁵Supplemental insurance purchased privately or through organizations such as American Association of Retired Persons or professional organizations, and not enrolled in a Medicare Risk HMO, Medicaid, or employer-sponsored plan.

⁶Medicare fee-for-service only or other public plans (except Medicaid).

NOTES: Data for noninstitutionalized Medicare beneficiaries. Insurance categories are mutually exclusive. Persons with more than one type of coverage are categorized according to the order in which the health insurance categories appear in the table. See [Appendix I, Medicare Current Beneficiary Survey \(MCBS\)](#). Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Access to Care file. See [Appendix I, Medicare Current Beneficiary Survey \(MCBS\)](#).

Table 127 (page 1 of 2). Medicare enrollees and expenditures and percent distribution, by Medicare program and type of service: United States and other areas, selected years 1970–2012

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#127>.

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

Medicare program and type of service	1970	1980	1990	1995	2000	2005	2008	2009	2010	2011	2012 ¹
Enrollees											
Number, in millions											
Total Medicare ²	20.4	28.4	34.3	37.6	39.7	42.6	45.5	46.6	47.7	48.9	50.7
Hospital insurance	20.1	28.0	33.7	37.2	39.3	42.2	45.1	46.3	47.4	48.5	50.3
Supplementary medical insurance (SMI) ³	19.5	27.3	32.6	35.6	37.3	---	---	---	---	---	---
Part B	19.5	27.3	32.6	35.6	37.3	39.8	42.0	42.9	43.9	44.9	46.4
Part D ⁴	---	---	---	---	---	1.8	32.6	33.6	34.8	35.7	37.4
Expenditures											
Amount, in billions											
Total Medicare	\$7.5	\$36.8	\$111.0	\$184.2	\$221.8	\$336.4	\$468.2	\$509.0	\$522.9	\$549.1	\$574.2
Total hospital insurance (HI)	5.3	25.6	67.0	117.6	131.1	182.9	235.6	242.5	247.9	256.7	266.8
HI payments to managed care organizations ⁵	---	0.0	2.7	6.7	21.4	24.9	50.6	59.4	60.7	64.6	70.2
HI payments for fee-for-service utilization	5.1	25.0	63.4	109.5	105.1	156.6	172.8	179.5	183.3	187.0	189.5
Inpatient hospital	4.8	24.1	56.9	82.3	87.1	123.3	130.3	133.9	136.0	134.0	139.7
Skilled nursing facility	0.2	0.4	2.5	9.1	11.1	19.3	24.5	26.3	27.0	32.0	28.0
Home health agency	0.1	0.5	3.7	16.2	4.0	6.0	6.7	7.1	7.2	7.0	6.8
Hospice	---	---	0.3	1.9	2.9	8.0	11.4	12.3	13.1	14.0	15.0
Other programs ⁶	---	---	---	---	---	---	---	---	---	0.9	2.5
Home health agency transfer ⁷	---	---	---	---	1.7	---	---	---	---	---	---
Medicare Advantage premiums ⁸	---	---	---	---	---	---	0.1	0.1	0.2	0.2	0.2
Accounting error (CY 2005–2008) ⁹	---	---	---	---	---	–1.9	8.5	---	---	---	---
Administrative expenses ¹⁰	0.2	0.5	0.9	1.4	2.9	3.3	3.6	3.5	3.8	4.0	4.3
Total supplementary medical insurance (SMI) ³	2.2	11.2	44.0	66.6	90.7	153.5	232.6	266.5	274.9	292.5	307.4
Total Part B	2.2	11.2	44.0	66.6	90.7	152.4	183.3	205.7	212.9	225.3	240.5
Part B payments to managed care organizations ⁵	0.0	0.2	2.8	6.6	18.4	22.0	48.1	53.4	55.2	59.1	66.0
Part B payments for fee-for-service utilization ¹¹	1.9	10.4	39.6	58.4	72.2	125.0	140.5	149.0	154.3	162.3	170.3
Physician/supplier ¹²	1.8	8.2	29.6	---	---	---	---	---	---	---	---
Outpatient hospital ¹³	0.1	1.9	8.5	---	---	---	---	---	---	---	---
Independent laboratory ¹⁴	0.0	0.1	1.5	---	---	---	---	---	---	---	---
Physician fee schedule	---	---	---	31.7	37.0	57.7	60.6	61.8	63.9	67.5	69.6
Durable medical equipment	---	---	---	3.7	4.7	8.0	8.6	8.2	8.3	8.2	8.4
Laboratory ¹⁵	---	---	---	4.3	4.4	6.9	7.9	8.7	8.9	8.9	9.7
Other ¹⁶	---	---	---	9.9	13.6	26.7	29.6	32.4	33.2	34.5	36.3
Hospital ¹⁷	---	---	---	8.7	8.1	18.7	23.6	26.2	27.9	30.9	34.4
Home health agency	0.0	0.2	0.1	0.2	4.5	7.1	10.3	11.8	12.1	12.4	11.8
Home health agency transfer ⁷	---	---	---	---	–1.7	---	---	---	---	---	---
Medicare Advantage premiums ⁸	---	---	---	---	---	---	0.1	0.1	0.2	0.2	0.2
Accounting error (CY 2005–2008) ⁹	---	---	---	---	---	1.9	–8.5	---	---	---	---
Administrative expenses ¹⁰	0.2	0.6	1.5	1.6	1.8	2.8	3.1	3.2	3.2	3.7	4.0
Part D start-up costs ¹⁸	---	---	---	---	---	0.7	0.0	---	---	---	---
Total Part D ⁴	---	---	---	---	---	1.1	49.3	60.8	62.1	67.1	66.9
Percent distribution of expenditures											
Total hospital insurance (HI)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
HI payments to managed care organizations ⁵	---	0.0	4.0	5.7	16.3	13.6	21.5	24.5	24.5	25.2	26.3
HI payments for fee-for-service utilization	97.0	97.9	94.6	93.1	80.2	85.6	73.4	74.0	73.9	72.8	71.0
Inpatient hospital	91.4	94.3	85.0	70.0	66.4	67.4	55.3	55.2	54.9	52.2	52.4
Skilled nursing facility	4.7	1.5	3.7	7.8	8.5	10.6	10.4	10.8	10.9	12.5	10.5
Home health agency	1.0	2.1	5.5	13.8	3.1	3.3	2.8	2.9	2.9	2.7	2.5
Hospice	---	---	0.5	1.6	2.2	4.4	4.8	5.1	5.3	5.4	5.6
Other programs ⁶	---	---	---	---	---	---	---	---	---	0.3	0.9
Home health agency transfer ⁷	---	---	---	---	1.3	---	---	---	---	---	---
Medicare Advantage premiums ⁸	---	---	---	---	---	---	0.0	0.1	0.1	0.1	0.1
Accounting error (CY 2005–2008) ⁹	---	---	---	---	---	–1.0	3.6	---	---	---	---
Administrative expenses ¹⁰	3.0	2.1	1.4	1.2	2.2	1.8	1.5	1.4	1.5	1.6	1.6

See footnotes at end of table.

Table 127 (page 2 of 2). Medicare enrollees and expenditures and percent distribution, by Medicare program and type of service: United States and other areas, selected years 1970–2012

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#127>.

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

Medicare program and type of service	1970	1980	1990	1995	2000	2005	2008	2009	2010	2011	2012 ¹
Percent distribution of expenditures											
Total supplementary medical insurance (SMI) ³	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total Part B	100.0	100.0	100.0	100.0	100.0	99.3	78.8	77.2	77.4	77.1	78.2
Part B payments to managed care organizations ⁵	1.2	1.8	6.4	9.9	20.2	14.3	20.7	20.0	20.1	20.2	21.5
Part B payments for fee-for-service utilization ¹¹	88.1	92.8	90.1	87.6	79.6	81.5	60.4	55.9	56.1	55.5	55.4
Physician/supplier ¹²	80.9	72.8	67.3	---	---	---	---	---	---	---	---
Outpatient hospital ¹³	5.2	16.9	19.3	---	---	---	---	---	---	---	---
Independent laboratory ¹⁴	0.5	1.0	3.4	---	---	---	---	---	---	---	---
Physician fee schedule	---	---	---	47.5	40.8	37.6	26.0	23.2	23.2	23.1	22.7
Durable medical equipment	---	---	---	5.5	5.2	5.2	3.7	3.1	3.0	2.8	2.7
Laboratory ¹⁵	---	---	---	6.4	4.8	4.5	3.4	3.2	3.2	3.1	3.2
Other ¹⁶	---	---	---	14.8	15.0	17.4	12.7	12.1	12.1	11.8	11.8
Hospital ¹⁷	---	---	---	13.0	8.9	12.2	10.1	9.8	10.2	10.6	11.2
Home health agency	1.5	2.1	0.2	0.3	4.9	4.6	4.4	4.4	4.4	4.2	3.8
Home health agency transfer ⁷	---	---	---	---	-1.9	---	---	---	---	---	---
Medicare Advantage premiums ⁸	---	---	---	---	---	---	0.0	0.0	0.1	0.1	0.1
Accounting error (CY 2005–2008) ⁹	---	---	---	---	---	1.2	-3.6	---	---	---	---
Administrative expenses ¹⁰	10.7	5.4	3.5	2.4	2.0	1.8	1.3	1.2	1.2	1.3	1.3
Part D start-up costs ¹⁸	---	---	---	---	---	0.4	0.0	---	---	---	---
Total Part D ⁴	---	---	---	---	---	0.7	21.2	22.8	22.6	22.9	21.8

--- Category not applicable or data not available.

0.0 Quantity more than zero but less than 0.05.

¹Preliminary estimates.

²Average number enrolled in the hospital insurance (HI) and/or supplementary medical insurance (SMI) programs for the period. See [Appendix II, Medicare](#).

³Starting with 2004 data, the SMI trust fund consists of two separate accounts: Part B (which pays for a portion of the costs of physicians' services, outpatient hospital services, and other related medical and health services for voluntarily enrolled individuals) and Part D (Medicare Prescription Drug Account, which pays private plans to provide prescription drug coverage).

⁴The Medicare Modernization Act, enacted December 8, 2003, established within SMI two Part D accounts related to prescription drug benefits: the Medicare Prescription Drug Account and the Transitional Assistance Account. The Medicare Prescription Drug Account is used in conjunction with the broad, voluntary prescription drug benefits that began in 2006. The Transitional Assistance Account was used to provide transitional assistance benefits, beginning in 2004 and extending through 2005, for certain low-income beneficiaries prior to the start of the new prescription drug benefit. The amounts shown for Total Part D expenditures—and thus for total SMI expenditures and total Medicare expenditures—for 2006 and later years include estimated amounts for premiums paid directly from Part D beneficiaries to Part D prescription drug plans.

⁵Medicare-approved managed care organizations. See [Appendix II, Managed care](#).

⁶Includes Community-Based Care Transitions Program (\$0.1 billion in each of 2011 and 2012), Electronic Health Records Incentive Program (\$0.7 billion in 2011 and \$2.7 billion in 2012), and Accountable Care Organizations (-\$0.3 billion in 2012).

⁷For 1998 to 2003 data, reflects annual home health HI to SMI transfer amounts.

⁸When a beneficiary chooses a Medicare Advantage plan whose monthly premium exceeds the benchmark amount, the additional premiums (that is, amounts beyond those paid by Medicare to the plan) are the responsibility of the beneficiary. Beneficiaries subject to such premiums may choose to either reimburse the plans directly or have the additional premiums deducted from their Social Security checks. The amounts shown here are only those additional premiums deducted from Social Security checks. These amounts are transferred to the HI trust and SMI trust funds and then transferred from the trust funds to the plans.

⁹Represents misallocation of benefit payments between the HI trust fund and the Part B account of the SMI trust fund from May 2005 to September 2007, and the transfer made in June 2008 to correct the misallocation.

¹⁰Includes expenditures for research, experiments and demonstration projects, peer review activity (performed by Peer Review Organizations from 1983 to 2001 and by Quality Review Organizations from 2002 to present), and to combat and prevent fraud and abuse.

¹¹Type-of-service reporting categories for fee-for-service reimbursement differ before and after 1991.

¹²Includes payment for physicians, practitioners, durable medical equipment, and all suppliers other than independent laboratory through 1990. Starting with 1991 data, physician services subject to the physician fee schedule are shown. Payments for laboratory services paid under the laboratory fee schedule and performed in a physician office are included under Laboratory beginning in 1991. Payments for durable medical equipment are shown separately beginning in 1991. The remaining services from the Physician/supplier category are included in Other.

¹³Includes payments for hospital outpatient department services, skilled nursing facility outpatient services, Part B services received as an inpatient in a hospital or skilled nursing facility setting, and other types of outpatient facilities. Starting with 1991 data, payments for hospital outpatient department services, except for laboratory services, are listed under Hospital. Hospital outpatient laboratory services are included in the Laboratory line.

¹⁴Starting with 1991 data, those independent laboratory services that were paid under the laboratory fee schedule (most of the independent laboratory category) are included in the Laboratory line; the remaining services are included in the Physician fee schedule and Other lines.

¹⁵Payments for laboratory services paid under the laboratory fee schedule performed in a physician office, independent laboratory, or in a hospital outpatient department.

¹⁶Includes payments for physician-administered drugs; freestanding ambulatory surgical center facility services; ambulance services; supplies; freestanding end-stage renal disease (ESRD) dialysis facility services; rural health clinics; outpatient rehabilitation facilities; psychiatric hospitals; and federally qualified health centers.

¹⁷Includes the hospital facility costs for Medicare Part B services that are predominantly in the outpatient department, with the exception of hospital outpatient laboratory services, which are included on the Laboratory line. Physician reimbursement is included on the Physician fee schedule line.

¹⁸Part D start-up costs were funded through the SMI Part B account in 2004–2008.

NOTES: Estimates are subject to change as more recent data become available. Totals may not equal the sum of the components because of rounding. See [Appendix I, Medicare Administrative Data](#). Estimates are for Medicare-covered services furnished to Medicare enrollees residing in the United States, Puerto Rico, Virgin Islands, Guam, other outlying areas, foreign countries, and unknown residence. Estimates in this table have been revised and differ from previous editions of *Health, United States*.

SOURCE: Centers for Medicare & Medicaid Services (CMS), Office of the Actuary, Medicare and Medicaid Cost Estimates Group. Estimates are based on unpublished data from CMS, the Office of the Actuary, and Treasury Department financial statements. See [Appendix I, Medicare Administrative Data](#).

Table 128. Medicare enrollees and program payments among fee-for-service Medicare beneficiaries, by sex and age: United States and other areas, selected years 1994–2012

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#128>.

[Data are compiled from administrative data by the Centers for Medicare & Medicaid Services]

Sex and age	1994	1995	1999	2000	2005	2009	2010	2011	2012
Fee-for-service enrollees, in thousands									
Total	34,076	34,062	32,179	32,740	36,685	35,360	35,910	36,458	37,214
Sex									
Male	14,533	14,563	13,872	14,195	16,251	15,968	16,281	16,622	17,060
Female	19,543	19,499	18,307	18,545	20,433	19,392	19,629	19,836	20,154
Age									
Under 65 years	4,031	4,239	4,742	4,907	6,286	6,435	6,619	6,831	6,874
65–74 years	16,713	16,373	14,072	14,230	15,587	15,336	15,648	15,997	16,810
75–84 years	9,845	9,911	9,748	9,919	10,689	9,335	9,291	9,232	9,109
85 years and over	3,486	3,540	3,618	3,684	4,123	4,254	4,352	4,398	4,422
Fee-for-service program payments, in billions									
Total	\$146.6	\$159.0	\$166.7	\$174.3	\$274.1	\$318.0	\$331.1	\$340.5	\$345.4
Sex									
Male	63.9	68.8	73.2	76.2	121.0	139.1	145.4	149.9	153.1
Female	82.6	90.2	93.5	98.0	153.2	178.9	185.7	190.6	192.4
Age									
Under 65 years	18.8	21.0	24.3	25.8	46.7	59.7	63.7	66.6	68.6
65–74 years	55.1	58.1	56.0	57.5	86.6	98.1	102.5	105.7	109.6
75–84 years	50.7	55.3	59.5	62.7	95.2	100.2	101.8	102.8	101.4
85 years and over	21.8	24.6	26.9	28.3	45.6	60.0	63.2	65.5	65.8
Percent distribution of fee-for-service program payments									
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Sex									
Male	43.6	43.2	43.9	43.7	44.1	43.7	43.9	44.0	44.3
Female	56.4	56.8	56.1	56.3	55.9	56.3	56.1	56.0	55.7
Age									
Under 65 years	12.9	13.2	14.6	14.8	17.0	18.8	19.2	19.6	19.8
65–74 years	37.6	36.5	33.6	33.0	31.6	30.9	31.0	31.0	31.7
75–84 years	34.6	34.8	35.7	36.0	34.7	31.5	30.7	30.2	29.4
85 years and over	14.9	15.5	16.1	16.2	16.6	18.9	19.1	19.2	19.1
Average fee-for-service payment per enrollee ¹									
Total	\$4,301	\$4,667	\$5,180	\$5,323	\$7,473	\$8,993	\$9,221	\$9,341	\$9,282
Sex									
Male	4,397	4,721	5,275	5,370	7,443	8,711	8,931	9,019	8,971
Female	4,229	4,627	5,108	5,286	7,497	9,226	9,461	9,611	9,545
Age									
Under 65 years	4,673	4,960	5,117	5,252	7,435	9,280	9,616	9,746	9,973
65–74 years	3,300	3,548	3,982	4,040	5,558	6,398	6,550	6,606	6,519
75–84 years	5,152	5,576	6,106	6,320	8,904	10,731	10,953	11,136	11,137
85 years and over	6,267	6,950	7,428	7,684	11,061	14,103	14,527	14,891	14,892

¹Medicare enrollees in managed care plans are not included in the denominator used to calculate average payments.

NOTES: Data in this table are for Medicare fee-for-service enrollees in the hospital insurance (Part A) program, supplementary medical insurance (Part B) program, or both. Data for Medicare managed care enrollees are not included. In 1994, 92% of Medicare enrollees were in fee-for-service; in 2012, 73% of enrollees were in fee-for-service. Payment data are for the calendar year; enrollment data are as of July 1. Table includes data for Medicare enrollees residing in Puerto Rico, U.S. Virgin Islands, Guam, other outlying areas, foreign countries, and unknown residence. Prior to 2004, data are based on 5% sample files. Starting with 2004 data, the total fee-for-service enrollee counts were pulled from the 100% Denominator File. The enrollment counts used for calculating the “average fee-for-service payment per enrollee” were based on 5% sample files. See [Appendix II, Medicare](#). Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: Centers for Medicare & Medicaid Services; Office of Research, Development, and Information. Health Care Financing Review: Medicare and Medicaid Statistical Supplements for publication years 1996 to 2010; Center for Strategic Planning. Medicare & Medicaid Research Review: Medicare and Medicaid Statistical Supplement for publication year 2011; Office of Information Products and Data Analytics. Medicare & Medicaid Research Review: Medicare and Medicaid Statistical Supplements for publication years 2012 and 2013. See [Appendix I, Medicare Administrative Data](#).

Table 129 (page 1 of 2). Medicare beneficiaries, by race, Hispanic origin, and selected characteristics: United States, selected years 1992–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#129>.

[Data are based on household interviews of a sample of Medicare beneficiaries and Medicare administrative records]

Characteristic	Not Hispanic or Latino											
	All			White			Black or African American			Hispanic or Latino		
	1992	2009	2010	1992	2009	2010	1992	2009	2010	1992	2009	2010
Number of beneficiaries, in millions												
All Medicare beneficiaries	36.8	47.2	48.4	30.9	36.5	37.3	3.3	4.6	4.6	1.9	3.9	4.2
Percent distribution of beneficiaries												
All Medicare beneficiaries	100.0	100.0	100.0	84.2	77.3	76.9	8.9	9.8	9.5	5.2	8.2	8.7
Percent of beneficiaries with at least one service												
Medical care use												
All Medicare beneficiaries:												
Long-term care facility stay . . .	7.7	8.1	8.6	8.0	8.7	9.1	6.2	8.6	9.8	4.2	4.4	4.9
Community-only residents:												
Inpatient hospital	17.9	17.6	17.3	18.1	17.8	17.4	18.4	18.4	23.0	16.6	16.9	13.0
Outpatient hospital	57.9	72.7	71.6	57.8	73.2	72.3	61.1	72.2	72.4	53.1	70.0	66.0
Physician/supplier ¹	92.4	95.9	95.7	93.0	96.3	96.1	89.1	93.4	95.0	87.9	93.3	93.4
Dental	40.4	44.6	44.6	43.1	49.0	48.7	23.5	23.9	28.4	29.1	33.5	32.9
Prescription medicine	85.2	94.3	94.1	85.5	94.4	94.2	83.1	93.0	93.9	84.6	94.6	94.0
Expenditures												
Expenditures per beneficiary												
All Medicare beneficiaries:												
Total health care ²	\$6,716	\$16,068	\$16,787	\$6,816	\$15,938	\$16,474	\$7,043	\$19,211	\$23,047	\$5,784	\$14,860	\$14,029
Long-term care facility ³	1,581	2,438	2,767	1,674	2,533	2,880	1,255	2,598	3,396	*758	1,758	1,606
Community-only residents:												
Total personal health care	5,054	12,295	12,513	4,988	12,031	12,137	5,530	14,210	17,018	4,938	12,754	11,563
Inpatient hospital	2,098	2,363	2,467	2,058	2,222	2,246	2,493	3,454	4,935	1,999	2,496	2,021
Outpatient hospital	504	1,385	1,530	478	1,312	1,451	668	1,873	2,606	511	1,414	1,078
Physician/supplier ¹	1,524	3,336	3,253	1,525	3,476	3,451	1,398	2,763	2,828	1,587	2,836	2,140
Dental	142	408	414	153	460	459	70	204	250	97	220	275
Prescription medicine	468	3,013	2,967	481	2,891	2,896	417	3,565	3,443	389	3,316	3,038
Long-term care facility residents only:												
Long-term care facility ⁴	23,054	42,103	44,017	23,177	41,174	43,288	21,272	44,326	49,850	*25,026	*50,851	*44,450
Sex												
Percent distribution of beneficiaries												
Both sexes	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Male	42.9	45.1	45.2	42.7	45.2	45.1	42.0	45.1	44.3	46.7	44.8	46.9
Female	57.1	54.9	54.8	57.3	54.8	54.9	58.0	54.9	55.7	53.3	55.2	53.1
Eligibility criteria and age												
All Medicare beneficiaries ⁵	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Disabled	10.2	16.0	16.1	8.6	13.2	13.5	19.1	31.4	30.7	16.5	23.6	22.6
Under 45 years	3.5	3.7	3.6	2.9	3.0	3.0	7.6	8.0	8.4	6.9	5.6	4.7
45–64 years	6.5	12.3	12.5	5.8	10.2	10.5	11.5	23.4	22.2	9.6	18.0	17.9
Aged	89.8	84.0	83.8	91.4	86.9	86.5	81.0	68.5	69.3	83.5	76.4	77.4
65–74 years	51.5	45.1	45.4	52.0	45.5	45.8	48.0	39.3	40.6	49.4	47.2	47.0
75–84 years	28.8	26.8	26.6	29.5	28.3	27.8	24.0	20.8	20.4	27.1	21.6	23.4
85 years and over	9.7	12.1	11.8	9.9	13.2	13.0	9.0	8.4	8.3	6.9	7.6	7.0
Living arrangement ⁶												
All living arrangements	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Alone	27.0	29.1	28.7	27.5	30.1	29.5	27.7	31.1	30.7	20.2	21.7	23.1
With spouse	51.2	48.7	48.2	53.3	51.0	50.8	33.3	30.8	28.2	50.4	48.6	48.4
With children	9.1	10.2	10.1	7.7	8.2	8.0	16.8	17.9	18.8	16.6	15.4	14.8
With others	7.6	7.9	8.5	6.2	6.5	7.0	18.1	16.4	17.4	10.8	11.7	11.0
Long-term care facility	5.1	4.1	4.0	5.3	4.3	4.2	4.0	3.8	4.5	*2.0	*2.7	*2.6

See footnotes at end of table.

Table 129 (page 2 of 2). Medicare beneficiaries, by race, Hispanic origin, and selected characteristics: United States, selected years 1992–2010

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#129>.

[Data are based on household interviews of a sample of Medicare beneficiaries and Medicare administrative records]

Characteristic	Not Hispanic or Latino											
	All			White			Black or African American			Hispanic or Latino		
	1992	2009	2010	1992	2009	2010	1992	2009	2010	1992	2009	2010
Age and limitation of activity ⁷	Percent distribution of beneficiaries											
Disabled, under age 65	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
None	22.7	40.9	27.5	21.8	42.8	26.6	26.2	37.5	31.3	21.2	38.3	26.6
IADL only	39.0	32.1	35.4	38.9	31.5	35.4	35.8	36.8	35.6	46.1	28.5	35.8
1 or 2 ADLs	21.2	16.8	23.0	21.5	16.6	23.6	21.2	15.0	19.3	*20.9	*17.9	*26.0
3–5 ADLs	17.2	10.3	14.0	17.9	9.1	14.5	*16.8	*10.8	*13.8	*11.9	*15.4	*11.5
65–74 years	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
None	67.0	72.5	72.6	68.7	74.5	74.0	55.1	68.9	68.5	59.2	61.1	69.4
IADL only	17.8	15.3	14.7	17.0	14.3	14.3	22.9	14.1	15.9	*20.9	23.0	14.7
1 or 2 ADLs	10.4	7.7	8.4	9.6	7.3	7.8	14.4	*9.5	*9.3	*15.7	*10.1	*10.0
3–5 ADLs	4.8	4.5	4.4	4.6	3.9	3.9	*7.6	*7.5	*6.3	*4.2	*5.8	*5.8
75–84 years	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
None	46.6	52.8	55.6	47.5	54.2	57.0	42.0	44.9	47.0	44.3	51.9	54.2
IADL only	23.9	23.1	21.3	23.6	22.9	21.0	26.7	25.7	20.1	*27.8	*20.3	22.1
1 or 2 ADLs	16.5	13.6	13.7	16.8	13.5	13.0	15.3	*13.3	*19.4	*14.9	*13.8	*14.5
3–5 ADLs	13.0	10.5	9.4	12.2	9.4	9.1	*15.9	*16.2	*13.5	*13.0	*14.1	*9.2
85 years and over	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
None	19.9	27.0	29.7	20.2	27.7	31.0	*19.6	*18.0	*19.2	*19.7	*24.7	*16.4
IADL only	20.9	26.6	25.4	20.2	26.3	26.0	*22.1	*33.6	*29.0	*24.7	*21.7	*20.0
1 or 2 ADLs	23.5	19.7	19.5	23.5	20.4	19.1	*24.3	*12.5	*20.2	*23.7	*16.7	*25.1
3–5 ADLs	35.8	26.8	25.5	36.1	25.6	24.0	*34.0	*35.9	*31.5	*31.8	*37.0	*38.4

* Estimates are based on 50 persons or fewer or have a relative standard error of 30% or higher and are considered unreliable.
¹Physician/supplier services include medical and osteopathic doctor and health practitioner visits, diagnostic laboratory and radiology services, medical and surgical services, and durable medical equipment and nondurable medical supplies.
²Total health care expenditures by Medicare beneficiaries, including expenses paid by Medicare and all other sources of payment for the following services: inpatient hospital, outpatient hospital, physician/supplier, dental, prescription medicine, home health, and hospice and long-term care facility care. Excluded are health insurance premiums.
³Expenditures for long-term care in facilities for all beneficiaries include facility room and board expenses for beneficiaries who resided in a facility for the full year, for beneficiaries who resided in a facility for part of the year and in the community for part of the year, and expenditures for short-term facility stays for full-year or part-year community residents. See [Appendix II, Long-term care facility](#).
⁴Expenditures for facility-based long-term care for facility-based beneficiaries include facility room and board expenses for beneficiaries who resided in a facility for the full year and for beneficiaries who resided in a facility for part of the year and in the community for part of the year. Excluded are expenditures for short-term facility stays for full-year community residents. See [Appendix II, Long-term care facility](#).
⁵Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups Aged and Disabled. In 2010, less than 1% of Medicare beneficiaries qualified because of ESRD.
⁶In 2010, less than 1% of Medicare beneficiaries had an unknown living arrangement.
⁷IADL is instrumental activities of daily living; ADL is activities of daily living. Includes data for both community and long-term care facility residents. See [Appendix II, Activities of daily living \(ADL\); Instrumental activities of daily living \(IADL\)](#).

NOTES: Percentages and percent distributions are calculated using unrounded numbers. Expenditures include expenses for Medicare beneficiaries paid by Medicare and all other sources of payment. Estimates include individuals enrolled in the hospital insurance (HI) and/or supplementary medical insurance (SMI) programs at any time during the calendar year. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Cost and Use file, Health and Health Care of the Medicare Population. Available from: <http://www.cms.hhs.gov/mcbs> and unpublished data. See [Appendix I, Medicare Current Beneficiary Survey \(MCBS\)](#).

Table 130 (page 1 of 2). Medicaid beneficiaries and payments, by basis of eligibility, and race and Hispanic origin: United States, selected fiscal years 1999–2010

Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#130>.

[Data are compiled by the Centers for Medicare & Medicaid Services from the Medicaid Data System]

<i>Basis of eligibility and race and Hispanic origin</i>	1999	2000	2004	2005	2006	2007	2008	2009	2010
Beneficiaries¹									
All beneficiaries	40.1	42.8	55.6	57.7	57.8	56.8	58.8	62.6	65.7
Number, in millions									
Percent of beneficiaries									
Basis of eligibility:									
Aged (65 years and over)	9.4	8.7	7.8	7.6	7.6	7.1	7.1	6.7	6.5
Blind and disabled	16.7	16.1	14.6	14.2	14.4	14.8	14.8	14.4	14.3
Adults in families with dependent children ²	18.7	20.5	22.5	21.8	21.9	21.8	22.0	23.1	23.7
Children under age 21 ³	46.9	46.1	47.8	47.2	48.0	48.4	47.8	47.7	48.3
Other Title XIX ⁴	8.4	8.6	7.3	9.1	8.1	7.8	8.4	8.1	7.2
Race and Hispanic origin:⁵									
White	---	---	41.1	39.3	39.1	38.6	38.1	38.2	38.9
Black or African American	---	---	22.1	21.5	21.8	21.6	21.1	20.7	20.6
American Indian or Alaska Native	---	---	1.3	1.2	1.2	1.2	1.3	1.2	1.2
Asian or Pacific Islander	---	---	3.3	3.5	3.5	3.5	3.5	3.6	3.6
Asian	---	---	2.4	2.5	2.6	2.6	2.6	2.7	2.7
Pacific Islander	---	---	0.9	0.9	0.9	0.9	0.9	0.9	0.9
Hispanic or Latino	---	---	19.4	20.6	21.0	21.6	21.7	22.3	22.3
Multiple race or unknown	---	---	12.7	13.9	13.3	13.5	14.3	14.0	13.3
Payments⁶									
All payments	\$153.5	\$168.3	\$257.7	\$274.9	\$269.0	\$276.2	\$296.8	\$326.0	\$339.0
Amount, in billions									
Percent distribution									
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Basis of eligibility:									
Aged (65 years and over)	27.7	26.4	23.1	23.1	21.6	20.7	20.6	19.7	19.4
Blind and disabled	42.9	43.2	43.3	43.4	43.3	43.3	43.5	43.4	43.4
Adults in families with dependent children ²	10.3	10.6	12.0	11.8	12.3	12.4	12.7	13.9	14.2
Children under age 21 ³	15.7	15.9	17.2	17.2	18.8	19.4	19.2	19.6	19.8
Other Title XIX ⁴	3.4	3.9	4.5	4.6	3.9	4.2	4.0	3.3	3.1
Race and Hispanic origin:⁵									
White	---	---	53.4	53.0	52.1	50.7	50.2	50.0	50.2
Black or African American	---	---	19.8	19.8	20.4	20.8	20.6	20.7	20.5
American Indian or Alaska Native	---	---	1.2	1.2	1.2	1.2	1.3	1.2	1.3
Asian or Pacific Islander	---	---	2.5	2.7	2.8	2.8	2.9	3.1	3.0
Asian	---	---	1.7	1.9	2.0	2.0	2.1	2.3	2.3
Pacific Islander	---	---	0.8	0.8	0.8	0.8	0.8	0.8	0.7
Hispanic or Latino	---	---	10.7	12.2	12.8	13.1	13.7	14.2	14.2
Multiple race or unknown	---	---	12.3	11.1	10.8	11.4	11.4	10.8	10.8

See footnotes at end of table.

Table 130 (page 2 of 2). Medicaid beneficiaries and payments, by basis of eligibility, and race and Hispanic origin: United States, selected fiscal years 1999–2010

Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#130>.

[Data are compiled by the Centers for Medicare & Medicaid Services from the Medicaid Data System]

<i>Basis of eligibility and race and Hispanic origin</i>	<i>1999</i>	<i>2000</i>	<i>2004</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>	<i>2008</i>	<i>2009</i>	<i>2010</i>
Payments per beneficiary ⁶					Amount				
All beneficiaries	\$3,819	\$3,936	\$4,639	\$4,768	\$4,657	\$4,862	\$5,051	\$5,209	\$5,160
Basis of eligibility:									
Aged (65 years and over)	11,268	11,929	13,687	14,427	13,276	14,141	14,742	15,337	15,286
Blind and disabled	9,832	10,559	13,714	14,531	13,982	14,194	14,843	15,670	15,695
Adults in families with dependent children ²	2,104	2,030	2,471	2,583	2,622	2,753	2,912	3,144	3,095
Children under age 21 ³	1,282	1,358	1,664	1,732	1,825	1,951	2,035	2,145	2,122
Other Title XIX ⁴	1,532	1,778	2,896	2,380	2,255	2,622	2,407	2,104	2,219
Race and Hispanic origin: ⁵									
White	---	---	6,026	6,422	6,199	6,390	6,657	6,809	6,663
Black or African American	---	---	4,158	4,397	4,358	4,669	4,928	5,216	5,142
American Indian or Alaska Native	---	---	4,320	4,626	4,489	4,826	5,218	5,382	5,421
Asian or Pacific Islander	---	---	3,513	3,710	3,696	3,863	4,133	4,402	4,300
Asian	---	---	3,198	3,624	3,657	3,847	4,123	4,386	4,307
Pacific Islander	---	---	4,366	3,947	3,799	3,907	4,161	4,448	4,275
Hispanic or Latino	---	---	2,563	2,822	2,831	2,960	3,175	3,322	3,276
Multiple race or unknown	---	---	4,493	3,816	3,770	4,106	4,014	4,025	4,173

--- Data not available.

¹Beneficiaries include those who received services through Medicaid.

²Includes adults who meet the requirements for the Aid to Families with Dependent Children (AFDC) program that were in effect in their state on July 16, 1996, or, at state option, more liberal criteria (with some exceptions). Includes adults in the Temporary Assistance for Needy Families (TANF) program. Starting with 2001 data, includes women in the Breast and Cervical Cancer Prevention and Treatment Program and unemployed adults. For more information on the eligibility requirements, see [Appendix II, Medicaid](#).

³Includes children (including those in the foster care system) in the TANF program. For more information on the eligibility requirements, see [Appendix II, Medicaid](#).

⁴Includes some participants in the Supplemental Security Income program and other people deemed medically needy in participating states. Prior to 2001, includes unemployed adults. Excludes foster care children and includes unknown eligibility.

⁵Race and Hispanic origin are as determined on initial Medicaid application. Categories are mutually exclusive. Starting with 2001 data, the Hispanic category included Hispanic persons, regardless of race. Persons indicating more than one race were included in the multiple race category.

⁶Medicaid payments exclude disproportionate share hospital (DSH) payments (\$14.7 billion in FY2010) and DSH mental health facility payments (\$2.9 billion in FY2010).

NOTES: Data are for fiscal year ending September 30. See [Appendix II, Medicaid; Medicaid payments](#). For more information, see: <http://www.medicaid.gov>. Some data have been revised and differ from previous editions of *Health, United States*.

SOURCE: Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations, Medicaid Statistical Information System (MSIS). MSIS data for 2010 were accessed January 13, 2014. See [Appendix I, Medicaid Statistical Information System \(MSIS\)](#).

Table 131. Medicaid beneficiaries and payments, by type of service: United States, selected fiscal years 1999–2010

Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#131>.

[Data are compiled by the Centers for Medicare & Medicaid Services from the Medicaid Data System]

Type of service	1999	2000	2004	2005	2006	2007	2008	2009	2010
Beneficiaries¹									
Number, in millions									
All beneficiaries	40.2	42.8	55.6	57.7	57.5	56.8	58.8	62.6	65.7
Percent of beneficiaries									
Inpatient hospital	11.2	11.5	9.8	9.5	10.9	9.0	8.9	8.7	6.9
Mental health facility	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2
Intermediate care facility for the mentally retarded	0.3	0.3	0.2	0.2	0.2	0.2	0.2	0.2	0.2
Nursing facility	4.0	4.0	3.1	3.0	3.0	2.9	2.7	2.6	2.4
Physician	45.7	44.7	43.1	42.0	40.2	38.8	36.9	36.9	36.9
Dental	14.0	13.8	16.2	16.2	16.4	16.8	16.7	17.8	19.1
Other practitioner	9.9	11.1	10.7	10.2	10.1	9.5	8.8	8.8	9.2
Outpatient hospital	30.9	30.9	28.7	28.2	27.6	26.2	25.2	26.4	24.2
Clinic	16.8	17.9	20.0	20.7	20.5	20.6	20.2	20.6	20.7
Laboratory and radiological	25.4	26.6	28.9	27.7	28.0	27.8	26.6	26.2	25.8
Home health	2.0	2.3	2.1	2.1	2.1	2.1	1.9	1.7	1.7
Prescribed drugs	49.4	48.0	50.3	49.2	47.1	42.1	41.8	42.6	44.7
Capitated care	51.5	49.7	54.2	58.1	61.0	64.5	64.9	66.6	70.8
Primary care case management	9.7	13.0	15.4	15.1	14.8	12.5	14.9	13.1	13.3
Personal support	10.1	10.6	11.3	11.8	11.8	11.6	10.8	10.7	11.0
Other care ²	21.6	21.4	22.9	21.9	21.6	21.5	21.3	20.6	19.9
Payments³									
Amount, in billions									
All payments	\$153.5	\$168.3	\$257.7	\$274.9	\$267.4	\$276.2	\$296.8	\$326.0	\$339.0
Percent distribution									
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Inpatient hospital	14.5	14.4	13.5	12.8	13.5	13.4	12.5	11.8	9.9
Mental health facility	1.1	1.1	0.9	0.8	0.9	0.9	0.8	0.8	0.7
Intermediate care facility for the mentally retarded	6.1	5.6	4.3	4.3	4.4	4.3	4.2	3.9	3.7
Nursing facility	21.7	20.5	16.3	16.3	17.0	16.8	16.1	14.9	14.4
Physician	4.3	4.0	4.0	4.1	3.9	3.6	3.5	3.5	3.5
Dental	0.8	0.8	1.1	1.1	1.2	1.2	1.3	1.4	1.6
Other practitioner	0.3	0.4	0.4	0.4	0.4	0.3	0.3	0.3	0.3
Outpatient hospital	4.0	4.2	4.0	3.6	3.8	3.7	3.7	3.7	3.8
Clinic	3.8	3.7	3.2	3.2	3.2	3.1	3.1	3.1	3.2
Laboratory and radiological	0.8	0.8	1.0	1.1	1.1	1.1	1.0	1.0	1.0
Home health	1.9	1.9	1.8	2.0	2.2	2.3	2.2	2.2	2.1
Prescribed drugs	10.8	11.9	15.3	15.6	10.4	8.0	7.9	7.8	8.0
Capitated care	14.0	14.5	16.5	16.9	18.8	21.2	23.0	25.5	27.2
Primary care case management	0.3	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.1
Personal support	6.9	6.9	7.2	7.5	8.0	8.4	8.3	8.0	7.7
Other care ²	8.6	8.8	10.3	10.2	11.1	11.6	12.0	11.9	12.7
Payments per beneficiary³									
Amount									
Total payment per beneficiary	\$3,819	\$3,936	\$4,639	\$4,768	\$4,654	\$4,862	\$5,051	\$5,209	\$5,160
Inpatient hospital	4,943	4,919	6,424	6,411	5,781	7,191	7,083	7,070	7,347
Mental health facility	18,094	17,800	19,928	19,252	17,156	21,407	21,975	21,404	20,782
Intermediate care facility for the mentally retarded	76,443	79,330	97,497	107,028	110,340	113,735	123,053	127,837	125,851
Nursing facility	20,568	20,220	24,475	26,185	26,531	28,282	29,533	29,551	31,617
Physician	357	356	426	465	456	457	485	496	492
Dental	214	238	318	326	329	340	389	423	432
Other practitioner	118	139	160	200	196	170	171	171	190
Outpatient hospital	491	533	639	617	642	695	736	735	803
Clinic	860	805	750	749	731	741	772	792	791
Laboratory and radiological	114	113	168	183	185	185	188	198	205
Home health	3,571	3,135	3,978	4,487	4,977	5,334	5,789	6,628	6,375
Prescribed drugs	837	975	1,411	1,509	1,030	926	957	951	926
Capitated care	1,040	1,148	1,415	1,386	1,431	1,598	1,786	1,991	1,983
Primary care case management	119	30	58	27	29	33	32	41	49
Personal support	2,583	2,543	2,946	3,035	3,160	3,534	3,852	3,903	3,593
Other care ²	1,508	1,600	2,086	2,228	2,388	2,611	2,856	3,015	3,289

¹Beneficiaries include those who received services through Medicaid.

²Unknown services (0.2% of beneficiaries and 0.4% of payments in 2010) are included with Other care.

³Medicaid payments exclude disproportionate share hospital (DSH) payments (\$14.7 billion in FY2010) and DSH mental health facility payments (\$2.9 billion in FY2010).

NOTES: Data are for fiscal year ending September 30. See [Appendix II, Medicaid; Medicaid payments](#). Beneficiaries receiving more than one type of service are included in each category. For more information, see: <http://www.medicaid.gov>. Some data have been revised and differ from previous editions of *Health, United States*.

SOURCE: Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations, Medicaid Statistical Information System (MSIS). MSIS data for 2010 were accessed January 13, 2014. See [Appendix I, Medicaid Statistical Information System \(MSIS\)](#).

Table 132 (page 1 of 2). Department of Veterans Affairs health care expenditures and use, and persons treated, by selected characteristics: United States, selected fiscal years 1970–2012

Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#132>.

[Data are compiled from patient records, enrollment information, and budgetary data by the Department of Veterans Affairs]

Type of expenditure and use	1970	1980	1990	1995	2000	2005 ¹	2010 ¹	2011 ¹	2012 ¹
Health care expenditures									
Amount, in millions									
All expenditures ²	\$1,689	\$5,981	\$11,500	\$16,126	\$19,327	\$30,291	\$47,280	\$50,575	\$51,880
Percent distribution									
All services	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Inpatient hospital	71.3	64.3	57.5	49.0	37.3	24.3	21.4	20.6	20.1
Outpatient care	14.0	19.1	25.3	30.2	45.7	53.4	52.5	52.6	53.8
Nursing home care	5.5	7.1	9.5	10.0	8.2	8.4	7.4	7.2	7.3
All other ³	9.1	9.6	7.7	10.8	8.8	13.9	18.8	19.6	18.8
Health care use									
Number, in thousands									
Inpatient hospital discharges ^{4,5}	787	1,248	1,029	879	579	614	656	653	646
Outpatient visits ⁶	7,312	17,971	22,602	27,527	38,370	57,169	79,457	83,146	87,370
Nursing home discharges ^{5,7}	47	57	75	79	91	61	67	63	67
Inpatients ⁸									
Total	---	---	598	527	417	488	532	540	546
Percent distribution									
Total	---	---	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Veterans with service-connected disability	---	---	38.9	39.3	34.4	37.6	43.5	44.9	46.5
Veterans without service-connected disability	---	---	60.3	59.9	64.7	61.5	55.6	54.3	52.6
Low income	---	---	54.8	56.2	41.7	39.9	34.6	33.4	32.1
Veterans receiving aid and attendance or housebound benefits or who are catastrophically disabled ⁹	---	---	---	---	16.0	12.1	10.1	9.8	9.6
Veterans receiving medical care subject to copayments ¹⁰	---	---	2.8	2.8	5.2	8.6	9.3	9.3	9.2
Other and unknown ¹¹	---	---	2.7	0.9	1.8	1.0	1.6	1.7	1.7
Nonveterans	---	---	0.8	0.8	0.9	0.9	0.9	0.9	0.9
Outpatients ⁸									
Number, in thousands									
Total	---	---	2,564	2,790	3,657	5,077	5,631	5,789	5,903
Percent distribution									
Total	---	---	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Veterans with service-connected disability	---	---	38.3	37.5	30.7	31.6	38.6	39.8	41.7
Veterans without service-connected disability	---	---	49.8	50.5	60.8	62.7	56.4	55.1	53.3
Low income	---	---	41.1	42.2	37.6	31.8	25.7	24.9	24.0
Veterans receiving aid and attendance or housebound benefits or who are catastrophically disabled ⁹	---	---	---	---	3.8	3.5	3.4	3.3	3.2
Veterans receiving medical care subject to copayments ¹⁰	---	---	3.6	4.2	15.4	25.4	23.0	22.3	21.4
Other and unknown ¹¹	---	---	5.1	4.1	4.0	2.0	4.3	4.6	4.6
Nonveterans	---	---	11.8	12.0	8.5	5.7	5.1	5.1	5.1

See footnotes at end of table.

Table 132 (page 2 of 2). Department of Veterans Affairs health care expenditures and use, and persons treated, by selected characteristics: United States, selected fiscal years 1970–2012

Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#132>.

[Data are compiled from patient records, enrollment information, and budgetary data by the Department of Veterans Affairs]

- - - Data not available.

¹Starting with FY2005, the cost report data are taken from a different report than earlier years. The major impact of this change was to assign more cost to outpatient care than inpatient hospital. Also in FY2005, the responsibility for residential rehabilitation programs including domiciliary care was reassigned from extended care to mental health care.

²Health care expenditures exclude construction, medical administration, and miscellaneous operating expenses at Department of Veterans Affairs headquarters.

³Includes miscellaneous benefits and services, contract hospitals, education and training, subsidies to state veterans hospitals, nursing homes and residential rehabilitation treatment programs (formerly domiciliaries), and the Civilian Health and Medical Program of the Department of Veterans Affairs.

⁴Discharges from medicine, surgery, psychiatry, rehabilitation medicine, spinal cord, and neurology units. Starting with FY2005 data, includes domiciliary care. Does not include long-term stays. One-day dialysis patients were included in 1980. Interfacility transfers were included starting with 1990 data.

⁵Until FY2004, includes Department of Veterans Affairs nursing home and residential rehabilitation treatment programs (formerly domiciliary) stays, and community nursing home care stays.

⁶Hospital outpatient care. Includes the following services: physicians, laboratory tests, home-based primary care, or outpatient fee-basis care.

⁷Includes state nursing home veteran patients.

⁸Individuals receiving services. Individuals with multiple discharges or visits are only counted once in the inpatient or outpatient category. The inpatient and outpatient totals are not additive because most inpatients are also treated as outpatients.

⁹Includes veterans who are receiving aid and attendance or housebound benefit and veterans who have been determined by the Department of Veterans Affairs to be catastrophically disabled.

¹⁰Includes veterans who receive medical care subject to copayments according to income level, based on financial means testing.

¹¹Includes expenditures for services for veterans who were prisoners of war, exposed to Agent Orange, and other. Prior to FY1994, veterans who reported exposure to Agent Orange were classified as having a service-connected disability. Beginning in FY1994, those veterans reporting Agent Orange exposure but not treated for it were means tested and placed in the low income or other group depending on income.

NOTES: Some veterans have multiple sources of health coverage, including Medicare or private insurance. Estimates in this table relate only to health care use paid for by the Veteran's Administration. In 1980 and subsequent years, the FY ended September 30. Starting with FY1995 data, categories for health care expenditures and health care use were revised. In FY1999, a new data reporting system was introduced. At the end of FY2012, the veteran population was estimated at 22.3 million, with 43% aged 65 and over, compared with 11% in FY1980. Of all living veterans, 6% had served during World War II, 10% during the Korean conflict, 34% during the Vietnam era, 28% during the Persian Gulf War (service from August 2, 1990 to present), and 28% during peacetime. Percentages sum to more than 100% because some veterans serve during more than one war. See [Appendix I, Department of Veterans Affairs National Enrollment and Patient Databases](#). Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: Department of Veterans Affairs (VA), Office of the Assistant Deputy Under Secretary for Health, National Patient Care Database, National Enrollment Database, budgetary data, and unpublished data. Veteran population estimates were provided by the VA's Office of the Actuary. See [Appendix I, Department of Veterans Affairs National Enrollment and Patient Databases](#).

Table 133 (page 1 of 2). Medicare enrollees, enrollees in managed care, payment per enrollee, and short-stay hospital utilization, by state: United States, selected years 1994 and 2012

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#133>.

[Data are compiled by the Centers for Medicare & Medicaid Services]

State	Short-stay hospital utilization									
	Enrollment, in thousands ¹		Percent of enrollees in managed care ²		Average payment per fee-for-service enrollee		Discharges per 1,000 enrollees ³		Average length of stay, in days ³	
	1994	2012	1994	2012	1994	2012	1994	2012	1994	2012
United States ⁴	36,190	49,682	7.9	26.4	\$4,375	\$9,411	345	307	7.5	5.3
Alabama	633	896	0.8	21.5	4,454	8,703	413	340	7.0	5.4
Alaska	33	73	0.6	0.8	3,687	7,163	269	202	6.3	5.2
Arizona	578	1,009	24.8	36.8	4,442	8,772	292	263	5.9	4.7
Arkansas	416	559	0.2	16.5	3,719	8,144	366	313	7.0	5.2
California	3,582	5,111	30.0	36.2	5,219	9,768	366	264	6.1	5.4
Colorado	413	688	17.2	34.2	3,935	8,272	302	240	6.0	4.7
Connecticut	497	595	2.6	21.7	4,426	10,225	287	313	8.1	5.8
Delaware	99	161	0.2	5.3	4,712	9,374	326	279	8.1	5.4
District of Columbia	80	82	3.9	10.1	5,655	10,594	376	362	10.1	6.1
Florida	2,584	3,621	13.8	33.9	5,027	10,761	326	338	7.1	5.3
Georgia	819	1,351	0.4	24.0	4,402	8,778	378	300	6.9	5.3
Hawaii	146	222	29.8	44.6	3,069	6,504	301	183	9.1	6.5
Idaho	146	250	2.5	30.0	3,045	7,310	274	191	5.2	4.5
Illinois	1,605	1,935	5.5	10.4	4,324	9,742	374	341	7.3	5.1
Indiana	805	1,065	2.6	19.4	3,945	9,029	345	324	6.9	5.2
Iowa	470	537	3.1	13.9	3,080	7,896	322	252	6.6	5.0
Kansas	378	454	3.3	12.3	3,847	8,421	348	275	6.5	5.1
Kentucky	578	804	2.3	17.4	3,862	8,768	396	345	7.2	5.2
Louisiana	572	729	0.4	25.3	5,468	10,371	399	333	7.2	5.5
Maine	198	282	0.1	16.0	3,464	7,832	322	233	7.6	5.1
Maryland	596	845	1.4	8.7	4,997	10,958	362	331	7.5	5.2
Massachusetts	924	1,126	6.1	18.2	5,147	10,188	350	318	7.6	5.1
Michigan	1,331	1,754	0.7	25.7	4,307	10,192	328	352	7.6	5.3
Minnesota	625	836	19.6	46.9	3,394	10,507	334	378	5.7	4.7
Mississippi	391	524	0.1	11.4	4,189	9,411	423	342	7.4	5.7
Missouri	821	1,058	3.4	23.2	4,191	8,708	349	324	7.3	5.1
Montana	128	182	0.4	16.0	3,114	7,109	306	196	5.9	4.7
Nebraska	247	291	2.2	12.6	2,926	8,373	281	253	6.3	4.9
Nevada	187	394	19.0	31.4	4,306	9,518	291	264	7.0	5.7
New Hampshire	152	241	0.2	5.5	3,414	8,236	281	224	7.6	5.3
New Jersey	1,158	1,398	2.6	15.0	4,531	10,536	354	321	10.2	5.8
New Mexico	205	336	13.6	27.6	3,110	7,194	301	229	6.0	4.9
New York	2,601	3,138	6.2	32.6	4,855	10,197	334	329	11.2	6.7
North Carolina	1,001	1,604	0.5	19.2	3,465	8,616	314	302	8.0	5.2
North Dakota	101	112	0.6	12.3	3,218	7,958	327	258	6.3	5.1
Ohio	1,649	2,003	2.4	36.1	3,982	9,657	350	358	7.1	5.0
Oklahoma	481	636	2.5	15.9	4,098	9,001	355	325	7.0	5.1
Oregon	469	672	27.7	41.1	3,285	7,172	305	200	5.2	4.5
Pennsylvania	2,053	2,385	3.3	38.4	5,212	9,549	379	337	8.0	5.4
Rhode Island	166	191	7.0	34.9	4,148	8,442	312	292	8.1	5.5
South Carolina	497	840	0.1	18.1	3,777	8,876	319	287	8.3	5.5
South Dakota	114	143	0.1	12.8	2,952	8,000	356	257	6.1	5.0
Tennessee	754	1,133	0.3	27.5	4,441	8,721	375	332	7.1	5.3
Texas	2,029	3,256	4.1	22.8	4,703	10,442	333	309	7.2	5.3
Utah	182	307	9.4	35.2	3,443	8,361	238	233	5.4	4.2
Vermont	82	120	0.1	6.8	3,182	7,840	283	190	7.6	5.3
Virginia	803	1,227	1.5	15.1	3,748	8,014	348	299	7.3	5.2
Washington	676	1,056	12.5	28.1	3,401	7,702	269	233	5.3	4.7
West Virginia	326	397	8.3	23.5	3,798	8,756	420	347	7.1	5.3
Wisconsin	752	966	2.0	32.2	3,246	8,263	310	270	6.8	4.8
Wyoming	58	86	3.3	5.7	3,537	7,454	315	221	5.6	4.8

See footnotes at end of table.

Table 133 (page 2 of 2). Medicare enrollees, enrollees in managed care, payment per enrollee, and short-stay hospital utilization, by state: United States, selected years 1994 and 2012

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#133>.

[Data are compiled by the Centers for Medicare & Medicaid Services]

¹Total persons enrolled in the hospital insurance (Part A) program, supplementary medical insurance (Part B) program, or both, as of July 1. Includes fee-for-service and managed care enrollees.

²Includes enrollees in Medicare managed care plans. See [Appendix II, Managed care](#).

³Data are for fee-for-service enrollees only.

⁴Includes residents of any of the 50 states and the District of Columbia.

NOTES: In 1994, 92% of Medicare enrollees were in fee-for-service; in 2012, 73% of enrollees were in fee-for-service. Prior to 2004, enrollment and percentage of enrollees in managed care were based on a 5% annual Denominator File derived from the Centers for Medicare & Medicaid Services' (CMS) Enrollment Database. Starting with 2004 data, the enrollee counts were pulled from the 100% Denominator File. Payments per fee-for-service enrollee are based on fee-for-service billing reimbursement for a 5% sample of Medicare beneficiaries as recorded in CMS' National Claims History File. Prior to 2011, short-stay hospital utilization is based on the Medicare Provider Analysis and Review (MedPAR) stay records for a 20% sample of Medicare beneficiaries. Beginning in 2011, short stay hospital utilization is based on the MedPAR stay records for 100% of Medicare beneficiaries. Estimates may not sum to totals because of rounding. State based on residence of the beneficiary. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: Centers for Medicare & Medicaid Services; Office of Research, Development, and Information. Health Care Financing Review: Medicare and Medicaid Statistical Supplements for publication years 1996 to 2010; Center for Strategic Planning. Medicare & Medicaid Research Review: Medicare and Medicaid Statistical Supplement for publication year 2011; Office of Information Products and Data Analytics. Medicare and Medicaid Statistical Supplements for publication years 2012 and 2013. Includes unpublished estimates. See [Appendix I, Medicare Administrative Data](#).

Table 134. Medicaid beneficiaries, beneficiaries in managed care, and payments per beneficiary, by state: United States, selected fiscal years 2000–2010

Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2013.htm#134>.

[Data are compiled by the Centers for Medicare & Medicaid Services from the Medicaid Data System]

State	Beneficiaries, in thousands ¹			Percent of beneficiaries in managed care ²			Payments per beneficiary ³		
	2000	2009	2010	2000	2009	2010	2000	2009	2010
United States	42,763	62,589	65,700	56	71	71	\$3,936	\$5,209	\$5,160
Alabama	619	877	931	60	67	60	3,860	4,135	4,342
Alaska	96	119	127	–	–	–	4,876	8,990	9,520
Arizona	681	1,588	1,805	92	90	90	3,100	5,426	5,270
Arkansas	489	825	773	57	79	78	3,086	4,338	4,916
California	7,915	11,519	11,212	50	52	55	2,155	3,058	3,094
Colorado	381	678	682	90	95	95	4,747	4,852	4,840
Connecticut	420	558	664	72	75	70	6,762	9,475	8,120
Delaware	115	209	210	79	74	77	4,584	6,052	6,380
District of Columbia	139	175	211	66	98	70	5,715	11,077	8,577
Florida	2,360	3,261	3,656	60	66	64	3,114	4,310	4,412
Georgia	1,290	1,805	1,875	96	92	91	2,774	4,087	3,717
Hawaii	204	261	288	74	97	98	2,626	4,610	4,692
Idaho	131	253	430	30	84	88	4,530	5,345	2,871
Illinois	1,516	2,626	2,758	10	55	56	5,150	4,483	4,222
Indiana	705	1,109	1,177	67	74	70	4,224	4,858	4,889
Iowa	314	482	508	90	83	90	4,707	5,974	5,920
Kansas	263	355	364	56	87	87	4,670	6,528	6,309
Kentucky	771	942	959	81	83	88	3,780	5,326	5,532
Louisiana	761	1,184	1,237	6	69	64	3,456	4,585	4,439
Maine	192	315	330	35	64	68	6,820	4,704	4,451
Maryland	665	846	940	81	79	79	5,396	7,480	7,273
Massachusetts	1,047	1,459	1,637	64	60	54	5,153	6,934	6,760
Michigan	1,352	1,890	2,219	100	89	86	3,611	5,381	5,127
Minnesota	559	802	851	63	63	64	5,857	8,766	8,390
Mississippi	605	932	801	39	76	76	2,987	3,432	4,197
Missouri	890	1,101	1,141	40	99	99	3,673	5,241	5,429
Montana	104	113	126	61	67	75	4,173	6,344	6,023
Nebraska	229	256	269	77	84	86	4,185	6,218	5,890
Nevada	138	281	334	39	84	85	3,733	4,259	3,899
New Hampshire	97	141	148	6	78	–	6,712	7,037	6,805
New Jersey	822	1,151	1,229	59	75	77	5,724	7,208	6,963
New Mexico	376	562	557	64	74	73	3,325	5,185	4,971
New York	3,420	4,985	5,011	25	66	68	7,646	9,004	8,526
North Carolina	1,209	1,782	1,876	68	70	77	3,996	5,423	5,111
North Dakota	61	77	83	55	68	67	5,852	7,643	8,261
Ohio	1,305	2,238	2,319	21	70	73	5,434	6,243	6,231
Oklahoma	507	809	853	69	88	90	3,163	4,419	4,355
Oregon	542	564	644	83	88	87	3,135	4,957	4,948
Pennsylvania	1,492	2,232	2,326	73	82	82	4,266	6,365	6,834
Rhode Island	179	203	214	69	62	67	5,982	7,654	7,367
South Carolina	685	906	953	6	100	100	3,900	5,199	5,339
South Dakota	102	141	142	93	80	80	3,935	5,188	5,479
Tennessee	1,568	1,479	1,532	100	100	100	2,226	4,910	5,914
Texas	2,603	4,283	4,745	34	65	67	3,487	4,330	4,367
Utah	224	355	369	90	86	83	4,277	5,261	5,404
Vermont	139	171	181	47	88	57	3,451	5,684	5,525
Virginia	627	917	969	59	64	59	3,960	6,053	6,045
Washington	895	1,177	1,330	100	86	87	2,717	4,872	4,744
West Virginia	335	386	397	35	46	49	4,154	6,699	6,774
Wisconsin	577	1,140	1,230	44	60	62	5,039	5,091	4,393
Wyoming	46	72	76	–	–	–	4,609	7,635	7,540

– Quantity zero.

¹Beneficiaries include those who received services through Medicaid.

²Medicaid managed care enrollment data include individuals in state health care reform programs that expand eligibility beyond traditional Medicaid eligibility standards. The managed care enrollment data include enrollees receiving comprehensive and limited benefits. Managed care enrollment as of June 30 of year shown. Starting with 2001 data, U.S. total excludes Puerto Rico and Virgin Islands. Managed care enrollment data may change year to year due to a variety of factors, including changes in waiver programs, outreach efforts, and data reporting practices. For more information, see: <http://www.medicaid.gov>.

³Medicaid payments exclude disproportionate share hospital (DSH) payments (\$14.7 billion in FY2010) and DSH mental health facility payments (\$2.9 billion in FY2010).

NOTES: See [Appendix II, Medicaid; Medicaid payments](#). Some data have been revised and differ from previous editions of *Health, United States*.

SOURCE: Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations, Medicaid Statistical Information System (MSIS). MSIS data for 2010 were accessed January 13, 2014. Managed care enrollment data from Medicaid managed care enrollment report as of July 1, 2010. Available from: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MedicaidDataSourcesGenInfo/MdManCrEnrllRep.html>. See [Appendix I, Medicaid Statistical Information System \(MSIS\)](#).

Table 135. Persons without health insurance coverage, by state: United States, average annual, 2003–2005 through 2010–2012

Updated data when available, Excel, PDF, more data years, and confidence intervals: <http://www.cdc.gov/nchs/hus/contents2013.htm#135>.

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

State	2003–2005	2006–2008	2010–2012 ¹
	Percent of population		
United States	14.3	14.9	15.8
Alabama	12.2	13.6	14.4
Alaska	16.9	17.0	18.4
Arizona	16.3	19.2	18.2
Arkansas	16.6	17.2	18.1
California	17.1	17.8	19.0
Colorado	15.0	16.2	14.1
Connecticut	9.4	9.1	9.3
Delaware	10.6	11.4	10.7
District of Columbia	12.6	10.8	9.7
Florida	17.0	19.8	20.7
Georgia	15.2	17.4	19.3
Hawaii	8.6	7.6	7.8
Idaho	16.4	14.4	17.3
Illinois	12.9	13.2	14.4
Indiana	12.0	11.8	12.9
Iowa	9.4	8.9	10.8
Kansas	10.0	11.5	12.9
Kentucky	13.5	13.4	15.0
Louisiana	17.8	18.7	19.7
Maine	9.8	9.1	9.6
Maryland	11.9	13.0	13.0
Massachusetts	9.8	7.7	4.3
Michigan	9.8	10.1	12.1
Minnesota	8.3	8.2	9.1
Mississippi	16.9	18.4	17.5
Missouri	10.6	12.2	14.0
Montana	16.9	15.8	18.2
Nebraska	9.9	11.6	13.0
Nevada	18.1	17.3	22.5
New Hampshire	9.0	9.9	11.6
New Jersey	12.5	14.4	15.0
New Mexico	20.2	21.6	21.0
New York	13.4	12.6	12.9
North Carolina	15.6	16.0	16.9
North Dakota	10.0	10.7	11.3
Ohio	10.6	10.6	13.2
Oklahoma	18.2	18.0	17.1
Oregon	15.2	16.3	15.1
Pennsylvania	10.1	9.3	11.2
Rhode Island	9.5	9.8	12.0
South Carolina	13.1	15.9	17.9
South Dakota	10.8	11.0	13.5
Tennessee	11.5	13.5	13.9
Texas	23.9	23.8	24.3
Utah	12.1	14.8	14.3
Vermont	9.1	10.4	8.3
Virginia	12.1	13.0	13.3
Washington	13.2	11.7	14.0
West Virginia	15.5	14.5	14.3
Wisconsin	9.6	8.3	9.8
Wyoming	13.9	13.9	16.8

¹Data use Census 2010 population controls.

NOTES: Questions on health insurance coverage are asked of the previous calendar year. Persons were considered uninsured if they were not covered by any type of health insurance at any time in that year. People with no coverage other than access to the Indian Health Service are classified as without health insurance. Starting with 2000 data, estimates reflect the results of follow-up verification questions. In September 2011, the Current Population Survey revised 2003–2009 data to reflect the results of enhancements to the editing process. The estimates in this table use the revised data.

SOURCE: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplements. DeNavas-Walt C, Proctor BD, Smith JC. Income, poverty, and health insurance coverage in the United States: 2012. Current Population Reports, P60–245. Washington, DC: U.S. Government Printing Office. 2013. Available from: <http://www.census.gov/prod/2013pubs/p60-245.pdf>. See [Appendix I, Current Population Survey \(CPS\)](#).

Appendix Contents

Appendix I. Data Sources	385		
Government Sources	386		
Abortion Surveillance System	386		
Census of Fatal Occupational Injuries (CFOI)	387		
Consumer Price Index (CPI)	388		
Current Population Survey (CPS)	389		
Department of Veterans Affairs National Enrollment and Patient Databases	390		
Employee Benefits Survey—See Appendix I, National Compensation Survey (NCS).			
Healthcare Cost and Utilization Project (HCUP), Nationwide Inpatient Sample	391		
Medicaid Statistical Information System (MSIS)	392		
Medical Expenditure Panel Survey (MEPS)	393		
Medicare Administrative Data	393		
Medicare Current Beneficiary Survey (MCBS)	394		
Monitoring the Future (MTF) Study	395		
National Ambulatory Medical Care Survey (NAMCS)	396		
National Compensation Survey (NCS)	397		
National Health Expenditure Accounts (NHEA)	399		
National Health and Nutrition Examination Survey (NHANES)	400		
National Health Interview Survey (NHIS)	403		
National HIV Surveillance System	405		
National Hospital Ambulatory Medical Care Survey (NHAMCS)	406		
National Hospital Discharge Survey (NHDS)	407		
National Immunization Survey (NIS)	408		
National Income and Product Accounts (NIPA)	410		
National Medical Expenditure Survey (NMES)—See Appendix I, Medical Expenditure Panel Survey (MEPS).			
National Notifiable Disease Surveillance System (NNDSS)	411		
National Survey of Family Growth (NSFG)	412		
National Survey of Residential Care Facilities (NSRCF)	413		
National Survey on Drug Use & Health (NSDUH)	414		
National Vital Statistics System (NVSS)	415		
Birth File	415		
Fetal Death Data Set	416		
Mortality File	417		
Multiple Cause-of-Death File	418		
Linked Birth/Infant Death Data Set	419		
Compressed Mortality File (CMF)	419		
Occupational Employment Statistics (OES)	420		
Population Census and Population Estimates	421		
Decennial Census	421		
Race Data on the 1990 Census	421		
Race Data on the 2000 Census	421		
Race Data on the 2010 Census	421		
Modified Decennial Census Files	421		
Postcensal Population Estimates	422		
Intercensal Population Estimates	422		
Bridged-race Population Estimates	422		
Quality Improvement Evaluation System (QIES)	423		
Sexually Transmitted Disease (STD) Surveillance	423		
Surveillance, Epidemiology, and End Results Program (SEER)	424		
United States Renal Data System (USRDS)	425		
Youth Risk Behavior Survey (YRBS)	425		
Private and Global Sources	426		
American Association of Colleges of Osteopathic Medicine (AACOM)	426		
American Association of Colleges of Pharmacy (AACP)	426		
American Association of Colleges of Podiatric Medicine (AACPM)	427		
American Dental Association (ADA)	427		
American Hospital Association (AHA) Annual Survey of Hospitals	427		
American Medical Association (AMA) Physician Masterfile	427		
American Osteopathic Association (AOA)	427		
Association of American Medical Colleges (AAMC)	428		
Association of Schools and Colleges of Optometry (ASCO)	428		
Association of Schools of Public Health (ASPH)	428		
Guttmacher Institute Abortion Provider Census	428		
Organisation for Economic Co-operation and Development (OECD) Health Data	429		
Appendix II. Definitions and Methods	431		
Acquired immunodeficiency syndrome (AIDS)	431		
Active physician—See Appendix II, Physician.			
Activities of daily living (ADL)	431		
Admission	433		
Age	433		
Age adjustment	433		
AIDS—See Appendix II, Acquired immunodeficiency syndrome (AIDS).			
Alcohol consumption	434		
Any-listed diagnosis—See Appendix II, Diagnosis.			
Average annual rate of change (percent change)	435		
Average length of stay	435		
Basic actions difficulty	435		
Bed, health facility	435		
Binge drinking	435		
Birth cohort	436		
Birth rate—See Appendix II, Rate: Birth and related rates.			

Birthweight	436	Health care contact	451
Blood pressure, high	436	Health expenditures, national	452
Body mass index (BMI)	436	Health insurance coverage	452
Cause of death	437	Health maintenance organization (HMO)	453
Cause-of-death ranking	437	Health services and supplies expenditures—See Appendix II, Health expenditures, national.	
Children’s Health Insurance Program (CHIP)	440	Health status, respondent-assessed	455
Cholesterol	440	Hearing trouble	455
Cigarette smoking	440	Hispanic origin	455
Civilian noninstitutionalized population; Civilian population—See Appendix II, Population.		HIV—See Appendix II, Human immunodeficiency virus (HIV) disease.	
Colorectal tests or procedures	441	Home visit	457
Community hospital—See Appendix II, Hospital.		Hospital	457
Comparability ratio	442	Hospital-based physician—See Appendix II, Physician.	
Compensation—See Appendix II, Employer costs for employee compensation.		Hospital day—See Appendix II, Days of care.	
Complex activity limitation	443	Hospital utilization	458
Consumer Price Index (CPI)	443	Human immunodeficiency virus (HIV) disease	458
Contraception	443	Hypertension—See Appendix II, Blood pressure, high.	
Cost-charge ratio	444	ICD; ICD codes—See Appendix II, Cause of death; <i>International Classification of Diseases (ICD)</i> .	
Critical access hospital—See Appendix II, Hospital.		Illicit drug use	459
Crude birth rate; Crude death rate—See Appendix II, Rate: Birth and related rates; Rate: Death and related rates.		Immunization—See Appendix II, Vaccination.	
Days of care	444	Incidence	459
Death rate—See Appendix II, Rate: Death and related rates.		Income—See Appendix II, Family income.	
Dental caries	444	Individual practice association (IPA)—See Appendix II, Health maintenance organization (HMO).	
Dental visit	444	Industry of employment	459
Diabetes	444	Infant death	460
Diagnosis	446	Injury	460
Diagnostic and other nonsurgical procedure—See Appendix II, Procedure.		Injury-related visit	460
Discharge	446	Inpatient	461
Domiciliary care home—See Appendix II, Long-term care facility; Nursing home.		Inpatient care—See Appendix II, Hospital utilization.	
Drug	446	Inpatient day—See Appendix II, Days of care.	
Drug abuse—See Appendix II, Illicit drug use.		Instrumental activities of daily living (IADL)	462
Education	447	Insurance—See Appendix II, Health insurance coverage.	
Emergency department	447	Intermediate care facility—See Appendix II, Nursing home.	
Emergency department or emergency room visit	447	<i>International Classification of Diseases (ICD)</i>	462
Employer costs for employee compensation	448	<i>International Classification of Diseases, 9th Revision, Clinical Modification (ICD–9–CM)</i>	462
End-stage renal disease (ESRD)	448	<i>International Classification of Diseases, 10th Revision, Clinical Modification/Procedure Coding System (ICD–10–CM/PCS)</i>	462
Ethnicity—See Appendix II, Hispanic origin.		Late fetal death rate—See Appendix II, Rate: Death and related rates.	
Exercise—See Appendix II, Physical activity, leisure-time.		Leading causes of death—See Appendix II, Cause- of-death ranking.	
Expenditures—See Appendix II, Health expenditures, national. [Also see Appendix I, National Health Expenditure Accounts (NHEA).]		Length of stay—See Appendix II, Average length of stay.	
External cause of injury	448	Life expectancy	462
Family income	448	Limitation of activity	464
Federal hospital—See Appendix II, Hospital.		Long-term care facility	464
Fee-for-service health insurance	450	Low birthweight—See Appendix II, Birthweight.	
Fertility rate—See Appendix II, Rate: Birth and related rates.		Mammography	465
General hospital—See Appendix II, Hospital.		Managed care	465
Geographic region	450	Marital status	466
Gestation	450	Maternal age—See Appendix II, Age.	
Gross domestic product (GDP)	451		

Maternal education—See Appendix II, Education.		Public expenditures—See Appendix II, Health expenditures, national.	
Medicaid	466	Purchasing power parities (PPPs)	475
Medicaid payments	468	Race	475
Medical specialty—See Appendix II, Physician specialty.		Rate.	480
Medicare.	468	Region—See Appendix II, Geographic region.	
Metropolitan statistical area (MSA).	469	Registered hospital—See Appendix II, Hospital.	
Micropolitan statistical area	469	Registration area	481
Multum Lexicon Plus therapeutic class.	469	Relative standard error (RSE).	481
Neonatal mortality rate—See Appendix II, Rate: Death and related rates.		Relative survival rate	481
Nonprofit hospital—See Appendix II, Hospital.		Reporting area	482
North American Industry Classification System (NAICS)—See Appendix II, Industry of employment.		Resident, health facility	482
Notifiable disease.	470	Resident population—See Appendix II, Population.	
Nursing home	470	Rural—See Appendix II, Urbanization.	
Nursing home expenditures—See Appendix II, Health expenditures, national.		Self-assessment of health—See Appendix II, Health status, respondent-assessed.	
Obesity—See Appendix II, Body mass index (BMI).		Serious psychological distress.	482
Occupancy rate	470	Short-stay hospital—See Appendix II, Hospital.	
Office-based physician—See Appendix II, Physician.		Skilled nursing facility—See Appendix II, Nursing home.	
Office visit.	471	Smoker—See Appendix II, Cigarette smoking.	
Operation—See Appendix II, Procedure.		Special hospital—See Appendix II, Hospital.	
Outpatient department.	471	Substance use	482
Outpatient surgery	471	Suicidal ideation	483
Outpatient visit	471	Surgery—See Appendix II, Outpatient surgery; Procedure.	
Overweight—See Appendix II, Body mass index (BMI).		Surgical specialty—See Appendix II, Physician specialty.	
Pap smear.	471	Tobacco use—See Appendix II, Cigarette smoking.	
Patient—See Appendix II, Inpatient; Office visit; Outpatient visit.		Uninsured.	483
Percent change/percentage change—See Appendix II, Average annual rate of change (percent change).		Urbanization	483
Perinatal mortality rate; ratio—See Appendix II, Rate: Death and related rates.		Usual source of care.	483
Personal care home with or without nursing—See Appendix II, Nursing home.		Vaccination.	483
Personal health care expenditures—See Appendix II, Health expenditures, national.		Wages and salaries—See Appendix II, Employer costs for employee compensation.	
Physical activity, leisure-time	472	Years of potential life lost (YPLL)	484
Physician.	472		
Physician specialty.	473		
Population	473		
Postneonatal mortality rate—See Appendix II, Rate: Death and related rates.			
Poverty	474		
Preferred provider organization (PPO)	474		
Prenatal care.	474		
Prevalence	474		
Primary care specialty—See Appendix II, Physician specialty.			
Private expenditures—See Appendix II, Health expenditures, national.			
Procedure.	474		
Proprietary hospital—See Appendix II, Hospital.			

Appendix II: Tables

Table I. United States projected year 2000 standard population and age groups used to age-adjust data.	432
Table II. United States projected year 2000 standard population and proportion distribution, by age, for age-adjusting death rates prior to 2001.	434
Table III. Revision of the <i>International Classification of Diseases</i> (ICD), by year of conference in which adopted and years in use in the United States	437
Table IV. Cause-of-death codes, by applicable revision of the <i>International Classification of Diseases</i> (ICD).	438
Table V. Comparability of selected causes of death between the 9th and 10th revisions of the <i>International Classification of Diseases</i> (ICD).	442
Table VI. Imputed family income percentages in the National Health Interview Survey, by selected characteristics: United States, 1990–2012	450

Table VII. Percentage of persons under age 65 with Medicaid or who are uninsured, by selected demographic characteristics, using Method 1 and Method 2 estimation procedures: United States, 2004	454
Table VIII. Codes for industries, based on the North American Industry Classification System (NAICS)	459
Table IX. Codes for external causes of injury, from the <i>International Classification of Diseases, 9th Revision, Clinical Modification</i>	460
Table X. Codes for diagnostic categories, from the <i>International Classification of Diseases, 9th Revision, Clinical Modification</i>	461
Table XI. Codes for procedure categories for National Hospital Discharge Survey data, from the <i>International Classification of Diseases, 9th Revision, Clinical Modification</i>	463
Table XII. Codes for procedure categories for Healthcare Cost and Utilization Project data, from the <i>International Classification of Diseases, 9th Revision, Clinical Modification</i>	464
Table XIII. Current cigarette smoking among adults aged 18 and over, by race and Hispanic origin under the 1997 and 1977 Standards for federal data on race and ethnicity: United States, average annual, 1993–1995	476
Table XIV. Private health care coverage among persons under age 65, by race and Hispanic origin under the 1997 and 1977 Standards for federal data on race and ethnicity: United States, average annual, 1993–1995	477

Appendix II: Figure

Figure I. U.S. Census Bureau: Four geographic regions and nine divisions of the United States	451
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Appendix I. Data Sources

Health, United States consolidates the most current data on the health of the population of the United States, the availability and use of health resources, and health care expenditures. Information was obtained from the data files and published reports of many federal government, private, and global agencies and organizations. In each case, the sponsoring agency or organization collected data using its own methods and procedures. Therefore, data in this report may vary considerably with respect to source, method of collection, definitions, and reference period.

Although a detailed description and comprehensive evaluation of each data source are beyond the scope of this appendix, readers should be aware of the general strengths and weaknesses of the different data collection systems shown in *Health, United States*. For example, population-based surveys obtain socioeconomic data, data on family characteristics, and information on the impact of an illness, such as days lost from work or limitation of activity. These data are limited by the amount of information a respondent remembers or is willing to report. For example, a respondent may not know detailed medical information, such as a precise diagnosis or the type of procedure performed, and therefore cannot report that information. In contrast, records-based surveys, which collect data from physician and hospital records, usually contain good diagnostic information but little or no information about the socioeconomic characteristics of individuals or the impact of illnesses on individuals.

Different data collection systems may cover different populations, and understanding these differences is critical to interpreting the resulting data. Data on vital statistics and national expenditures cover the entire population. However, most data on morbidity cover only the civilian noninstitutionalized population and thus may not include data for military personnel, who are usually young; for institutionalized people, including the prison population, who may be of any age; or for nursing home residents, who are usually older.

All data collection systems are subject to error, and records may be incomplete or contain inaccurate information. Respondents may not remember essential information, a question may not mean the same thing to different respondents, and some institutions or individuals may not respond at all. It is not always possible to measure the magnitude of these errors or their effect on the data. Where possible, table notes describe the universe and method of data collection, to assist users in evaluating data quality.

Some information is collected in more than one survey, and estimates of the same statistic may vary among surveys because of different survey methodologies, sampling frames, questionnaires, definitions, and tabulation

categories. For example, cigarette use is measured by the National Health Interview Survey, the National Survey on Drug Use & Health, the Monitoring the Future Study, and the Youth Risk Behavior Survey. These surveys use slightly different questions, cover persons of differing ages, and interview in diverse settings (e.g., at school compared with at home), so estimates will differ.

Overall estimates generally have relatively small sampling errors, but estimates for certain population subgroups may be based on a small sample size and have relatively large sampling errors. Numbers of births and deaths from the National Vital Statistics System represent complete counts (except for births in those states where data are based on a 50% sample for certain years). Therefore, these data are not subject to sampling error. However, when the figures are used for analytical purposes, such as the comparison of rates over a period, the number of events that actually occurred may be considered as one of a large series of possible results that could have arisen under the same circumstances. When the number of events is small and the probability of such an event is rare, estimates may be unstable, and considerable caution must be used in interpreting the statistics. Estimates that are unreliable because of large sampling errors or small numbers of events are noted with asterisks in tables, and the criteria used to determine unreliable estimates are indicated in an accompanying footnote.

In this appendix, government data sources are listed alphabetically by data set name, and private and global sources are listed separately. To the extent possible, government data systems are described using a standard format. The *Overview* is a brief, general statement about the purpose or objectives of the data system. The *Selected Content* section lists major data elements that are collected or estimated using interpolation or modeling. The *Data Years* section gives the years the survey or data system has existed or been fielded. The *Coverage* section describes the population that the data system represents: for example, residents of the United States, the noninstitutionalized population, persons in specific population groups, or other entities that make up the survey. The *Methodology* section presents a short description of the methods used to collect the data. The *Sample Size and Response Rate* section provides these statistics for surveys. The *Issues Affecting Interpretation* section describes major changes in the data collection methodology or other factors that must be considered when analyzing trends: for example, a major survey redesign that may introduce a discontinuity in the trend. For additional information about the methodology, data files, and history of a data source, consult the *References* and *For More Information* sections that follow each summary.

Government Sources

Abortion Surveillance System

CDC/National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)

Overview. The Abortion Surveillance System documents the number and characteristics of women obtaining legal induced abortions, monitors teenage and unintended pregnancy, and assists in efforts to identify and reduce preventable causes of morbidity and mortality associated with abortions.

Selected Content. System content includes age, race, ethnicity, marital status, previous live births, period of gestation, and previous induced abortions among women obtaining legal induced abortions.

Data Years. Each year, CDC requests abortion data from the central health agencies of 52 reporting areas (the 50 states, D.C., and New York City). This information is provided voluntarily to CDC and has been presented in *Health, United States, 2013* from 2001 onward. Two measures are presented in this table: the total number of abortions excluding the states which did not report for that particular year; and the 46 states which reported continuously for 2001–2010 (the six states which did not report continuously for the period 2001–2010 include: Alaska, California, Louisiana, Maryland, New Hampshire, and West Virginia). The following states did not report abortion data to CDC on an annual basis: in 2001–2002, Alaska, California, and New Hampshire; in 2003 and 2004, California, New Hampshire, and West Virginia; in 2005 and 2006, California, Louisiana, and New Hampshire; in 2007 and 2008, California, Maryland, and New Hampshire; in 2009 and 2010, California, Maryland, and New Hampshire.

Coverage. The system includes women of all ages, including adolescents, who obtain legal induced abortions.

Methodology. Each year, CDC requests tabulated data to document the number and characteristics of women obtaining abortions in the United States. For the purpose of surveillance, a legal induced abortion is defined as an intervention performed by a licensed clinician (e.g., a physician, nurse-midwife, nurse practitioner, or physician assistant) that is intended to terminate a suspected or known ongoing intrauterine pregnancy and produce a nonviable fetus at any gestational age.

In most states, collection of abortion data is facilitated by the legal requirement for hospitals, facilities, and physicians to report abortions to a central health agency. These central health agencies voluntarily provide CDC the aggregate numbers for the abortion data they have collected. Although reporting to CDC is voluntary, most reporting areas provide aggregate abortion numbers; during 2001–2010, a total of 46 reporting areas provided CDC a continuous annual record of abortion numbers.

Issues Affecting Interpretation. The findings in this report are subject to several limitations. First, because reporting requirements are established by the individual reporting areas, the collection of data varies, and CDC is unable to obtain the total number of abortions performed in the United States. During the period covered by this report, the total annual number of abortions recorded by CDC was 65%–69% of the number recorded by the Guttmacher Institute, which uses numerous active follow-up techniques to increase the completeness of the data obtained through its periodic national census of abortion providers. Although most reporting areas collect and send abortion data to CDC, this information is given to CDC voluntarily. During 2001–2010, 6 of the 52 reporting areas did not provide CDC with data on a consistent annual basis. As a result, the abortion numbers these areas report to CDC are incomplete. Moreover, even in states that legally require medical providers to submit a report for all the abortions they perform, enforcement of this requirement varies.

Second, because reporting requirements are established by the individual reporting areas, many states have developed reporting forms that do not resemble the template CDC created for technical guidance. Consequently, many reporting areas do not collect all the information CDC compiles on the characteristics of women obtaining abortions (e.g., age, race, and ethnicity).

Third, abortion data are compiled and reported to CDC by the central health agency of the reporting area in which the abortion was performed rather than the reporting area in which the woman lived. This overcounts abortion statistics for reporting areas in which a high percentage of abortions are obtained by out-of-state residents and undercounts abortions for states with limited abortion services, more stringent legal requirements for obtaining an abortion, or geographic proximity to services in another state.

Finally, adjustments for socioeconomic status cannot be made because CDC does not collect abortion data by education or income, and joint analysis of many variables of interest (e.g., age, race, and ethnicity) is precluded because reporting areas provide CDC with aggregate numbers rather than individual-level records.

Reference

Pazol K, Creanga AA, Burley KD, Hayes B, Jamieson DJ. Abortion surveillance—United States, 2010. *MMWR Surveill Summ* 2013;62(SS–08):1–44. Available from: http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6208a1.htm?s_cid=ss6208a1_e.

For More Information. See the NCCDPHP surveillance and research website at: http://www.cdc.gov/reproductivehealth/Data_Stats/index.htm.

Census of Fatal Occupational Injuries (CFOI)

Bureau of Labor Statistics (BLS)

Overview. CFOI compiles comprehensive and timely information on fatal work injuries to monitor workplace safety and to inform private and public health efforts to improve workplace safety.

Selected Content. Information is collected about each fatal work injury, including occupation and other worker characteristics, equipment involved, and circumstances of the event.

Data Years. Data have been collected annually since 1992.

Coverage. The data cover all 50 states and D.C. In selected years, data are available for Puerto Rico, the Virgin Islands, and Guam but are not included in *Health, United States* because of data comparability issues.

Methodology. CFOI is administered by BLS, in conjunction with participating state agencies, to compile counts that are as complete as possible to identify, verify, and profile fatal work injuries. Key information about each workplace fatal injury (occupation and other worker characteristics, equipment or machinery involved, and circumstances of the event) is obtained by cross-referencing source documents. For a fatal occupational injury to be included in the census, the decedent must have been employed (i.e., self-employed, working for pay, or volunteering) at the time of the event, engaged in a legal work activity, or present at the site of the incident as a requirement of his or her job. These criteria are generally broader than those used by federal and state agencies administering specific laws and regulations. Fatal work injuries that occur during a person's commute to or from work are excluded from the census counts. Fatal work injuries to volunteer workers who are exposed to the same work hazards and perform the same duties or functions as paid employees and who meet the CFOI work relationship criteria are included.

Data for CFOI are compiled from various federal, state, and local administrative sources, including death certificates, workers' compensation reports and claims, reports to various regulatory agencies, medical examiner reports, police reports, and news reports. Diverse sources are used because studies have shown that no single source captures all job-related fatal injuries. Source documents are matched so that each fatal work injury is counted only once. To ensure that a fatal work injury occurred while the decedent was at work, information is verified from two or more independent source documents or from a source document and a follow-up questionnaire.

Denominator data for the calculation of fatal work injury rates are provided by the Current Population Survey (CPS). CPS and CFOI differ in scope. Where these differences occur, CFOI adjusted fatal work injury counts that are used in

calculating the rates, to maintain consistency between the rate numerator (number of fatal work injuries) and the denominator (annual average employment and/or total hours worked). Workers under age 16 are excluded from fatal injury rate data. Starting with 2008 data, volunteers and military personnel are also excluded. Volunteers and military personnel are not included in the CPS data, and CFOI has been unable to obtain reliable hours-worked data for these groups. Prior to 2008, the employment numbers used to calculate the military rate were supplied by the U.S. Census Bureau (1995–1998) and the Department of Defense (1999–2008).

Issues Affecting Interpretation. The number of fatal occupational injuries and fatal injury rates are revised once after the initial preliminary release. States have up to 8 months to update their initial published counts and may identify additional fatal work injuries after data collection has closed for a reference year. Fatal work injuries initially excluded from the published count because of insufficient information to determine work relationship may subsequently be verified as work-related and included in the revised counts and rates. Increases in the published counts over the last 5 years based on additional information have averaged 150 fatal occupational injuries per year, or less than 3% of the annual total.

Prior to 2003, CFOI used the Standard Industrial Classification (SIC) system and the U.S. Census Bureau's occupational classification system to classify industries. Beginning with 2003 data, CFOI began using the 2002 North American Industry Classification System (NAICS). Although some titles in SIC and NAICS are similar, there is limited comparability between the two systems because the industry groupings are defined differently. Starting with 2009 data, CFOI began using the 2007 NAICS to classify industries. In *Health, United States*, industry data are presented at the two-digit level. Most of the differences between the 2002 and 2007 NAICS are at a more detailed level. Therefore, the adoption of the 2007 NAICS for CFOI is unlikely to affect the trend presented in *Health, United States*. (See [Appendix II, Industry of employment](#).)

Starting with 2008 data, fatal injury rates presented in *Health, United States* are based on hours rather than employment, and consequently are not directly comparable with earlier injury rate data. Hours-based rates standardize the amount of exposure and are considered more accurate than employment-based rates. Hours-based rates use the average number of employees at work and the average hours each employee works annually. Employment- and hours-based rates will be similar for groups of workers who usually work full time. Differences in these rates are more likely for groups of workers who have a high percentage of part-time workers, such as younger workers. Hours-worked data are provided by CPS. For more information, see: <http://www.bls.gov/iif/oshnotice10.htm>.

Reference

Bureau of Labor Statistics. Revisions to the 2011 Census of Fatal Occupational Injuries (CFOI) counts. Washington, DC: U.S. Department of Labor; 2013 April 25. Available from: http://www.bls.gov/iif/oshwc/cfoi/cfoi_revised11.pdf.

For More Information. See the CFOI website at: <http://www.bls.gov/iif/oshcfoi1.htm>, and see the CFOI section of the *BLS Handbook of Methods* at: <http://www.bls.gov/opub/hom/pdf/homch9.pdf>.

Consumer Price Index (CPI)

Bureau of Labor Statistics (BLS)

Overview. The Consumer Price Index (CPI) is a measure of the average change in prices over time of goods and services purchased by households. The Bureau of Labor Statistics publishes CPIs for two population groups: (a) the CPI for Urban Wage Earners and Clerical Workers (CPI-W), which covers households of wage earners and clerical workers that make up approximately 28% of the total population and (b) the CPI for All Urban Consumers (CPI-U) and the Chained CPI for All Urban Consumers (C-CPI-U), which cover approximately 88% of the total population and include in addition to wage earners and clerical worker households, groups such as professional, managerial, and technical workers, the self-employed, short-term workers, the unemployed, and retirees and others not in the labor force.

Selected Content. The CPIs are based on prices of food, clothing, shelter, and fuels, transportation fares, charges for doctors' and dentists' services, drugs, and other goods and services that people buy for day-to-day living. Prices are collected each month in 87 urban areas across the country from about 4,000 housing units and approximately 26,000 retail establishments—department stores, supermarkets, hospitals, filling stations, and other types of stores and service establishments. All taxes directly associated with the purchase and use of items are included in the index. Prices of food, fuels, and a few other items are obtained every month in all 87 locations. Prices of most other commodities and services are collected every month in the three largest geographic areas and every other month in other areas. Prices of most goods and services are obtained by personal visits or telephone calls by the Bureau's trained representatives.

Methodology. In calculating the index, price changes for the various items in each location are averaged together with weights that represent their importance in the spending of the appropriate population group. Local data are then combined to obtain a U.S. city average. For the CPI-U and CPI-W, separate indexes are also published by size of city, by region of the country, for cross-classifications of regions and population-size classes, and for 27 local areas. Area indexes

do not measure differences in the level of prices among cities; they only measure the average change in prices for each area since the base period. For the C-CPI-U, data are issued only at the national level. Note that the CPI-U and CPI-W are considered final when released, but the C-CPI-U is issued in preliminary form and subject to two annual revisions.

The index measures price change from a designed reference date. For the CPI-U and the CPI-W all items index, the reference base is 1982–1984 equals 100. The reference base for the C-CPI-U is December 1999 equals 100. An increase of 16.5% from the reference base, for example, is shown as 116.500. This change can also be expressed in dollars as follows: The price of a base period market basket of goods and services in the CPI has risen from \$10.00 in 1982–1984 to \$11.65.

Issues Affecting Interpretation. A 1987 revision changed the treatment of health insurance in the cost-weight definitions for medical care items. This change has no effect on the overall index result but provides a clearer picture of the role of health insurance in the CPI. As part of the revision, three new indexes were created by separating previously combined items; for example, eye care is separated from other professional services, and inpatient and outpatient treatment are separated from other hospital and medical care services.

Effective January 1997, the hospital index was restructured by combining the three categories (room, inpatient services, and outpatient services) into one category: hospital services. In addition, new procedures for hospital data collection identify a payer, diagnosis, and the payer's reimbursement arrangement from selected hospital bills.

References

Bureau of Labor Statistics. BLS handbook of methods. BLS bulletin no 2490. Washington, DC: U.S. Department of Labor; 1997. Available from: <http://www.bls.gov/opub/hom/>.

Bureau of Labor Statistics. Revising the Consumer Price Index. *Mon Labor Rev* 1996;119(12).

Ford IK, Ginsburg DH. Medical care in the Consumer Price Index. In: Cutler DM, Berndt ER, eds. *Medical care output and productivity*. Bureau of Economic Research studies in income and wealth, vol 62; 203–19. Chicago, IL: University of Chicago Press; 2001.

For More Information. See the BLS/CPI website at: <http://www.bls.gov/cpi>.

Current Population Survey (CPS)

Bureau of Labor Statistics (BLS) and U.S. Census Bureau

Overview. CPS provides current estimates and trends in employment, unemployment, and other characteristics of the general labor force, the population as a whole, and various population subgroups.

Selected Content. The CPS interview is divided into three basic parts: (a) household and demographic information, (b) labor force information, and (c) supplement information for months that include supplements. Comprehensive work experience information is gathered on the employment status, occupation, and industry of persons interviewed.

Estimates of poverty and health insurance coverage presented in *Health, United States* from CPS are derived from the Annual Social and Economic Supplement (ASEC), formerly called the Annual Demographic Supplement (ADS) and commonly called the March Supplement. ASEC collects data on family characteristics, household composition, marital status, migration, income from all sources, information on weeks worked, time spent looking for work or on layoff from a job, occupation and industry classification of the job held longest during the year, health insurance coverage, and receipt of noncash benefits such as food stamps, school lunch program, employer-provided group health insurance plan, employer-provided pension plan, personal health insurance, Medicaid, Medicare, Tricare or military health care, and energy assistance.

Data Years. The basic CPS has been conducted since 1945, although some data were collected prior to that time. The U.S. Census Bureau has collected data in the ASEC or ADS since 1947.

Coverage. The Census 2000-based basic CPS sample was introduced in April 2004, and implementation was completed by July 2005 with coverage in every state and D.C. For CPS labor force data, the adult universe (i.e., the population of marriageable age) is composed of persons aged 15 and over in the civilian noninstitutionalized population. The sample for the March CPS supplement is expanded to include members of the Armed Forces who are living in a household that includes at least one civilian adult, as well as additional Hispanic households that are not included in the monthly labor force estimates.

Methodology. The basic CPS sample is selected from multiple frames using multiple stages of selection. Each unit is selected with a known probability to represent similar units in the universe. The sample design is state-based, with the sample in each state being independent of the others.

One person generally responds for all eligible members of a household. For those who are employed, employment information is collected for the job held in the reference week. The reference week is defined as the 7-day period,

Sunday through Saturday, that includes the 12th of the month. In CPS, a person with two or more jobs is classified according to the job at which he or she worked the greatest number of hours. In general, BLS publishes labor force data only for persons aged 16 and over because those under 16 are substantially limited in their labor market activities by compulsory schooling and child labor laws. No upper age limit is used, and full-time students are treated the same as nonstudents.

The additional Hispanic sample is from the previous November's basic CPS sample. If a person is identified as being of Hispanic origin from the November interview and is still residing at the same address in March, that housing unit is eligible for the March survey. This amounts to a near-doubling of the Hispanic sample because there is no overlap of housing units between the basic CPS samples in November and March.

For all CPS data files, a single weight is prepared and used to compute the monthly labor force status estimates. An additional weight is prepared for the earnings universe that roughly corresponds to wage and salary workers in the two outgoing rotations. The final weight is the product of the basic weight, the adjustments for special weighting, the noninterview adjustment, the first-stage ratio adjustment factor, and the second-stage ratio adjustment factor. This final weight should be used when producing estimates from the basic CPS data. Differences in the questionnaire, sample, and data uses for the March CPS supplement result in the need for additional adjustment procedures to produce what is called the March Supplement weight.

Sample Size and Response Rate. Beginning with 2001, the Children's Health Insurance Program (CHIP) sample expansion was introduced. This included an increase in the basic CPS sample to 60,000 households per month. Prior to 2001, estimates were based on 50,000 households per month. The expansion also included an additional 12,000 households that were allocated differentially across states, based on prior information of the number of uninsured children in each state, to produce statistically reliable current state data on the number of low-income children who do not have health insurance coverage. In an average month, the nonresponse rate for the basic CPS is about 7%–8%.

Issues Affecting Interpretation. Over the years, the number of income questions has expanded, questions on work experience and other characteristics have been added, and the month of interview was moved to March. In 2002, an ASEC sample increase was implemented, requiring more time for data collection. Thus, additional ASEC interviews are now taking place in February and April. However, even with this sample increase, most of the data collection still occurs in March.

In 1994, major changes were introduced that included a complete redesign of the questionnaire to include new health insurance questions and the introduction of computer-assisted interviewing for the entire survey.

In addition, some of the labor force concepts and definitions were revised. Prior to the redesign, CPS data were primarily collected using a paper-and-pencil form. Beginning in 1994, population controls were based on the 1990 census and adjusted for the estimated population undercount. Starting with *Health, United States, 2003*, poverty estimates for data years 2000 and beyond were recalculated based on the expanded CHIP sample, and Census 2000-based population controls were implemented. Starting with 2002 health insurance data, 1997 OMB race standards were implemented that allowed respondents to report more than one race. Starting with *Health, United States, 2012*, Census 2010-based population controls were implemented for health insurance estimates for 2009 and beyond and for poverty estimates for 2010 and beyond. For a discussion of the impact of the implementation of the Census 2010-based controls on poverty and health insurance estimate trends, see: DeNavas-Walt, Proctor, and Smith (2012).

In September 2011, calendar-year coverage data for 1999–2009 were revised to improve the estimates for the insured and uninsured. These improvements address differences in the way health insurance coverage is collected in the survey and the way it is imputed for missing data. Research showed that imputed data resulted in a lower number of dependents with coverage than for those who reported coverage. To address this, if a policyholder had a family health insurance plan, coverage was assigned to everyone in the household for imputed data. Other improvements resulted in revised estimates of public coverage and less dual coverage. Overall, the effect of the changes was to reduce the uninsured rate by 0.6 percentage point for calendar year 2009. For more information on these imputation improvements, see <http://www.census.gov/hhes/www/hlthins/data/revhlth/usernote.html>. Starting with *Health, United States, 2012*, the revised data were used.

References

U.S. Census Bureau. Current Population Survey: Design and methodology. Technical paper no 66. Washington, DC: U.S. Census Bureau; 2006. Available from: <http://www.census.gov/prod/2006pubs/tp-66.pdf>.

DeNavas-Walt C, Proctor BD, Smith JC. Income, poverty, and health insurance coverage in the United States: 2011. Current Population Reports, P–60–243. Washington, DC: U.S. Government Printing Office; 2012. Available from: <http://www.census.gov/prod/2012pubs/p60-243.pdf>.

DeNavas-Walt C, Proctor BD, Smith JC. Income, poverty, and health insurance coverage in the United States: 2012. Current Population Reports, P–60–245. Washington, DC: U.S. Government Printing Office; 2013. Available from: <http://www.census.gov/prod/2013pubs/p60-245.pdf>.

For More Information. See the CPS website at: <http://www.census.gov/cps>.

Department of Veterans Affairs National Enrollment and Patient Databases

Department of Veterans Affairs (VA)

Overview. The VA compiles and analyzes multiple data sets on the health and health care of its clients and other veterans, to monitor access and quality of care and to conduct program and policy evaluations.

Selected Content. The VA maintains the National Patient Care Database (NPCD), the Patient Treatment file (PTF), and the National Enrollment Database (NED).

The NPCD and PTF are nationwide systems that contain a statistical record for each episode of care provided under VA auspices, in VA and non-VA hospitals, nursing homes, VA residential rehabilitation treatment programs (formerly called domiciliaries), and VA outpatient clinics. Three major extracts are the PTF, the Patient Census file (PCF), and the NPCD.

The PTF collects data at the time of the patient's discharge on each episode of inpatient care provided to patients at VA hospitals, VA nursing homes, VA residential rehabilitation treatment programs, community nursing homes, and other non-VA facilities. The PTF record contains unique patient identifiers, dates of inpatient treatment, date of birth, state and county of residence, type of disposition, place of disposition after discharge, and *International Classification of Diseases, 9th Revision, Clinical Modification (ICD–9–CM)* diagnostic and procedure or operative codes for each episode of care.

The PCF collects data on each patient remaining in a VA medical facility at midnight at the end of each quarter of the fiscal year. The census record includes information similar to that reported in the PTF.

The NPCD collects data on each instance of medical treatment provided to a veteran in an outpatient setting. The NPCD includes age, unique patient identifiers, state and county of residence, VA eligibility code, clinic(s) visited, purpose of visit, and date of visit for each episode of care.

The VA also maintains the NED as the official repository of enrollment information for each veteran enrolled in the VA health care system.

Coverage. U.S. veterans who receive services within the VA medical system are included. Data are available for some nonveterans who receive care at VA facilities.

Methodology. The NPCD and PTF are the source data for the Veterans Health Administration (VHA) Medical SAS Datasets. The NPCD and PTF are also the VHA's centralized relational databases (a data warehouse) that receive encounter data from VHA clinical information systems. The databases are updated daily. Data are collected locally at each VA medical center and transmitted electronically to the VA's Austin Automation Center for use in providing nationwide statistics, reports, and comparisons.

Issues Affecting Interpretation. The databases include users of the VA health care system. VA eligibility is a hierarchy based on service-connected disabilities, income, age, and availability of services. Therefore, different VA programs may serve populations with different sociodemographic characteristics than those served by other health care systems.

For More Information. See the VA Information Resource Center website at: <http://www.virec.research.va.gov/Index.htm>.

Employee Benefits Survey—See Appendix I, National Compensation Survey (NCS).

Healthcare Cost and Utilization Project (HCUP), Nationwide Inpatient Sample

Agency for Healthcare Research and Quality

Overview. HCUP is a family of health care databases and related software tools developed through a federal-state-industry partnership to build a multistate health data system for health care research and decision making. The Nationwide Inpatient Sample (HCUP–NIS), a component of HCUP, is the largest all-payer inpatient care database that is publicly available in the United States, containing data from 5 to 8 million hospital stays from about 1,000 hospitals, sampled to approximate a 20% stratified sample of U.S. community hospitals.

Selected Content. HCUP–NIS contains a core set of clinical and nonclinical information found in a typical discharge abstract, including all-listed diagnoses and procedures, discharge status, patient demographics, and charges for all patients regardless of payer (e.g., persons covered by Medicare, Medicaid, and private insurance, as well as those without insurance coverage).

Data Years. HCUP–NIS data releases are available for data years beginning in 1988. The number of states in HCUP–NIS varies by year.

Coverage. HCUP–NIS for 2011 includes 1,049 hospitals from 46 states, which contains about 97% of all U.S. community hospital discharges. The number of states participating in HCUP–NIS has increased each year, from 28 states in 2000 to 37 states in 2005, 38 states in 2006, 40 states in 2007, 42 states in 2008, 44 states in 2009, 45 states in 2010, and 46 states in 2011. The states included in the 2000 data set were Arizona, California, Colorado, Connecticut, Florida, Georgia, Hawaii, Illinois, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Missouri, New Jersey, New York, North Carolina, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, and Wisconsin. Starting in 2005, Arkansas, Indiana, Michigan,

Minnesota, Nebraska, Nevada, New Hampshire, Ohio, Oklahoma, Rhode Island, South Dakota, and Vermont joined the sample, and Maine, Pennsylvania, and Virginia left HCUP–NIS. Starting in 2006, Virginia rejoined the sample, and starting in 2007 Maine and Wyoming were added. Starting in 2008, Louisiana and Pennsylvania were added. Starting in 2009, Montana and New Mexico were added; in 2010, Alaska and Mississippi were added and New Hampshire data were not available. In 2011, North Dakota was added, resulting in 46 states in HCUP–NIS.

Methodology. HCUP–NIS is designed to approximate a 20% sample of U.S. community hospitals (excluding rehabilitation hospitals), defined by the American Hospital Association to be all nonfederal, short-term, general, and other specialty hospitals, excluding hospital units of institutions. This universe of U.S. community hospitals is divided into strata using five hospital characteristics: ownership and control, bed size, teaching status, urban or rural location, and U.S. region. HCUP–NIS is a stratified probability sample of hospitals in the frame, with sampling probabilities proportional to the number of U.S. community hospitals in each stratum. The frame is limited by the availability of inpatient data from the data sources currently participating in HCUP.

The information abstracted from hospital discharge records is translated into a uniform format to facilitate both multistate and national-state comparisons and analyses.

Hospital costs are derived from total hospital charges using hospital-specific cost-to-charge ratios based on hospital accounting reports from the Centers for Medicare & Medicaid Services. Hospital charges reflect the amount the hospital billed for the entire hospital stay and do not include professional (physician) fees. Costs will tend to reflect the actual costs to produce hospital services, whereas charges represent what the hospital billed for the care. Costs are adjusted for economy-wide inflation by removing increases that reflect the effect of changing average prices for the same goods and services. The U.S. Bureau of Economic Analysis Gross Domestic Product Price Index is used to remove economy-wide inflation. Additional inflation that is specific to the hospital sector is not removed in this calculation.

Sample Size and Response Rate. The 2011 HCUP–NIS contains data from approximately 8 million hospital stays from 1,049 hospitals; this approximates a 20% stratified sample of U.S. community hospitals. The Inpatient Core file (the HCUP–NIS inpatient discharge-level file) contains data for 100% of the discharges from a sample of hospitals in participating states.

Issues Affecting Interpretation. Weights are produced to create national estimates, but because the number of participating states has increased over time, estimates from earlier years may be biased if omitted states have substantially different hospitalization patterns than states that provided data.

Reference

Agency for Healthcare Research and Quality (AHRQ). Introduction to the HCUP Nationwide Inpatient Sample (NIS), 2011. In: Healthcare Cost and Utilization Project—HCUP: A federal-state-industry partnership in health data. Rockville, MD: AHRQ; 2013. Available from: http://www.hcup-us.ahrq.gov/db/nation/nis/NIS_Introduction_2011.pdf.

For More Information. See the HCUP website at: <http://www.hcup-us.ahrq.gov/>.

Medicaid Statistical Information System (MSIS)

Centers for Medicare & Medicaid Services (CMS)

Overview. CMS works with its state partners to collect data on each person served by the Medicaid program, in order to monitor and evaluate access to and quality of care, trends in program eligibility, characteristics of enrollees, changes in payment policy, and other program-related issues.

Selected Content. Data collected include claims for services and their associated payments for each Medicaid beneficiary, by type of service. MSIS also collects information on the characteristics of every Medicaid-eligible individual, including eligibility and demographic information.

Data Years. Selected state data are available starting in 1992. Data for all 50 states and D.C. are available starting in 1999.

Coverage. The data include information about all individuals enrolled in the Medicaid program, the services they receive, and the payments made for those services.

Methodology. MSIS is the primary data source for Medicaid statistical data. It is the basic source for state-reported eligibility and claims data on the Medicaid population, its characteristics, utilization, and payments. Beginning in FY 1999, as a result of legislation enacted from the Balanced Budget Act of 1997, states were required to submit individual eligibility and claims data tapes to CMS quarterly, through MSIS. Prior to FY 1999, states were required to submit an annual HCFA–2082 report, designed to collect aggregated statistical data on eligibles, recipients, services, and expenditures during a federal fiscal year (October 1 through September 30) or, at state option, to submit eligibility data and claims through MSIS. The claims data reflect bills adjudicated or processed during the year, rather than services used during the year.

Form CMS–64, Quarterly Expense Report, a product of the financial budget and grant system, is a statement of expenditures for the Medicaid program that the states submit to CMS 30 days after each quarter. The report is an accounting statement of actual expenditures made by the states for which they are entitled to receive federal reimbursement under Title XIX for that quarter. The amount

claimed on form CMS–64 is a summary of expenditures derived from source documents such as invoices, cost reports, and eligibility records. For more information, see: <http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/MBES/CMS-64-Quarterly-Expense-Report.html>.

Form CMS–64 shows the disposition of Medicaid grant funds for the quarter being reported and for previous years, the recoupments made or refunds received, and income earned on grant funds. The data on form CMS–64 are used to reconcile the monetary advance made on the basis of states' funding estimates filed prior to the beginning of the quarter on form CMS–37, Medicaid Program Budget Report. As such, form CMS–64 is the primary source for making adjustments for any identified overpayments and underpayments to the states. Also incorporated into this process are disallowance actions forwarded from other federal financial adjustments. Finally, form CMS–64 provides information that forms the basis for a series of Medicaid financial reports and budget analyses. Also included are third-party liability (TPL) collections tables. TPL refers to the legal obligation of certain health care sources to pay the medical claims of Medicaid recipients before Medicaid pays these claims. Medicaid pays only after the TPL sources have met their legal obligation to pay.

Issues Affecting Interpretation. The Medicaid tables in *Health, United States* are based on MSIS data. Users of Medicaid data may note apparent inconsistencies in the data that are primarily due to the difference in information captured in MSIS compared with form CMS–64 reports. The most substantive difference is due to payments made to disproportionate share hospitals. Payments to disproportionate share hospitals do not appear in MSIS because states reimburse these hospitals directly and there is no fee-for-service billing. Other, less significant, differences between MSIS and form CMS–64 occur because adjudicated claims data are used in MSIS compared with actual payments reflected in form CMS–64. Differences also may occur because of internal state practices for capturing and reporting these data through two separate systems. Finally, national totals for form CMS–64 are different because they include other jurisdictions, such as the Northern Mariana Islands and American Samoa. Starting with 1999 data, MSIS excluded data from Puerto Rico and the U.S. Virgin Islands, which accounted for approximately 1 million eligibles and \$250 million in Medicaid payments.

For More Information. See the CMS websites at: <http://www.cms.hhs.gov/home/medicaid.asp> and <http://www.medicare.gov/Medicare-CHIP-Program-Information/By-Topics/Data-and-Systems/Data-and-Systems.html> and the Research Data Assistance Center (ResDAC) website at: <http://cms.gov/Research-Statistics-Data-and-Systems/Research/ResearchGenInfo/ResearchDataAssistanceCenter.html>. (Also see [Appendix II, Medicaid](#).)

Medical Expenditure Panel Survey (MEPS)

Agency for Healthcare Research and Quality (AHRQ)

Overview. MEPS produces nationally representative estimates of health care use, expenditures, sources of payment, insurance coverage, and quality of care for the U.S. civilian noninstitutionalized population.

Selected Content. MEPS data in *Health, United States* include total health care expenses and prescribed medicine expenses, presented by sociodemographic characteristics, type of health insurance, and sources of payment.

Data Years. The 1977 National Medical Care Expenditure Survey and the 1987 National Medical Expenditure Survey (NMES) are earlier versions of MEPS. Since 1996, MEPS has been conducted on an annual basis.

Coverage. The U.S. civilian noninstitutionalized population is the primary population represented. The 1987 and 1996 surveys also had an institutionalized population component.

Methodology. MEPS consists of three components: the Household Component (HC), the Medical Provider Component (MPC), and the Insurance Component (IC). MEPS–HC is a national probability survey conducted on an annual basis since 1996. The panel design of the survey features five rounds of interviewing covering two full calendar years. The HC is a nationally representative survey of the civilian noninstitutionalized population drawn from a subsample of households that participated in the prior year's National Health Interview Survey. Missing expenditure data in the HC are imputed largely from data collected in the MPC.

The MPC collects data from hospitals, physicians, home health care providers, and pharmacies that were reported in the HC as providing care to MEPS sample persons. Data are collected in the MPC to improve the accuracy of the expenditure estimates that would be obtained if derived solely from the HC. The MPC is particularly useful in obtaining expenditure information for persons enrolled in managed care plans and Medicaid recipients. Sample sizes for the MPC vary from year to year depending on the HC sample size and the MPC sampling rates for providers.

The IC is a separate MEPS component that collects data on the types and costs of workplace health insurance from a sample of over 40,000 business establishments and over 3,000 state and local governments each year.

The MEPS predecessor, the 1987 NMES, consisted of two components: the Household Survey (HS) and the Medical Provider Survey (MPS). The NMES–HS component was designed to provide nationally representative estimates of health insurance status, health insurance coverage, and health care use for the U.S. civilian noninstitutionalized population for the calendar year 1987. Data from the NMES–MPS component were used in conjunction with HS data to produce estimates of health care expenditures. The

NMES–HS consisted of four rounds of household interviews. Income information was collected in a special supplement administered early in 1988. Events under the scope of the NMES–MPS included medical services provided by or under the direction of a physician, all hospital events, and home health care.

Sample Size and Response Rate. In 2010, the MEPS annual survey consisted of 12,445 families and 31,228 individuals. The annual response rate, which reflects nonresponse to the National Health Interview Survey from which the MEPS sample is selected, as well as nonresponse and attrition in MEPS, has averaged about 57% in recent years.

Issues Affecting Interpretation. The 1987 estimates are based on NMES, and 1996 and later years' estimates are based on MEPS. Because expenditures in NMES were based primarily on charges, whereas those for MEPS were based on payments, data for NMES were adjusted to be more comparable with MEPS by using estimated charge-to-payment ratios for 1987. For a detailed explanation of this adjustment, see Zuvekas and Cohen (2002).

References

Hahn B, Lefkowitz D. Annual expenses and sources of payment for health care services. National Medical Expenditure Survey. Research Findings no 14. AHCPH pub no 93–0007. Rockville, MD: Agency for Health Care Policy and Research; 1992.

Ezzati-Rice TM, Rohde F, Greenblatt J. Sample design of the Medical Expenditure Panel Survey Household Component, 1998–2007. Methodology Report no 22. Rockville, MD: Agency for Healthcare Research and Quality; 2008. Available from: http://www.meps.ahrq.gov/mepsweb/data_files/publications/mr22/mr22.shtml.

Zuvekas SH, Cohen JW. A guide to comparing health care expenditures in the 1996 MEPS to the 1987 NMES. *Inquiry* 2002;39(1):76–86.

For More Information. See the MEPS website at: <http://www.meps.ahrq.gov/mepsweb/>.

Medicare Administrative Data

Centers for Medicare & Medicaid Services (CMS)

Overview. CMS collects and synthesizes Medicare enrollment, spending, and claims data to monitor and evaluate access to and quality of care, trends in utilization, changes in payment policy, and other program-related issues.

Selected Content. Data include claims information for services furnished to Medicare fee-for-service beneficiaries and Medicare enrollment data. Claims data include type of service, procedures, diagnoses, dates of service, charge amounts, and payment amounts. Enrollment data include date of birth, sex, race, ethnicity, and reason for entitlement.

Data Years. Some data files are available as far back as 1987, but CMS no longer provides technical support for files with data prior to 1991.

Coverage. Enrollment data are for all persons enrolled in the Medicare program. Claims data include data for Medicare fee-for-service beneficiaries who received services and for whom claims were filed.

Methodology. The claims and utilization data files contain extensive utilization information at various levels of summarization for a variety of providers and services. There are many types and levels of these files: National Claims History (NCH) files, Standard Analytic files (SAFs), Medicare Provider and Analysis Review (MedPAR) files, Medicare enrollment files, and various other files.

The NCH 100% Nearline file contains all institutional and noninstitutional claims and provides records of every Medicare claim submitted, including adjustment claims. SAFs contain final action claims data in which all adjustments have been resolved. These files contain information collected by Medicare to pay for health care services provided to a Medicare beneficiary. SAFs are available for each institutional (inpatient, outpatient, skilled nursing facility, hospice, or home health agency) and noninstitutional (physician and durable medical equipment providers) claim type. The record unit of SAFs is the claim (some episodes of care may have more than one claim).

MedPAR files contain inpatient hospital and skilled nursing facility (SNF) final action stay records. Each MedPAR record represents a stay in an inpatient hospital or SNF. An inpatient stay record summarizes all services rendered to a beneficiary from the time of admission to a facility, through discharge. Each MedPAR record may represent one claim or multiple claims, depending on the length of a beneficiary's stay and the amount of inpatient services used throughout the stay.

The Denominator file contains demographic and enrollment information about each beneficiary enrolled in Medicare during a calendar year. The information in the Denominator file is frozen in March of the following calendar year. Some of the information contained in this file includes the beneficiary unique identifier, state and county codes, ZIP code, date of birth, date of death, sex, race, age, monthly entitlement indicators (for Medicare Part A, Medicare Part B, or Part A and Part B), reasons for entitlement, state buy-in indicators, and monthly managed care indicators (yes or no). The Denominator file is used to determine beneficiary demographic characteristics, entitlement, and beneficiary participation in Medicare managed care organizations (MCOs).

The Vital Status file contains demographic information about each beneficiary ever entitled to Medicare. Some of the information contained in this file includes the beneficiary unique identifier, state and county codes, ZIP code, date of birth, date of death, sex, race, and age. Often the Vital Status file is used to obtain recent death information for a cohort of Medicare beneficiaries.

The Group Health Plan (GHP) master file contains data on beneficiaries who are currently enrolled, or have ever been enrolled, in an MCO under contract with CMS. Each record represents one beneficiary, and each beneficiary has one record. Some of the information contained in this file includes the beneficiary unique identifier, state and county codes, date of birth, date of death, 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 MCOs might not file claims, files based only on claims data will exclude care for persons enrolled in Medicare MCOs. In addition, to maintain a manageable file size, some files are based on a sample of enrollees rather than on all Medicare enrollees. Coding and the interpretation of Medicare coverage rules have also changed over the life of the Medicare program.

For More Information. See the CMS Research Data Assistance Center (ResDAC) website at: <http://www.resdac.org> and the CMS website at: [http://www.cms.gov/Research-Statistics-Data-and-Systems.html](http://www.cms.gov/Research-Statistics-Data-and-Systems/Research-Statistics-Data-and-Systems.html). (Also see [Appendix II, Medicare](#).)

Medicare Current Beneficiary Survey (MCBS)

Centers for Medicare & Medicaid Services (CMS)

Overview. MCBS produces nationally representative estimates of health status, health care use and expenditures, health insurance coverage, and socioeconomic and demographic characteristics of Medicare beneficiaries. It is used to estimate expenditures and sources of payment for all services used by Medicare beneficiaries, including copayments, deductibles, and noncovered services; to ascertain all types of health insurance coverage and relate coverage to sources of payment; and to trace processes over time, such as changes in health status and the effects of program changes.

Selected Content. MCBS collects data on the utilization of health services, health and functional status, health care expenditures, and health insurance and beneficiary information (such as income, living arrangement, family assistance, and quality of life).

Data Years. The first round of interviewing was conducted from September through December 1991, and the survey has been in the field continuously since then. The data are designed to support both cross-sectional and longitudinal analyses.

Coverage. MCBS is a continuous survey of a nationally representative sample of aged, institutionalized, and disabled Medicare beneficiaries.

Methodology. The overlapping panel design of the survey allows each sample person (or their proxies) to be

interviewed three times a year for 4 years, whether he or she resides in the community or a facility or moves between the two settings, using the version of the questionnaire appropriate to the setting. Sample persons are interviewed using computer-assisted personal interviewing (CAPI) survey instruments. Because residents of long-term care facilities often are in poor health, information about institutionalized residents is collected from proxy respondents such as nurses and other primary caregivers affiliated with the facility. The sample is selected from the Medicare enrollment files, with oversampling among disabled persons under age 65 and among persons aged 85 and over.

MCBS has two components: the Cost and Use file and the Access to Care file. Medicare claims are linked to survey-reported events to produce the Cost and Use file, which provides complete expenditure and source-of-payment data on all health care services, including those not covered by Medicare. The Access to Care file contains information on beneficiaries' access to health care, satisfaction with care, and usual source of care. The sample for this file represents the always enrolled population—those who participated in the Medicare program for the entire year. In contrast, the Cost and Use file represents the ever enrolled population, including those who entered Medicare and those who died during the year.

Sample Size and Response Rate. Each fall, about one-third of the MCBS sample is retired and roughly 6,000 new sample persons are included in the survey; the exact number chosen is based on projections of target samples of 12,000 persons with 3 years of cost and use information distributed appropriately across the sample cells. In the community, response rates for initial interviews are approximately 80%; once respondents have completed the first interview, their participation in subsequent rounds is 95% or more. In recent rounds, data have been collected from approximately 16,000 beneficiaries. Roughly 90% of the sample is made up of persons who live in the community, with the remaining persons living in long-term care facilities. Response rates for facility interviews approach 100%.

Issues Affecting Interpretation. Because only Medicare enrollees are included in MCBS, the survey excludes a small proportion of persons aged 65 and over who are not enrolled in Medicare. This should be noted when using MCBS to make estimates of the entire population aged 65 and over in the United States.

References

Adler GS. A profile of the Medicare Current Beneficiary Survey. *Health Care Financ Rev* 1994;15(4):153–63.

Lo A, Chu A, Apodaca R. Redesign of the Medicare Current Beneficiary Survey sample. Rockville, MD: Westat, Inc.; 2003. Available from: <http://www.amstat.org/sections/srms/Proceedings/y2002/Files/JSM2002-000662.pdf>.

For More Information. See the MCBS website at: <http://www.cms.hhs.gov/MCBS>.

Monitoring the Future (MTF) Study

National Institute on Drug Abuse (NIDA)

Overview. MTF is an ongoing study of the behaviors, attitudes, and values of U.S. secondary school students, college students, and adults through age 55.

Selected Content. Data collected include lifetime, annual, and 30-day prevalence of use of many illegal drugs, inhalants, tobacco, and alcohol. Data are also collected on usage levels, frequency of use, perceived risks associated with different levels of use, personal disapproval, and perceived 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 in public and private high schools in the coterminous United States. Some 45,000–50,000 students located in roughly 400 public and private schools are surveyed annually. Annual follow-up questionnaires are mailed to a sample of each graduating class for a number of years after their initial participation, to gather information on college students, young adults, and older adults.

Methodology. The survey design is a multistage random sample, with stage 1 being the selection of particular geographic areas, stage 2 the selection of one or more schools in each area, and stage 3 the selection of students within each school. Data are collected using self-administered questionnaires conducted in the classroom by representatives of the University of Michigan's Institute for Social Research. Dropouts and students who are absent on the day of the survey are excluded. Recognizing that the dropout population is at higher risk for drug use, MTF was expanded in 1991 to include similar nationally representative samples of 8th and 10th graders, who have lower dropout rates than seniors and include future high-risk 12th grade dropouts. For more information on MTF adjustments for absentees and dropouts, see Johnston et al. (2013).

Sample Size and Response Rate. In 2012, a total of 45,449 students in 395 public and private schools in the coterminous United States participated. The annual senior samples comprised 14,343 seniors in 127 public and private high schools nationwide. The 10th-grade samples involved 15,428 students in 126 schools, and the 8th-grade samples had 15,678 students in 142 schools. Student response rates were 91% for grade 8, 87% for grade 10, and 83% for grade

12 and have been relatively constant across time. Absentees constitute virtually all of the nonresponding students.

Issues Affecting Interpretation. Estimates of substance use among youth based on the National Survey on Drug Use & Health (NSDUH) are not directly comparable with estimates based on MTF and the Youth Risk Behavior Survey (YRBS). In addition to the fact that MTF excludes dropouts and absentees, rates are not directly comparable across these surveys because of differences in populations covered, sample design, questionnaires, interview setting, and data cleaning procedures. NSDUH collects data in residences, whereas MTF and YRBS collect data in school classrooms. In addition, NSDUH estimates are tabulated by age, whereas MTF and YRBS estimates are tabulated by grade, representing different ages as well as different populations.

References

Johnston LD, O'Malley PM, Bachman JG, Schulenberg JE. Monitoring the future national results on adolescent drug use: Overview of key findings, 2012. Ann Arbor, MI: Institute for Social Research, The University of Michigan; 2013. Available from: <http://www.monitoringthefuture.org/pubs/monographs/mtf-overview2012.pdf>.

Johnston LD, O'Malley PM, Bachman JG, Schulenberg JE. Monitoring the future national survey results on drug use, 1975–2012: Vol I, secondary school students. Ann Arbor, MI: Institute for Social Research, The University of Michigan; 2013. Available from: http://www.monitoringthefuture.org/pubs/monographs/mtf-vol1_2012.pdf.

Cowan CD. Coverage, sample design, and weighting in three federal surveys. *J Drug Issues* 2001;31(3):599–614.

For More Information. See the NIDA website at: <http://www.nida.nih.gov/Infobox/HSYouthtrends.html> and the MTF website at: <http://www.monitoringthefuture.org>.

National Ambulatory Medical Care Survey (NAMCS)

CDC/NCHS

Overview. NAMCS is a national survey designed to provide information about the provision and use of medical care services in office-based physician practices in the United States.

Selected Content. Data are collected from medical records on type of providers seen; reason for visit; diagnoses; drugs ordered, provided, or continued; and selected procedures and tests ordered or performed during the visit. Patient data include age, sex, race, and expected source of payment. Data are also collected on selected characteristics of physician practices.

Data Years. NAMCS, which began in 1973, was conducted annually until 1981, once in 1985, and resumed an annual schedule in 1989.

Coverage. The scope of the survey covers patient encounters in the offices of nonfederally employed physicians classified by the American Medical Association (AMA) or American Osteopathic Association (AOA) as office-based patient care physicians. Patient encounters with physicians engaged in prepaid practices [health maintenance organizations (HMOs), independent practice organizations (IPAs), and other prepaid practices] are included in NAMCS. Excluded are visits to hospital-based physicians; visits to specialists in anesthesiology, pathology, or radiology; and visits to physicians who are principally engaged in teaching, research, or administration. Telephone contacts and nonoffice visits are also excluded. Starting in 2006, NAMCS includes visits to a separate sample of community health centers (CHCs).

Methodology. A multistage probability design is employed. The first-stage sample consisted of 84 primary sampling units (PSUs) in 1985, and beginning in 1989, 112 PSUs, which were selected from about 1,900 such units into which the United States had been divided. In each sample PSU, a sample of practicing nonfederal, office-based physicians is selected from master files maintained by AMA and AOA. The final stage involves systematic random samples of office visits during randomly assigned 7-day reporting periods. In 1985, the survey excluded Alaska and Hawaii. Starting in 1989, the survey included all 50 states and D.C.

Starting in 2006, a dual-sampling procedure was used to select CHC physicians and nonphysician clinicians. First, the traditional NAMCS sample was selected using the methods described above. Second, information from the Health Resources and Services Administration and the Indian Health Service was used to select a sample of CHCs. Within CHCs, a maximum of three health care providers were selected, including physicians, physician assistants, nurse practitioners, or nurse midwives. After selection, CHC providers followed traditional NAMCS methods for selecting patient visits.

The U.S. Census Bureau acts as the data collection agent for NAMCS. Screening interviews are conducted by Census field representatives to obtain information about physicians' office-based practices and to ensure that the practice is within the scope of the survey. Field representatives visit eligible physicians prior to their participation in the survey, to provide them with survey materials and instruct them on how to sample patient visits and complete patient record forms. Participants are asked to complete forms for a systematic random sample of approximately 30 office visits occurring during a randomly assigned 1-week period, but increasingly patient record forms are abstracted by field representatives.

Sample data are weighted to produce national estimates. The estimation procedure used in NAMCS has four basic components: inflation by the reciprocal of the probability of selection, adjustment for nonresponse, ratio adjustment to fixed totals, and weight smoothing.

Sample Size and Response Rate. In each sample year from 2003 through 2005, 3,000 physicians were sampled and the response rates were 66%–70%. Data were provided for approximately 25,000 visits per survey year. In sample years 2006 and 2007, 3,500 physicians were sampled and the response rates were 64%–65%. Data were provided for approximately 29,000 visits in 2006 and almost 33,000 visits in 2007. In 2008, a sample of 3,319 physicians was selected: 2,229 were in-scope and 1,334 participated, for a response rate of 59%. Data were provided for 28,741 visits. In 2009, a sample of 3,319 physicians was selected: 2,290 were in-scope and 1,445 participated, for a response rate of 62%. Data were provided for 32,281 visits. In 2010, a sample of 3,525 physicians was selected: 2,406 were in-scope and 1,418 participated, for a response rate of 58%. Data were provided for 31,229 visits. The response rates have been modified to accommodate the mixture of one- and two-stage samples of providers.

Issues Affecting Interpretation. The NAMCS patient record form is modified approximately every 2–4 years to reflect changes in physician practice characteristics, patterns of care, and technological innovations. Examples of recent changes include increasing the number of drugs recorded on the patient record form and adding checkboxes for specific tests or procedures performed. Sample sizes vary by survey year. For some years it is suggested that analysts combine two or more years of data if they wish to examine relatively rare populations or events. Starting with *Health, United States, 2005*, data for survey years 2001–2002 were revised to be consistent with the weighting scheme introduced in the 2003 NAMCS data. For more information on the new weighting scheme, see Hing et al. (2005).

Reference

Hing E, Cherry DK, Woodwell DA. National Ambulatory Medical Care Survey: 2003 summary. Advance data from vital and health statistics; no 365. Hyattsville, MD: NCHS; 2005. Available from: <http://www.cdc.gov/nchs/data/ad/ad365.pdf>.

For More Information. See the National Health Care Surveys website at: <http://www.cdc.gov/nchs/dhcs.htm> and the Ambulatory Health Care Data website at: <http://www.cdc.gov/nchs/ahcd.htm>.

National Compensation Survey (NCS)

Bureau of Labor Statistics (BLS)

Overview. NCS provides comprehensive measures of occupational earnings, compensation cost trends, benefit incidence, and detailed plan provisions.

Selected Content. Detailed occupational earnings are collected for metropolitan and nonmetropolitan areas, for broad geographic regions, and on a national basis. The Employment Cost Index (ECI) and Employer Costs for Employee Compensation (ECEC) are compensation measures derived from NCS. ECI measures changes in labor costs; average hourly employer costs for employee compensation are presented in ECEC. National benefits data are presented for five broad occupational groupings: management, professional, and related; sales and office; service; natural resources, construction, and maintenance; and production, transportation, and material moving. Data are also available by goods- and service-producing industries, union affiliation, and establishment size.

Data Years. NCS replaces three existing BLS surveys: ECI, the Occupational Compensation Survey Program (OCSP), and the Employee Benefits Survey (EBS). ECI and EBS were fully integrated into NCS in 1999. Prior to 1999, EBS was collected for small private establishments (those employing fewer than 100 workers) and from state and local governments regardless of employment size. In odd-numbered years, data were collected for medium and large private establishments (those employing 100 workers or more). ECI was created in the mid-1970s, and EBS was added to an existing data collection effort (the Professional, Administrative and Technical Pay Survey) in the late 1970s. ECEC was developed in 1987.

Coverage. NCS provides information for the Nation for the nine census divisions and for 152 selected areas (combined statistical areas, metropolitan statistical areas, micropolitan statistical areas, and county clusters). Not all areas have information for all occupations. NCS includes both full- and part-time workers who are paid a wage or salary and includes data for the civilian economy, including both private industry and state and local government. It excludes agriculture, fishing, and forestry industries; private household workers; the self-employed; and the federal government.

Methodology. NCS is conducted quarterly by the BLS' Office of Compensation and Working Conditions. The sample is selected using a three-stage design. The first stage involves the selection of areas for the state and local government sample and the private industry sample. In the second stage, establishments are selected systematically, with the probability of selection proportionate to their relative employment size within the industry. Use of this technique

means that the larger an establishment's employment, the greater its chance of selection. The third stage of sampling is a probability sample of occupations within a sampled establishment. This step is performed by the BLS field economist during an interview with the respondent establishment in which selection of an occupation is based on probability of selection proportionate to employment in the establishment, and each occupation is classified under its corresponding major occupational group.

Data collection is conducted by BLS field economists. Data are gathered from each establishment on the primary business activity of the establishment; types of occupations; number of employees; wages, salaries, and benefits; hours of work; and duties and responsibilities. Wage data obtained by occupation and work level allow NCS to publish occupational wage statistics for localities, census divisions, and the Nation.

Sample Size and Response Rate. The sample consists of approximately 152 areas that represent the Nation's almost 370 metropolitan statistical areas and almost 580 micropolitan statistical areas [as defined by the Office of Management and Budget (OMB)] and the remaining portions of the 50 states. NCS is in the midst of a 6-year transition from the OMB's December 1993 area definitions to the December 2003 area definitions. During this transition, NCS is surveying additional areas while new areas are being phased into the sample and others are being phased out. For more information, see: <http://www.bls.gov/ncs/ncswage2007.htm#AppendixA>.

Issues Affecting Interpretation. Because NCS merges separate surveys, trend analyses prior to 2000 should be interpreted with care. The industrial coverage, establishment size coverage, and geographic coverage for EBS have changed since 1990. All surveys conducted from 1979 through 1989 excluded part-time employees, as well as establishments in Alaska and Hawaii. The surveys conducted from 1979 through 1986 covered only medium and large private establishments and excluded most of the service industries. Establishments that employed at least 50, 100, or 250 workers (depending on the industry) were included. The survey conducted in 1987 consisted of state and local governments with 50 or more employees. The surveys carried out in 1988 and 1989 included all private-sector establishments that employed 100 or more people.

ECEC switched to new industry and occupation classification systems with the release of the March 2004 data. The North American Industry Classification System (NAICS) is now used to classify industries, and the 2000 Standard Occupational Classification (SOC) system is used to classify occupations. ECEC data based on the 1987 Standard Industrial Classification System and the 1990 Occupational Classification System are no longer produced, and data classified under these coding schemes are not comparable with data classified under NAICS or SOC. The 2007 NAICS is

gradually replacing the 2002 NAICS, but this does not affect trends. Beginning with the March 2004 quarter, historical data are available based on NAICS and the 2000 SOC. The historical tables are available from: <http://www.bls.gov/ncs/ect/home.htm> or upon request from BLS. For more detailed information on NAICS and SOC, including background definitions and implementation schedules, see the BLS websites at: <http://www.bls.gov/bls/naics.htm> and <http://www.bls.gov/soc/home.htm>.

The state and local government sample, which is replaced less frequently than the private industry sample, was replaced in its entirety in September 2007. As a result of this replacement, the number of state and local government occupations and establishments increased substantially. The private industry sample is rotated over approximately 5 years, which makes the sample more representative of the economy and reduces respondent burden. Data are collected for the pay period including the 12th day of the survey months of March, June, September, and December. The sample is replaced on a cross-area, cross-industry basis.

Compensation cost levels in state and local government should not be directly compared with levels in private industry. Differences between these sectors stem from factors such as variation in work activities and occupational structures. Manufacturing and sales, for example, make up a large part of private industry work activities but are rare in state and local government. Professional and administrative support occupations (including teachers) account for two-thirds of the state and local government workforce, compared with one-half of private industry.

References

Bureau of Labor Statistics. Employer costs for employee compensation—March 2012 [press release USDL-13-1140]. Washington, DC: U.S. Department of Labor; 2013 June 12. Available from: <http://www.bls.gov/news.release/ecec.nr0.htm>.

Wiatrowski WJ. The National Compensation Survey: Compensation statistics for the 21st century. Washington, DC: U.S. Department of Labor, Bureau of Labor Statistics. Compensation and Working Conditions (CWC) Online 2000; Winter:5-14. Available from: <http://www.bls.gov/opub/mlr/cwc/the-national-compensation-survey-compensation-statistics-for-the-21st-century.pdf>.

U.S. Bureau of Labor Statistics. BLS handbook of methods, ch 8: National compensation measures; 2007. Available from: <http://www.bls.gov/opub/hom/pdf/homch8.pdf>.

For More Information. See the NCS website at: <http://www.bls.gov/ncs>.

National Health Expenditure Accounts (NHEA)

Centers for Medicare & Medicaid Services (CMS)

Overview. NHEA provide estimates of aggregate health care expenditures in the United States, including spending for different types of health care goods and services, and the programs and payers that purchase those goods and services.

Selected Content. NHEA contain all of the main components of the health care system within a unified, mutually exclusive and exhaustive structure. The accounts measure spending for health care in the United States by type of good or service delivered (e.g., hospital care, physician and clinical services, retail prescription drugs) and by the source of funds that pay for that care (e.g., private health insurance, Medicare, Medicaid, out-of-pocket). NHEA also include public health spending, the net cost of private health insurance, administrative costs, and investment. A common set of definitions is used for health care goods and services and for sources of funds that finance health care expenditures, allowing for comparisons over time.

Data Years. In 1964, the U.S. Department of Health and Human Services began publishing these data annually, and expenditure estimates are available from 1960 onward.

Methodology. The primary data sources used to estimate hospital care spending were the American Hospital Association (AHA) Annual Survey and the U.S. Census Bureau's Services Annual Survey (SAS). These sources were supplemented by data on federal hospital spending. Expenditures for physician and clinical services, nursing care facilities and continuing care retirement communities, home health care, dentists, and the services of health care professionals (e.g., chiropractors, private duty nurses, therapists, and podiatrists) were estimated using data from SAS and the U.S. Census Bureau's quinquennial Economic Census. The estimate of retail spending for prescription drugs was based on prescription drug data from the U.S. Census Bureau's Census of Retail Trade and from IMS Health (Danbury, CT), an organization that collects data on retail sales of prescription drugs.

Expenditures for durable and nondurable medical products purchased in retail outlets were based on input-output and personal consumption expenditure data (Bureau of Economic Analysis), Economic Census and Annual Retail Trade Survey (ARTS) data (U.S. Census Bureau), Consumer Expenditure Survey data [Bureau of Labor Statistics (BLS)], Medical Expenditure Panel Surveys (MEPS) data (Agency for Healthcare Research and Quality (AHRQ)), and over-the-counter sales data from Kline and Company. Durable and nondurable products provided to inpatients in hospitals or nursing homes, and those provided by licensed health professionals or through home health care agencies, were excluded from the NHEA estimates of durable and

nondurable medical products, but were included with the expenditure estimates for the provider service category.

The Structures and Equipment component of NHEA includes estimates of the value of new construction put in place and new capital equipment (including software) purchased by the medical sector during the year. These estimates are based on a variety of data from the U.S. Census Bureau and the Bureau of Economic Analysis, including the Annual Capital Expenditures Survey, the C-30 Survey, and data from the National Income and Product Accounts.

Expenditures for noncommercial research are included in the Investment category of the NHEA and were developed primarily from information gathered by the National Institutes of Health and the National Science Foundation. The cost of commercial research (such as by drug companies) is assumed to be embedded in the price charged for the product and therefore is not included in the noncommercial research category.

Source-of-funds estimates come from many sources. Private health insurance spending for health care goods and services is derived using data from the U.S. Census Bureau, the American Medical Association (AMA), the American Hospital Association (AHA), and IMS Health, as well as household data from surveys such as the National Medical Care Expenditure Survey (National Center for Health Services Research, 1987) and later, MEPS (AHRQ, 1996–2006 and 2009). The net cost of private health insurance (which includes administrative costs, additions to reserves, rate credits and dividends, premium taxes, and net underwriting gains or losses) is estimated using data from A.M. Best (Oldwick, NJ), the National Association of Insurance Commissioners, BLS surveys on the cost of employer-sponsored health insurance and consumer expenditures, MEPS data for self-insured plans, data from privately funded surveys, and numerous consulting firms and private health insurance trade organizations.

Estimates of federal health care program spending (e.g., Medicare, Medicaid, and DOD) were developed using administrative records maintained by the servicing agencies. Out-of-pocket spending (direct spending by consumers for co-payments, coinsurance, deductibles, and payments for goods and services not covered by insurance) was estimated using data from the Service Annual Survey (U.S. Census Bureau), the Consumer Expenditure Survey (BLS), the MEPS (AHRQ), the AHA Annual Survey, and data from IMS Health. All other health care programs and payers in NHEA were estimated using data using numerous data sources.

Every 5 years, NHEA undergo a comprehensive revision that includes the incorporation of newly available source data, methodological and definitional changes, and benchmark estimates from the Economic Census. During these comprehensive revisions, the entire NHEA time series is opened for revision. In addition to these changes, during the 2009 comprehensive revision the classification structure of NHEA was changed to more clearly align programs and

payers with the current health care system. CMS (2010). In 2010, the National Health Statistics Group undertook a benchmark revision. CMS (2011).

References

Hartman M, Martin AB, Benson J, Catlin A. National Health Expenditure Accounts Team. National Health Spending in 2011: Overall Growth Remains Low, But Some Payers And Services Show Signs of Acceleration. *Health Aff (Millwood)* 2013;32(1):87–99.

Centers for Medicare & Medicaid Services. National Health Expenditure Accounts: Methodology paper, 2011: Definitions, sources, and methods. Baltimore, MD: CMS; 2013. Available from: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/downloads/dsm-11.pdf>.

Centers for Medicare & Medicaid Services. Summary of National Health Expenditure Account 2010 comprehensive revisions. Baltimore, MD: CMS; 2011. Available from: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/Downloads/2010ComprehensiveRevision.pdf>.

Centers for Medicare & Medicaid Services. Summary of National Health Expenditure Account 2009 comprehensive revisions. Baltimore, MD: CMS; 2010. Available from: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/Downloads/benchmark2009.pdf>.

For More Information. See the CMS National Health Expenditure Accounts website at: <http://www.cms.hhs.gov/NationalHealthExpendData>.

National Health and Nutrition Examination Survey (NHANES)

CDC/NCHS

Overview. The NHANES program includes a series of cross-sectional, nationally representative health examination surveys of the civilian noninstitutionalized population conducted in mobile examination units or clinics (MECs). In the first series of surveys—the National Health Examination Survey (NHES)—data were collected on the prevalence of certain chronic diseases, the distributions of various physical and psychological measures, and measures of growth and development. In 1971, a nutrition surveillance component was added, and the survey name was changed to NHANES. See the Data Years section for more information on the survey names and the years conducted.

Selected Content. NHANES has collected data on chronic disease prevalence and conditions (including undiagnosed

conditions) and on risk factors such as obesity and smoking, elevated serum cholesterol levels, hypertension, diet and nutritional status, immunization status, infectious disease prevalence, health insurance, and measures of environmental exposures. Other topics addressed include hearing, vision, mental health, anemia, diabetes, cardiovascular disease, osteoporosis, oral health, pharmaceuticals and dietary supplements used, and physical fitness.

NHES I data were collected on the prevalence of certain chronic diseases, as well as the distribution of various physical and psychological measures, including blood pressure and serum cholesterol levels. NHES II and NHES III focused on factors related to growth and development in children and youth.

For NHANES I, data were collected on indicators of the nutritional and health status of the American people through dietary intake data, biochemical tests, physical measurements, and clinical assessments for evidence of nutritional deficiency. Detailed examinations were conducted by dentists, ophthalmologists, and dermatologists, with an assessment of need for treatment. In addition, data were obtained for a subsample of adults on overall health care needs and behavior, and more detailed examination data were collected on cardiovascular, respiratory, arthritic, and hearing conditions. For NHANES II, the nutrition component was expanded and the medical area focused on diabetes, kidney and liver function, allergy, and speech pathology. The third survey (NHANES III) additionally included data on antibodies, spirometry, and bone health.

Beginning in 1999 with continuous data collection for NHANES, new topics have included cardiorespiratory fitness, physical functioning, lower extremity disease, full body scan (DXA) for body fat and bone density, and tuberculosis infection.

Data Years. Data have been collected from surveys conducted during 1960–1962 (NHES I), 1963–1965 (NHES II), 1966–1970 (NHES III), 1971–1974 (NHANES I) with an augmentation survey conducted between July 1974 and September 1975, 1976–1980 (NHANES II), 1982–1984 Hispanic Health and Nutrition Examination Survey (HHANES), and 1988–1994 (NHANES III). Since 1999, the survey has been conducted continuously.

Coverage. With the exception of HHANES (see [Methodology](#), below), NHES and NHANES provide estimates of the health status of the civilian noninstitutionalized population of the United States. NHES II and NHES III examined probability samples of the Nation's noninstitutionalized children aged 6–11 and 12–17, respectively.

The NHANES I target population was the civilian noninstitutionalized population aged 1–74 years 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 aged 6 months to 74 years residing in the United States, including Alaska and Hawaii.

HHANES studied three geographically and ethnically distinct populations: Mexican American, living in Texas, New Mexico, Arizona, Colorado, and California; Cuban American, living in Dade County, Florida; and Puerto Rican, living in parts of New York, New Jersey, and Connecticut.

The NHANES III target population was the civilian noninstitutionalized population aged 2 months and over. The sample design provided for oversampling among children aged 2 months to 5 years, persons aged 60 and over, black persons, and persons of Mexican origin.

Beginning in 1999, NHANES oversampled low-income persons, adolescents aged 12–19, persons aged 60 and over, African American persons, and persons of Mexican origin. The sample for data years 1999–2006 was not designed to give a nationally representative sample for the total Hispanic population residing in the United States. Starting with 2007–2010 data collection, all Hispanic persons were oversampled, not just persons of Mexican origin, and adolescents were no longer oversampled. For more information on the sampling methodology and analytic guidance for 2007–2010, see: http://www.cdc.gov/nchs/data/nhanes/analyticnote_2007-2010.pdf. In 2011–2012, the sample was changed and the following groups were oversampled: Hispanic persons; Non-Hispanic black persons; non-Hispanic Asian persons; non-Hispanic white and Other persons at or below 130% of poverty; non-Hispanic white and Other persons aged 80 years and over. For more information on the 2011–2012 sample and analytic guidance, see: http://www.cdc.gov/nchs/data/nhanes/analytic_guidelines_11_12.pdf.

Methodology. NHANES include clinical examinations, selected medical and laboratory tests, and self-reported data. NHANES and previous surveys interviewed persons in their homes and conducted medical examinations, including laboratory analysis of blood, urine, and other tissue samples. Medical examinations and laboratory tests follow very specific protocols and are as standardized as possible to ensure comparability across sites and providers. In 1999–2002, as a substitute for the MEC examinations, a small number of survey participants received an abbreviated health examination in their homes if they were unable to come to the MEC.

For the first program or cycle of NHANES I, a highly stratified, multistage probability sample was selected to represent the 111 million civilian noninstitutionalized adults aged 18–79 in the United States at that time. The sample areas consisted of 42 primary sampling units (PSUs) from 1,900 geographic units. NHANES II and NHANES III were also multistage stratified probability samples of clusters of households in land-based segments. NHANES II and III used the same 40 PSUs.

For NHANES I, the sample areas consisted of 65 PSUs. A subsample of persons aged 25–74 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 aged 6 months to 5 years, those aged 60–74, and those living in poverty areas.

HHANES was similar in content and design to NHANES I and II. The major difference between HHANES and the previous national surveys is that HHANES used a probability sample of three special subgroups of the population living in selected areas of the United States, rather than a national probability sample. The three HHANES universes included approximately 84%, 57%, and 59%, respectively, of the 1980 Mexican-, Cuban-, and Puerto Rican-origin populations in the continental United States.

The survey for NHANES III was conducted from 1988 to 1994 and consisted of two phases of equal length and sample size. Phases 1 and 2 comprised random samples of the civilian U.S. population living in households. About 40,000 persons aged 2 months 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 aged 60 and over were oversampled to provide precise descriptive information on the health status of selected population groups in the United States.

Beginning in 1999, NHANES became a continuous annual survey, which allows increased flexibility in survey content. Since April 1999, NHANES has collected data every year from a representative sample of the civilian noninstitutionalized U.S. population, newborns and older, through in-home personal interviews and physical examinations in the MEC. The sample design is a complex, multistage, clustered design using unequal probabilities of selection. The first-stage sample frame for continuous NHANES during 1999–2001 was the list of PSUs selected for the design of the National Health Interview Survey. Typically, an NHANES PSU is a county. For 2002, an independent sample of PSUs (based on current census data) was selected. This independent design was used for the period 2002–2006. In 2007–2010 and 2011–2014, the sample was redesigned. For 1999, because of a delay in the start of data collection, 12 distinct PSUs were in the annual sample. For each year in 2000–2010, 15 PSUs were selected. The within-PSU design involves forming secondary sampling units that are nested within census tracts, selecting dwelling units within secondary units, and then selecting sample persons within dwelling units. The final sample person selection involves differential probabilities of selection according to the demographic variables of sex (male or female), race and ethnicity

(Hispanic, black, or all other persons), and age. Because of the differential probabilities of selection, dwelling units are screened for potential sample persons. Sample weights are available and should be used in estimating descriptive statistics. The complex design features should be used in estimating standard errors for the descriptive estimates. For more information on the sample design for 1999–2006, see: http://www.cdc.gov/nchs/data/series/sr_02/sr02_155.pdf; and for the sample design for 2007–2010, see: http://www.cdc.gov/nchs/data/series/sr_02/sr02_160.pdf.

The estimation procedure used to produce national statistics for all NHANES involved inflation by the reciprocal of the probability of selection, adjustment for nonresponse, and poststratified ratio adjustment to population totals. Sampling errors also were estimated, to measure the reliability of the statistics.

Sample Size and Response Rate. NHES I sampled 7,710 adults. The examination response rate was 87%. NHES II sampled 7,417 children and reported a response rate of 96% for the questionnaire sample and 73% for the examination sample. NHES III sampled 7,514 youth and reported a response rate of 90%.

A sample of 28,043 persons was selected for NHANES I. Household interviews were completed for 99% of the persons selected, and 74% (20,749) were examined. A sample of 27,801 persons was selected for NHANES II, 91% (25,286) were interviewed and 73% (20,322) were examined.

In NHANES, 9,894 persons in the Southwest were selected (75%, or 7,462, were examined); in Dade County, 2,244 persons were selected (60%, or 1,357, were examined); and in the Northeast, 3,786 persons were selected (75%, or 2,834, were examined). Over the 6-year survey period of NHANES III, 39,695 persons were selected, the household interview response rate was 86% (33,994), and the medical examination response rate was 78% (30,818).

In the sample selection for NHANES 1999–2000, there were 22,839 dwelling units screened. Of these, 6,005 households had at least one eligible sample person identified for interviewing, for a total of 12,160 eligible sample persons. The overall response rate in NHANES 1999–2000 for those interviewed was 82% (9,965 of 12,160), and the response rate for those examined was 76% (9,282 of 12,160). For NHANES 2001–2002, there were 13,156 persons selected in the sample, of which 84% (11,039) were interviewed and 80% (10,480) completed the health examination component of the survey. For NHANES 2003–2004, 6,410 households had at least one eligible sample person identified for interviewing. A total of 12,761 eligible sample persons were identified, of which 79% (10,115) were interviewed and 76% (9,653) completed the health examination component. For NHANES 2005–2006, a total of 12,862 persons were identified, of which 80% (10,348) were interviewed and 77% (9,950) completed the health examination component.

For NHANES 2007–2008, a total of 12,943 persons were identified, of which 78% (10,149) were interviewed and 75% (9,762) completed the health examination component. For NHANES 2009–2010, a total of 13,272 persons were identified, of which 79% (10,537) were interviewed and 77% (10,253) completed the health examination component. For NHANES 2011–2012, a total of 13,431 persons were identified, of which 73% (9,756) were interviewed and 70% (9,338) completed the health examination component. For more information on unweighted NHANES response rates and response weights using sample size weighted to Current Population Survey population totals, see: http://www.cdc.gov/nchs/nhanes/response_rates_CPS.htm.

Issues Affecting Interpretation. Data elements, laboratory tests performed, and the technological sophistication of medical examination and laboratory equipment have changed over time. Therefore, trend analyses should carefully examine how specific data elements were collected across the various NHES and NHANES surveys. Data files are revised periodically. If the file changes are minor and the impact on estimates small, then the data are not revised in *Health, United States*. Major data changes are incorporated.

Periodically, NHANES changes its sampling design to oversample different groups. For example, the sampling design of 2011–2012 NHANES was changed to oversample non-Hispanic Asians. Since the total sample size in any year is fixed due to operational constraints, sample sizes for the other oversampled groups (including Hispanic persons and non-low income white and other persons) were decreased. Therefore, trend analyses on demographic subpopulations should be carefully evaluated to determine if the sample sizes meet the NHANES Analytic Guidelines. In general, any 2-year data cycle in NHANES can be combined with adjacent 2-year data cycles to create analytic data files based on 4 or more years of data in order to improve precision. However, because of the sample design change for 2011–2012, the data user should be aware of the implications if these data are combined with data from earlier survey cycles. Users are advised to examine their estimates carefully to see if the 4-year estimates (and sampling errors) are consistent with each set of 2-year estimates.

References

Gordon T, Miller HW. Cycle I of the Health Examination Survey: Sample and response, United States, 1960–1962. NCHS. Vital Health Stat 1974;11(1). Available from: http://www.cdc.gov/nchs/data/series/sr_11/sr11_001.pdf.

NCHS. Plan, operation, and response results of a program of children's examinations. Vital Health Stat 1967;1(5). Available from: http://www.cdc.gov/nchs/data/series/sr_01/sr01_005.pdf.

Schaible WL. Quality control in a National Health Examination Survey. NCHS. Vital Health Stat 1973;2(44). Available from: http://www.cdc.gov/nchs/data/series/sr_02/sr02_044.pdf.

Miller HW. Plan and operation of the Health and Nutrition Examination Survey, United States, 1971–1973: Part A, Development, plan, and operation. NCHS. Vital Health Stat 1973;1(10a). Available from: http://www.cdc.gov/nchs/data/series/sr_01/sr01_010a.pdf.

NCHS. Plan and operation of the Health and Nutrition Examination Survey, United States, 1971–1973: Part B, Data collection forms of the survey. Vital Health Stat 1977;1(10b). Available from: http://www.cdc.gov/nchs/data/series/sr_01/sr01_010b.pdf.

Engel A, Murphy RS, Maurer K, Collins E. Plan and operation of the HANES I augmentation survey of adults 25–74 years: United States, 1974–1975. NCHS. Vital Health Stat 1978;1(14). Available from: http://www.cdc.gov/nchs/data/series/sr_01/sr01_014.pdf.

McDowell A, Engel A, Massey JT, Maurer K. Plan and operation of the second National Health and Nutrition Examination Survey, 1976–80. NCHS. Vital Health Stat 1981;1(15). Available from: http://www.cdc.gov/nchs/data/series/sr_01/sr01_015.pdf.

Maurer KR. Plan and operation of the Hispanic Health and Nutrition Examination Survey, 1982–84. NCHS. Vital Health Stat 1985;1(19). Available from: http://www.cdc.gov/nchs/data/series/sr_01/sr01_019.pdf.

Ezzati TM, Massey JT, Waksberg J, et al. Sample design: Third National Health and Nutrition Examination Survey. NCHS. Vital Health Stat 1992;2(113). Available from: http://www.cdc.gov/nchs/data/series/sr_02/sr02_113.pdf.

NCHS. Plan and operation of the Third National Health and Nutrition Examination Survey, 1988–94. Vital Health Stat 1994;1(32). Available from: http://www.cdc.gov/nchs/data/series/sr_01/sr01_032.pdf.

Johnson CL, Paulose-Ram R, Ogden CL, et al. National Health and Nutrition Examination Survey: Analytic guidelines, 1999–2010. NCHS. Vital Health Stat 2013;2(161). Available from: http://www.cdc.gov/nchs/data/series/sr_02/sr02_161.pdf.

NCHS. National Health and Nutrition Examination Survey: Analytic guidelines, 2011–2012. 2013. Available from: http://www.cdc.gov/nchs/data/nhanes/analytic_guidelines_11_12.pdf.

For More Information. See the NHANES website at: <http://www.cdc.gov/nchs/nhanes.htm>.

National Health Interview Survey (NHIS)

CDC/NCHS

Overview. NHIS monitors the health of the U.S. population through the collection and analysis of data on a broad range of health topics. A major strength of this survey lies in the ability to analyze health measures by many demographic and socioeconomic characteristics.

Selected Content. During household interviews, NHIS obtains information on activity limitation, illnesses, injuries, chronic conditions, health insurance coverage (or lack thereof), utilization of health care, and other health topics. Demographic data are reported by a knowledgeable adult family member and include age, sex, education, race, ethnicity, place of birth, employment status, and income. Other data collected annually include health risk factors such as lack of exercise, smoking, alcohol consumption, and use of prevention services such as vaccinations. Special modules and supplements focus on different issues each year and have covered many topics, including vaccinations; aging; cancer screening, including periodic prevention activities such as mammography, colorectal tests or procedures, and Pap smears; the impact of the Affordable Care Act; functioning and disability; and complementary and alternative medicine.

Data Years. NHIS has been conducted annually since 1957, with a major redesign every 15–20 years.

Coverage. The survey covers the civilian noninstitutionalized population of the United States. Among those excluded are patients in long-term care facilities, persons on active duty with the Armed Forces (although their dependents are included), incarcerated persons, and U.S. nationals living in foreign countries.

Methodology. NHIS is a cross-sectional household interview survey. Sampling and interviewing are continuous throughout each year. The sampling plan follows a multistage area probability design that permits the representative sampling of households. Traditionally, the sample for NHIS is redesigned and redrawn about every 10 years to better measure the changing U.S. population and to meet new survey objectives. A new sample design was implemented in the 2006 survey. The fundamental structure of the new design is very similar to the previous design for the 1995–2005 surveys. Information is presented only for the current sampling plan covering design years 2006–2014. The first stage of the current sampling plan consists of a sample of 428 primary sampling units (PSUs) drawn from approximately 1,900 geographically defined PSUs that cover the 50 states and D.C. A PSU consists of a county, a small group of contiguous counties, or a metropolitan statistical area.

Within a PSU, two types of second-stage units are used: area segments and permit segments. Area segments are defined geographically and contain an expected 8, 12, or 16

addresses. Permit segments cover housing units built after the 2000 census. The permit segments are defined using updated lists of building permits issued in the PSU since 2000 and contain an expected four addresses. Within each segment, all occupied households at the sample addresses are targeted for interview.

The total NHIS sample of PSUs is subdivided into four separate panels, or subdesigns, such that each panel is a representative sample of the U.S. population. This design feature has a number of advantages, including flexibility for the total sample size. The households selected for interview each week in NHIS are a probability sample representative of the target population.

In the 2006–2014 redesign, the NHIS sample was reduced by 13% compared with the 1995–2005 design. With four sample panels and no sample cuts or augmentations, the expected annual NHIS sample size (completed interviews) is approximately 35,000 households containing about 87,500 persons.

Oversampling of the black and Hispanic populations was retained in the 2006–2014 design to allow for more precise estimation of health characteristics in these growing minority populations. The new sample design also oversamples the Asian population. In addition, the sample adult selection process was revised so that when black, Hispanic, or Asian persons aged 65 and over are present, they have an increased chance of being selected as the sample adult.

The NHIS that was fielded from 1982 through 1996 consisted of two parts: (a) a set of basic health and demographic items (known as the Core questionnaire) and (b) one or more sets of questions on current health topics (known as Supplements). The Core questionnaire remained the same over that time period, whereas the current health topics changed depending on data needs.

The NHIS questionnaire revision, implemented in 1997, has two basic parts: a Basic Module or Core and one or more supplements that vary by year. The Core remains largely unchanged from year to year and allows for trend analysis and for data from more than 1 year to be pooled to increase the sample size for analytic purposes. The Core contains three components: the Family, the Sample Adult, and the Sample Child. The Family component collects information on everyone in the family and allows NHIS to serve as a sampling frame for additional integrated surveys as needed. Information collected in the Family component for all family members includes household composition and sociodemographic characteristics, tracking information, information for matches to administrative databases, health insurance coverage, and basic indicators of health status and utilization of health care services. Information from the Family component is included on the Person file (see the NHIS website, below). From each family in NHIS, one sample adult and, for families with children under age 18, one sample child are randomly selected to participate in the

Sample Adult and Sample Child questionnaires. For children, information is provided by a knowledgeable family member aged 18 or over residing in the household. Because some health issues are different for children and adults, these two questionnaires differ in some items but both collect basic information on health status, use of health care services, health conditions, and health behaviors.

Sample Size and Response Rate. Between 1997 and 2005, the sample numbered about 100,000 persons annually, with about 30,000–36,000 persons participating in the Sample Adult and about 12,000–14,000 in the Sample Child questionnaires. The NHIS sample was reduced by approximately 50% during the third quarter of 2006, cutting about 13% of the sample size of the original 2006 sample. In 2007, the NHIS sample was reduced by approximately 50% during July–September 2007. The 2007 sample reduction was implemented in the same way and during the same time of year as the 2006 sample reduction. Overall, about 13% of the households in the 2007 NHIS sample were deleted from interviewers' assignments. The NHIS sample was reduced by approximately 50% during October–December 2008 and by approximately 50% during January–March 2009.

The 2009 sample reduction was implemented in the same way as the 2006, 2007, and 2008 sample reductions; however, the timing of the 2009 reduction was different. The 2006 and 2007 reductions occurred during July–September, and the 2008 reduction occurred during October–December. Newly available funding later in 2009 permitted an expansion during October–December to increase that quarter's normal sample size by approximately 50%. The net effect of the January–March cut and the October–December expansion is that the 2009 NHIS sample size is approximately the same as it would have been if the sample had been maintained at a normal level during the entire calendar year.

In 2010, the NHIS sample was augmented by approximately 25% during January–March. There were no further changes to sample size in the remaining months of 2010. As a result, the 2010 NHIS sample size is slightly larger than the 2009 sample size. In 2010, the sample numbered 89,976, with 27,157 persons participating in the Sample Adult and 11,277 persons in the Sample Child questionnaires. In 2010, the total household response rate was 79%. The final response rate was 61% for the Sample Adult file and 71% for the Sample Child file.

In 2011–2012, the NHIS sample size was augmented in 32 states and D.C. The main goal of the augmentation was to increase the number of states for which reliable state-level estimates can be made. In 2011, the sample size was augmented by approximately 13%, and in 2012, by approximately 21%.

In 2011, the sample numbered 101,875 persons, with 33,014 persons participating in the Sample Adult and 12,850 in the Sample Child questionnaires. In 2011, the total household

response rate was 82%. The final response rate was 66% for the Sample Adult file and 75% for the Sample Child file.

In 2012, the sample numbered 108,131 persons, with 34,525 persons participating in the Sample Adult and 13,275 in the Sample Child questionnaires. In 2012, the total household response rate was 78%. The final response rate was 61% for the Sample Adult file and 70% for the Sample Child file.

Issues Affecting Interpretation. In 1997, the questionnaire was redesigned: some basic concepts were changed, and other concepts were measured in different ways. For some questions there was a change in the reference period. Also in 1997, the collection methodology changed from paper-and-pencil questionnaires to computer-assisted personal interviewing (CAPI). Because of the major redesign of the questionnaire in 1997, most NHIS trend tables in *Health, United States* begin with 1997 data. Starting with *Health, United States, 2005*, estimates for 2000–2002 were revised to use 2000-based weights and differ from previous editions of *Health, United States* that used 1990-based weights for those data years. The weights available on the public-use NHIS files for 2000–2002 are 1990-based. Data for 2003–2011 use weights derived from the 2000 census. Data for 2012 and beyond use weights derived from the 2010 census. In 2006–2010, the sample size was reduced, and this is associated with slightly larger variance estimates than in other years when a larger sample was fielded. Starting in 2010, a geographic nonresponse adjustment was made to both the sample adult weight and the sample child weight. See Moriarity (2009).

References

Massey JT, Moore TF, Parsons VL, Tadros W. Design and estimation for the National Health Interview Survey, 1985–94. NCHS. Vital Health Stat 1989;2(110). Available from: http://www.cdc.gov/nchs/data/series/sr_02/sr02_110.pdf.

NCHS. National Health Interview Survey: Research for the 1995–2004 redesign. Vital Health Stat 1999;2(126). Available from: http://www.cdc.gov/nchs/data/series/sr_02/sr02_126.pdf.

Botman SL, Moore TF, Moriarity CL, Parsons VL. Design and estimation for the National Health Interview Survey, 1995–2004. NCHS. Vital Health Stat 2000;2(130). Available from: http://www.cdc.gov/nchs/data/series/sr_02/sr02_130.pdf.

Moriarity C. 2009 National Health Interview Survey sample adult and sample child nonresponse bias analysis. Hyattsville, MD: NCHS; 2010. Available from: http://www.cdc.gov/nchs/data/nhis/nr_bias_analysis_report_2009_NHIS.pdf.

For More Information. See the NHIS website at: <http://www.cdc.gov/nchs/nhis.htm>.

National HIV Surveillance System

CDC/National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)

Overview. Human immunodeficiency virus (HIV) surveillance data are used to detect and monitor cases of HIV infection 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 persons diagnosed with HIV infection include age, sex, race, ethnicity, mode of exposure, and geographic region.

Data Years. Reports on cases of HIV infection are available for all 50 states, D.C., and six U.S. dependent areas (American Samoa, Guam, Northern Mariana Islands, Puerto Rico, Republic of Palau, and the U.S. Virgin Islands) from 2008.

Coverage. All 50 states, D.C., and six U.S. dependent areas (American Samoa, Guam, Northern Mariana Islands, Puerto Rico, Republic of Palau, and the U.S. Virgin Islands) report AIDS (HIV infection, stage 3) cases to CDC using a uniform surveillance case definition and case report form. As of April 2008, all reporting areas had implemented confidential, name-based HIV infection reporting and agreed to participate in CDC's National HIV Surveillance System.

Methodology. HIV surveillance is conducted by health departments in each state or dependent area and D.C. Although surveillance activities range from passive to active, most areas employ multifaceted active surveillance programs that include five major reporting sources of HIV information: hospitals and hospital-based physicians, physicians in nonhospital practice, public and private clinics, medical record systems (death certificates, tumor registries, hospital discharge abstracts, and communicable disease reports), and laboratories. Using a standard confidential case report form, the health departments collect information that is then transmitted electronically, without personal identifiers, to CDC.

The statistical adjustment of data on diagnoses of HIV infection (including stage 3, AIDS) is based on estimates of reporting-delay distributions, which are calculated by using a modified semiparametric life table statistical procedure. This procedure takes into account differences in reporting delays due to sex, race/ethnicity, and HIV transmission categories; reporting city, state, or territory; geographic region; size of the metropolitan statistical area; and type of facility where the diagnosis was made. HIV surveillance data are provisional and are updated annually.

Issues Affecting Interpretation. Although the completeness of reporting of cases of HIV infection 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 cases of HIV infection in most areas of the United States is more than

80% complete. To assess trends in cases of HIV infection, deaths, and prevalence, it is preferable to use case data adjusted for reporting delays and presented by year of diagnosis, rather than straight counts of cases presented by year of report.

In 2008, changes were made to the case definition for HIV infection. The new case definition combined the two previous case definitions for HIV and AIDS and established a new disease staging classification. This change in the new case definition prompted changes to the title of the report and new terminology for diagnoses of HIV infection and AIDS throughout the report. The term “HIV/AIDS” used to refer to a new diagnosis of HIV infection, regardless of the person’s disease stage at the time of diagnosis was replaced with the term “diagnosis of HIV infection,” to reflect implementation of the revised case definition for HIV infection that incorporated the previous case definition for AIDS and established a new disease staging classification. The term “HIV infection, stage 3 (AIDS)” refers specifically to persons with diagnosed HIV whose infection was classified as stage 3 (AIDS) during a given year (for diagnoses) or whose infection has ever been classified as stage 3 (AIDS) (for prevalence and deaths).

Reference

CDC. HIV surveillance report. Atlanta, GA; [published annually]. Available from: <http://www.cdc.gov/hiv/library/reports/surveillance/index.html>.

For More Information. See the NCHHSTP website at: <http://www.cdc.gov/nchhstp>.

National Hospital Ambulatory Medical Care Survey (NHAMCS)

CDC/NCHS

Overview. NHAMCS collects data on the utilization and provision of medical care services in hospital emergency and outpatient departments.

Selected Content. Data are collected from medical records on types of providers seen; reason for visit; diagnoses; drugs ordered, provided, or continued; and selected procedures and tests performed during the visit. Patient data include age, sex, race, and expected source of payment. Data are also collected on selected characteristics of the hospitals included in the survey.

Data Years. Annual data collection began in 1992.

Coverage. NHAMCS is a representative sample of visits to emergency departments (EDs) and outpatient departments (OPDs) of nonfederal, short-stay, or general hospitals. Telephone contacts are excluded. Starting in 2009, the survey includes a representative sample of visits to hospital-based ambulatory surgery centers (ASCs). Starting in 2010, a

representative sample of visits to freestanding ASCs is included.

Methodology. The four-stage probability sample design used in NHAMCS involves samples of (a) geographically defined primary sampling units (PSUs), (b) hospitals within PSUs, (c) clinics or emergency service areas within OPDs or EDs, and (d) patient visits within clinics or emergency service areas. EDs are treated as their own stratum, and all service areas within EDs are included. The first-stage sample of NHAMCS consists of 112 PSUs selected from 1,900 such units that make up the United States. Within PSUs, 600 general and short-stay hospitals were sampled and assigned to 1 of 16 panels. In any given year, 13 panels are included. Each panel is assigned to a 4-week reporting period during the survey year.

In the NHAMCS OPD, a clinic is defined as an administrative unit of the OPD in which ambulatory medical care is provided under the supervision of a physician. Clinics where only ancillary services (e.g., radiology, laboratory services, physical rehabilitation, renal dialysis, and pharmacy) are provided, or other settings in which physician services are not typically provided, are considered out of scope. If a hospital OPD has five or fewer in-scope clinics, all are included in the sample. If an OPD has more than five clinics, the clinics are assigned to one of six specialty groups: general medicine, surgery, pediatrics, obstetrics and gynecology, substance abuse, and other. Within these specialty groups, clinics are grouped into clinic sampling units (SUs). A clinic SU is generally one clinic, except when a clinic expects fewer than 30 visits. In that case, it is grouped with one or more other clinics to form a clinic SU. If the grouped SU is selected, all clinics included in that SU are included in the sample. Prior to 2001, a sample of generally five clinic SUs was selected per hospital, based on probability proportional to the total expected number of patient visits to the clinic during the assigned 4-week reporting period. Starting in 2001, clinic sampling within each hospital was stratified. If an OPD had more than five clinics, two clinic SUs were selected from each of the six specialty groups with a probability proportional to the total expected number of visits to the clinic. The change was made to ensure that at least two SUs were sampled from each of the specialty group strata.

The U.S. Census Bureau acts as the data collection agent for NHAMCS. Census field representatives contact sample hospitals to determine whether they have a 24-hour ED or an OPD that offers physician services. Visits to eligible EDs and OPDs are systematically sampled over the 4-week reporting period such that about 100 ED encounters and about 150–200 OPD encounters are selected. Hospital staff are asked to complete patient record forms (PRFs) for each sampled visit, but census field representatives typically abstract data for approximately two-thirds of these visits.

Sample data are weighted to produce national estimates. The estimation procedure used in NHAMCS has three basic components: inflation by the reciprocal of the probability of

selection, adjustment for nonresponse, and population weighting ratio adjustment.

Sample Size and Response Rate. In any given year, the hospital sample consists of approximately 500 hospitals, of which 80% have EDs and about one-half have eligible OPDs. Typically, about 1,000 clinics are selected from participating hospital OPDs.

In each sample year from 2002 through 2008, the number of PRFs completed for EDs ranged from 33,000 to 40,000, and for OPDs from 30,000 to 36,000. The hospital response rate was 83%–94% for EDs and 73%–84% for OPDs during this time frame. In 2009, the number of PRFs completed for EDs was 34,942 and for OPDs was 33,551, and the hospital response rate was 83% for EDs and 73% for OPDs. In 2010, the number of PRFs completed for EDs was 34,936 and for OPDs was 34,718, and the hospital response rate was 88% for EDs and 74% for OPDs. In 2011, the number of PRFs completed for EDs was 31,084 and for OPDs was 32,233, and the hospital response rate was 80% for EDs and 67% for OPDs.

Issues Affecting Interpretation. The NHAMCS PRF is modified approximately every 2 to 4 years to reflect changes in physician practice characteristics, patterns of care, and technological innovations. Examples of recent changes include an increase in the number of drugs recorded on the PRF and adding checkboxes for specific tests or procedures performed.

Reference

McCaig LF, McLemore T. Plan and operation of the National Hospital Ambulatory Medical Care Survey. NCHS. Vital Health Stat 1994;1(34). Available from: http://www.cdc.gov/nchs/data/series/sr_01/sr01_034acc.pdf.

For More Information. See the National Health Care Surveys website at: <http://www.cdc.gov/nchs/dhcs.htm> and the Ambulatory Health Care Data website at: <http://www.cdc.gov/nchs/ahcd.htm>.

National Hospital Discharge Survey (NHDS)

CDC/NCHS

Overview. NHDS collects and produces national estimates on characteristics of inpatient stays in nonfederal, short-stay hospitals in the United States.

Selected Content. Patient information collected includes demographics, length of stay, diagnoses, and procedures. Hospital characteristics collected include region, ownership, and bed size.

Data Years. NHDS has been conducted annually since 1965.

Coverage. The survey design covers the 50 states and D.C. Included in the survey are hospitals with an average length of stay of less than 30 days for all inpatients, general hospitals, and children's general hospitals. Excluded are federal, military, and Department of Veterans Affairs hospitals, as well as hospital units of institutions (such as prison hospitals) and hospitals with fewer than six beds staffed for patient use. All discharged patients from in-scope hospitals are included in the survey; however, data for newborns are not included in *Health, United States*.

Methodology. The NHDS design implemented in 1965 continued through 1987, and a redesign with a new sample of hospitals, fielded in 1988, was in place until 2010 when the survey was redesigned. The sample for the 1965 NHDS was selected in 1964 from a frame of short-stay hospitals listed in the National Master Facility Inventory. A two-stage stratified sample design was used, with hospitals stratified according to bed size and geographic region. Sample hospitals were selected with probabilities ranging from certainty for some hospitals to 1 in 40 for other hospitals. Within each participating hospital, a systematic random sample was selected from a daily listing sheet of discharges. Within-hospital sampling rates for discharges varied inversely with the probability of hospital selection, so the overall probability of selecting a discharge was approximately the same across the sample.

Data collection was conducted by manual abstraction of patient information from sampled medical records. Sample selection and transcription of information from inpatient medical records to NHDS survey forms were performed by hospital staff, representatives of NCHS, or both. In 1985, a second data collection procedure was introduced that involved the purchase of computer data tapes from commercial abstracting services that contained automated discharge data for some hospitals participating in NHDS. This procedure was used in approximately 17% of the sample hospitals for 1985–1987. Discharges on these computer files were subjected to the NHDS sampling specifications, as well as the computer edits and estimation procedures. Both data collection methods, manual and automated, continue to be used in NHDS.

A redesign of NHDS was implemented for the 1988 survey. Under the redesign, hospitals were selected using a modified three-stage stratified design. Units selected at the first stage consisted of either hospitals or geographic areas. The geographic areas were the primary sampling units (PSUs) used for the 1985–1994 National Health Interview Survey, which are geographic areas such as counties or townships. Hospitals within PSUs were selected at the second stage. Strata at this stage were defined by geographic region, PSU size, abstracting service status, and hospital specialty-size groups. Within these strata, hospitals were selected with probabilities proportional to their annual number of discharges. At the third stage, a sample of discharges was selected by a systematic random sampling technique. The sampling rate was determined by the

hospital's sampling stratum and the type of data collection system (manual or automated) used. Discharge records from hospitals submitting data from commercial abstracting services and selected state data systems (close to one-half of sample hospitals in 2009–2010) were arrayed by primary diagnoses, patient sex and age group, and date of discharge, before sampling.

The NHDS hospital sample has generally been updated every 3 years by continuing the sampling process among hospitals that become eligible for the survey during the intervening years and by deleting hospitals that are no longer eligible. This updating was conducted in 1991, 1994, 1997, 2000, 2003, and 2006.

The basic unit of estimation for NHDS is a sampled discharge. The basic estimation procedure involves inflation by the reciprocal of the probability of selection. Adjustments are made for nonresponding hospitals and discharges, and a post-ratio adjustment to fixed totals is employed.

Sample Size and Response Rate. Due to funding limitations, the 2008–2010 survey sample sizes were cut in half. In 2009, 239 hospitals were selected: 238 were within scope, 205 participated (for an unweighted response rate of 86%), and data were collected from medical records for approximately 162,000 discharges. In 2010, 239 hospitals were selected: 236 were within scope, 203 participated (for an unweighted response rate of 86%), and data were collected from medical records for approximately 152,000 discharges.

Issues Affecting Interpretation. NHDS was redesigned in 1988, and the sample size was cut in half for the 2008–2010 surveys; therefore, caution is required in comparing trend data from before and after these changes. In particular, the smaller sample size for the 2008–2010 surveys has resulted in larger standard error estimates for statistics produced by the survey, and in some cases the relative standard errors have doubled. Special care should be taken when making estimates for children under age 15 and for the West Census region because a review of a variety of estimates for these populations showed that many do not meet NCHS standards of reliability. In addition, annual modifications to the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD–9–CM)* may affect diagnosis and procedure categories. [See [Appendix II, International Classification of Diseases, 9th Revision, Clinical Modification \(ICD–9–CM\); Table X; Table XI.](#)]

Hospital utilization rates per 10,000 population were computed using estimates of the civilian population of the United States as of July 1 of each year. Rates for 1990–1999 use postcensal estimates of the civilian population based on the 1990 census, adjusted for net underenumeration using the 1990 National Population Adjustment Matrix from the U.S. Census Bureau. The estimates for 2000 and beyond that appear in *Health, United States, 2003* and later editions were calculated using estimates of the civilian population based on the 2000 census, and therefore are not strictly comparable with postcensal rates calculated for the 1990s.

(See [Appendix I, Population Census and Population Estimates.](#))

References

NCHS. Data highlights from the National Hospital Discharge Survey. Available from: http://www.cdc.gov/nchs/nhds/nhds_tables.htm#number.

Hall MJ, DeFrances CJ, Williams SN, Golosinskiy A, Schwartzman A. National Hospital Discharge Survey: 2007 summary. National health statistics reports; no 29. Hyattsville, MD: NCHS; 2010. Available from: <http://www.cdc.gov/nchs/data/nhsr/nhsr029.pdf>.

Dennison C, Pokras R. Design and operation of the National Hospital Discharge Survey: 1988 Redesign. NCHS. Vital Health Stat 2000;1(39). Available from: http://www.cdc.gov/nchs/data/series/sr_01/sr01_039.pdf.

Haupt BJ, Kozak LJ. Estimates from two survey designs: National Hospital Discharge Survey. NCHS. Vital Health Stat 1992;13(111). Available from: http://www.cdc.gov/nchs/data/series/sr_13/sr13_111.pdf.

For More Information. See the National Health Care Surveys website at: <http://www.cdc.gov/nchs/dhcs.htm> and the National Hospital Discharge Survey website at: <http://www.cdc.gov/nchs/nhds.htm>.

National Immunization Survey (NIS)

CDC/National Center for Immunization and Respiratory Diseases (NCIRD) and NCHS

Overview. NIS is a continuing nationwide telephone sample survey to monitor vaccination coverage rates among children aged 19–35 months and among teenagers (NIS-Teen) aged 13–17.

Selected Content. Data collected for children aged 19–35 months include vaccination status and date of vaccinations for diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTP/DT/DTaP); poliovirus vaccine (Polio); measles, mumps, and rubella vaccine (MMR); *Haemophilus influenzae* type b vaccine (Hib); hepatitis B vaccine (Hep B); varicella vaccine; pneumococcal conjugate vaccine (PCV); hepatitis A (Hep A); influenza; and Rotavirus. Data collected for adolescents include vaccination status and date of vaccinations for measles, mumps, and rubella vaccine (MMR); hepatitis B vaccine (Hep B); varicella vaccine; tetanus toxoid-diphtheria vaccine (Td) or tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine (Tdap) since age 10; meningococcal conjugate vaccine (MenACWY); and human papillomavirus vaccine (HPV). Demographic data include age, gender, race and ethnicity, and poverty level. Data are available at a variety of geographic levels, including census regions, states, and selected urban areas.

Data Years. Annual household data collection was initiated beginning with data year 1994. Data collection for varicella began in July 1996; data collection for PCV began in July 2001; data collection for Rotavirus began in 2009; and data collection for hepatitis A began in 2008. Data collection for adolescents aged 13–17 began in 2006.

Coverage. Children aged 19–35 months and adolescents aged 13–17 in the civilian noninstitutionalized population are represented in this survey. Estimates of vaccine-specific coverage are available for the Nation, states, and selected urban areas.

Methodology. NIS is a nationwide telephone sample survey of households with age-eligible children. The survey uses a two-phase sample design. First, a random-digit-dialing sample of telephone numbers is drawn. When households with age-eligible children are contacted, the interviewer collects information on the vaccinations received by all age-eligible children and obtains permission to contact the children's vaccination providers. Second, identified providers are sent vaccination history questionnaires by mail. Providers' responses are compared with information obtained from households to provide a more accurate estimate of vaccination coverage levels. Final estimates are adjusted for households without telephones and for nonresponse. NIS-Teen followed the same sample design and data collection procedures as NIS except that only one age-eligible adolescent was selected from each household for data collection.

Starting in 2011, the NIS sampling frame was expanded from a single-landline frame to dual-landline and cellular telephone sampling frames. This change increased the representativeness of the sample characteristics but had little effect on the final 2011 NIS and NIS-Teen national estimates of vaccination coverage overall and when stratified by poverty status. See: CDC. Announcement: Addition of Households with Only Cellular Telephone Service to the National Immunization Survey, 2011. *MMWR* 2012;61(34):685. Available from: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6134a5.htm?s_cid=mm6134a5_e%0d%0a.

Sample Size and Response Rate. In 2012, the Council of American Survey Research Organizations (CASRO) response rate for the NIS landline sample was 64.5% and for the cellular telephone sample was 30.6%. Of the 12,325 age-eligible children with completed household interviews from the landline sample, 8,374 (67.9%) had adequate provider data. From the cellular telephone sample, 8,313 (63.9%) of the 13,009 eligible children with completed household interviews had adequate provider data.

Also in 2012, the CASRO response rate for the NIS-Teen landline sample was 55.1% and for the cellular telephone sample was 23.6%. Of the 22,853 age-eligible adolescents with completed household interviews from the landline sample, 14,133 (62.0%) had adequate provider data. From the cellular telephone sample, 5,066 (56.4%) of the 8,985

eligible adolescents with completed household interviews had adequate provider data.

Issues Affecting Interpretation. For data years 1998, 2002, 2004, and 2005, slight modifications to the estimation procedure were implemented to obtain vaccination coverage rates from the provider data. Published estimates of vaccination coverage based on NIS data for years prior to 1998 [e.g., estimates published in *Morbidity and Mortality Weekly Report* (MMWR) articles] may differ slightly from estimates published in *Health, United States* and on the NIS website for the same data. All released public-use data files include the sampling weights using the revised estimation procedure.

The findings in recent years are subject to several limitations. Data year 2011 was the first year that the NIS and NIS-Teen used a dual-frame sampling scheme that included landline and cellular telephone households. Estimates from 2011 and subsequent years might not be comparable with those from prior to 2011 when surveys were conducted via landline telephone only. NIS is a telephone survey, and statistical adjustments might not compensate fully for nonresponse and for households without landline telephones prior to 2011. Underestimates of vaccination coverage might have resulted in exclusive use of provider-reported vaccination histories because completeness of records is unknown. Finally, although national coverage estimates are precise, annual estimates and trends for state and local areas should be interpreted with caution because of smaller sample sizes and wider confidence intervals.

Before January 2009, NIS did not distinguish between Hib vaccine production types; therefore, children who received three doses of a vaccine product that requires four doses were misclassified as fully vaccinated. For more information, see “Changes in Measurement of *Haemophilus influenzae* serotype b (Hib) Vaccination Coverage—National Immunization Survey, United States, 2009” (2010).

References

CDC. National, state, and local area vaccination coverage among children aged 19–35 months—United States, 2012. *MMWR* 2013;62(36):733–740. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6236a1.htm>.

CDC. National and state vaccination coverage among adolescents aged 13–17 years—United States, 2012. *MMWR* 2013;62(34):685–693. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6234a1.htm>.

Smith PJ, Hoaglin DC, Battaglia MP, et al. Statistical methodology of the National Immunization Survey, 1994–2002. *NCHS. Vital Health Stat* 2005;2(138). Available from: http://www.cdc.gov/nchs/data/series/sr_02/sr02_138.pdf.

CDC. Announcement: Addition of households with only cellular telephone service to the National Immunization Survey, 2011. Available from: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6134a5.htm?s_cid=mm6134a5_e%0d%0a.

CDC. Changes in measurement of *Haemophilus influenzae* serotype b (Hib) vaccination coverage—National Immunization Survey, United States, 2009. MMWR 2010;59(33):1069–72. Available from: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5933a3.htm?s_cid=mm5933a3_e%0d%0a.

For More Information. See the NIS website at: <http://www.cdc.gov/nchs/nis.htm>.

National Income and Product Accounts (NIPA)

Bureau of Economic Analysis (BEA)

Overview. NIPA are a set of economic accounts that provide detailed measures of the value and composition of national output and the incomes generated in the production of that output. Essentially, NIPA provide a detailed snapshot of the myriad transactions that make up the economy—buying and selling goods and services, hiring of labor, investing, renting property, paying taxes, and the like. NIPA estimates show U.S. production, distribution, consumption, investment, and saving.

Selected Content. The best-known NIPA measure is the gross domestic product (GDP), which is defined as the market value of the goods and services produced by labor and property located in the United States. NIPA calculate GDP as the sum of familiar final expenditure components: personal consumption expenditures, private investment, government spending (consumption and investment), and net exports. However, GDP is just one of many economic measures presented in NIPA. Other key NIPA estimates presented in *Health, United States* include the implicit price deflator for GDP and federal and state and local government expenditures.

The conceptual framework of NIPA is illustrated by seven summary accounts: the domestic income and product account, the private enterprise income account, the personal income and outlay account, the government receipts and expenditures account, the foreign transactions current account, the domestic capital account, and the foreign transactions capital account. These summary accounts record a use (or expenditure) in one account for one sector and a corresponding source (or receipt) in an account of another sector or of the same sector. This integrated system provides a comprehensive measure of economic activity in a consistently defined framework without double counting.

Data Years. Estimates of national income were developed in response to the lack of comprehensive economic data during the Great Depression. Initial estimates were presented in a 1934 report to the U.S. Senate, *National Income, 1929–32*. The U.S. national income and product statistics were first presented as part of a complete and consistent double-entry accounting system in the summer of 1947.

Coverage. Source data for NIPA domestic estimates cover all 50 states and D.C.

Methodology. NIPA estimates are revised on a quarterly, annual, and quinquennial basis. For GDP and most other NIPA series, a set of three current quarterly estimates is released each year. Quarterly estimates provide the first look at the path of U.S. economic activity. Annual revisions of NIPA are usually carried out each summer. These revisions incorporate source data that are based on more extensive annual surveys, on annual data from other sources, and on later revisions to the monthly and quarterly source data, and they generally cover the three previous calendar years. Comprehensive revisions are carried out at about 5-year intervals and may result in revisions that extend back many years. These estimates incorporate all of the best available source data, such as data from the quinquennial U.S. Economic Census.

NIPA measures are built up from a wide range of source data using a variety of estimating methods. To ensure consistency and accuracy, NIPA use various adjustment and estimation techniques to estimate data. Three general types of adjustments are made to the source data that are incorporated into the NIPA estimates. The first consists of adjustments that are needed so that the data conform to appropriate NIPA concepts and definitions. The second type of adjustment involves filling gaps in coverage. The third type of adjustment involves time of recording and valuation. Source data must occasionally be adjusted to account for special circumstances that affect the accuracy of the data. For example, quarterly and monthly NIPA estimates are seasonally adjusted at the detailed-series level when the series demonstrate statistically significant seasonal patterns. Source data may also be used as indicators to extrapolate annual estimates. For more information, see “An Introduction to the National Income and Product Accounts Methodology Papers: U.S. National Income and Product Accounts,” available from: http://www.bea.gov/scb/pdf/national/nipa/methpap/mpi1_0907.pdf; and “Concepts and Methods of the U.S. National Income and Product Accounts,” available from: <http://www.bea.gov/national/pdf/chapters1-4.pdf>.

Issues Affecting Interpretation. NIPA estimates are released on a quarterly, annual, and quinquennial basis because the source data are revised frequently. Data are released at different times, and estimates are updated as they become available, new concepts or definitions are incorporated, and source data may change due to improvements in collection and new methodologies. As a result, major estimates such as

GDP and its major components undergo frequent revision, and historical data are changed. For more information, see the BEA (NIPA) website at: <http://www.bea.gov/national/an1.htm#2012AnnualRevision>.

Reference

U.S. Bureau of Economic Analysis (BEA). A guide to the National Income and Product Accounts of the United States. Washington, DC: BEA; 2006. Available from: <http://www.bea.gov/national/pdf/nipaguid.pdf>.

For More Information. See the BEA (NIPA) website at: <http://www.bea.gov/national/index.htm>.

National Medical Expenditure Survey (NMES)—See [Appendix I, Medical Expenditure Panel Survey \(MEPS\)](#).

National Notifiable Disease Surveillance System (NNDSS)

CDC

Overview. NNDSS provides weekly provisional and annual finalized information on the occurrence of diseases defined as notifiable by the Council of State and Territorial Epidemiologists (CSTE).

Selected Content. Data include incidence of reportable diseases, which are nationally notifiable using uniform surveillance case definitions.

Data Years. The first annual summary of notifiable diseases in 1912 included reports of 10 diseases from 19 states, D.C., and Hawaii. By 1928, all states, D.C., Hawaii, and Puerto Rico were participating in national reporting of 29 specified diseases. At their annual meeting in 1950, state and territorial health officers authorized a conference of state and territorial epidemiologists whose purpose was to determine which diseases should be reported to the Public Health Service. In 1961, CDC assumed responsibility for the collection and publication of data concerning nationally notifiable diseases.

Coverage. Notifiable disease reports are received from health departments in the 50 states, five territories, D.C., and New York City. Policies for reporting notifiable disease cases can vary by disease or reporting jurisdiction, depending on case status classification (i.e., confirmed, probable, or suspect).

Methodology. CDC, in partnership with CSTE, administers NNDSS. Reportable disease surveillance is conducted by public health practitioners at local, state, and national levels to support disease prevention and control and then data on a subset of reportable conditions which have been designated nationally notifiable are submitted to CDC

without personal identifiers. The system also provides annual summaries of the finalized data. CSTE and CDC annually review the status of national infectious disease surveillance and recommend additions or deletions to the list of nationally notifiable diseases, based on the need to respond to emerging priorities. For example, Q fever and tularemia became nationally notifiable in 2000. However, reporting nationally notifiable diseases to CDC is voluntary. Because reporting is currently mandated by law or regulation only at the local and state levels, the list of diseases that are considered reportable varies by state. For example, reporting of cyclosporiasis to CDC is not done by some states in which this disease is not reportable to local or state authorities.

State epidemiologists report cases of nationally notifiable diseases to CDC, which tabulates and publishes these data in *Morbidity and Mortality Weekly Report (MMWR)* and in *Summary of Notifiable Diseases, United States* (before 1985, titled *Annual Summary*).

Issues Affecting Interpretation. NNDSS data must be interpreted in light of reporting practices. Some diseases that cause severe clinical illness (for example, plague and rabies) are likely reported accurately if diagnosed by a clinician. However, persons who have diseases that are clinically mild and infrequently associated with serious consequences (e.g., salmonellosis) may not seek medical care from a health care provider. Even if these less severe diseases are diagnosed, they are less likely to be reported.

The degree of completeness of data reporting is also influenced by the diagnostic facilities available, the control measures in effect, public awareness of a specific disease, and the interests, resources, and priorities of state and local officials responsible for disease control and public health surveillance. Finally, factors such as changes in case definitions for public health surveillance, introduction of new diagnostic tests, or discovery of new disease entities can cause changes in disease reporting that are independent of the true incidence of disease.

Reference

CDC. Summary of notifiable diseases—United States, 2010. *MMWR* 2012;59(53):1–111. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5953a1.htm>.

For More Information. See the NNDSS website at: <http://www.cdc.gov/nndss/>.

National Survey of Family Growth (NSFG)

CDC/NCHS

Overview. NSFG provides national data on factors affecting birth and pregnancy rates, adoption, and maternal and infant health.

Selected Content. Data elements include sexual activity, marriage, divorce and remarriage, unmarried cohabitation, forced sexual intercourse, contraception and sterilization, infertility, breastfeeding, pregnancy loss, low birthweight, and use of medical care for family planning and infertility.

Data Years. Several cycles of the survey have been completed: 1973, 1976, 1982, 1988, 1995, 2002, and 2006–2010.

Coverage. The 1973 to 1995 data years of NSFG were based on samples of women aged 15–44 in the civilian noninstitutionalized population of the United States. The 1973 and 1976 surveys excluded most women who had never been married. The surveys in 1982, 1988, and 1995 included all women aged 15–44 in the civilian noninstitutionalized population of the United States. The 2002 NSFG and the 2006–2010 NSFG included both men and women aged 15–44 in the household population of the United States.

Methodology. Interviews are conducted in person by professional female interviewers using a standardized questionnaire. In all survey cycles, black women were sampled at higher rates than white women so that more reliable statistics could be produced for black women. In both the 1995 and 2002 surveys, Hispanic persons were also oversampled. In the 2006–2010 NSFG, black and Hispanic adults and all 15–19 year-olds were oversampled.

To produce national estimates from the sample for the millions of women aged 15–44 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 aligned with benchmark population sizes based on data from the U.S. Census Bureau.

Sample Size and Response Rate. For the 1973 NSFG, 9,797 women aged 15–44 were interviewed, representing an 81% response rate. In the 1976 NSFG, 8,611 eligible women were interviewed, with an 83% response rate. In the 1982 NSFG, 7,969 eligible women were interviewed, yielding a 79% response rate. In the 1988 NSFG, interviews were completed for 8,450 women, with a response rate of 79%. For the 1995 NSFG, 10,847 eligible women were interviewed, representing a 79% response rate. In the 2002 NSFG, 7,643 interviews were completed with eligible women (80% response rate), and 4,928 interviews were completed with men (78% response rate). For the 2006–2010 NSFG, 12,279 interviews were completed with eligible women (78% response rate), and 10,403 interviews were completed with eligible men (75% response rate).

References

French DK. National Survey of Family Growth, Cycle I: Sample design, estimation procedures, and variance estimation. NCHS. Vital Health Stat 1978;2(76). Available from: http://www.cdc.gov/nchs/data/series/sr_02/sr02_076.pdf.

Grady WR. National Survey of Family Growth, Cycle II: Sample design, estimation procedures, and variance estimation. NCHS. Vital Health Stat 1981;2(87). Available from: http://www.cdc.gov/nchs/data/series/sr_02/sr02_087.pdf.

Bachrach CA, Horn MC, Mosher WD, Shimizu I. National Survey of Family Growth, Cycle III: Sample design, weighting, and variance estimation. NCHS. Vital Health Stat 1985;2(98). Available from: http://www.cdc.gov/nchs/data/series/sr_02/sr02_098.pdf.

Judkins DR, Mosher WD, Botman S. National Survey of Family Growth: Design, estimation, and inference. NCHS. Vital Health Stat 1991;2(109). Available from: http://www.cdc.gov/nchs/data/series/sr_02/sr02_109.pdf.

Kelly JE, Mosher WD, Duffer AP, Kinsey SH. Plan and operation of the 1995 National Survey of Family Growth. NCHS. Vital Health Stat 1997;1(36). Available from: http://www.cdc.gov/nchs/data/series/sr_01/sr01_036.pdf.

Potter FJ, Iannacchione VG, Mosher WD, et al. Sample design, sampling weights, imputation, and variance estimation in the 1995 National Survey of Family Growth. NCHS. Vital Health Stat 1998;2(124). Available from: http://www.cdc.gov/nchs/data/series/sr_02/sr02_124.pdf.

Groves RM, Benson G, Mosher WD, et al. Plan and operation of cycle 6 of the National Survey of Family Growth. NCHS. Vital Health Stat 2005;1(42). Available from: http://www.cdc.gov/nchs/data/series/sr_01/sr01_042.pdf.

Lepkowski JM, Mosher WD, Davis KE, et al. National Survey of Family Growth, Cycle 6: Sample design, weighting, imputation, and variance estimation. NCHS. Vital Health Stat 2006;2(142). Available from: http://www.cdc.gov/nchs/data/series/sr_02/sr02_142.pdf.

Groves RM, Mosher WD, Lepkowski J, Kirgis NG. Planning and development of the continuous National Survey of Family Growth. NCHS. Vital Health Stat 2009;1(48). Available from: http://www.cdc.gov/nchs/data/series/sr_01/sr01_048.pdf.

Lepkowski JM, Mosher WD, Davis KE, et al. The 2006–2010 National Survey of Family Growth: Sample design and analysis of a continuous survey. NCHS. Vital Health Stat 2010;2(150). Available from: http://www.cdc.gov/nchs/data/series/sr_02/sr02_150.pdf.

For More Information. See the NSFG website at: <http://www.cdc.gov/nchs/nsfg.htm>.

National Survey of Residential Care Facilities (NSRCF)

CDC/NCHS

Overview. NSRCF is a national probability sample survey of U.S. residential care facilities. The survey is designed to provide descriptive information on the facilities, their staffs, services, and residents. NSRCF is the first ever national survey of residential care facilities.

Selected Content. NSRCF includes data on facility characteristics such as ownership, size, design of living quarters, staff, policies, computerized systems, and resident turnover. Resident data include age, sex, race and Hispanic origin, living arrangements, services received, functional status, selected medical conditions and diseases, and length of residence.

Data Years. NSRCF was conducted between March and November 2010.

Coverage. The survey includes residential care facilities, assisted living residences, board and care homes, and other licensed shared housing establishments that offer help with personal care or health-related services and other services. Facilities that were licensed, registered, listed, certified, or otherwise regulated by at least one state or D.C. and that had four or more licensed, certified, or registered beds; provided room and board with at least two meals a day; had on-site supervision; and offered help with personal care or health related services were eligible. Residences licensed to serve exclusively persons with mental illness, mental retardation, or developmental disabilities were excluded.

Methodology. A stratified two-stage probability sampling design was used. The first stage consisted of selecting facilities from the sample frame of over 39,000 facilities representing the universe of RCFs in the United States. The primary sampling strata were defined by size (number of beds) and census region; within these strata facilities were sorted by metropolitan statistical area (MSA) status and state. Facilities were systematically and randomly sampled with probability proportional to size.

The second stage involved a random selection of current residents by a computer algorithm, based on a census list provided by each facility director. Up to six current residents were randomly selected per facility. The second stage of sample selection was completed by the interviewers during the facility in-person interviews.

Estimates based on the NSRCF take into account the selection procedures of the complete survey design to develop the final sample weight for each sampled facility and each sampled resident. The weight associated with

sampled facilities and residents are constructed to account for the multistage sampling design. The final weight for each sampled unit is the product of two components: the inverse of the probability of selection, and nonresponse adjustment. Additionally, the weights are smoothed within groups defined by census region, size, and MSA status. The data from the surveys are adjusted for three types of nonresponse: an in-scope facility did not respond; an in-scope facility did not provide the number of current residents; and the administrative and medical records of the sampled residents were not made available to complete the survey.

Sample Size and Response Rate. The sampling frame of the NSRCF was constructed from lists of licensed residential care facilities acquired from the licensing agencies in each of the 50 states and D.C. From this list of over 39,000 RCFs, a sample of 3,605 facilities was selected. Of these 3,605 sampled facilities 82% were eligible. Facilities were ineligible if they did not meet the facility definition (in terms of number of beds, services offered, etc.), had gone out of business, or had merged with another sampled facility. Among the eligible facilities, 2,302 participated, yielding a weighted response rate of 81%. Among the participating facilities, 8,284 current residents were sampled and the weighted response rate was 99%. The overall (facility weighted response rate x resident weighted response rate) weighted survey response rate was 79%.

Issues Affecting Interpretation. The resident sample was selected from individuals residing at the sampled facility on the night before data collection began and represents residents living in residential care communities on any given day between March and November 2010. Data were collected from in-person interviews with facility directors and their staff; no interviews were conducted directly with residents.

References

CDC. 2010 National Survey of Residential Care Facilities: Survey methodology and documentation. Available from: http://www.cdc.gov/nchs/data/nsrcf/2010NSRCF_SurveyMethodologyandDocumentation.pdf.

Moss AJ, Harris-Kojetin LD, Sengupta M, et al. Design and operation of the 2010 National Survey of Residential Care Facilities. NCHS. Vital and Health Stat 2011;1(54). Available from: http://www.cdc.gov/nchs/data/series/sr_01/sr01_054.pdf.

For More Information. See the NSRCF website at: <http://www.cdc.gov/nchs/nsrcf.htm>.

National Survey on Drug Use & Health (NSDUH)

Substance Abuse and Mental Health Services Administration (SAMHSA)

Overview. NSDUH, formerly called the National Household Survey on Drug Abuse (NHSDA), collects data on substance use, abuse, and dependence; mental health problems; and receipt of substance abuse and mental health treatment.

Selected Content. NSDUH reports on the prevalence, incidence, and patterns of drug and alcohol use and abuse in the general U.S. civilian noninstitutionalized population aged 12 and over. Data are collected on use of the following substances: illicit drugs, including marijuana or hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or nonmedical use of prescription-type psychotherapeutics (including stimulants, sedatives, tranquilizers, and pain relievers); alcohol; and tobacco. NSDUH also reports on substance use disorders, substance use treatment, health care, mental health disorders, and mental health service utilization.

Data Years. In 2002, the survey was redesigned, its name was changed to NSDUH, and a monetary incentive for participation was introduced. NSDUH replaces NHSDA, which had been conducted periodically since 1971 and annually starting in 1990.

Coverage. The survey is representative of persons aged 12 and over in the civilian noninstitutionalized population of the United States, and representative in each state and D.C. NSDUH oversamples youths and young adults.

The survey covers residents of households (including those living in houses, townhouses, apartments, and condominiums), persons in noninstitutional group quarters (including those in shelters, boarding houses, college dormitories, migratory work camps, and halfway houses), and civilians living on military bases. Persons excluded from the survey include homeless people who do not use shelters, active military personnel, and residents of institutional group quarters such as jails and hospitals.

Methodology. The data collection method is in-person interviews conducted with a sample of individuals at their place of residence. Computer-assisted interviewing (CAI) methods, including audio computer-assisted self-interviewing (ACASI), are used to provide a private and confidential setting to complete the interview.

NSDUH uses a 50-state sample design. In 2005, NSDUH introduced a coordinated 5-year sample design in which the first stage of selection involved census tracts, with sample segments within a single census tract to the extent possible. States were first stratified into a total of 900 state sampling regions (48 regions in each large sample state and 12 regions in each small sample state). These regions were contiguous geographic areas designed to yield the same

number of interviews on average. Starting with the 2005 survey, a total of 48 census tracts per state sampling region were selected with probability proportional to size. Within sampled census tracts, adjacent census blocks were combined to form the second-stage sampling units, or area segments. Of these segments, 24 were designated for the coordinated 5-year sample and 24 were designated as reserve segments. Eight sample segments per state sampling region were fielded during the survey year. These sampled segments were allocated equally into four separate samples, one for each 3-month period (calendar quarter) during the year, so that the survey was essentially continuous in the field.

The design also oversampled youths and young adults, so that each state's sample was approximately equally distributed among three major age groups: 12–17, 18–25, and 26 and over.

Sample Size and Response Rate. Nationally, 153,873 household addresses were successfully screened for the 2012 survey, conducted from January to December 2012. In these screened households, a total of 87,656 sample persons were selected, from which 68,309 completed interviews were obtained. Weighted response rates were 86% for household screening and 73% for interviewing.

Issues Affecting Interpretation. Several improvements to the survey were implemented in 2002, when the survey was redesigned as NSDUH. In addition to the name change, respondents were offered a \$30 incentive payment for participation in the survey starting in 2002, and quality control procedures for data collection were enhanced in 2001 and 2002. Because of these improvements and modifications, estimates from NSDUH completed in 2002 and later should not be compared with estimates from the 2001 or earlier versions of the survey. The data collected in 2002 represent a new baseline for tracking trends in substance use and other measures. Special questions on methamphetamine were added in 2005 and 2006. Data for years prior to 2007 were adjusted for comparability. Starting with 2011 data, 2010-census based control totals were used in the weighting process. For the analysis weights in the 2002 through 2010 NSDUHs, the weights were derived from the 2000 census data. This reweighting to the 2010 census data could affect comparisons between estimates for 2011 and subsequent years and those from prior years. An analysis of the impact of reweighting showed that the percentages of substance users were largely unaffected. For more information, see: <http://www.samhsa.gov/data/NSDUH/NSDUHCensusEffects/Index.aspx>.

Estimates of substance use for youth based on NSDUH are not directly comparable with estimates based on the Monitoring the Future (MTF) Study and the Youth Risk Behavior Survey (YRBS). In addition to the fact that MTF excludes dropouts and absentees, rates are not directly comparable across these surveys because of differences in the populations covered, sample design, questionnaires, and interview setting. NSDUH collects data in residences,

whereas MTF and YRBS collect data in school classrooms. Further, NSDUH estimates are tabulated by age, whereas MTF and YRBS estimates are tabulated by grade, representing different ages as well as different populations.

Reference

Substance Abuse and Mental Health Services Administration. Results from the 2012 National Survey on Drug Use and Health: Summary of national findings. NSDUH Series H-47. HHS pub no (SMA) 13-4805. Rockville, MD: SAMHSA; 2013. Available from: <http://www.samhsa.gov/data/NSDUH/2012SummNatFindDetTables/NationalFindings/NSDUHresults2012.htm>.

For More Information. See the NSDUH website at: <http://oas.samhsa.gov/nsduh.htm> and the Center for Behavioral Health Statistics and Quality (the data collection agency) website at: <http://www.samhsa.gov/about/cbhsq.aspx>.

National Vital Statistics System (NVSS)

CDC/NCHS

Overview. NVSS collects and publishes official national statistics on births, deaths, fetal deaths, and, prior to 1996, marriages and divorces occurring in the United States, based on U.S. Standard Certificates. Fetal deaths are classified and tabulated separately from other deaths. The vital statistics files—Birth, Fetal Death, Mortality, Multiple Cause-of-Death, Linked Birth/Infant Death, and Compressed Mortality—are described in detail below.

Data Years. The death registration area for 1900 consisted of 10 states, D.C., and a number of cities located in nonregistration states. It covered 40% of the continental U.S. population. The birth registration area was established in 1915 with 10 states and D.C. The birth and death registration areas continued to expand until 1933, when they included all 48 states and D.C. Alaska and Hawaii were added to both registration areas in 1959 and 1960, respectively—the years in which they gained statehood.

Coverage. NVSS collects and presents U.S. resident data for the aggregate of 50 states, New York City, and D.C., as well as for each individual state and D.C. and the U.S. dependent areas of Puerto Rico, Virgin Islands, Guam, American Samoa, and Northern Marianas. Vital events occurring in the United States to non-U.S. residents, and vital events occurring abroad to U.S. residents, are excluded. Starting with *Health, United States, 2013*, information on vital events for Puerto Rico, Virgin Islands, Guam, American Samoa, and Northern Marianas is shown in selected tables that show data by state, but are not included in U.S. totals.

Methodology. NCHS' Division of Vital Statistics obtains information on births and deaths from the registration offices of each of the 50 states, New York City, D.C., Puerto Rico, Virgin Islands, Guam, American Samoa, and Northern

Marianas. Until 1972, microfilm copies of all death certificates and a 50% sample of birth certificates were received from all registration areas and processed by NCHS. In 1972, some states began sending their data to NCHS through the Cooperative Health Statistics System (CHSS). States that participated in the CHSS program processed 100% of their death and birth records and sent the entire data file to NCHS on computer tapes. Currently, data are sent to NCHS through the Vital Statistics Cooperative Program (VSCP), following the same procedures as with CHSS. The number of participating states grew from 6 in 1972 to 46 in 1984. Starting in 1985, all 50 states and D.C. participated in VSCP.

U.S. Standard Certificates. U.S. Standard Certificates of Live Birth and Death and Fetal Death Reports are revised periodically, allowing evaluation and addition, modification, and deletion of items. Beginning with 1989, revised Standard Certificates replaced the 1978 versions. The 1989 revision of the birth certificate included items to identify the Hispanic parentage of newborns and to expand information about maternal and infant health characteristics. The 1989 revision of the death certificate included items on educational attainment and Hispanic origin of decedents, as well as changes to improve the medical certification of cause of death. Standard Certificates recommended by NCHS are modified in each registration area to serve the area's needs. However, most certificates conform closely in content and arrangement to the Standard Certificate, and all certificates contain a minimum data set specified by NCHS. The 2003 revision of vital records went into effect in some states and territories beginning in 2003, but full implementation in all states and territories will be phased in over several years.

Birth File

Overview. Vital statistics natality data are a fundamental source of demographic, geographic, and medical and health information on all births occurring in the United States. This is one of the few sources of comparable health-related data for small geographic areas over an extended time period. The data are used to present the characteristics of babies and their mothers, track trends such as birth rates for teenagers, and compare natality trends with those in other countries.

Selected Content. The Birth file includes characteristics of the baby, such as sex, birthweight, and weeks of gestation; demographic information about the parents, such as age, race, Hispanic origin, parity, educational attainment, marital status, and state of residence; medical and health information, such as prenatal care, based on hospital records; and behavioral risk factors for the birth, such as mother's tobacco use during pregnancy.

Data Years. The birth registration area began in 1915 with 10 states and D.C.

Coverage. Birth data presented in *Health, United States* are based on reporting from all 50 states and D.C. Data for

Puerto Rico, Virgin Islands, Guam, American Samoa, and Northern Marianas are shown in selected state tables, but are not included in U.S. totals. Beginning with 1970, excludes births to nonresidents of the United States.

Methodology. In the United States, state laws require birth certificates to be completed for all births. The registration of births is the responsibility of the professional attendant at birth, generally a physician or midwife. The birth certificate must be filed with the local registrar of the district in which the birth occurs. Each birth must be reported promptly; the reporting requirements vary from state to state, ranging from 24 hours to as much as 10 days after the birth.

Federal law mandates national collection and publication of birth and other vital statistics data. NVSS is the result of cooperation between NCHS and the states to provide access to statistical information from birth certificates. Standard forms for the collection of the data, and model procedures for the uniform registration of the events, are developed and recommended for state use through cooperative activities of the states and NCHS. NCHS shares the costs incurred by the states in providing vital statistics data for national use.

Issues Affecting Interpretation. Data on mother's educational attainment, tobacco use during pregnancy, and prenatal care based on the 2003 revision of the U.S. Standard Certificate of Live Birth are not comparable with data based on the 1989 revision of the U.S. Standard Certificate of Live Birth. Two-thirds (66%) of all births in 2009, 76% in 2010, 83% in 2011, and 86% in 2012 were reported using the 2003 revision. Interpretation of trend data should take into consideration changes to reporting areas. For methodological and reporting area changes for the following birth certificate items, see [Appendix II, Age](#); [Cigarette smoking](#); [Education](#); [Hispanic origin](#); [Marital status](#); [Prenatal care](#); [Race](#).

References

NCHS. Vital Statistics of the United States 2000, vol I: Natality, Technical appendix. Hyattsville, MD; 2002. Available from: <http://www.cdc.gov/nchs/data/techap00.pdf>.

Martin JA, Hamilton BE, Osterman MJK, Curtin, SC, Mathews TJ. Births: Final data for 2012. National vital statistics reports; vol 62 no 9. Hyattsville, MD: NCHS; 2013. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_09.pdf.

For More Information. See the Birth Data website at: <http://www.cdc.gov/nchs/births.htm>.

Fetal Death Data Set

Overview. Fetal mortality refers to the intrauterine death of a fetus at any gestational age. In *Health, United States*, data are presented for fetal deaths at 20 weeks or more. Fetal mortality is an important public health issue. There are

nearly as many fetal deaths (at 20 weeks or more) as infant deaths in the United States each year.

Selected Content. The Fetal Death data set includes characteristics of the fetus, such as sex, birthweight, and weeks of gestation; demographic information about the mother, such as age, race, Hispanic origin, live birth order, and marital status; and medical and health information, such as maternal diabetes and hypertension.

Data Years. Fetal mortality data reporting began in 1922.

Coverage. Data presented in *Health, United States* are based on reporting from all 50 states and D.C. Data for Puerto Rico, Virgin Islands, Guam, American Samoa, and Northern Marianas are not included in U.S. totals, but are included in the Fetal Death User Guide available from the NCHS website at: http://www.cdc.gov/nchs/data_access/VitalStatsOnline.htm, and also in periodic reports.

Methodology. Fetal death means the death of a fetus prior to delivery from the mother, irrespective of the duration of pregnancy. Fetal deaths do not include induced terminations of pregnancy. This definition of fetal death, adopted by NCHS as the nationally recommended standard, is based on the definition published by the World Health Organization in 1950 and revised in 1988. The term fetal death encompasses other commonly used terms, including stillbirth, spontaneous abortion, and miscarriage. All U.S. states and registration areas have definitions similar to the standard definition, except for Puerto Rico and Wisconsin, which have no formal definition.

State laws require the reporting of fetal deaths, and federal law mandates national collection and publication of fetal death data. States and reporting areas submit fetal mortality data to NCHS as part of a cooperative agreement. Standard forms and procedures for the collection of the data are developed and recommended for state use through cooperative activities of the states and NCHS. NCHS shares the costs incurred by the states in providing vital statistics data for national use.

In addition to fetal mortality rates, perinatal mortality rates are also presented in *Health, United States*. Perinatal mortality includes both late fetal deaths (of at least 28 weeks of gestation) and early infant (neonatal) deaths (within 7 days of birth). Data on early infant deaths come from the Linked Birth/Infant Death data set.

Issues Affecting Interpretation. Reporting requirements for fetal deaths vary by state, and these differences have important implications for comparisons of fetal mortality rates by state. The majority of states require reporting of fetal deaths at 20 weeks of gestation or more, or a minimum of 350 grams birthweight (roughly equivalent to 20 weeks), or some combination of the two. However, seven states require reporting of fetal deaths at all periods of gestation, and one state requires reporting beginning at 16 weeks of gestation. Further, two states require the reporting of fetal

deaths with birthweights of 500 grams or more (roughly equivalent to 22 weeks of gestation).

There is substantial evidence that not all fetal deaths for which reporting is required are, in fact, reported. Underreporting of fetal deaths is most likely to occur in the earlier part of the required reporting period for each state. For example, in 2006, for states that required the reporting of fetal deaths at all periods of gestation, 58% of fetal deaths at 20 weeks or more gestation occurred within 20–27 weeks, whereas for states that required reporting of fetal deaths at 500 grams or more, only 28% were within 20–27 weeks. This disparity suggests substantial underreporting of early fetal deaths in some states.

References

MacDorman MF, Kirmeyer SE, Wilson EC. Fetal and perinatal mortality, United States, 2006. National vital statistics report; vol 60 no 8. Hyattsville, MD: NCHS; 2012. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr60/nvsr60_08.pdf.

MacDorman MF, Kirmeyer S. The challenge of fetal mortality. NCHS data brief no 16. Hyattsville, MD: NCHS; 2009. Available from: <http://www.cdc.gov/nchs/data/databriefs/db16.pdf>.

For More Information. See the NCHS Fetal Deaths data website at: http://www.cdc.gov/nchs/fetal_death.htm.

Mortality File

Overview. Vital statistics mortality data are a fundamental source of demographic, geographic, and cause-of-death information. This data set is one of the few sources of comparable health-related data for small geographic areas over an extended time period. The data are used to present the characteristics of those dying in the United States, to determine life expectancy, and to compare mortality trends with those in other countries.

Selected Content. The Mortality file includes demographic information on age, sex, race, Hispanic origin, state of residence, and educational attainment, as well as medical information on cause of death.

Data Years. The death registration area began in 1900 with 10 states and D.C.

Coverage. Mortality data presented in *Health, United States* are based on reporting from all 50 states and D.C. Data for Puerto Rico, Virgin Islands, Guam, American Samoa, and Northern Marianas are shown in selected state tables, but are not included in U.S. totals. Beginning with 1970, mortality statistics for the U.S. exclude deaths of nonresidents of the U.S. Mortality statistics for Puerto Rico, Virgin Islands, American Samoa, and Northern Marianas excluded deaths of nonresidents for each area. For Guam, mortality statistics exclude deaths that occurred to a

resident of any place other than Guam or the U.S. (50 states and D.C.).

Methodology. By law, the registration of deaths is the responsibility of the funeral director. The funeral director obtains demographic data for the death certificate from an informant. The physician in attendance at the death is required to certify the cause of death. Where death is from other than natural causes, a coroner or medical examiner may be required to examine the body and certify the cause of death. Data for the entire United States refer to events occurring within the United States; data for geographic areas are by place of residence. For methodological and reporting area changes for the following death certificate items, see [Appendix II, Hispanic origin; Race](#).

Issues Affecting Interpretation. The *International Classification of Diseases (ICD)*, by which cause of death is coded and classified, is revised approximately every 10–20 years. Because revisions of the ICD may cause discontinuities in trend data by cause of death, comparison of death rates by cause of death across ICD revisions should be done with caution and with reference to the comparability ratio. (See [Appendix II, Comparability ratio](#).) Prior to 1999, modifications to the ICD were made only when a new revision of the ICD was implemented. A process for updating the ICD was introduced with the 10th revision (ICD–10) that allows for midrevision changes. These changes, however, may affect comparability of data between years for select causes of death. Minor changes may be implemented every year, whereas major changes may be implemented every 3 years (e.g., 2003 data year). In data year 2006, major changes were implemented, including the addition and deletion of several ICD codes. For more information, see Heron et al. (2009).

The death certificate has been revised periodically. A revised U.S. Standard Certificate of Death was recommended for state use beginning January 1, 1989. Among the changes were the addition of a new item on educational attainment and Hispanic origin of the decedent and changes to improve the medical certification of cause of death. The U.S. Standard Certificate of Death was revised again in 2003; states are adopting this new certificate on a rolling basis.

The 2003 revision included significant changes in the way information on educational attainment and race is collected and coded. The educational attainment item was changed to be consistent with U.S. Census Bureau data and to improve the ability to identify specific types of educational degrees. Educational attainment data collected using the 2003 revision are not comparable with data collected using the 1989 revision. The 2003 revision also permits reporting of more than one race (multiple races). This change was implemented to reflect the increasing diversity of the U.S. population and to be consistent with the decennial census. Some states, however, are still using the 1989 revision of the U.S. Standard Certificate of Death, which allows only a single race to be reported. Until all states adopt the new death certificate, the race data reported using the 2003 revision are

“bridged” for those for whom more than one race was reported (multiple race) to one single race, to provide comparability with race data reported on the 1989 revision. For more information on the impact of the 2003 certificate revisions on mortality data presented in *Health, United States*, see [Appendix II, Race](#).

References

Grove RD, Hetzel AM. Vital statistics rates in the United States, 1940–1960. Washington, DC: U.S. Government Printing Office; 1968.

Murphy SL, Xu JQ, Kochanek KD. Deaths: Final data for 2010. National vital statistics reports; vol 61 no 4. Hyattsville, MD: NCHS; 2012. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_04.pdf.

NCHS. Vital Statistics of the United States, vol II: Mortality, part A, Technical appendix. Hyattsville, MD: NCHS; [published annually]. Available from: <http://www.cdc.gov/nchs/products/vsus.htm#appendices>.

Heron M, Hoyert DL, Murphy SL, et al. Deaths: Final data for 2006. National vital statistics reports; vol 57 no 14. Hyattsville, MD: NCHS; 2009. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_14.pdf.

For More Information. See the Mortality Data website at: <http://www.cdc.gov/nchs/deaths.htm>.

Multiple Cause-of-Death File

Overview. Multiple cause-of-death data reflect all medical information reported on death certificates and complement traditional underlying cause-of-death data. Multiple-cause data give information on diseases that are a factor in death, whether or not they are the underlying cause of death; on associations among diseases; and on injuries leading to death.

Selected Content. In addition to the same demographic variables listed for the Mortality file, the Multiple Cause-of-Death file includes record axis and entity axis cause-of-death data (see [Methodology](#), below).

Data Years. Multiple cause-of-death data files are available for every data year since 1968.

Methodology. NCHS is responsible for compiling and publishing annual national statistics on causes of death. In carrying out this responsibility, NCHS adheres to the World Health Organization (WHO) Nomenclature Regulations. These regulations require (a) that cause of death be coded in accordance with the applicable revision of the *International Classification of Diseases* (ICD) [see [Appendix II, International Classification of Diseases \(ICD\); Table III](#)]; and (b) that underlying cause of death be selected in accordance with international rules. Traditionally, national mortality statistics have been based on a count of deaths, with one underlying cause assigned for each death.

Prior to 1968, mortality medical data were based on manual coding of an underlying cause of death for each certificate, in accordance with WHO rules. Starting with 1968, NCHS converted to computerized coding of the underlying cause and manual coding of all causes (multiple causes) on the death certificate. In this system, called Automated Classification of Medical Entities (ACME), multiple cause codes serve as inputs to the computer software, which employs WHO rules to select the underlying cause. ACME is used to select the underlying cause of death for all death certificates in the United States, and cause-of-death data in *Health, United States* are coded using ACME. In addition, NCHS has developed two computer systems as inputs to ACME. Beginning with 1990 data, the Mortality Medical Indexing, Classification, and Retrieval system (MICAR) was introduced to automate coding multiple causes of death. MICAR provides more detailed information on the conditions reported on death certificates than is available through the ICD code structure. Then, beginning with data year 1993, SuperMICAR, an enhancement of MICAR, was introduced. SuperMICAR allows for literal entry of the multiple cause-of-death text as reported by the certifier. This information is then processed automatically by the MICAR and ACME computer systems. Records that cannot be processed automatically by MICAR or SuperMICAR are multiple-cause-coded manually and then further processed through ACME. Starting in 2003, SuperMICAR was used to process all of the Nation's death records.

Issues Affecting Interpretation. The ICD, by which cause of death is coded and classified, is revised approximately every 10 to 15 years. Revisions of the ICD may cause discontinuities in trend data by cause of death; therefore, comparison of death rates by cause of death across ICD revisions should be done with caution and with reference to the comparability ratio. (See [Appendix II, Comparability ratio](#).) Multiple-cause data were obtained from all certificates for 1968–1971, 1973–1980, and 1983–present. Data were obtained from a 50% sample of certificates for 1972. Multiple-cause data for 1981 and 1982 were obtained from a 50% sample of certificates from 19 registration areas. For the other states, data were obtained from all certificates.

Reference

NCHS. Multiple causes of death in the United States. Monthly vital statistics report; vol 32 no 10 suppl 2. Hyattsville, MD: NCHS; 1984. Available from: http://www.cdc.gov/nchs/data/mvsvr/supp/mv32_10s2.pdf.

For More Information. See the Mortality Multiple Cause data file website at: http://www.cdc.gov/nchs/data_access/Vitalstatsonline.htm.

Linked Birth/Infant Death Data Set

Overview. National linked files of live births and infant deaths are used for research on infant mortality.

Selected Content. The Linked Birth/Infant Death data set links information from the birth certificate to information from the death certificate for each infant death in the United States. The purpose of the linkage is to use the many additional variables from the birth certificate, including the more accurate race and ethnicity data, for more detailed analyses of infant mortality patterns. The Linked Birth/Infant Death data set includes all variables on the natality (Birth) file, including racial and ethnic information, birthweight, and maternal smoking, as well as variables on the Mortality file, including cause of death and age at death.

Data Years. National linked files of live births and infant deaths were first produced for the 1983 birth cohort. Birth cohort linked file data are available for 1983–1991, and both period linked files and birth cohort linked files are available starting with 1995. National linked files do not exist for 1992–1994.

Coverage. To be included in the U.S. linked file, both the birth and death must have occurred in the 50 states, D.C., Puerto Rico, Virgin Islands, and Guam. Data for Puerto Rico, Virgin Islands, and Guam are shown in selected state tables, but are not included in U.S. totals. Linked birth/infant death data are not available for American Samoa and Northern Marianas.

Methodology. Infant mortality rates are based on infant deaths per 1,000 live births. Infant deaths are defined as a death before the infant's first birthday. About 98%–99% of infant death records can be linked to their corresponding birth certificates. The linkage makes available extensive information from the birth certificate about the pregnancy, maternal risk factors, infant characteristics, and health items at birth that can be used for more detailed analyses of infant mortality. The linked file is used for calculating infant mortality rates by race and ethnicity, which are more accurately measured from the birth certificate.

Starting with 1995 data, linked birth/infant death data files are available in two different formats: period data and birth cohort data. The numerator for the period linked file consists of all infant deaths occurring in a given data year linked to their corresponding birth certificates, whether the birth occurred in that year or the previous year. The numerator for the birth cohort linked file consists of deaths to infants born in a given year. In both cases, the denominator is all births occurring in the year. For example, the 2010 period linked file contains a numerator file that consists of all infant deaths occurring in 2010 that have been linked to their corresponding birth certificates, whether the birth occurred in 2009 or 2010. In contrast, the 2010 birth cohort linked file will contain a numerator file that consists of all infant deaths to babies born in 2010, whether the death occurred in 2010 or 2011. Although the birth cohort format has methodological advantages, it creates substantial delays in

data availability because it is necessary to wait until the close of the following data year to include all infant deaths in the birth cohort. Starting with 1995 data, period linked files are used for infant mortality rate tables in *Health, United States*.

Other changes to the data set starting with 1995 include the addition of record weights to compensate for the 1%–2% of infant death records that could not be linked to their corresponding birth records. In addition, not-stated birthweight was imputed if the period of gestation was known. This imputation was done to improve the accuracy of birthweight-specific infant mortality rates because the percentage of records with not-stated birthweight is generally higher for infant deaths (3.2% in 2010) than for live births (0.1% in 2010). In 2009, not-stated birthweight was imputed for 0.07% of births. In 2010, not-stated birthweight was imputed for 0.08% of births.

Issues Affecting Interpretation. Period linked file data starting with 1995 are not strictly comparable with birth cohort data for 1983–1991. A new revision of the birth certificate was introduced in 2003 and is being adopted by states on a voluntary, rolling basis. Data on mother's educational attainment, tobacco use during pregnancy, and prenatal care based on the 2003 revision are not comparable with data based on the 1989 revision of the U.S. Standard Certificate of Live Birth.

Reference

Mathews TJ, MacDorman MF. Infant mortality statistics from the 2009 period Linked Birth/Infant Death data set. National vital statistics report; vol 61 no 8. Hyattsville, MD: NCHS; 2013. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_08.pdf.

Mathews TJ, MacDorman MF. Infant mortality statistics from the 2010 period Linked Birth/Infant Death data set. National vital statistics report; vol 62 no 8. Hyattsville, MD: NCHS; 2013. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_08.pdf.

For More Information. See the NCHS Linked Birth and Infant Death Data website at: <http://www.cdc.gov/nchs/linked.htm>.

Compressed Mortality File (CMF)

Overview. The CMF is a county-level national mortality and population database.

Selected Content. The CMF contains mortality data derived from the detailed Mortality files of the NVSS and estimates of U.S. national, state, and county resident populations from the U.S. Census Bureau. For 1968–1998, the number of deaths, crude death rates, and age-adjusted death rates can be obtained by place of residence (total U.S., state, and county), age group, race (white, black, and other), sex, year of death, and underlying cause of death. For 1999–2011,

mortality statistics can be obtained by place of residence, by age group and expanded race groups (white, black, American Indian or Alaska Native, Asian or Pacific Islander), and by Hispanic origin.

Data Years. The CMF spans the years 1968–2011. On CDC WONDER, data are available starting with 1979.

Methodology. In *Health, United States*, the CMF is used to compute death rates by urbanization level of the decedent's county of residence. Counties are categorized according to level of urbanization based on the 2006 "NCHS Urban-Rural Classification Scheme for Counties" (available from: http://www.cdc.gov/nchs/data_access/urban_rural.htm). This scheme assigns counties and county equivalents to one of six urbanization levels: four metropolitan and two nonmetropolitan.

For More Information. See the CMF website at: http://www.cdc.gov/nchs/data_access/cmfm.htm and the CDC WONDER website at: <http://wonder.cdc.gov/>. (Also see [Appendix II, Urbanization](#).)

Occupational Employment Statistics (OES)

Bureau of Labor Statistics (BLS)

Overview. The OES program conducts a semiannual survey designed to produce estimates of employment and wages for specific occupations.

Selected Content. The OES survey produces estimates of occupational employment and wages for most three- and four-digit, and six-digit, North American Industry Classification System (NAICS) levels in these sectors: logging and support activities for crop and animal production; mining; utilities; construction; manufacturing; wholesale trade; retail trade; transportation and warehousing; information; finance and insurance; real estate and rental and leasing; professional, scientific, and technical services; management of companies and enterprises; administrative and support and waste management and remediation services; educational services; health care and social assistance; arts, entertainment, and recreation; accommodation and food services; other services (except public administration); and federal, state, and local government.

Data Years. The year 1997 is the earliest year available for which the OES program produced estimates of cross-industry as well as industry-specific occupational employment and wages. Prior to 1996, the OES program collected only occupational employment data for selected industries in each year of the 3-year survey cycle and produced only industry-specific estimates of occupational employment. The 1996 survey round was the first year that the OES program began collecting occupational employment and wage data in every state. In addition, the

program's 3-year survey cycle was modified to collect data from all covered industries each year.

Coverage. The OES survey covers all full-time and part-time wage and salary workers in nonfarm establishments. Surveys collect data for the payroll period including the 12th day of May or November. The survey does not cover the self-employed, owners and partners in unincorporated firms, household workers, or unpaid family workers.

Methodology. The OES program surveys approximately 200,000 establishments per panel (every 6 months), taking 3 years to fully collect the sample of 1.2 million establishments. The estimates for occupations in nonfarm establishments are based on OES data collected for the reference months of May and November. May 2012 employment and wage estimates are based on all data collected from establishments sampled in the May 2012, November 2011, May 2011, November 2010, May 2010, and November 2009 semiannual panels. The overall national response rate for the six panels is 77% based on establishments, covering 73% based on employment. The OES survey is a federal-state cooperative program between BLS and state workforce agencies (SWAs). BLS provides the procedures and technical support, draws the sample, and produces the survey materials, while SWAs collect most of the data. SWAs from all 50 states plus D.C., Puerto Rico, Guam, and the U.S. Virgin Islands participate in the survey. Occupational employment and wage rate estimates at the national level are produced by BLS using data from the 50 states and D.C. Employers who respond to states' requests to participate in the OES survey make these estimates possible.

Issues Affecting Interpretation. Because of revisions to the occupational classification system, more recent OES estimates may not be directly comparable to data from previous years.

The May 2012 OES estimates are the first to be based on the full set of detailed occupations in the revised 2010 Standard Occupational Classification (SOC) system, which consists of 840 detailed occupations grouped into 461 broad occupations, 97 minor groups, and 23 major groups. The OES program produces employment and wage estimates at the major group and detailed occupation level for 22 of the 23 SOC major groups. Major group 55, Military Specific Occupations, is not included. The May 2012 estimates also include national data for SOC minor groups and broad occupations.

OES estimates for 2010 and 2011 were based on a hybrid structure of the 2000 and 2010 SOC systems. For more information about the hybrid structure, see FAQ #8 at http://www.bls.gov/oes/oes_ques.htm#other. Estimates from 1999 through 2009 were based on the 2000 SOC. Prior to 1999, OES estimates were based on an OES-specific classification system having seven major occupational groups and 770 detailed occupations.

The May 2012 OES data are based on the 2012 NAICS. Data from 2008 through 2011 are based on the 2007 NAICS, and

data from 2002 through 2007 are based on the 2002 NAICS. Data prior to 2002 are based on the Standard Industrial Classification (SIC) system.

Reference

Bureau of Labor Statistics. Occupational employment and wages, May 2012. Washington, DC: U.S. Department of Labor; 2013. Available from: <http://www.bls.gov/oes/home.htm>.

For More Information. See the OES website at: <http://www.bls.gov/OES>.

Population Census and Population Estimates

U.S. Census Bureau

Decennial Census

The census of population (decennial census) has been held in the United States every 10 years since 1790. Since 1930, it has enumerated the resident population as of April 1 of the census year. Data on sex, race, Hispanic origin, age, and marital status are collected from 100% of the enumerated population. Through Census 2000, more detailed information such as income, education, housing, occupation, and industry were collected from a representative sample of the population.

Race Data on the 1990 Census

The question on race on the 1990 census was based on the Office of Management and Budget's (OMB) 1977 *Race and Ethnic Standards for Federal Statistics and Administrative Reporting* (Statistical Policy Directive 15). This document specified rules for the collection, tabulation, and reporting of race and ethnicity data within the federal statistical system. The 1977 Standards required federal agencies to report race-specific tabulations using four single-race categories: American Indian or Alaska Native, Asian or Pacific Islander, black, and white. Under the 1977 Standards, race and ethnicity were considered to be two separate and distinct concepts. Thus, persons of Hispanic origin may be of any race.

Race Data on the 2000 Census

The question on race on the 2000 census was based on OMB's 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* (Fed Regist 1997 October 30;62:58781–90). (Also see [Appendix II, Race](#).) The 1997 Standards incorporated two major changes in the collection, tabulation, and presentation of race data. First, the 1997 Standards increased from four to five the minimum set of categories to be used by federal agencies for identification of race: American Indian or Alaska Native, Asian, black or

African American, Native Hawaiian or Other Pacific Islander, and white. Second, the 1997 Standards included the requirement that federal data collection programs allow respondents to select one or more race categories when responding to a query on their racial identity. This provision means that there are potentially 31 race groups, depending on whether an individual selects one, two, three, four, or all five of the race categories. The 1997 Standards continue to call for use, when possible, of a separate question on Hispanic or Latino ethnicity and specify that the ethnicity question should appear before the question on race. Thus, under the 1997 Standards, as under the 1977 Standards, persons of Hispanic origin may be of any race.

Race Data on the 2010 Census

Similar to race data on the 2000 census, the question on race on the 2010 census was based on OMB's 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* (Fed Regist 1997 October 30;62:58781–90). (Also see [Appendix II, Race](#).) The 1997 Standards required a minimum set of categories to be used by federal agencies for identification of race: American Indian or Alaska Native, Asian, black or African American, Native Hawaiian or Other Pacific Islander, and white and require that federal data collection programs allow respondents to select one or more race categories when responding to a query on their racial identity. The 1997 Standards continue to call for use, when possible, of a separate question on Hispanic or Latino ethnicity and specify that the ethnicity question should appear before the question on race. Thus, under the 1997 Standards, as under the 1977 Standards, persons of Hispanic origin may be of any race.

Modified Decennial Census Files

For several decades the U.S. Census Bureau has produced Modified Decennial Census files. These modified files incorporate adjustments to the 100% April 1 count data for (a) errors in the census data discovered subsequent to publication, (b) misreported age data, and (c) nonspecified race.

For the 1990 census, the U.S. Census Bureau modified the age, race, and sex data on the census and produced the Modified Age-Race-Sex (MARS) file. The differences between the population counts in the original census file and the MARS file are primarily due to modification of the race data. Of the 248.7 million persons enumerated in 1990, 9.8 million did not specify their race (over 95% were of Hispanic origin). For the 1990 MARS file, these persons were assigned the race reported by a nearby person with an identical response to the Hispanic origin question.

For the 2000 census, the U.S. Census Bureau modified the race data on the census and produced the Modified Race Data Summary file. For this file, persons who reported the category Some Other Race as part of their race response were assigned to one of the 31 race groups, which are the

single- and multiple-race combinations of the five race categories specified in the 1997 OMB race and ethnicity standards. Persons who did not specify their race were assigned to one of the 31 race groups by imputation. Of the 18.5 million persons who reported the category Some Other Race as part of their race response, or who did not specify their race, 16.8 million (90.4%) were of Hispanic origin.

Postcensal Population Estimates

Postcensal population estimates are estimates made for the years following a census, before the next census has been taken. Postcensal population estimates are derived annually by updating the resident population enumerated in the decennial census using a components-of-population-change approach. Each annual series includes estimates for the current data year and revised estimates for the earlier years in the decade. The following formula is used to derive national estimates for a given year from those for the previous year, starting with the decennial census enumerated resident population as the base:

- Resident population estimate
- + births to U.S. resident women
- deaths to U.S. residents
- + net international migration.

The postcensal estimates are consistent with official decennial census figures and do not reflect estimated decennial census underenumeration.

Estimates for the earlier years in a given series are revised to reflect changes in the components-of-change data sets (for example, births to U.S. resident women from a preliminary natality file are replaced with counts from a final natality file). To help users keep track of which postcensal estimate is being used, each annual series is referred to as a “vintage,” and the last year in the series is used to name the series. For example, the Vintage 2001 postcensal series has estimates for July 1, 2000, and July 1, 2001; and the Vintage 2002 postcensal series has revised estimates for July 1, 2000, and July 1, 2001, as well as estimates for July 1, 2002. The estimates for July 1, 2000, and for July 1, 2001, from the Vintage 2001 and Vintage 2002 postcensal series differ.

The U.S. Census Bureau also produces postcensal estimates of the resident population of each county using a components-of-population-change method. An additional component of population change—net internal migration—is involved. State postcensal population estimates are produced by summing all county populations within each state.

Intercensal Population Estimates

Intercensal population estimates are estimates made for the years between two decennial censuses and are produced once the census at the end of the decade has been

completed. They replace the postcensal estimates produced prior to the completion of the census at the end of the decade. Intercensal estimates are more accurate than postcensal estimates because they are based on both the census at the beginning and the census at the end of the decade. They are derived by adjusting the final postcensal estimates for the decade to correct for the error of closure (the difference between the estimated population at the end of the decade and the census count for that date). The patterns of population change observed over the decade are preserved. The intercensal estimates for the 1990s were produced using the same methodology used to generate the intercensal estimates for the 1980s. The revised intercensal population estimates for 2000–2009 were produced using a modified version of the methodology used previously. Vital rates calculated using postcensal population estimates are routinely revised when intercensal estimates become available.

For More Information. See the U.S. Census Bureau website at: <http://www.census.gov>.

Bridged-race Population Estimates

Race data on the 2000 and 2010 censuses are not comparable with race data on other data systems that are continuing to collect data using the 1977 OMB Standards on race and ethnicity during the transition to full implementation of the 1997 OMB Standards. For example, states are implementing the revised birth and death certificates—which have race and ethnicity items that are compliant with the 1997 OMB Standards—at different times, and to date some states are still using the 1989 certificates that collect race and ethnicity data in accordance with the 1977 OMB Standards. Thus, population estimates for 1990 and beyond with race categories comparable to the 1977 OMB 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 and Census 2010 to the four single-race categories specified under the 1977 OMB Standards.

The bridging methodology was developed using information from the 1997–2000 National Health Interview Survey (NHIS). NHIS provides a unique opportunity to investigate multiple-race groups because, since 1982, it has allowed respondents to choose more than one race but has also asked respondents reporting multiple races to choose a primary race. The bridging methodology developed by NCHS involved the application of regression models relating person-level and county-level covariates to the selection of a particular primary race by the multiple-race respondents. The bridging proportions derived from these models have been applied by the U.S. Census Bureau to various unbridged resident population files. These applications have resulted in bridged-race population estimates for each of the four single-race categories: American Indian or Alaska Native, Asian or Pacific Islander, black, and white.

In *Health, United States*, vital rates for 1991–1999 were calculated using the July 1, 1991–July 1, 1999 bridged-race intercensal estimates. Vital rates for 2000 were calculated using the bridged-race April 1, 2000, census counts, and those for 2010 were calculated using the bridged-race April 1, 2010, census counts. Starting with *Health, United States, 2012*, vital rates for 2001–2009 have been recalculated using the July 1, 2001–July 1, 2009, revised intercensal bridged-race population estimates. Vital rates for 2011 and beyond will be calculated using bridged-race estimates of the July 1 population from the corresponding postcensal vintage.

For More Information. See the U.S. Census Bureau website at: <http://www.census.gov>.

Reference

Ingram DD, Parker JD, Schenker N, et al. United States Census 2000 population with bridged race categories. NCHS. Vital Health Stat 2003;2(135). Available from: http://www.cdc.gov/nchs/data/series/sr_02/sr02_135.pdf.

For More Information. See the NCHS website for U.S. Census Populations With Bridged Race Categories: http://www.cdc.gov/nchs/nvss/bridged_race.htm.

Quality Improvement Evaluation System (QIES)

Centers for Medicare & Medicaid Services (CMS)

Overview. This administrative database, referred to in *Health, United States* as QIES, is created from the Certification and Survey Provider Enhanced Reporting (CASPER) and QIES systems. QIES is a CMS database that contains information from the standard annual provider survey data submitted by state survey agencies to CMS. QIES contains detailed information on all Medicare- and Medicaid-certified institutional health care providers, including all currently and previously certified Medicare and Medicaid nursing homes, short-term hospitals, and intermediate care facilities for the mentally retarded in the United States and territories. (Data for the territories are not shown in *Health, United States*.) The purpose of the facility survey certification process is to ensure that facilities meet the current CMS care requirements and thus can be reimbursed for services furnished to Medicare and Medicaid beneficiaries. In 2012, the QIES system replaced the Online Survey Certification and Reporting Database (OSCAR).

Selected Content. QIES (and its predecessor OSCAR) contains information on facility and patient characteristics and health deficiencies issued by the government during the survey process.

Data Years. QIES was introduced in 2012. OSCAR had been maintained by CMS [formerly the Health Care Financing Administration (HCFA)] since 1992. These databases are

updated versions of the Medicare and Medicaid Automated Certification System that had been in existence since 1972.

Coverage. Facilities in the United States that are certified to receive Medicare or Medicaid payments are included.

Methodology. QIES data are compiled by the state survey agency and a facility representative. The data are reviewed during the survey process and then submitted electronically to CMS. The information provided can be audited at any time.

All certified facilities are inspected periodically by representatives of the state survey agency (generally the department of health). Some facilities are inspected twice, or more often, during any given reporting cycle. To avoid overcounting, the data must be edited and duplicates removed. Data editing and compilation of nursing home data were performed by Cowles Research Group (CRG; Anacortes, WA) and published in the group's *Nursing Home Statistical Yearbook* series. Data editing and compilation for other facilities were performed by NCHS staff.

References

Cowles CM, ed. Nursing home statistical yearbooks for 1995, 1996, and 1997. Anacortes, WA: Cowles Research Group; published 1995, 1997, and 1998, respectively.

Cowles CM, ed. Nursing home statistical yearbooks for 1998, 1999, 2000, 2001, and 2002. Washington, DC: American Association of Homes and Services for the Aging; published 1999, 2000, 2001, 2002, and 2003, respectively.

Cowles CM, ed. Nursing home statistical yearbooks for 2003–2012. Anacortes, WA: CRG; published 2004–2013, respectively.

Centers for Medicare & Medicaid Services. Certification and compliance. Baltimore, MD: CMS; 2005. Available from: http://www.cms.gov/CertificationandCompliance/01_Overview.asp.

For More Information. See the Provider of Services entry on the CMS website at: <http://www.cms.hhs.gov/NonIdentifiableDataFiles> and the CRG website at: <http://www.longtermcareinfo.com/index.html>.

Sexually Transmitted Disease (STD) Surveillance

CDC/National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)

Overview. Surveillance information on the incidence and prevalence of STDs is used to inform public and private health efforts to control these diseases.

Selected Content. Case reporting data are available for nationally notifiable chancroid, chlamydia, gonorrhea, and

syphilis. Surveillance of other STDs, such as genital herpes simplex virus, genital warts or other human papillomavirus infections, and trichomoniasis, are based on estimates of office visits in physician office practices provided by the National Disease and Therapeutic Index.

Data Years. STD national surveillance data have been collected since 1941.

Coverage. Case reports of STDs are reported to CDC by STD surveillance systems operated by state and local STD control programs and health departments in 50 states, D.C., selected cities, 3,142 U.S. counties, and outlying areas consisting of U.S. dependencies, possessions, and independent nations in free association with the United States. Data from outlying areas are not included in *Health, United States*.

Methodology. Information is obtained from the following data sources: (a) case reports from STD project areas; (b) prevalence data from the Regional Infertility Prevention Project, the National Job Training Program (formerly the Job Corps), the Corrections STD Prevalence Monitoring Projects, and the Men Who Have Sex With Men Prevalence Monitoring Project; (c) sentinel surveillance of gonococcal antimicrobial resistance from the Gonococcal Isolate Surveillance Project; and (d) national sample surveys implemented by federal and private organizations. STD data are submitted to CDC on a variety of hard-copy summary reporting forms (monthly, quarterly, and annually) and in electronic summary or individual case-specific (line-listed) formats via the National Electronic Telecommunications System for Surveillance.

Issues Affecting Interpretation. Because of incomplete diagnosis and reporting, the number of STD cases reported to CDC undercounts the actual number of cases occurring among the U.S. population.

Reference

CDC. Sexually transmitted disease surveillance 2010. Atlanta, GA: U.S. Department of Health and Human Services; 2011. Available from: <http://www.cdc.gov/std/stats10/default.htm>.

For More Information. See the STD Surveillance Report website at: <http://www.cdc.gov/std/stats> and the STD website at: <http://www.cdc.gov/std/default.htm>.

Surveillance, Epidemiology, and End Results Program (SEER)

National Cancer Institute (NCI)

Overview. SEER tracks the incidence of new cancers each year and collects follow-up information on all previously diagnosed patients until their death.

Selected Content. For each cancer, SEER registries routinely collect data on patient demographics, primary tumor site,

morphology, stage at diagnosis, first course of treatment, and follow-up for vital status.

Data Years. Case ascertainment for SEER began January 1, 1973, and has continued for more than 38 years. The most recent data available are for 2009.

Coverage. The SEER 9 registries (Atlanta, Connecticut, Detroit, Hawaii, Iowa, New Mexico, San Francisco-Oakland, Seattle-Puget Sound, and Utah) have been part of the program continuously since 1975. The SEER 13 registries (the SEER 9 registries plus Los Angeles, San Jose-Monterey, rural Georgia, and the Alaska Native Tumor Registry) have been part of the program continuously since 1992. The SEER 18 registries (the SEER 13 plus Greater Georgia, Kentucky, Greater California, New Jersey, and Louisiana) have been part of the program continuously since 2000. SEER currently collects and publishes cancer incidence and survival data from 18 population-based cancer registries covering approximately 28% of the U.S. population.

To ensure continuity in reporting areas for trend data, the SEER data file is commonly used both for statistical analyses and for analysis of cancer survival rates in *Health, United States*. The SEER 13 data file is commonly used for analysis of cancer incidence by expanded racial and ethnic groups.

Methodology. A cancer registry collects and stores data on cancers diagnosed in a specific hospital or medical facility (hospital-based registry) or in a defined geographic area (population-based registry). A population-based registry includes, but is not limited to, a number of hospital-based registries. In SEER registry areas, trained coders abstract medical records using the *International Classification of Diseases for Oncology, 3rd edition (ICD-O-3)* to classify site and tumor morphology. All SEER data in this report were collected with or converted to ICD-O-3.

NCI obtains population counts from the U.S. Census Bureau and uses them to calculate incidence rates. It also uses estimation procedures as needed to obtain estimates for years and races not included in data provided by the Census Bureau. Life tables used to determine general population life expectancy when calculating relative survival rates were obtained from NCHS and in-house calculations. Separate life tables are used for each race-sex-specific group included in SEER.

Issues Affecting Interpretation. Because of the addition of registries over time, analysis of long-term incidence and survival trends is limited to those registries that have been in SEER for similar lengths of time. Analysis of Hispanic and American Indian and Alaska Native data is limited to shorter trends. Starting with *Health, United States, 2006*, the North American Association of Central Cancer Registries (NAACCR) Hispanic Identification Algorithm was used on a combination of variables to classify cases as Hispanic for analytic purposes. Starting with *Health, United States, 2007*, Hispanic incidence data exclude data for Alaska. Earlier editions of *Health, United States* also excluded Hispanic data for Hawaii and Seattle. Starting with *Health, United States,*

2007, incidence estimates for the American Indian or Alaska Native population are limited to contract health service delivery area (CHSDA) counties within SEER reporting areas. This change is believed to produce estimates that more accurately reflect the incidence rates for this population group. More information on CHSDA is available from: <http://www.ihs.gov/NonMedicalPrograms/chs/index.cfm>. For more information on SEER estimates by race and ethnicity, see: http://seer.cancer.gov/seerstat/variables/seer/race_ethnicity/index.html. Rates presented in this report may differ somewhat from those reported previously due to changes in population estimates and the addition and deletion of small numbers of incidence cases.

Reference

Howlader N, Noone AM, Krapcho M, Garshell J, Neyman N, Altekruse SF, et al. (eds). SEER Cancer Statistics Review, 1975–2010, National Cancer Institute. Bethesda, MD (based on November 2012 SEER data submission, posted to the SEER web site, April 2013.) Available from: http://seer.cancer.gov/csr/1975_2010/.

For More Information. See the SEER website at: <http://seer.cancer.gov>.

United States Renal Data System (USRDS)

National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), in conjunction with the Centers for Medicare & Medicaid Services (CMS) and the Health Resources and Services Administration (HRSA)

Overview. USRDS is a national data system that collects, analyzes, and distributes information about end-stage renal disease (ESRD) in the United States. USRDS staff collaborate with staff from CMS, HRSA, the Organ Procurement and Transplantation Network (OPTN) under the auspices of HRSA, and the ESRD networks, sharing data sets and actively working to improve the accuracy of ESRD patient information. USRDS has five goals: (a) to characterize the ESRD population; (b) to describe the prevalence and incidence of ESRD, along with trends in mortality and disease rates; (c) to investigate relationships among patient demographics, treatment modalities, and morbidity; (d) to identify new areas for special renal studies and support investigator-initiated research; and (e) to provide data sets and samples of national data to support research by the Special Studies Centers.

Selected Content. USRDS maintains a stand-alone database with data on the diagnoses and demographic characteristics of ESRD patients, along with biochemical data, dialysis claims, and information on treatment and payer histories, hospitalization events, deaths, physician and supplier services, and providers.

Data Years. Data have been compiled annually since 1988.

Coverage. The primary source of ESRD identification is the ESRD Medical Evidence form that is used to register patients at the onset of ESRD and that must be submitted by dialysis or transplant providers within 45 days of initiation. The form establishes Medicare eligibility for individuals previously not Medicare beneficiaries, reclassifies previously eligible beneficiaries as ESRD patients, and provides demographic and diagnostic information on all new patients. The CMS, USRDS, and renal research communities rely on the form to ascertain patient demographics, primary diagnosis, comorbidities, and biochemical test results at the time of ESRD initiation. Since 1995, providers have been required to complete the form for all new ESRD patients (Medicare and non-Medicare eligible).

Methodology. Data for the USRDS database are compiled from existing data sources, including the CMS Renal Management Information System (REMIS), CMS claims data, facility survey data, CDC survey data [National Health and Nutrition Examination Survey (NHANES)], Standard Information Management System (SIMS), Medicare Evidence form (CMS–2728), ESRD Death Notification form (CMS–2746), and OPTN transplant and wait-list data. The CMS data files are supplemented by CMS with enrollment, payer history, and other administrative data, to provide utilization and demographic information on ESRD patients.

Sample Size and Response Rate. Response or coverage rates are 100% of people treated for ESRD since May 1995 because the amended ESRD entitlement policy requires that a Medicare Evidence form be submitted for all ESRD patients, regardless of their insurance and eligibility status. However, the payment data for non-Medicare ESRD patients may be absent during the 30-month coordination period. Ascertainment of incident cases may also be incomplete because the data are for persons receiving ESRD treatment as reported to CMS and do not include patients who die of ESRD before receiving treatment and those who are not reported to CMS.

For More Information. See the USRDS website at: <http://www.usrds.org>.

Youth Risk Behavior Survey (YRBS)

CDC/National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)

Overview. YRBS monitors health risk behaviors among students in grades 9–12 that contribute to morbidity and mortality in both adolescence and adulthood.

Selected Content. Data are collected on behaviors that contribute to unintentional injuries and violence; tobacco use; alcohol and other drug use; sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases (STDs), including human immunodeficiency virus (HIV) infection; unhealthy dietary

behaviors; and physical inactivity. In addition, YRBS monitors the prevalence of obesity and asthma.

Data Years. The national YRBS of high school students was conducted in 1990, 1991, 1993, 1995, 1997, 1999, 2001, 2003, 2005, 2007, 2009, and 2011.

Coverage. Data are representative of high school students in public and private schools in the United States.

Methodology. The national YRBS school-based surveys employ a three-stage cluster sample design to produce a nationally representative sample of students in grades 9–12 attending public and private high schools. The first-stage sampling frame contains primary sampling units (PSUs) consisting of large counties or groups of smaller, adjacent counties. The PSUs are then stratified based on degree of urbanization and relative percentage of black and Hispanic students in the PSU. The PSUs are selected from these strata with probability proportional to school enrollment size. At the second sampling stage, schools are selected with probability proportional to school enrollment size. To enable separate analysis of data for black and Hispanic students, schools with substantial numbers of black and Hispanic students are sampled at higher rates than all other schools. The third stage of sampling consists of randomly selecting one or two intact classes of a required subject from grades 9 through 12 at each chosen school. All students in the selected classes are eligible to participate in the survey. A weighting factor is applied to each student record to adjust for nonresponse and for the varying probabilities of selection, including those resulting from the oversampling of black and Hispanic students.

Sample Size and Response Rate. The sample size for the 2011 YRBS was 15,425 students in 158 schools. The school response rate was 81%, and the student response rate was 87%, for an overall response rate of 71%.

Issues Affecting Interpretation. National YRBS data are subject to at least two limitations. First, these data apply only to adolescents who attend regular high school. These students may not be representative of all persons in this age group because those who have dropped out of high school or attend an alternative high school are not surveyed. Second, the extent of underreporting or overreporting cannot be determined, although the survey questions demonstrate good test-retest reliability.

Estimates of substance use for youth based on YRBS differ from the National Survey on Drug Use & Health (NSDUH) and the Monitoring the Future (MTF) Study. Rates are not directly comparable across these surveys because of differences in populations covered, sample design, questionnaires, and interview setting. NSDUH collects data in residences, whereas MTF and YRBS collect data in school classrooms. In addition, NSDUH estimates are tabulated by age, whereas MTF and YRBS estimates are tabulated by grade, representing different ages as well as different populations.

References

CDC. Methodology of the Youth Risk Behavior Surveillance System. MMWR 2004;53(RR-12):1–13. Available from: <http://www.cdc.gov/mmwr/PDF/rr/rr5312.pdf>.

Eaton DK, Kann L, Kinchen S, Shanklin S, Flint KH, Hawkins J, et al. Youth Risk Behavior Surveillance—United States, 2011. MMWR Surveill Summ 2012;61(SS-4):1–162. Available from: <http://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf>.

Cowan CD. Coverage, sample design, and weighting in three federal surveys. J Drug Issues 2001;31(3):599–614.

For More Information. See the YRBS website at: <http://www.cdc.gov/yrbs>.

Private and Global Sources

American Association of Colleges of Osteopathic Medicine (AACOM)

AACOM, founded in 1898, compiles data on various aspects of osteopathic medical education for distribution to the profession, the government, and the public. Questionnaires are sent annually to schools of osteopathic medicine requesting information on characteristics of applicants, students and graduates, faculty, curriculum, contract and grant activity, revenues and expenditures, and clinical facilities. The response rate is 96% for the 2007–2008 survey year.

Reference

American Association of Colleges of Osteopathic Medicine. A report on a survey of Osteopathic Medical School Growth, 2009–2010. Chevy Chase, MD: AACOM; 2010.

For More Information. Contact the American Association of Colleges of Osteopathic Medicine, 5550 Friendship Boulevard, Suite 310, Chevy Chase, MD 20815; or see the AACOM website at: <http://www.aacom.org>.

American Association of Colleges of Pharmacy (AACP)

AACP compiles data on colleges and schools of pharmacy, including information on student enrollment and types of degrees conferred. Data are collected through an annual survey. In 2010, the response rate was 100%.

Reference

American Association of Colleges of Pharmacy. Profile of pharmacy students: Fall 2010. Alexandria, VA: AACP; 2011.

For More Information. Contact the American Association of Colleges of Pharmacy, 1727 King Street, Alexandria, VA 22314; or see the AACP website at: <http://www.aacp.org>.

American Association of Colleges of Podiatric Medicine (AACPM)

AACPM compiles data on colleges of podiatric medicine, including information on the schools and enrollment. Data are collected annually through written questionnaires. The response rate is 100%.

Reference

American Association of Colleges of Podiatric Medicine. Applicant, matriculant, and graduate statistics. Available from: <http://www.aacpm.org>.

For More Information. Contact the American Association of Colleges of Podiatric Medicine, 15850 Crabbs Branch Way, Suite 320, Rockville, MD 20855; or see the AACPM website at: <http://www.aacpm.org>.

American Dental Association (ADA)

ADA's Division of Educational Measurement conducts annual surveys of predoctoral dental educational institutions. A questionnaire, mailed to all dental schools, collects information on academic programs, admissions, enrollment, attrition, graduates, educational expenses and financial assistance, patient care, advanced dental education, and faculty positions.

Reference

American Dental Association. 2010–2011 Survey of dental education, vol 1: Academic programs, enrollment, and graduates. Chicago, IL: ADA; 2012. Available from: <http://www.ada.org/1621.aspx>.

For More Information. Contact the American Dental Association, 211 East Chicago Avenue, Chicago, IL 60611; or see the ADA website at: <http://www.ada.org>.

American Hospital Association (AHA) Annual Survey of Hospitals

Data from AHA's annual survey are based on questionnaires sent to all AHA-registered and nonregistered hospitals in the United States and its associated areas: American Samoa, Guam, the Marshall Islands, Puerto Rico, and the Virgin Islands. U.S. government hospitals located outside the United States are excluded. Overall, the average response rate over the past 5 years has been approximately 83%. For nonreporting hospitals and for the survey questionnaires of reporting hospitals on which some information was missing, estimates are made for all data except those on beds, bassinets, facilities, and services. Data for beds and bassinets

of nonreporting hospitals are based on the most recent information available from those hospitals. Data for facilities and services are based only on reporting hospitals. Estimates of other types of missing data are based on data reported the previous year, if available. When unavailable, estimates are based on data furnished by reporting hospitals similar in size, control, major service provided, length of stay, and geographic and demographic characteristics.

For More Information. Contact the AHA Annual Survey of Hospitals, Health Forum, LLC, an American Hospital Association Company, One North Franklin Street, Chicago, IL 60606; or see the AHA website at: <http://www.aha.org>.

American Medical Association (AMA) Physician Masterfile

A master file of physicians has been maintained by AMA since 1906. The Physician Masterfile contains data on all physicians in the United States, both members and nonmembers of AMA, and on those graduates of American medical schools temporarily practicing overseas. The file also includes information on international medical graduates (IMGs) who are graduates of foreign medical schools, who reside in the United States, and who meet U.S. educational standards for primary recognition as physicians.

A file is initiated on each individual upon entry into medical school or, in the case of IMGs, upon entry into the United States. Between 1969 and 1985, a mail questionnaire survey was conducted every 4 years to update the file information on professional activities, self-designated area of specialization, and present employment status. Between 1985 and 2006, approximately one-third to one-fourth of all physicians were surveyed each year. Since then, AMA has employed a more diversified survey approach in which more than 500,000 active physicians are targeted each year through mail, telephone, and Web-based surveys.

Reference

American Medical Association, Division of Survey and Data Resources. Physician characteristics and distribution in the U.S., 2012. Chicago, IL: AMA; 2013.

For More Information. Contact the American Medical Association, 515 North State Street, Chicago, IL 60654; or see the AMA website at: <http://www.ama-assn.org>.

American Osteopathic Association (AOA)

AOA was established to promote the public health, to encourage scientific research, and to maintain and improve high standards of medical education in osteopathic colleges. The AOA Department of Educational Affairs sets the standards for and accredits osteopathic medical colleges and hospitals, postdoctoral training, and board certification programs. AOA publishes both professional and public informational materials. Professional publications include

information on osteopathic education, accreditation of hospitals and other health care delivery facilities, and physician licensing. Public information materials include introductory materials on osteopathic medicine, brochures on osteopathic physicians and osteopathic medicine, and patient education materials. AOA compiles the number of osteopathic physicians (DOs); the number of active DOs by gender, age, and specialty and by 50 states and D.C.; and the number of osteopathic medical students by selected characteristics.

Reference

American Osteopathic Association. Osteopathic medical profession report, 2010. Chicago, IL: AOA; 2012. Available from: <http://www.osteopathic.org/inside-aoa/about/who-we-are/Documents/Osteopathic-Medical-Profession-Report-2010.pdf>.

For More Information. Contact the American Osteopathic Association, 142 East Ontario Street, Chicago, IL 60611; or see the AOA website at: <http://www.osteopathic.org>.

Association of American Medical Colleges (AAMC)

AAMC collects information on student enrollment in medical schools through its annual Liaison Committee on Medical Education questionnaire, the fall enrollment questionnaire, and the American Medical College Application Service (AMCAS) data system. Other data sources are the Medical School Profile System, the Pre-MCAT questionnaire, the Minority Student Opportunities in Medicine questionnaire, the Faculty Roster system, data from the Medical College Admission Test, and one-time surveys developed for special projects.

The AAMC Data Warehouse (DW) stores two sections of data relevant to applicants and students: AAMC DW: AMF (Applicant Matriculant file) and AAMC DW: Student. From these two source files, the association derives summary statistics about applicants, accepted applicants, matriculants, enrollees, and graduates. AAMC DW: AMF compiles applicant and matriculant data from AMCAS and other medical school application processes. AAMC DW: Student compiles enrollee and graduate data from the AAMC Student Records System. Applicant, enrollment, and graduate statistical data are arranged by academic year, which begins July 1 and ends June 30.

Reference

Association of American Medical Colleges. AAMC data book: Medical schools and teaching hospitals by the numbers, 2012. Washington, DC: AAMC; 2012.

For More Information. Contact the Association of American Medical Colleges, 2450 N Street, NW, Washington, DC 20037; or see the AAMC website at: <http://www.aamc.org>.

Association of Schools and Colleges of Optometry (ASCO)

ASCO compiles data on various aspects of optometric education, including data on schools and enrollment. Schools and colleges complete an annual questionnaire. The response rate is 100%.

Reference

Association of Schools and Colleges of Optometry. Annual survey of optometric educational institutions: 2012–2013. Rockville, MD: ASCO; 2013.

For More Information. Contact the Association of Schools and Colleges of Optometry, 6110 Executive Boulevard, Suite 420, Rockville, MD 20852; or see the ASCO website at: <http://www.opted.org>.

Association of Schools of Public Health (ASPH)

ASPH compiles data on schools of public health in the United States and Puerto Rico. Unlike health professional schools that emphasize specific clinical occupations, schools of public health offer study in specialty areas such as biostatistics, epidemiology, environmental health, occupational health, health administration, health planning, nutrition, maternal and child health, social and behavioral sciences, and other population-based sciences. Questionnaires are sent annually to all member schools. The response rate is 100%.

Reference

Association of Schools of Public Health. Annual data report, 2010. Washington, DC: ASPH; 2011. Available from: <http://www.asph.org/UserFiles/DataReport2010.pdf>.

For More Information. Contact the Association of Schools of Public Health, 1101 15th Street NW, Suite 910, Washington, DC 20005; or see the ASPH website at: <http://www.asph.org>.

Guttmacher Institute Abortion Provider Census

The Guttmacher Institute (previously called the Alan Guttmacher Institute, or AGI) is a not-for-profit organization for reproductive health research, policy analysis, and public education. The Institute's abortion provider surveillance program documents the number of legal induced abortions, monitors unintended pregnancy, and assists in efforts to identify and reduce preventable causes of morbidity and mortality associated with abortions. Guttmacher has collected or estimated national abortion data since 1973 by conducting surveys every 3–4 years, and extrapolating

estimates for the intervening years. Guttmacher reports the number of induced abortions and the number, types, and locations of abortion providers by state and region. In the 2009 survey, respondents were asked to report the number of induced abortions performed in their facilities during 2007 and 2008. *Health, United States* presents the total number of abortions reported by Guttmacher for each data year.

The abortion data reported to Guttmacher contain data on women of all ages, including adolescents who obtain legal induced abortions, and includes both surgical and medication (e.g., using mifepristone, misoprostol, or methotrexate) abortion procedures. Data are collected from three major categories of providers that were identified as potential providers of abortion services: clinics, physicians, and hospitals. During 2009, the distributor of mifepristone also mailed surveys to all facilities and medical professionals that had ever purchased mifepristone (which was approved for use in medical abortion in 2000).

A version of the 2009 survey questionnaire was created for each of the three major categories of providers, modeled on the survey questionnaire used for Guttmacher's data collection in 2004–2005. Questionnaires were mailed to all potential providers, with two additional mailings and telephone follow-up for nonresponse. All surveys asked the number of induced abortions performed at the provider's location. State health statistics agencies were also contacted, requesting all available data reported by providers to each state health agency on the number of abortions performed in the survey year. For states that provided data to Guttmacher, the health agency figures were used for providers who did not respond to the survey. Estimates of the number of abortions performed by some providers were ascertained from knowledgeable sources in the community. Of the 2,344 potential providers surveyed during 2009, 1,525 responded directly or in follow-up; health department data were used for 451 providers; knowledgeable sources were used for 109 providers; and Guttmacher made its own estimates for 230 facilities. The level of internal estimation was higher than in previous years because health department data from New York and California were less complete.

To estimate the number of abortions performed in 2001, 2002, and 2003, the Guttmacher Institute first estimated the change in the number of abortions between 2000 and 2001, beginning with the number of abortions occurring in each state, as reported by CDC, in each of those 2 years (see [Appendix I, Abortion Surveillance System](#)). The three states without reporting systems were excluded. Guttmacher also eliminated the states with very incomplete or inconsistent reporting [Arizona, Maryland, Nevada, and D.C.] and summed the number of abortions that took place in the 44 remaining states for each year. The percentage change between 2000 and 2001 was then applied to Guttmacher's more complete nationwide count of 1,312,990 abortions in 2000 to arrive at the national estimate for 2001. The same

procedure was used to estimate the change in the number of abortions between 2001 and 2002 and between 2002 and 2003, except that the data for both years were collected directly from state health departments because the CDC abortion surveillance report for the latest year was not yet available. The states without reporting systems were not included, and, as before, Guttmacher excluded states with incomplete or inconsistent reporting. Further adjustments were made after the 2004–2005 Guttmacher survey results became available.

The CDC national count of abortions was 15% lower than the Guttmacher survey in 1977 and 1978, 12% lower in 1987, 11% lower in 1991 and 1992, and 12% lower in 1995. Beginning in 1998, CDC reported totals for only 48 states and D.C.; since then, the total number of abortions reported to CDC has been about 34% less than the total estimated by Guttmacher. The three reporting areas that did not report abortions to CDC in 2005 (the largest of which was California) accounted for 18% of all abortions tallied by Guttmacher's 2005 survey. (See [Appendix I, Abortion Surveillance System](#).)

References

Finer LB, Henshaw SK. Abortion incidence and services in the United States in 2000. *Perspect Sex Reprod Health* 2003;35(1):6–15. Available from: <http://www.guttmacher.org/pubs/psrh/full/3500603.pdf>.

Jones RK, Kooistra K. Abortion incidence and access to services in the United States, 2008. *Perspect Sex Reprod Health* 2011;43(1):41–50. Available from: <http://www.guttmacher.org/pubs/journals/4304111.pdf>.

For More Information. Contact The Guttmacher Institute, 125 Maiden Lane, 7th floor, New York, NY 10038; or see The Guttmacher Institute website at: <http://www.guttmacher.org>.

Organisation for Economic Co-operation and Development (OECD) Health Data

OECD provides annual data on statistical indicators for health and health systems collected from 34 member countries, with some time series going back to 1960. The international comparability of health expenditure estimates depends on the quality of national health accounts in OECD member countries. In recent years, an increasing number of countries have adopted the standards for health accounting defined by OECD, greatly increasing the comparability of national health expenditure data reporting. Additional limitations in international comparisons include differing boundaries between health care and other social care, particularly for the disabled and elderly, and underestimation of private expenditures on health.

OECD was established in 1961 with a mandate to promote policies to achieve the highest sustainable economic growth

and a rising standard of living among member countries. The organization now comprises 34 member countries: Australia, Austria, Belgium, Canada, Chile, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Japan, Korea, Luxembourg, Mexico, the Netherlands, New Zealand, Norway, Poland, Portugal, the Slovak Republic, Slovenia, Spain, Sweden, Switzerland, Turkey, the United Kingdom, and the United States.

As part of its mission, OECD has developed a number of activities related to health and health care systems. The main aim of OECD work on health policy is to conduct cross-national studies of the performance of OECD health systems and to facilitate exchanges between member countries regarding their experiences in financing, delivering, and managing health services. To support this work, each year OECD compiles cross-country data in the OECD Health Data database, one of the most comprehensive sources of comparable health-related statistics. OECD Health Data is an essential tool for conducting comparative analyses and drawing lessons from international comparisons of diverse health care systems. This international database now incorporates the first results arising from implementation of the OECD manual, *A System of Health Accounts*, which provides a standard framework for producing a set of comprehensive, consistent, and internationally comparable data on health spending. OECD collaborates with other international organizations such as the World Health Organization.

For More Information. Contact the OECD Washington Center, 2001 L Street, NW, Suite 650, Washington, DC 20036; or see the OECD website at: <http://www.oecd.org/health>.

Appendix II. Definitions and Methods

This appendix contains an alphabetical listing of terms used in *Health, United States*, and these definitions are specific to the data presented in this report. The methods used for calculating age-adjusted rates, average annual rates of change, relative standard errors, birth rates, death rates, and years of potential life lost are described. Included are standard populations used for age adjustment (Tables I and II), the years when the revisions for *International Classification of Diseases* (ICD) codes were in effect (Table III), codes for cause of death from the 6th through 10th revisions of ICD (Table IV), and comparability ratios between the 9th and 10th revisions (ICD-9 and ICD-10) for selected causes (Table V), imputed family income percentages from the National Health Interview Survey (NHIS) (Table VI), an analysis of the effect of added probe questions for Medicare and Medicaid coverage on health insurance rates in NHIS (Table VII), industry codes from the North American Industry Classification System (NAICS) (Table VIII), and ICD-9 Clinical Modification (ICD-9-CM) codes for external causes of injury, diagnostic, and procedure categories (Tables IX–XII). Standards for presenting federal data on race and ethnicity are described, and sample tabulations of NHIS data comparing the 1977 and 1997 Office of Management and Budget standards for the classification of federal data on race and ethnicity are presented in Tables XIII and XIV.

Acquired immunodeficiency syndrome (AIDS)—Human immunodeficiency virus (HIV) is the pathogen that causes AIDS, and HIV disease is the term that encompasses all the condition's stages—from infection to the deterioration of the immune system and the onset of opportunistic diseases. However, AIDS is still the term most people use to refer to the immune deficiency caused by HIV. An AIDS diagnosis (indicating that the person has reached the late stages of the disease) is given to people with HIV who have CD4⁺ cell (also known as T cells or T4 cells, which are the main target of HIV) counts below 200 cells per cubic millimeter (fewer than 200 cells/ μ L) or less than 14% of total lymphocytes, or who have been diagnosed with at least one of a set of opportunistic diseases. All 50 states, the District of Columbia (D.C.) and six U.S. dependent areas (American Samoa, Guam, Northern Mariana Islands, Puerto Rico, Republic of Palau, and the U.S. Virgin Islands) report AIDS cases to CDC using a uniform surveillance case definition and case report form. The case reporting definitions were expanded in 1985 (see MMWR 1985;34:373–5); 1987 [MMWR 1987;36(SS-01):15–15S]; and 1993 for adults and adolescents [MMWR 1992;41(RR-17):1–19]; and in 1994 for pediatric cases [MMWR 1994;43(RR-12):1–19]. The revisions incorporated a broader range of AIDS-indicator diseases and conditions and used HIV diagnostic tests to improve the sensitivity and specificity of the definition. The 1993 expansion of the case definition caused a temporary distortion of AIDS incidence trends.

In 2005, CDC collaborated with the Council of State and Territorial Epidemiologists (CSTE) to recommend a change in the AIDS case definition to require laboratory confirmation of HIV infection in addition to a CD4⁺ T-lymphocyte count of fewer than 200 cells/ μ L, a CD4⁺ T-lymphocyte percentage of total lymphocytes of less than 14%, or diagnosis of an AIDS-defining condition.

From 2008 to the present, a revised HIV case definition was used to classify HIV infection among adults, adolescents, and children. The revised definition incorporates the following HIV infection classification staging system:

- HIV infection, stage 1: No AIDS-defining condition and either CD4 count of 500 cells/ μ L or more or CD4 percentage of total lymphocytes of 29% or more.
- HIV infection, stage 2: No AIDS-defining condition and either a CD4 count of 200–499 cells/ μ L or a CD4 percentage of total lymphocytes of 14%–28%.
- HIV infection, stage 3 (AIDS): Documentation of an AIDS-defining condition or either a CD4 count of less than 200 cells/ μ L or a CD4 percentage of total lymphocytes of less than 14%. Documentation of an AIDS-defining condition supersedes a CD4 count or percentage that would not, by itself, be the basis for a stage 3 (AIDS) classification.
- HIV infection, stage unknown: No reported information on AIDS-defining conditions and no information available on CD4 count or percentage [see MMWR 2008;57(RR-10):1–8].
- In 1996, regimens of proven combinations of medications, known as highly active antiretroviral therapy (HAART), became the standard of care for HIV and AIDS. These therapies have prevented or delayed the onset of AIDS and premature death among many HIV-infected persons, and this should be considered when interpreting trend data. AIDS surveillance data are published annually by CDC in the *HIV/AIDS Surveillance Report*, available from: <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/index.htm>. [Also see Appendix II, Human immunodeficiency virus (HIV) disease.]

Active physician—See Appendix II, Physician.

Activities of daily living (ADL)—ADLs are activities related to personal care and include bathing or showering, dressing, getting into or out of bed or a chair, using the toilet, and eating. In the National Health Interview Survey, respondents were asked whether they or family members aged 3 and over need the help of another person with personal care because of a physical, mental, or emotional problem.

In the Medicare Current Beneficiary Survey, if a sample person had any difficulty performing an activity by him- or herself and without special equipment, or did not perform

Table I. United States projected year 2000 standard population and age groups used to age-adjust data

<i>Data system and age</i>	<i>Population</i>
DVS mortality data	
Total	274,633,642
Under 75 years	258,059,676
Under 1 year	3,794,901
1–4 years	15,191,619
5–14 years	39,976,619
15–24 years	38,076,743
25–34 years	37,233,437
35–44 years	44,659,185
45–54 years	37,030,152
55–64 years	23,961,506
65–74 years	18,135,514
75–84 years	12,314,793
85 years and over	4,259,173
DVS (Table 21)	
Under 75 years	258,059,676
Under 1 year	3,794,901
1–14 years	55,168,238
15–24 years	38,076,743
25–34 years	37,233,437
35–44 years	44,659,185
45–54 years	37,030,152
55–64 years	23,961,506
65–74 years	18,135,514
NHIS, NAMCS, NHAMCS, and NHDS	
All ages	274,633,642
18 years and over	203,852,188
25 years and over	177,593,760
40 years and over	118,180,367
65 years and over	34,709,480
Under 18 years	70,781,454
2–17 years	63,227,991
18–44 years	108,151,050
18–24 years	26,258,428
25–34 years	37,233,437
35–44 years	44,659,185
45–64 years	60,991,658
45–54 years	37,030,152
55–64 years	23,961,506
65–74 years	18,135,514
75 years and over	16,573,966
18–49 years	127,956,843
40–64 years:	
40–49 years	42,285,022
50–64 years	41,185,865

See footnotes at end of table.

Table I. United States projected year 2000 standard population and age groups used to age-adjust data—Con.

<i>Data system and age</i>	<i>Population</i>
NHES and NHANES	
20 years and over	195,850,985
20–74 years	179,277,019
20–34 years	55,490,662
35–44 years	44,659,185
45–54 years	37,030,152
55–64 years	23,961,506
65–74 years	18,135,514
or	
65 years and over	34,709,480
NHANES (Tables 46 and 64)	
20–44 years	100,149,847
45–64 years	60,991,658
65 years and over	34,709,480
NHANES (Table 67)	
20–39 years	77,670,618
40–59 years	72,816,615
60–74 years	28,789,786
75 years and over	16,573,966
NHANES (Table 92)	
Under 18 years	70,781,454
18–44 years	108,151,050
45–64 years	60,991,658
65 years and over	34,709,480

NOTES: DVS is Division of Vital Statistics. NHIS is National Health Interview Survey. NAMCS is National Ambulatory Medical Care Survey. NHAMCS is National Hospital Ambulatory Medical Care Survey. NHDS is National Hospital Discharge Survey. NHES is National Health Examination Survey. NHANES is National Health and Nutrition Examination Survey. SOURCE: National Institutes of Health, National Cancer Institute. Surveillance, Epidemiology, and End Results (SEER). Standard populations—single ages. Available from: <http://seer.cancer.gov/stdpopulations>.

the activity at all because of health problems, the person was categorized as having a limitation in that activity. The limitation may have been temporary or chronic at the time of interview. Sampled people who were administered a community interview answered questions about health status and functioning themselves, if able to do so. For persons in a long-term care facility, a proxy such as a nurse answered questions about the sample person's health status and functioning. Starting in 1997, interview questions for people residing in long-term care facilities were changed slightly from those administered to people living in the community, in order to differentiate residents who were independent from those who received supervision or assistance with transferring, locomotion on unit, dressing, eating, toilet use, and bathing. [Also see [Appendix II, Complex activity limitation; Instrumental activities of daily living \(IADL\); Limitation of activity.](#)]

Admission—The American Hospital Association defines admissions as persons, excluding newborns, accepted for inpatient services during the survey reporting period. (Also see [Appendix II, Days of care; Discharge; Inpatient.](#))

Age—Age is reported as age at last birthday (i.e., age in completed years), often calculated by subtracting the date of birth from the reference date, with the reference date being the date of the examination, interview, or other contact with an individual.

Mother's (maternal) age is reported on the birth certificate by all states. Birth statistics are presented for mothers aged 10–49 through 1996 and aged 10–54 starting in 1997, based on mother's date of birth or age as reported on the birth certificate. The age of the mother is edited for upper and lower limits. When the age of the mother is computed to be under 10 or 55 and over (50 and over in 1964–1996), it is considered not stated and is imputed according to the age of the mother from the previous birth record of the same race and total birth order (total of fetal deaths and live births). Before 1963, not-stated ages were distributed in proportion to the known ages for each racial group. Beginning in 1997, the birth rate for the maternal age group 45–49 has included data for mothers aged 50–54 in the numerator and has been based on the population of women aged 45–49 in the denominator. Beginning with 2003 data, age of mother is imputed for stated ages 8 and under and 65 and over, for births occurring in states using the 2003 revision of the birth certificate. Starting with 2007 data, age of mother is imputed for all births for stated ages 8 and under and 65 and over. As with data for earlier years, age is imputed according to the age of mother from the previous record with the same race and total birth order.

Age adjustment—Age adjustment is used to compare risks for two or more populations at one point in time or for one population at two or more points in time. Age-adjusted rates are computed by the direct method by applying age-specific rates in a population of interest to a standardized age distribution, to eliminate differences in observed rates that result from age differences in population composition. Age-adjusted rates should be viewed as relative indexes rather than actual measures of risk.

Age-adjusted rates are calculated by the direct method, as follows:

$$\sum_{i=1}^n r_i \times (p_i / P)$$

where r_i = rate in age group i in the population of interest

p_i = standard population in age group i

$$P = \sum_{i=1}^n p_i$$

n = total number of age groups over the age range of the age-adjusted rate

Age adjustment by the direct method requires the use of a standard age distribution. The standard for age-adjusting death rates and estimates from surveys in *Health, United States* is the projected year 2000 U.S. resident population. Starting with *Health, United States, 2000*, the projected year 2000 U.S. standard population replaced the 1970 civilian noninstitutionalized population for age-adjusting estimates from most NCHS surveys; and starting with *Health, United States, 2001*, it was used uniformly and replaced the 1940 U.S. population for age-adjusting mortality statistics and the 1980 U.S. resident population, which previously had been used for age-adjusting estimates from the National Health and Nutrition Examination Survey.

Changing the standard population has implications for racial and ethnic differentials in mortality. For example, the mortality ratio for the black to white populations is reduced from 1.6 using the 1940 standard to 1.4 using the 2000 standard, reflecting the greater weight the 2000 standard gives to the older population, in which race differentials in mortality are smaller.

Age-adjusted estimates from any data source presented in *Health, United States* that use the projected year 2000 U.S. resident population may differ from age-adjusted estimates based on the same data presented in other reports if different age groups are used in the adjustment procedure.

For more information on implementing the 2000 population standard for age-adjusting death rates, see: Anderson RN, Rosenberg HM. Age standardization of death rates: Implementation of the year 2000 standard. National vital statistics reports; vol 47 no 3. Hyattsville, MD: NCHS; 1998. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr47/nvs47_03.pdf. For more information on the derivation of age-adjustment weights for use with NCHS survey data, see: Klein RJ, Schoenborn CA. Age adjustment using the 2000 projected U.S. population. Healthy People 2010 statistical notes, no 20. Hyattsville, MD: NCHS; 2001. Available from: <http://www.cdc.gov/nchs/data/statnt/statnt20.pdf>. The projected year 2000 U.S. standard population is available from the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) Program: <http://seer.cancer.gov/stdpopulations/stdpop.singleages.html>.

Mortality data—Death rates are age-adjusted to the projected year 2000 U.S. standard population (Table I). Prior to 2001 data, age-adjusted rates were calculated using standard million proportions based on rounded population numbers (Table II). Starting with 2001 data, unrounded population numbers are used to age-adjust. Adjustment is based on 11 age groups, with two exceptions. First, age-adjusted death rates for black males and black females in 1950 are based on nine age groups, with under 1 and 1–4 combined as one group, and 75–84 and 85 and over combined as one group. Second, age-adjusted rates for years of potential life lost

Table II. United States projected year 2000 standard population and proportion distribution, by age, for age-adjusting death rates prior to 2001

Age	Population	Proportion distribution (weight)	Standard million
Total	274,634,000	1.000000	1,000,000
Under 1 year	3,795,000	0.013818	13,818
1–4 years	15,192,000	0.055317	55,317
5–14 years	39,977,000	0.145565	145,565
15–24 years	38,077,000	0.138646	138,646
25–34 years	37,233,000	0.135573	135,573
35–44 years	44,659,000	0.162613	162,613
45–54 years	37,030,000	0.134834	134,834
55–64 years	23,961,000	0.087247	87,247
65–74 years	18,136,000	0.066037	66,037
75–84 years	12,315,000	¹ 0.044842	44,842
85 years and over	4,259,000	0.015508	15,508

¹Figure is rounded up instead of down to force total to 1.0.

SOURCE: CDC/NCHS. Anderson RN, Rosenberg HM. Age standardization of death rates: Implementation of the year 2000 standard. National vital statistics reports; vol 47 no 3. Hyattsville, MD: NCHS; 1998. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr47/nvs47_03.pdf.

before age 75 also use the projected year 2000 standard population and are based on eight age groups: under 1, 1–14, 15–24, and 10-year age groups through 65–74.

National Health and Nutrition Examination Survey (NHANES)—Estimates based on the National Health Examination Survey and NHANES are generally age-adjusted to the projected year 2000 U.S. standard population by using five age groups: 20–34, 35–44, 45–54, 55–64, and 65–74 or 65 and over (Table I). Prior to *Health, United States, 2001*, these estimates were age-adjusted to the 1980 U.S. resident population.

National Health Care Surveys—Estimates based on the National Hospital Discharge Survey, the National Ambulatory Medical Care Survey, and the National Hospital Ambulatory Medical Care Survey are age-adjusted to the projected year 2000 U.S. standard population (Table I). Information on the age groups used in the age-adjustment procedure is contained in the footnotes to the specific tables.

National Health Interview Survey (NHIS)—Estimates based on NHIS are age-adjusted to the projected year 2000 U.S. standard population (Table I). Prior to *Health, United States, 2000*, NHIS estimates were age-adjusted to the 1970 civilian noninstitutionalized population. Information on the age groups used in the age-adjustment procedure is contained in the footnotes to the specific tables.

AIDS—See Appendix II, *Acquired immunodeficiency syndrome (AIDS)*.

Alcohol consumption—Alcohol consumption is measured differently in the following data systems. (Also see Appendix II, *Binge drinking*.)

Monitoring the Future (MTF) Study—This school-based survey of secondary school students collects information on alcohol use by using self-completed questionnaires. To determine whether they have tried alcohol in their lifetime, students are asked a preliminary alcohol consumption (defined as beer, wine, liquor, and any other beverage that contains alcohol) screening question: “Have you ever had any alcoholic beverage to drink—more than just a few sips?” Students who reply in the affirmative are then asked additional questions about their alcohol consumption over different time frames: “On how many occasions (if any) have you had alcohol to drink—more than just a few sips ...in your lifetime, ...in the last 12 months, ...in the last 30 days?” A subsequent question asks, “Think back over the last two weeks. How many times have you had five or more drinks in a row?” A drink is defined as a bottle of beer, a glass of wine, a shot glass of liquor, a mixed drink, etc.

National Health Interview Survey (NHIS)—Starting with the 1997 NHIS, information on alcohol consumption has been collected in the Sample Adult questionnaire. Adult respondents are asked two screening questions about their lifetime alcohol consumption: “In any 1 year, have you had at least 12 drinks of any type of alcoholic beverage?” and “In your entire life, have you had at least 12 drinks of any type of alcoholic beverage?” Persons who report at least 12 drinks in a lifetime are then asked several questions about alcohol consumption in the past year: “In the past year, how often did you drink any type of alcoholic beverage?” and “In the past year, on those days that you drank alcoholic beverages, on the average, how many drinks did you have?” Adults who had at least one drink in the past year were also asked, “In the past year, on how many days did you have five or more drinks of any alcoholic beverage?”

Levels of alcohol consumption are defined as follows: light drinkers, 3 drinks or fewer per week; moderate drinkers, more than 3 and up to 14 drinks per week for men and more than 3 and up to 7 drinks per week for women; heavier drinkers, more than 14 drinks per week for men and more than 7 drinks per week for women, on average.

National Survey on Drug Use & Health (NSDUH)—Starting in 1999, NSDUH information about the frequency of the consumption of alcoholic beverages in the past 30 days has been obtained for all persons surveyed who are aged 12 and over. An extensive list of examples of the kinds of beverages covered is given to respondents prior to question administration. A drink is defined as a can or bottle of beer, a glass of wine or a wine cooler, a shot of liquor, or a mixed drink with liquor in it. Those times when the respondent had only a sip or two from a drink are not considered consumption. Alcohol use is based on the following questions: “During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?”, “On the days that you drank during the past 30 days, how many drinks did you usually have?”, and “During the past 30 days, on how many days did you have five or more drinks on the same occasion?”

Any-listed diagnosis—See [Appendix II, Diagnosis](#).

Average annual rate of change (percent change)—In *Health, United States*, average annual rates of change, or growth rates, are calculated as follows:

$$[(P_n / P_o)^{1/N} - 1] \times 100$$

where P_n = later time period

P_o = earlier time period

N = number of years in interval

This geometric rate of change assumes that a variable increases or decreases at the same rate during each year between the two time periods.

Average length of stay—In the National Hospital Discharge Survey, average length of stay is computed by dividing the total number of hospital days of care (counting the date of admission but not the date of discharge) by the number of patients discharged. The American Hospital Association computes average length of stay by dividing the number of inpatient days by the number of admissions. (Also see [Appendix II, Days of care; Discharge; Inpatient](#).)

Basic actions difficulty—Basic actions difficulty captures limitations or difficulties in movement, emotional, sensory, or cognitive functioning associated with a health problem. Persons with more than one of these difficulties are counted only once in the estimates. The full range of functional areas cannot be assessed on the basis of National Health Interview Survey (NHIS) questions; however, the available questions

can identify difficulty in the following core areas of functioning:

- Movement (walking, standing, sitting, bending or kneeling, reaching overhead, grasping objects with fingers, and lifting).
- Selected elements of emotional functioning, in particular, feelings that interfere with accomplishing daily activities. Respondents were classified based on responses to a series of questions that measure psychological distress.
- Sensory functioning, based on difficulties seeing or hearing.
- Selected elements in cognitive functioning, specifically difficulties with remembering, or experiencing confusion.

For many measures of disability, only disabilities resulting from an underlying condition that is chronic (based on nature and duration) are considered. However, whether the underlying conditions related to the core areas of basic actions difficulty were chronic was not a requirement in classifying persons. For more information on how this measure was constructed using NHIS data, including the specific questions asked, see: Altman B, Bernstein A. Disability and health in the United States, 2001—2005. Hyattsville, MD: NCHS; 2008. Available from: <http://www.cdc.gov/nchs/data/misc/disability2001-2005.pdf>.

(Also see [Appendix II, Complex activity limitation; Hearing trouble](#).)

Bed, health facility—The American Hospital Association defines bed count as the number of beds, cribs, and pediatric bassinets that are set up and staffed for use by inpatients on the last day of the reporting period. In the Center for Medicare & Medicaid Service's Quality Improvement Evaluation System (QIES) [formerly the Online Survey Certification and Reporting (OSCAR) database], all beds in certified facilities are counted on the day of certification inspection. (Also see [Appendix II, Hospital; Occupancy rate](#).)

Binge drinking—Binge drinking is measured in the following data systems. (Also see [Appendix II, Alcohol consumption](#).)

Monitoring the Future (MTF) Study—This school-based survey of secondary school students collects information on alcohol use by using self-completed questionnaires. To determine whether they have tried alcohol, students are asked a preliminary screening question: “Have you ever had any alcoholic beverage to drink—more than just a few sips?” Students who reply in the affirmative are then asked additional questions about their alcohol consumption, including one on binge drinking: “Think back over the last two weeks. How many times have you had five or more drinks in a row?” A drink is defined as a bottle of beer, a glass of wine, a shot glass of liquor, a mixed drink, etc. Information on binge drinking is

obtained for high school seniors (starting in 1975) and for 8th and 10th graders (starting in 1991).

National Survey on Drug Use & Health (NSDUH)—In NSDUH, binge alcohol use is defined as “Five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) at least once in the past 30 days.” Heavy alcohol use is defined as “Five or more drinks on the same occasion (binge drinking) on at least 5 different days in the past 30 days.” (Also see [Appendix II, Alcohol consumption.](#))

Birth cohort—A birth cohort consists of all persons born within a given period of time, such as a calendar year.

Birth rate—See [Appendix II, Rate: Birth and related rates.](#)

Birthweight—Birthweight is the first weight of the newborn obtained after birth. Low birthweight is defined as weighing less than 2,500 grams (5 lb 8 oz). Very low birthweight is defined as weighing less than 1,500 grams (3 lb 4 oz). Prior to 1979, low birthweight was defined as weighing 2,500 grams or less, and very low birthweight as weighing 1,500 grams or less.

Blood pressure, high—In *Health, United States*, a person is considered to have hypertension if they have measured high blood pressure (i.e., average measured systolic blood pressure of at least 140 mm Hg or diastolic pressure of at least 90 mm Hg) and/or if they report that they are taking a prescription medicine for high blood pressure (respondents were asked, “Are you now taking prescribed medicine for your high blood pressure?”), even if their blood pressure readings are within the normal range. Uncontrolled high blood pressure is defined as having an average measured systolic blood pressure of at least 140 mm Hg or diastolic pressure of at least 90 mm Hg, among those with hypertension. Those with uncontrolled high blood pressure also may be taking prescribed medicine for high blood pressure. These blood pressure standards are consistent with the following: National Heart, Lung, and Blood Institute. Seventh report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure. NIH pub no 04–5230. Bethesda, MD: National Institutes of Health; 2004. Available from: <http://www.nhlbi.nih.gov/guidelines/hypertension/jnc7full.pdf>; and Go AS, Bauman M, King SMC, Fonarow GC, Lawrence W, Williams KA, et al. AHA/ACC/CDC. An effective approach to high blood pressure control: A science advisory from the American Heart Association, the American College of Cardiology, and the Centers for Disease Control and Prevention. Hypertension 2013. Available from: <http://hyper.ahajournals.org/content/early/2013/11/14/HYP.0000000000000003.citation>.

Blood pressure data presented in *Health, United States* are from the National Health and Nutrition Examination Survey (NHANES). Blood pressure is measured by averaging up to three blood pressure readings taken for an NHANES participant. Blood pressure readings of 0 mm Hg are

assumed to be in error and are not included in the estimates. The methods used to measure the blood pressure of participants have changed over the different NHANES survey years. Changes include the following:

- Number of blood pressure measurements taken (increased from one to four).
- Equipment maintenance procedures.
- Training of persons taking readings (physician, nurse, or interviewer).
- Proportion zero end-digits for systolic and diastolic readings.
- Published diastolic definition.
- Location where the measurements were taken [mobile examination center (MEC) or home].

In 1999 and subsequent years, blood pressure has been measured in the NHANES MEC by one of the MEC physicians. For people aged 8 and over, three consecutive blood pressure readings are obtained using the same arm. If a blood pressure measurement was interrupted or the measurer was unable to get one or more of the readings, a fourth attempt may be made. Both systolic and diastolic measurements are recorded to the nearest even number.

In NHANES III, three sets of blood pressure measurements were taken in the MEC for examinees aged 5 and over. Blood pressure measurements were also taken by trained interviewers during the household interview, on sample persons aged 17 and over. Systolic and diastolic average blood pressures were computed as the arithmetic mean of six or fewer measurements obtained at the household interview (maximum of three) and the MEC examination (maximum of three). If the examinee did not have blood pressure measurements taken in the MEC, this variable was calculated from measurements taken at the household interview. Both systolic and diastolic measurements were recorded to the nearest even number.

For more information on changes in blood pressure measurement in NHANES up to 1991, see: Burt VL, Cutler JA, Higgins M, Horan MJ, Labarthe D, Whelton P, et al. Trends in the prevalence, awareness, treatment, and control of hypertension in the adult U.S. population: Data from the health examination surveys, 1960 to 1991. *Hypertension* 1995;26(1):60–9.

Body mass index (BMI)—BMI is a measure that adjusts body weight for height. It is calculated as weight in kilograms divided by height in meters squared. Healthy weight for adults is defined as a BMI of 18.5 to less than 25.0; overweight (including obesity) is greater than or equal to 25.0; and obesity is greater than or equal to 30.0. Within the obesity category, Grade 1 obesity is defined as a BMI of 30.0 to less than 35.0; Grade 2 is 35.0 to less than 40.0; and Grade 3 is 40.0 or greater. The BMI variable on the data files, BMXBMI, is used to classify BMI in *Health, United States*. Prior to assigning a person to a BMI category, BMXBMI is rounded to one decimal place. BMI cut points are defined in the

following: U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary guidelines for Americans, 2010, 7th ed. Washington, DC: U.S. Government Printing Office; 2010. Available from: <http://www.cnpp.usda.gov/DGAs2010-PolicyDocument.htm>; National Heart, Lung, and Blood Institute. Clinical guidelines on the identification, evaluation, and treatment of overweight and obesity in adults: The evidence report. NIH pub no 98-4083. Bethesda, MD: National Institutes of Health; 1998. Available from: http://www.nhlbi.nih.gov/guidelines/obesity/ob_gdlns.htm; Jensen MD, Ryan DH, Apovian CM, Ard JD, Comuzzie AG, Donato KA, et al. 2013 AHA/ACC/TOS guideline for the management of overweight and obesity in adults: A report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and the Obesity Society. *Circulation*. 2013;doi:10.1161/01.cir.0000437739.71477.ee. Available from: <http://circ.ahajournals.org/content/early/2013/11/11/01.cir.0000437739.71477.ee.citation>; and U.S. Department of Health and Human Services. Healthy People 2020: Nutrition, physical activity, and obesity; 2012. Available from: <http://www.healthypeople.gov/2020/LHI/nutrition.aspx>.

Obesity for children and adolescents is defined as a BMI at or above the sex- and age-specific 95th percentile BMI cut points from the 2000 CDC Growth Charts (<http://www.cdc.gov/growthcharts/>). Starting with *Health, United States, 2010*, the terminology describing excess weight among children changed from previous editions. The term obesity now refers to children who were formerly labeled as overweight. This is a change in terminology only and not a change in measurement. For more information, see: Ogden CL, Flegal KM. Changes in terminology for childhood overweight and obesity. *National health statistics report*; no 25. Hyattsville, MD: NCHS; 2010. Available from: <http://www.cdc.gov/nchs/data/nhsr/nhsr025.pdf>.

Cause of death—For the purpose of national mortality statistics, every death is attributed to one underlying condition, based on information reported on the death certificate and using the international rules for selecting the underlying cause of death from the conditions stated on the certificate. The underlying cause is defined by the World Health Organization (WHO) as “the disease or injury that initiated the train of events leading directly to death, or the circumstances of the accident or violence that produced the fatal injury.” Generally, more medical information is reported on death certificates than is directly reflected in the underlying cause of death. Conditions that are not selected as the underlying cause of death constitute the nonunderlying causes of death, also known as multiple cause of death.

Cause of death is coded according to the appropriate revision of the *International Classification of Diseases (ICD)* (Table III). Effective with deaths occurring in 1999, the United States began using the 10th revision of the ICD (ICD-10); during the period 1979–1998, causes of death were coded and classified according to the 9th revision (ICD-9). Table IV

Table III. Revision of the *International Classification of Diseases (ICD)*, by year of conference in which adopted and years in use in the United States

ICD revision	Year of conference in which adopted	Years in use in United States
1st	1900	1900–1909
2nd	1909	1910–1920
3rd	1920	1921–1929
4th	1929	1930–1938
5th	1938	1939–1948
6th	1948	1949–1957
7th	1955	1958–1967
8th	1965	1968–1978
9th	1975	1979–1998
10th	1990	1999–present

SOURCE: CDC/NCHS. Available from: <http://www.cdc.gov/nchs/icd.htm>.

lists ICD codes for the 6th through 10th revisions for causes of death shown in *Health, United States*.

Each ICD revision has produced discontinuities in cause-of-death trends. These discontinuities are measured by using comparability ratios that are essential to the interpretation of mortality trends. For further discussion, see: http://www.cdc.gov/nchs/nvss/mortality/comparability_icd.htm. [Also see Appendix II, *Comparability ratio*; *International Classification of Diseases (ICD)*; and Appendix I, *National Vital Statistics System (NVSS)*; *Multiple Cause-of-Death File*.]

Cause-of-death ranking—Selected causes of death of public health and medical importance are compiled into tabulation lists and are ranked according to the number of deaths assigned to these causes. The top-ranking causes determine the leading causes of death. Certain causes on the tabulation lists are not ranked if, for example, the category title represents a group title (such as “Major cardiovascular diseases” and “Symptoms, signs, and abnormal clinical and laboratory findings, not elsewhere classified”) or the category title begins with the words “Other” or “All other.” In addition, when one of the titles that represents a subtotal (such as “Malignant neoplasms”) is ranked, its component parts are not ranked. The tabulation lists used for ranking in the 10th revision of the *International Classification of Diseases (ICD-10)* include the List of 113 Selected Causes of Death, which replaces the ICD-9 List of 72 Selected Causes, HIV Infection and Alzheimer’s Disease; and the ICD-10 List of 130 Selected Causes of Infant Death, which replaces the ICD-9 List of 60 Selected Causes of Infant Death and HIV Infection. Causes that are tied receive the same rank; the next cause is assigned the rank it would have received had the lower-ranked causes not been tied, that is, a rank is skipped. For more information, see: Murphy SL, Xu J, Kochanek KD. Deaths: Final data for 2010. *National vital statistics reports*; vol 61 no 4. Hyattsville, MD: NCHS; 2013. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_04.pdf.

Table IV. Cause-of-death codes, by applicable revision of the *International Classification of Diseases (ICD)*

<i>Cause of death (10th Revision titles)</i>	<i>6th and 7th Revisions</i>	<i>8th Revision</i>	<i>9th Revision</i>	<i>10th Revision</i>
Communicable diseases . . . . .	...	...	001–139, 460–466, 480–487, 771.3	A00–B99, J00–J22
Chronic and noncommunicable diseases . . .	...	...	140–459, 470–478, 490–799	C00–I99, J30–R99
Meningococcal infection . . . . .	...	...	036	A39
Septicemia . . . . .	...	...	038	A40–A41
Human immunodeficiency virus (HIV) disease ¹ . . . . .	...	...	*042–*044	B20–B24
Malignant neoplasms	140–205	140–209	140–208	C00–C97
Colon, rectum, and anus	153–154	153–154	153, 154	C18–C21
Trachea, bronchus, and lung	162–163	162	162	C33–C34
Breast	170	174	174–175	C50
Prostate	177	185	185	C61
In situ neoplasms, Benign neoplasms, and Neoplasms of uncertain or unknown behavior	210–239	210–239	210–239	D00–D48
Diabetes mellitus	260	250	250	E10–E14
Anemias . . . . .	...	...	280–285	D50–D64
Meningitis . . . . .	...	...	320–322	G00, G03
Alzheimer's disease . . . . .	...	...	331.0	G30
Diseases of heart	400–402, 410–443	390–398, 402, 404, 410–429	390–398, 402, 404, 410–429	I00–I09, I11, I13, I20–I51
Ischemic heart disease . . . . .	...	...	410–414, 429.2	I20–I25
Essential hypertension and hypertensive renal disease . . . . .	...	...	...	I10, I12, I15
Cerebrovascular diseases	330–334	430–438	430–434, 436–438	I60–I69
Atherosclerosis . . . . .	...	...	440	I70
Influenza and pneumonia ²	480–483, 490–493	470–474, 480–486	480–487	J09–J18
Chronic lower respiratory diseases	241, 501, 502, 527.1	490–493, 519.3	490–494, 496	J40–J47
Chronic liver disease and cirrhosis	581	571	571	K70, K73–K74
Nephritis, nephrotic syndrome, and nephrosis . . . . .	...	...	580–589	N00–N07, N17–N19, N25–N27
Pregnancy, childbirth, and the puerperium	640–689	630–678	630–676	O00–O99
Congenital malformations, deformations, and chromosomal abnormalities . . . . .	...	...	740–759	Q00–Q99
Certain conditions originating in the perinatal period . . . . .	...	...	760–779	P00–P96
Newborn affected by maternal complications of pregnancy . . . . .	...	...	761	P01
Newborn affected by complications of placenta, cord, and membranes . . . . .	...	...	762	P02
Disorders related to short gestation and low birthweight, not elsewhere classified . . . . .	...	...	765	P07
Birth trauma . . . . .	...	...	767	P10–P15
Intrauterine hypoxia and birth asphyxia . . . . .	...	...	768	P20–P21
Respiratory distress of newborn . . . . .	...	...	769	P22
Bacterial sepsis of newborn . . . . .	...	...	...	P36
Necrotizing enterocolitis of newborn . . . . .	...	...	777.5	P77
Sudden infant death syndrome . . . . .	...	...	798.0	R95

See footnotes at end of table.

Table IV. Cause-of-death codes, by applicable revision of the *International Classification of Diseases (ICD)*—Con.

<i>Cause of death (10th Revision titles)</i>	<i>6th and 7th Revisions</i>	<i>8th Revision</i>	<i>9th Revision</i>	<i>10th Revision</i>
Occupational diseases:				
Angiosarcoma of liver . . . . .	...	...	...	C22.3
Malignant mesothelioma . . . . .	...	...	158.8, 158.9, 163	C45
Pneumoconiosis . . . . .	...	...	500–505	J60–J66
Coal workers' pneumoconiosis . . . . .	...	...	500	J60
Asbestosis . . . . .	...	...	501	J61
Silicosis . . . . .	...	...	502	J62
Other (including unspecified) . . . . .	...	...	503–505	J63–J66
Injuries ² . . . . .	...	...	E800–E869, E880–E929, E950–E999	*U01–*U03, V01–Y36, Y85–Y87, Y89
Unintentional injuries ³	E800–E936, E960–E965	E800–E929, E940–E946	E800–E869, E880–E929	V01–X59, Y85–Y86
Motor vehicle-related injuries ³	E810–E835	E810–E823	E810–E825	V02–V04, V09.0, V09.2, V12–V14, V19.0–V19.2, V19.4–V19.6, V20–V79, V80.3–V80.5, V81.0– V81.1, V82.0–V82.1, V83–V86, V87.0–V87.8, V88.0–V88.8, V89.0, V89.2
Poisoning	E870–E888, E890–E895	E850–E877	E850–E869	X40–X49
Suicide ²	E963, E970– E979	E950–E959	E950–E959	*U03, X60–X84, Y87.0
Homicide ²	E964, E980– E983	E960–E969	E960–E969	*U01–*U02, X85–Y09, Y87.1
Firearm-related injury . . . . .	...	E922, E955, E965, E970, E985	E922, E955.0– E955.4, E965.0–E965.4, E970, E985.0– E985.4	*U01.4, W32–W34, X72–X74, X93–X95, Y22–Y24, Y35.0
Injury by drug poisoning . . . . .	...	...	...	X40–X44, X60–X64, X85, Y10–Y14
Opioid analgesics . . . . .	...	...	...	X40–X44, X60–X64, X85, Y10–Y14 (underlying cause) and T40.2–T40.4 (multiple cause)

... Cause-of-death codes are not provided for causes not shown in *Health, United States*.

¹Categories for coding human immunodeficiency virus (HIV) infection were introduced in 1987. The asterisk (*) indicates codes that are not part of ICD–9.

²Starting with 2001 data, NCHS introduced categories *U01–*U03 for classifying and coding deaths due to acts of terrorism. The asterisk (*) indicates codes that are not part of ICD–10. Starting with 2007 data, NCHS introduced the category J09 for coding avian influenza virus. In 2009 the title for the ICD–10 code J09 was changed from Influenza due to identified avian Influenza virus to Influenza due to certain identified influenza virus. This change was made to accommodate deaths from influenza A (H1N1) virus in the ICD–10 code J09 for data years 2009 and beyond.

³In the public health community, the term unintentional injuries is preferred to accidents, and the term motor vehicle-related injuries is preferred to motor vehicle accidents.

SOURCE: CDC/NCHS. Advance report: Final mortality statistics, 1974. Monthly vital statistics report; vol 24 no 11 suppl. Hyattsville, MD: NCHS; 1976. Available from: http://www.cdc.gov/nchs/data/mvsvr/supp/mv24_11sacc.pdf.

Hoyert DL, Kochanek KD, Murphy SL. Deaths: Final data for 1997. National vital statistics reports; vol 47 no 19. Hyattsville, MD: NCHS; 1999. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr47/nvsr47_19.pdf.

Hoyert DL, Heron MP, Murphy SL, Kung H-C. Deaths: Final data for 2003. National vital statistics reports; vol 54 no 13. Hyattsville, MD: NCHS; 2006. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr54/nvsr54_13.pdf.

Miniño AM, Murphy SL, Xu JQ, Kochanek KD. Deaths: Final data for 2008. National vital statistics reports; vol 59 no 10. Hyattsville, MD: NCHS; 2011. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_10.pdf.

Kochanek KD, Xu JQ, Murphy SL, Miniño AN, Kung HC. Deaths: Final data for 2009. National vital statistics reports; vol 60 no 3. Hyattsville, MD: NCHS; 2012. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr60/nvsr60_03.pdf.

[Also see [Appendix II, International Classification of Diseases \(ICD\)](#).]

Children's Health Insurance Program (CHIP)—Title XXI of the Social Security Act, often referred to as the Children's Health Insurance Program (CHIP), is a program originally enacted by the Balanced Budget Act of 1997. The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA, P.L. 111–3) reauthorized CHIP and appropriated funding for CHIP through FY 2013. The Patient Protection and Affordable Care Act of 2010 (ACA, P.L. 111–148) extends CHIP funding through FY 2015. CHIP provides federal funds for states to provide health care coverage to eligible low-income, uninsured children who do not qualify for Medicaid. Generally CHIP is only available through age 18. However, a small number of adults are covered with CHIP funds under waivers in a few states. CHIP gives states broad flexibility in program design within a federal framework that includes important beneficiary protections. Funds from CHIP may be used for a separate child health program or to expand Medicaid. Although CHIP is not part of Medicaid, in some instances in *Health, United States*, data on CHIP and Medicaid are presented together and those instances are discussed in the footnotes of the respective tables. For more information, see: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Childrens-Health-Insurance-Program-CHIP/CHIPRA.html>. (Also see [Appendix II, Health insurance coverage; Medicaid](#).)

Cholesterol—Serum total cholesterol is a combination of high-density lipoproteins (HDLs), low-density lipoproteins (LDLs), and very-low-density lipoproteins (VLDLs). High serum total cholesterol is a risk factor for cardiovascular disease. According to the National Cholesterol Education Program, high serum total cholesterol is defined as being greater than or equal to 240 mg/μL (6.20 mmol/L). Borderline high serum total cholesterol is defined as greater than or equal to 200 mg/μL and less than 240 mg/μL. Assessments of the components of total cholesterol, or lower thresholds for high total cholesterol, may be used for individuals with other risk factors for cardiovascular disease. For more information on high cholesterol guidelines, see: National Cholesterol Education Program (NCEP). Third report of the NCEP Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III): Final report. NIH pub no 02–5215. Bethesda, MD: National Institutes of Health, National Heart, Lung, and Blood Institute; 2002. Available from: <http://www.nhlbi.nih.gov/guidelines/cholesterol/atp3full.pdf>; Stone NJ, Robinson J, Lichtenstein AH, Merz CNB, Blum CB, Eckel RH, et al. 2013 ACC/AHA guideline on the treatment of blood cholesterol to reduce atherosclerotic cardiovascular risk in adults: A report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. *Circulation* 2013. Available from: <http://circ.ahajournals.org/content/early/2013/11/11/01.cir.0000437738.63853.7a>.

In *Health, United States*, three measures of total cholesterol are presented: high cholesterol, high serum total cholesterol, and mean serum total cholesterol level. High cholesterol is based on both laboratory testing and self-reported medication use. It is defined as measured serum total cholesterol greater than or equal to 240 mg/μL or reporting taking cholesterol-lowering medications. Respondents answering “yes” to the question, “Are you now following this advice [from a doctor or health professional] to take prescribed medicine [to lower your cholesterol]?” were classified as taking cholesterol-lowering medications. High serum total cholesterol is defined as measured serum total cholesterol greater than or equal to 240 mg/μL (6.20 mmol/L). Mean serum total cholesterol level is based on serum samples collected during the National Health and Nutrition Examination Survey (NHANES) examination.

Venous blood serum samples collected from NHANES participants at mobile examination centers were frozen and shipped on dry ice to the laboratory conducting the lipid analyses. Serum total cholesterol was measured on all examined adults regardless of whether they had fasted, and data were analyzed regardless of fasting status. Cholesterol measurements are standardized according to the criteria of the CDC—and later the CDC–National Heart, Lung, and Blood Institute Cholesterol Standardization Program—to ensure comparable and accurate measurements. For more information, see: Myers GL, Cooper GR, Winn CL, Smith SJ. The Centers for Disease Control–National Heart, Lung, and Blood Institute Lipid Standardization Program: An approach to accurate and precise lipid measurements. *Clin Lab Med* 1989;9(1):105–35. A detailed summary of the procedures used for measurement of total cholesterol in the earlier NHANES survey years has been published in: Johnson CL, Rifkind BM, Sempos CT, Carroll MD, Bachorik PS, Briefel RR, et al. Declining serum total cholesterol levels among U.S. adults: The National Health and Nutrition Examination Surveys. *JAMA* 1993;269(23):3002–8. A description of the laboratory procedures for the total cholesterol measurement for different NHANES survey years is published by NCHS. Available from: <http://www.cdc.gov/nchs/nhanes.htm>.

Cigarette smoking—Cigarette smoking and related tobacco use are measured in the following data systems.

Birth file—With the 1989 revision of the U.S. Standard Certificate of Live Birth, information on cigarette smoking by the mother during pregnancy became available for the first time. Data from the 1989 revision are based on “yes/no” responses to the birth certificate item: “Other risk factors for this pregnancy: Tobacco use during pregnancy” and the average number of cigarettes per day with no specificity on timing during pregnancy. In 1989, 43 states and D.C. collected data on tobacco use. The following states did not require the reporting of tobacco use in the standard format on the birth certificate: California, Indiana, Louisiana, Nebraska, New York, Oklahoma, and South Dakota. In 1990, information on tobacco use became available from Louisiana and

Nebraska, increasing the number of reporting states to 45 and D.C. In 1991–1993, with the addition of Oklahoma to the reporting area, information on tobacco use was available for 46 states and D.C.; in 1994–1998, 46 states, D.C., and New York City reported tobacco use. In 1999, information on tobacco use became available from Indiana and New York, increasing the number of reporting states to 48 and D.C.; starting in 2000, with the addition of South Dakota, the reporting area included 49 states and D.C. During 1989–2006, California did not require the reporting of tobacco use.

Beginning in 2003, some states implemented the 2003 revision of the U.S. Standard Certificate of Live Birth, which asked for the number of cigarettes smoked at different intervals before and during pregnancy. Data on mother's tobacco use during pregnancy from the 2003 revision of the birth certificate are not comparable with data from the 1989 revision. Therefore, to provide 2 years of comparable data on mother's tobacco use during pregnancy, in *Health, United States, 2013*, 2011 and 2012 data are shown only for the 35 states and D.C. that used the 2003 revision in 2011 and 2012. In addition to D.C., the 35 states that used the 2003 revision of the U. S. Standard Certificate of Live Birth for data on mother's tobacco use by January 1, 2010, were California, Colorado, Delaware, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Washington, Wisconsin, and Wyoming. The tobacco use item for Florida, which implemented the revised birth certificate as of January 1, 2004, and for Michigan, which had fully implemented the revised certificate as of January 1, 2008, do not follow the standard format. As a result, tobacco use data for Florida and Michigan are not comparable with either the 2003 revised or 1989 unrevised data and are not included in the 2011 and 2012 data files. For more information on this topic, refer to the annual series of "Births: Final Data" reports, available from the National Vital Statistics System website at: <http://www.cdc.gov/nchs/nvss.htm>.

Monitoring the Future (MTF) Study—Information on current cigarette smoking was obtained for high school seniors (starting in 1975) and for 8th and 10th graders (starting in 1991), based on the following question: "How frequently have you smoked cigarettes during the past 30 days?"

National Health Interview Survey (NHIS)—Information about cigarette smoking is obtained for adults aged 18 and over. Starting in 1993, current smokers are identified by asking the following two questions: "Have you smoked at least 100 cigarettes in your entire life?" and "Do you now smoke cigarettes every day, some days, or not at all?" Persons who smoked 100 cigarettes and who

now smoke every day or some days were defined as current smokers. Before 1992, current smokers were identified based on positive responses to the following two questions: "Have you smoked 100 cigarettes in your entire life?" and "Do you smoke now?" (traditional definition). In 1992, the definition of current smoker in NHIS was modified to specifically include persons who smoked on some days (revised definition). In 1992, cigarette smoking data were collected for a half-sample, with one-half the respondents (one-quarter sample) answering the traditional smoking questions and the other one-half of respondents (one-quarter sample) answering the revised smoking question, "Do you smoke every day, some days, or not at all?" An unpublished analysis of the 1992 traditional smoking measure revealed that the crude percentage of current smokers aged 18 and over remained the same as for 1991. The estimates for 1992 shown in *Health, United States* combine data collected using both the traditional and revised questions.

In 1993–1995, estimates of cigarette smoking prevalence were based on a half-sample. Smoking data were not collected in 1996. Starting in 1997, smoking data were collected in the Sample Adult questionnaire. For more information on survey methodology and sample sizes pertaining to NHIS cigarette smoking data, see the NHIS Adult Tobacco Use Information website at: <http://www.cdc.gov/nchs/nhis/tobacco.htm>.

National Survey on Drug Use & Health (NSDUH)—Information on current cigarette smoking is obtained for all persons surveyed who are aged 12 and over, based on the following question: "During the past 30 days, have you smoked part or all of a cigarette?"

Civilian noninstitutionalized population; Civilian population—See [Appendix II, Population](#).

Colorectal tests or procedures—Colorectal tests or procedures are used to detect polyps, abnormal cell growth, lesions, and other gastrointestinal conditions, including colon cancer. In the National Health Interview Survey (NHIS), questions about colorectal tests or procedures were asked on an intermittent schedule.

In 2000, 2003, 2005, and 2008, respondents aged 40 and over were asked, "Have you ever had a sigmoidoscopy, colonoscopy, or proctoscopy?" In 2010, the questionnaire was redesigned and the aforementioned question was divided into two separate questions: "Have you ever had a colonoscopy?" and "Have you ever had a sigmoidoscopy?" An additional question about colorectal testing, "Have you ever had a blood stool test using a home testing kit?" was asked in each of these survey years.

Respondents who replied that they had a colorectal test or procedure were asked subsequent questions about the month, year, and time since their most recent test or procedure. In 2000 and 2003, if respondents did not provide

the year of, or the time since, their most recent colorectal exam, they were asked about the time frame of their most recent exam (i.e., whether they had the exam a year ago or less, more than 1 year ago but not more than 2 years ago, more than 2 years ago but not more than 3 years ago, more than 3 years ago but not more than 5 years ago, more than 5 years ago but not more than 10 years ago, or over 10 years ago). For adults who provided the year, but not the month, of their most recent exam, the exam date was coded as July 15 of the provided year.

In 2005, 2008, and 2010, the questionnaire pattern was modified so that respondents giving an incomplete or partial date (missing month or year) of their most recent colorectal exam were asked a follow-up question about the time since their most recent exam (i.e., whether they had the exam a year ago or less, more than 1 year ago but not more than 2 years ago, more than 2 years ago but not more than 3 years ago, more than 3 years ago but not more than 5 years ago, more than 5 years ago but not more than 10 years ago, or over 10 years ago). Because of this additional probing when the month of exam was not provided, there was no need to code the missing data on the month of the most recent exam as July 15 of the provided year in order to determine the time frame since the most recent colorectal procedure.

In *Health, United States*, colorectal tests or procedures include reports of a home fecal occult blood test (FOBT) in the past year, a sigmoidoscopy procedure in the past 5 years with FOBT in the past 3 years, or a colonoscopy in the past 10 years.

Colorectal screening tests and procedures may be used for diagnostic or screening purposes. Recommendations for screening tests and time between screening varies based on individual risks and the particular colorectal tests. For a summary of current colorectal screening recommendations, see the U.S. Preventive Services Task Force summary of recommendations on screening for colorectal cancer. Available from: <http://www.uspreventiveservicestaskforce.org/uspstf/uspcolo.htm>.

Community hospital—See [Appendix II, Hospital](#).

Comparability ratio—About every 10 to 20 years, the *International Classification of Diseases* (ICD) is revised to stay abreast of advances in medical science and changes in medical terminology. Each of these revisions produces breaks in the continuity of cause-of-death statistics because of changes in classification and in the rules for selecting an underlying cause of death. Classification and rule changes affect cause-of-death trend data by shifting deaths away from some cause-of-death categories and into others. Comparability ratios measure the effect of changes in classification and coding rules. For the causes shown in [Table V](#), comparability ratios range between 0.6974 and 1.0365. Influenza and pneumonia had the lowest comparability ratio (0.6974), indicating that this cause is about 30% less likely to be selected as the underlying cause

Table V. Comparability of selected causes of death between the 9th and 10th revisions of the *International Classification of Diseases* (ICD)

Cause of death ¹	Final comparability ratio ²
Human immunodeficiency virus (HIV) disease	1.0821
Malignant neoplasms	1.0093
Colon, rectum, and anus	0.9988
Trachea, bronchus, and lung	0.9844
Breast	1.0073
Prostate	1.0144
Diabetes mellitus	1.0193
Alzheimer's disease	1.5812
Diseases of heart	0.9852
Ischemic heart diseases	1.0006
Essential (primary) hypertension and hypertensive renal disease	1.1162
Cerebrovascular diseases	1.0502
Influenza and pneumonia	0.6974
Chronic lower respiratory diseases	1.0411
Chronic liver disease and cirrhosis	1.0321
Nephritis, nephrotic syndrome, and nephrosis	1.2555
Pregnancy, childbirth, and the puerperium	1.1404
Unintentional injuries	1.0251
Motor vehicle-related injuries	0.9527
Poisoning	1.0365
Suicide	1.0022
Homicide	1.0020
Firearm-related injury	1.0012
Chronic and noncommunicable diseases	1.0100
Injuries	1.0159

¹See [Table IV](#) for ICD–9 and ICD–10 cause-of-death codes.

²Ratio of number of deaths classified by ICD–10 to number of deaths classified by ICD–9.

SOURCE: CDC/NCHS. Final comparability ratios for 113 selected causes of death. Available from: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Datasets/Comparability/icd9_icd10/Comparability_Ratio_tables.xls.

Miniño M, Anderson RN, Fingerhut LA, Boudreault MA, Warner M. Deaths: Injuries, 2002. National vital statistics reports; vol 54 no 10. Hyattsville, MD: NCHS; 2006. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr54/nvsr54_10.pdf.

of death under ICD–10 than under ICD–9. Unintentional poisoning had the highest comparability ratio (1.0365), indicating that unintentional poisoning is more than 3% more likely to be selected as the underlying cause when ICD–10 coding is used.

For selected causes of death, the ICD–9 codes used to calculate death rates for 1980–1998 differ from the ICD–9 codes most nearly comparable with the corresponding ICD–10 cause-of-death category, which also affects the ability to compare death rates across ICD revisions. Examples of these causes are Ischemic heart disease; Cerebrovascular diseases; Trachea, bronchus, and lung cancer; Unintentional injuries; and Homicide. To address this source of discontinuity, mortality trends for 1980–1998 were

recalculated using ICD–9 codes that are more comparable with codes for corresponding ICD–10 categories. [Table IV](#) shows the ICD–9 codes used for these causes. This modification may lessen the discontinuity between the 9th and 10th revisions, but the effect on the discontinuity between the 8th and 9th revisions is not measured.

Comparability ratios shown in [Table V](#) are based on a comparability study in which the same deaths were coded using both the 9th and 10th revisions. The comparability ratio was calculated by dividing the number of deaths classified by ICD–10 by the number of deaths classified by ICD–9. The resulting ratios represent the net effect of the 10th revision on cause-of-death statistics and can be used to adjust mortality statistics for causes of death classified by the 9th revision to be comparable with cause-specific mortality statistics classified by the 10th revision.

The application of comparability ratios to mortality statistics helps make the analysis of change between 1998 and 1999 more accurate and complete. The 1998 comparability-modified death rate is calculated by multiplying the comparability ratio by the 1998 death rate. Comparability-modified rates should be used to estimate mortality change between 1998 and 1999.

Caution should be used when applying the comparability ratios presented in [Table V](#) to age-, race-, and sex-specific mortality data. Demographic subgroups may sometimes differ with regard to their cause-of-death distribution, and this would result in demographic variation in cause-specific comparability ratios.

For more information, see: Anderson RN, Miniño AM, Hoyert DL, Rosenberg HM. Comparability of cause of death between ICD–9 and ICD–10: Preliminary estimates. *National vital statistics reports*; vol 49 no 2. Hyattsville, MD: NCHS; 2001; Kochanek KD, Smith BL, Anderson RN. Deaths: Preliminary data for 1999. *National vital statistics reports*; vol 49 no 3. Hyattsville, MD: NCHS; 2001; Final ratios for 113 selected causes of death. Available from: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Datasets/Comparability/icd9_icd10/; and the ICD comparability ratio website at: http://www.cdc.gov/nchs/nvss/mortality/comparability_icd.htm. [Also see [Appendix II, Cause of death](#); [International Classification of Diseases \(ICD\)](#).]

Compensation—See [Appendix II, Employer costs for employee compensation](#).

Complex activity limitation—Complex activity limitation is a construct used to measure disability as defined by the inability to function successfully in certain social roles. Complex activities consist of the tasks and organized activity that make up numerous social roles such as working, maintaining a household, living independently, or participating in community activities. Complex activity performance requires the execution of a combination of core areas of functioning. Complex activities include the following:

- Maintaining independence, including self-care and the ability to carry out activities associated with maintaining a household, such as shopping, cooking, and taking care of bills [measures are based on questions commonly known as activities of daily living (ADLs) and instrumental activities of daily living (IADLs)]. Limitations in these activities usually reflect severe restrictions and are associated with limitations in other complex activities.
- Difficulties experienced with social and leisure activities—represented in this measure by using questions about attending movies or sporting events, visiting with friends, or pursuing hobbies or relaxation activities.
- Perceived limitation in the ability to work (a core aspect of social participation for the majority of the U.S. population)—represented by the respondent's self-defined limitation in the kind or amount of work they can do or their inability to work at a job or business.

For many measures of disability, only disabilities resulting from an underlying condition that is chronic (based on nature and duration) are considered. However, whether the underlying conditions related to the complex activities were chronic was not a requirement in classifying persons as having a complex activity limitation. For more information on how this measure was constructed using data from the National Health Interview Survey, including the specific questions asked, see: Altman B, Bernstein A. Disability and health in the United States, 2001–2005. Hyattsville, MD: NCHS; 2008. Available from: <http://www.cdc.gov/nchs/data/misc/disability2001-2005.pdf>. [Also see [Appendix II, Activities of daily living \(ADL\)](#); [Basic actions difficulty](#); [Instrumental activities of daily living \(IADL\)](#).]

Consumer Price Index (CPI)—The CPI, prepared by the U.S. Bureau of Labor Statistics, is a monthly measure of the average change in prices of goods and services purchased by urban households. The medical care component of the CPI shows trends in medical care prices based on specific indicators of hospital, medical, and drug prices. A revised definition of the CPI has been in use since January 1988. [Also see [Appendix II, Gross domestic product \(GDP\)](#); [Health expenditures, national](#); and [Appendix I, Consumer Price Index \(CPI\)](#).]

Contraception—The National Survey of Family Growth collects information on contraceptive use during heterosexual vaginal intercourse, as reported by women aged 15–44. For current contraceptive use, women were asked about contraceptive use during the month of interview. Women were classified by whether they reported using any of 19 methods of contraception at any time in the month of interview. Contraceptive methods listed as “other methods” in 2006–2008 included the contraceptive ring, female condom/vaginal pouch, foam, cervical cap, Today-brand sponge, suppository or insert, jelly or cream (without diaphragm), and other methods. Previously, contraceptive methods listed as “other methods” included the following:

for 2002, the female condom, foam, cervical cap, Today sponge, suppository or insert, jelly or cream (without diaphragm), or other method; for 1995, the female condom or vaginal pouch, foam, cervical cap, Today sponge, suppository or insert, jelly or cream, or other method; for 1988, foam, douche, Today sponge, suppository or insert, jelly or cream, or other method; and for 1982, foam, douche, suppository or insert, or other method.

Cost-charge ratio—The Agency for Healthcare Research and Quality's Healthcare Cost and Utilization Project (HCUP) contains data on total charges per discharge as reported on the hospital discharge record. This charge information represents the amount the hospital billed for services but does not reflect how much hospital services actually cost or the specific amounts that hospitals received in payment. Data on costs may be of more interest to some users. The HCUP Cost-to-Charge Ratio Files convert charges to costs. Each file contains hospital-specific cost-to-charge ratios based on all-payer inpatient cost for nearly every hospital in HCUP. Cost information was obtained from hospital accounting reports collected by the Centers for Medicare & Medicaid Services. Some imputations for missing values were necessary. These files are unique by year.

Critical access hospital—See [Appendix II, Hospital](#).

Crude birth rate; Crude death rate—See [Appendix II, Rate: Birth and related rates](#); [Rate: Death and related rates](#).

Days of care—Days of care is defined similarly in several data systems, as discussed below. (Also see [Appendix II, Admission](#); [Average length of stay](#); [Discharge](#); [Hospital](#); [Hospital utilization](#); [Inpatient](#).)

American Hospital Association—Days, hospital days, or inpatient days are the number of adult and pediatric days of care rendered during the entire reporting period. Days of care for newborns are excluded.

National Hospital Discharge Survey (NHDS)—Days of care refers to the total number of patient days accumulated by inpatients at the time of discharge from nonfederal short-stay hospitals during a reporting period. All days from and including the date of admission, but not including the date of discharge, are counted.

Death rate—See [Appendix II, Rate: Death and related rates](#).

Dental caries—Dental caries is evidence of dental decay on any surface of a tooth. The condition of untreated dental caries was identified by an oral examination as part of the National Health and Nutrition Examination Survey (NHANES). In *Health, United States*, data on dental caries for 2001–2004 and earlier are based on an examination conducted by a trained dentist. Untreated dental caries refers to coronal caries, that is, caries on the crown or enamel surface of the tooth. Treated dental caries and root caries are not included. As part of NHANES, study participants aged 2 years and over were eligible for the

examination, as long as they did not meet other exclusion criteria. Both permanent and primary (baby) teeth were evaluated, depending on the age of the participant. For children aged 2–5, only caries in primary teeth was included. For children aged 6–11, caries in both primary and permanent teeth was included. For children aged 12 and over, and for adults, only caries in permanent teeth was included. Starting with 2005–2006 NHANES data, data on dental caries were collected using the Basic Screening Examination (BSE), a simplified screening process to collect information on untreated caries, dental restorations, and dental sealants. BSE differs from previous NHANES oral health protocols because it does not assess each tooth surface, the assessments are not made by a dentist, and the presence of dental caries on primary or permanent teeth cannot be distinguished in the data set. Dental caries and other oral health surveillance data are collected by a health technologist on examined persons aged 5 and over for 2005–2008 data and persons aged 3–19 for 2009–2010 data. In *Health, United States*, only dental caries on 28 teeth was considered; the third molars were excluded. Because of this change in the examination process and because 2005–2010 dental caries data are based on both primary and permanent teeth, regardless of age, data for 2005–2010 need to be interpreted with caution, especially when comparing with earlier data. For more information, see: Dye BA, Barker LK, Li X, Lewis BG, Beltrán-Aguilar ED. Overview and quality assurance for the oral health component of the National Health and Nutrition Examination Survey (NHANES), 2005–08. *J Public Health Dent* 2011;71(1):54–61.

For more information, see: http://www.cdc.gov/nchs/nhanes/nhanes2005-2006/OHX_D.htm, http://www.cdc.gov/nchs/nhanes/nhanes2007-2008/OHX_E.htm, and http://www.cdc.gov/nchs/nhanes/nhanes2009-2010/OHXDEN_F.htm.

Dental visit—Starting in 1997, National Health Interview Survey respondents were asked, “About how long has it been since you last saw or talked to a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists as well as hygienists.” Starting in 2001, the question was modified slightly to ask respondents how long it had been since they last saw a dentist. Questions about dental visits were not asked for children under age 2 for years 1997–1999 and under age 1 for years 2000 and beyond. Starting with 1997 data, estimates are presented for people with a dental visit in the past year.

Diabetes—Diabetes is a group of conditions in which insulin is not adequately secreted or utilized. Diabetes is a leading cause of disease and death in the United States. Using data from the National Health and Nutrition Examination Survey (NHANES), three measures of diabetes are presented in *Health, United States*: physician-diagnosed diabetes, undiagnosed diabetes, and total diabetes. Physician-diagnosed diabetes data were obtained by self-report and exclude women who reported having diabetes only during pregnancy. Respondents who

answered “yes” to the question, “Other than during pregnancy, have you ever been told by a doctor or health professional that you have diabetes or sugar diabetes?” were classified as having physician-diagnosed diabetes.

Only respondents who were not classified as having physician-diagnosed diabetes were evaluated to determine if they had undiagnosed diabetes. Undiagnosed diabetes was based on the results of laboratory testing of whole blood and blood plasma samples collected from NHANES participants at mobile examination centers. Undiagnosed diabetes was defined as a fasting plasma glucose (FPG) of at least 126 mg/μL or a hemoglobin A1c of at least 6.5% and no reported physician diagnosis. Respondents had fasted for at least 8 hours and less than 24 hours at the time of the blood draw. Fasting is not necessary to measure hemoglobin A1c. However, to be consistent with the subsample of fasting respondents used for FPG, assessment of undiagnosed diabetes in *Health, United States* is limited to the fasting subsample.

Starting with *Health, United States, 2010*, an elevated hemoglobin A1c (greater than or equal to 6.5%) was included as a component of the definition of undiagnosed diabetes, along with FPG. Previous editions of *Health, United States* did not evaluate hemoglobin A1c to classify respondents as having undiagnosed diabetes; undiagnosed diabetes was based solely on elevated FPG (greater than or equal to 126 mg/μL) among those without physician-diagnosed diabetes. The revised definition of undiagnosed diabetes was based on recommendations from the American Diabetes Association (ADA). Hemoglobin A1c was recommended as a component in diagnosing diabetes because recent improvements in assay standardization make A1c results more reliable. In addition, research has provided evidence linking elevated A1c levels with diabetic complications, thus allowing for a threshold to be set above which patients would be diagnosed as having diabetes. Although the ADA recommends using hemoglobin A1c greater than or equal to 6.5% as an indicator of undiagnosed diabetes, it cautions that A1c may be misleading in individuals with certain blood disorders (including sickle cell trait), which may have specific ethnic or geographic distributions. Therefore, clinicians may use other criteria and tests to diagnose a specific patient. For more information, see: Diagnosis and classification of diabetes mellitus. *Diabetes Care* 2013;36(suppl 1):S67–S74; Standards of medical care in diabetes—2010. *Diabetes Care* 2010;33(suppl 1):S11–S61; and International expert committee report on the role of the A1c assay in the diagnosis of diabetes. *Diabetes Care* 2009;32(7):1327–34. To ensure data comparability over time, the revised definition of undiagnosed diabetes was applied to all estimates shown in *Health, United States*. As expected, this revised definition increased the percentage of respondents classified as having undiagnosed diabetes.

Prevalence estimates of undiagnosed diabetes among those aged 20 and over in 1988–1994 increased from 2.7% to 3.3%

using the new definition, and total diabetes prevalence increased from 7.8% to 8.4%. Among men, the prevalence using the new definition increased from 3.0% to 3.7%, and among women it increased from 2.4% to 3.0%. The prevalence for non-Hispanic white persons increased from 2.5% to 2.8%, for non-Hispanic black persons from 3.4% to 6.0%, and for Mexican persons from 3.4% to 4.1%. Increases in the prevalence of undiagnosed diabetes by age group were from 0.8% to 1.0% among those aged 20–44, from 5.0% to 6.0% among those aged 45–64, and from 5.6% to 6.7% among those aged 65 and over.

For 2005–2006, the prevalence of undiagnosed diabetes among those aged 20 and over increased from 2.5% to 3.0% using the new definition, and total diabetes prevalence increased from 10.3% to 10.7%. Among men, the prevalence of undiagnosed diabetes increased from 3.5% to 4.0%, and among women it increased from 1.7% to 2.0%. The prevalence for non-Hispanic white persons increased from 2.6% to 2.9%, for non-Hispanic black persons from 2.5% to 3.4%, and for persons of Mexican origin from 3.0% to 3.6%. Increases by age group were from 0.9% to 1.1% among those aged 18–44, from 3.0% to 3.5% among those aged 45–64, and from 6.4% to 7.3% among those aged 65 and over.

Periodically, NHANES laboratory testing is performed at different laboratories and using different instruments than testing in earlier years. In those instances, NHANES conducts crossover studies to evaluate the impact of these changes on laboratory measurements, and thus their impact on the evaluation of data over time. Crossover studies have been conducted to evaluate the impact of laboratory changes on both FPG and A1c. The recommended adjustments to FPG to account for laboratory changes from 2005–2006 to present have been incorporated in estimates presented in *Health, United States* so that these estimates are compatible with those from earlier years.

At the time the 2005–2006 data were released, NHANES recommended that 2005–2006 data of A1c measurements be adjusted to be compatible with earlier years. Adjusted estimates were presented in prior editions of *Health, United States*. After additional evaluation of the A1c data, in November 2011 NHANES changed its guidance and recommended no adjustments to the 2005–2006 and subsequent A1c data. Estimates shown in *Health, United States, 2012* are produced without any correction factor applied to A1c data. Implementation of this new guidance caused no change in the percentage of adults with diabetes (total, physician-diagnosed, and undiagnosed). Estimates of poor glycemic control among persons with diagnosed diabetes changed between 0.0 and 1.0 percentage point.

For more information, see: http://www.cdc.gov/nchs/data/nhanes/A1c_webnotice.pdf, http://www.cdc.gov/nchs/nhanes/nhanes2005-2006/GHB_D.htm, and http://www.cdc.gov/nchs/nhanes/nhanes2005-2006/GLU_D.htm.

Total diabetes includes those who were classified as having either physician-diagnosed or undiagnosed diabetes. Prevalence estimates of total diabetes increased using the new definition of undiagnosed diabetes.

Diagnosis—Diagnosis is the act or process of identifying or determining the nature and cause of a disease or injury through evaluation of patient history, examination, and review of laboratory data. Diagnoses in the National Hospital Discharge Survey, the National Ambulatory Medical Care Survey, and the National Hospital Ambulatory Medical Care Survey are abstracted from medical records and coded to the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)*.

For a given medical care encounter, the first-listed diagnosis can be used to categorize the visit, or if more than one diagnosis is recorded on the medical record, the visit can be categorized based on all diagnoses recorded. Analyzing first-listed diagnoses avoids double-counting events such as visits or hospitalizations; the first-listed diagnosis is often, but not always, considered the most important or dominant condition among all comorbid conditions. However, the choice of the first-listed diagnosis by the medical facility may be influenced by reimbursement or other factors. A hospital discharge would be considered a first-listed stroke discharge if the diagnosis code for stroke was recorded in the first diagnosis field on the hospital record. An any-listed stroke discharge would classify all diagnoses of stroke recorded on the hospital face sheet, regardless of the order in which they are listed. Any-listed diagnoses double-count events such as visits or hospitalizations with more than one recorded diagnosis but provide information on the burden a specific diagnosis presents to the health care system. (Also see [Appendix II, External cause of injury; Injury; Injury-related visit.](#))

Diagnostic and other nonsurgical procedure—See [Appendix II, Procedure.](#)

Discharge—The National Health Interview Survey defines a hospital discharge as the completion of any continuous period of stay of one night or more in a hospital as an inpatient. According to the National Hospital Discharge Survey and the Healthcare Cost and Utilization Project—Nationwide Inpatient Sample, a discharge is a completed inpatient hospitalization. A hospitalization may be completed by death or by release of the patient to the customary place of residence, a nursing home, another hospital, or other locations. (Also see [Appendix II, Admission; Average length of stay; Days of care; Inpatient.](#))

Domiciliary care home—See [Appendix II, Long-term care facility; Nursing home.](#)

Drug—Drugs are pharmaceutical agents, by any route of administration, for the prevention, diagnosis, or treatment of medical conditions or diseases. Data on specific drug use are

collected in several NCHS surveys. (Also see [Appendix II, Multum Lexicon Plus therapeutic class.](#))

National Health and Nutrition Examination Survey (NHANES)—Drug information from NHANES III and from NHANES for 1999 and subsequent years was collected during an in-person interview conducted in the participant's home. Starting with 2001 data, participants were asked whether they had taken a medication in the past 30 days for which they needed a prescription. For 1999–2000 and 1988–1994 data, the question wording differed slightly; participants were asked whether they had taken a prescription medication in the past month. For all survey years, those who answered “yes” were asked to provide the prescription medication containers for the interviewer. For each medication reported, the interviewer entered the product's complete name from the container. If no container was available, the interviewer asked the participant to verbally report the name of the medication. In addition, participants were asked how long they had been taking the medication and the main reason for use.

All reported medication names were converted to their standard generic ingredient name. For multi-ingredient products, the ingredients were listed in alphabetical order and counted as one drug (e.g., Tylenol #3 was listed as acetaminophen; codeine). No trade or proprietary names were provided on the data file.

Drug data from NHANES provide a snapshot of all prescribed drugs reported by a sample of the civilian noninstitutionalized population for a 30-day period (or past month, for earlier survey years). Drugs taken on an irregular basis, such as every other day, once per week, or for a 10-day period, were captured in the 30-day recall period. Data shown in *Health, United States* for the percentage of the population reporting multiple prescription drugs during the past 30 days include a range of drug utilization patterns; for example, persons who took three or more drugs daily during the past 30 days or persons who took a different drug three separate times would be classified as taking three or more drugs in the past 30 days, as long as at least three different drugs were taken at some time during the past 30 days.

For more information on prescription drug data collection and coding in NHANES, see: http://www.cdc.gov/nchs/nhanes/nhanes1999-2000/RXQ_DRUG.htm.

For more information on NHANES III prescription drug data collection and coding, see: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/nhanes/nhanes3/2A/pupremed.pdf. [Also see [Appendix I, National Health and Nutrition Examination Survey \(NHANES\).](#)]

Drug abuse—See [Appendix II, Illicit drug use.](#)

Education—Several approaches to defining educational categories are used in *Health, United States*.

Birth file—Information on educational attainment of the 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, D.C., Georgia, Idaho, Maryland, New Mexico, Pennsylvania, Texas, and Washington state. In 1975, these data became available from Connecticut, Delaware, Georgia, Maryland, and D.C., increasing the number of states reporting mother's education to 42 and D.C. Between 1980 and 1988, only three states—California, Texas, and Washington—did not report mother's education. In 1988, mother's education was also missing for New York state outside New York City. In 1989–1991, mother's education was missing only from Washington state and New York state outside New York City. During 1992–2002, mother's education was reported by all 50 states and D.C.

Starting in 2003, some states implemented the 2003 revision of the U.S. Standard Certificate of Live Birth. The education item on the 2003 revision asks for the highest degree or level of school completed, whereas the education item on the 1989 revision asks for highest grade completed. Data on mother's education from the 2003 revision of the birth certificate are not comparable with data from the 1989 revision. For more information on this topic, refer to the annual series of "Births: Final Data" reports, available from the National Vital Statistics System website at: <http://www.cdc.gov/nchs/nvss.htm>.

National Health Interview Survey (NHIS)—Starting in 1997, the NHIS questionnaire was changed to ask, "What is the highest level of school [person] has completed or the highest degree received?" Responses were used to categorize adults according to educational credentials [i.e., no high school diploma or general educational development high school equivalency diploma (GED); high school diploma or GED; some college, no bachelor's degree; bachelor's degree or higher].

Prior to 1997, the education variable in NHIS was measured by asking, "What is the highest grade or year of regular school [person] has ever attended?" and "Did [person] finish the grade/year?" Responses were used to categorize adults according to years of education completed (i.e., less than 12, 12, 13–15, or 16 years or more).

Data from the 1996 and 1997 NHIS were used to compare distributions of educational attainment for adults aged 25 and over, using categories based on educational credentials (1997) and categories based on years of education completed (1996). A larger

percentage of persons reported some college than 13–15 years of education, and a correspondingly smaller percentage reported high school diploma or GED than 12 years of education. In 1997, 19% of adults reported no high school diploma, 31% a high school diploma or GED, 26% some college, and 24% a bachelor's degree or higher. In 1996, 18% of adults reported less than 12 years of education, 37% reported 12 years, 20% reported 13–15 years, and 25% reported 16 or more years of education.

National Health and Nutrition Examination Survey (NHANES)—In 1988–1994 (NHANES III) the questionnaire asked, "What is the highest grade or year of regular school [person] has completed?" Responses were used to categorize adults according to educational credentials [i.e., no high school diploma or general educational development high school equivalency diploma (GED); high school diploma or GED; some college, no bachelor's degree; bachelor's degree or higher]. Starting with 1999–2000 data, the questionnaire was changed to ask, "What is the highest grade or level of school (you have/[person] has) completed or the highest degree (you have/[person] has) received?" For data on children, education is based on the level of education completed by the head of the household. The question asked is, "What is the highest grade or level of school (you have/[person] has) completed or the highest degree (you have/[person] has) received?"

Emergency department—According to the National Hospital Ambulatory Medical Care Survey, an emergency department is a hospital facility that is staffed 24 hours a day and provides unscheduled outpatient services to patients whose condition requires immediate care. Emergency services provided under the "hospital as landlord" arrangement were also eligible. An emergency department was in scope if it was staffed 24 hours a day. If an in-scope emergency department had an emergency service area that was open less than 24 hours a day, then that area was included under the emergency department. If a hospital had an emergency department that was staffed less than 24 hours a day, that department was considered an outpatient clinic. (Also see [Appendix II, Emergency department or emergency room visit](#); [Outpatient department](#).)

Emergency department or emergency room visit—Starting with the 1997 National Health Interview Survey, respondents to the Sample Adult questionnaire and the Sample Child questionnaire (generally a parent) were asked about the number of visits to hospital emergency rooms during the past 12 months, including visits that resulted in hospitalization. In the National Hospital Ambulatory Medical Care Survey, an emergency department visit is a direct personal exchange between a patient and a physician or other health care provider working under the physician's supervision, for the purpose of seeking care and receiving personal health services. (Also see [Appendix II, Emergency department](#); [Injury-related visit](#).)

Employer costs for employee compensation—Employer costs for employee compensation is a measure of the average cost, per employee hour worked, to employers for wages, salaries, and benefits. Wages and salaries are defined as the hourly straight-time wage rate or, for workers not paid on an hourly basis, straight-time earnings divided by the corresponding hours. Straight-time wage and salary rates are total earnings before payroll deductions, excluding premium pay for work in addition to the regular work schedule (e.g., overtime, weekends, and holidays), shift differentials, and nonproduction bonuses such as discretionary holiday bonuses and lump-sum payments provided in lieu of wage increases. Production bonuses, incentive earnings, commission payments, and cost-of-living adjustments are included in straight-time wage and salary rates. Benefits covered are paid leave (paid vacations, holidays, sick leave, and other leave), supplemental pay (premium pay for overtime, weekends, or holidays), shift differentials, nonproduction bonuses, insurance benefits (life, health, and short- and long-term disability), retirement and savings benefits (pension and other retirement plans and savings and thrift plans), and legally required benefits (Social Security, Medicare, federal and state unemployment insurance, and workers' compensation). As of June 2006, the "other benefits" category, which included severance pay and supplemental unemployment benefits, was eliminated from survey collection. As of June 2008, "other leave benefit" includes only paid personal leave. [Also see [Appendix I, National Compensation Survey \(NCS\)](#).]

End-stage renal disease (ESRD)—ESRD is a complete or near-complete failure of the kidneys to function to excrete wastes, concentrate urine, and regulate electrolytes. ESRD occurs when the kidneys are no longer able to function at the level necessary for day-to-day life. It usually occurs as chronic renal failure worsens to the point where kidney function is less than 10% of normal. At that point, kidney function is so low that without dialysis or kidney transplantation, complications are multiple and severe, and death will occur from accumulation of fluids and waste products in the body. Without treatment, the loss of kidney function in ESRD is usually irreversible and permanent, and death follows.

Although the Medicare program covers the majority of ESRD-certified patients, not all individuals with ESRD are eligible for Medicare. In addition to being medically determined to have ESRD, filing an application, and meeting any applicable waiting period, an individual must meet one of the following criteria:

- The individual has earned the required work credits under Social Security, Railroad Retirement, or as a government employee.
- The individual is receiving Social Security or Railroad Retirement benefits.
- The individual is the spouse or dependent child of a person who has earned the required work credits or is receiving Social Security or Railroad Retirement benefit.

The United States Renal Data System has tracked both Medicare-eligible and -ineligible ESRD patients since May 1995. For more information, see [Appendix I, United States Renal Data System \(USRDS\)](#).

Ethnicity—See [Appendix II, Hispanic origin](#).

Exercise—See [Appendix II, Physical activity, leisure-time](#).

Expenditures—See [Appendix II, Health expenditures, national](#). [Also see [Appendix I, National Health Expenditure Accounts \(NHEA\)](#).]

External cause of injury—The external cause of injury is used for classifying the circumstances in which injuries occur. The *International Classification of Diseases, 9th Revision (ICD-9)*, External Cause of Injury Matrix, is a two-dimensional array describing both the mechanism or external cause of the injury (e.g., fall, motor-vehicle traffic) and the manner or intent of the injury (e.g., unintentional, self-inflicted, or assault). Although this matrix was originally developed for mortality, it has been adapted for use with the ICD-9 Clinical Modification (ICD-9-CM). For more information, see the NCHS website at: http://www.cdc.gov/nchs/injury/injury_tools.htm; and see: Bergen G, Chen LH, Warner M, Fingerhut LA. Injury in the United States: 2007 chartbook. Hyattsville, MD: NCHS; 2008. Available from: <http://www.cdc.gov/nchs/data/misc/injury2007.pdf>.

Family income—For the National Health Interview Survey and the National Health and Nutrition Examination Survey, all people within a household who are related to each other by blood, marriage, or adoption constitute a family. Each member of a family is classified according to the total income of the family. Unrelated individuals are classified according to their own income. For the National Survey of Children's Health, multiple families could live in a child's household, but the survey does not explicitly define the term "family" to the respondents. The respondents can answer about the health and health care of the child if they live in the child's household. The total income of the family is derived from the total combined income for all members in the child's household.

National Health Interview Survey (NHIS)—Prior to 1997, family income was the total income received by members of a family (or by an unrelated individual) in the 12 months before interview. Family income included wages, salaries, rents from property, interest, dividends, profits and fees from their own businesses, pensions, and help from relatives. Starting in 1997, NHIS collected family income data for the calendar year prior to interview (e.g., 2011 family income data were based on calendar year 2010 information). The 1997–2006 instrument allowed the respondent to supply a specific dollar amount (up to \$999,995). Any family income responses greater than \$999,995 were entered as \$999,996. Respondents who did not know or refused to give a dollar amount in response to this question were

asked if their total combined family income for the previous year was \$20,000 or more, or less than \$20,000. If the respondent answered this question, he or she was then given one of two flash cards and asked to indicate which income group listed on the card best represented the family's combined income during the previous calendar year. One flash card listed incomes that were \$20,000 or more, and the other flash card listed incomes that were less than \$20,000. Starting with the 2007 NHIS, the income amount follow-up questions that had been in place since 1997 were replaced with a series of unfolding bracket questions. The unfolding bracket method asked a series of closed-ended income range questions (e.g., "Is it less than \$50,000?") if the respondent did not provide an answer to the exact income amount question. The closed-ended income range questions were constructed so that each successive question establishes a smaller range for the amount of the family's income. In 2011, several new unfolding-bracket income questions were added to NHIS to improve the assignment of poverty status. Additional questions focused on assessing whether a family's income was less than 200% of the poverty threshold or 200% or more of the poverty threshold. The question received depended on family size. In addition, a question was added for respondents who answered that their family's income was \$100,000 or more as to whether their family's income was less than \$150,000, or \$150,000 or more. For more information on this series of family income questions, see: 2012 NHIS public-use data release. NCHS. 2013. Available from: <http://www.cdc.gov/nchs/nhis/2012imputedincome.htm>.

Also see: Pleis JR, Cohen RA. Impact of income bracketing on poverty measures used in the National Health Interview Survey's Early Release Program: Preliminary data from the 2007 NHIS. Hyattsville, MD: NCHS. 2007. Available from: <http://www.cdc.gov/nchs/data/nhis/income.pdf>.

For NHIS respondents, family income data are used in the computation of a poverty measure. Starting with *Health, United States, 2004*, a new methodology for imputing family income data for NHIS was implemented for data years 1997 and beyond. Multiple imputations were performed for survey years 1997 and beyond, with five sets of imputed values created to allow for the assessment of variability caused by imputation. A detailed description of the multiple imputation procedure, and data files for 1997 and beyond, are available from: http://www.cdc.gov/nchs/nhis/quest_data_related_1997_forward.htm, through the Data Release or the Imputed Income Files link under that year. For data years 1990–1996, about 16%–18% of persons had missing data for family income. In those years, missing values were imputed for family income by using a sequential hot deck within matrix cells imputation approach. A detailed description of the imputation procedure and data files, with imputed

annual family income for 1990–1996, is available from: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Datasets/NHIS/1990-96_Family_Income/. (Also see [Appendix II, Poverty](#); [Table VI](#).)

National Health and Nutrition Examination Survey (NHANES)—In NHANES 1999 and onward, family income is asked in a series of questions about possible sources of income, including wages, salaries, interest and dividends, federal programs, child support, rents, royalties, and other possible sources. After the information about sources of income was obtained in the family interview income section of the questionnaire, the respondent was asked to report total combined family income for him- or herself and the other members of their family, in dollars. If the respondent did not provide an answer or did not know the total combined family income, he or she was asked if the total family income was less than \$20,000 or \$20,000 or more. If the respondent answered, a follow-up question asked the respondent to select an income range from a list on a printed flash card. The midpoint of the income range was then used as the total family income value. Family income values are used to calculate a poverty measure. NHANES II (1976–1980) included questions on components of income; NHANES III (1988–1994) did not ask the detailed components-of-income questions but asked respondents to identify their income based on a set of ranges provided on a flash card. Family income was not imputed for individuals or families with no reported income information in any of the NHANES survey years. (Also see [Appendix II, Poverty](#).)

National Immunization Survey (NIS)—Prior to 1998, family income was the total income received by all family members in the past 12 months at the time of interview. Following the changes in the NHIS income questions, NIS changed the reference period for 1998 onward and collected income received by all family members for the calendar year prior to the interview year for households with age-eligible children (e.g., 2012 NIS family income data are based on calendar year 2011 income). Family income is the combined total income received by all members of a family before taxes. For the family income questions, the household respondent is asked to include income received from jobs, social security, retirement income, unemployment payments, public assistance, interest, dividends, net income from business, farm, rent, or any other sources. Respondents who answered "don't know" or refused to give a dollar amount for the total family income were asked a cascading sequence of income questions (a total of 15 cascading questions that attempt to place the family income into one of 15 income intervals ranging from less than or equal to \$7,500 to greater than or equal to \$75,000). The initial question asks if the family income for the prior year was more or less than \$20,000. Subsequent sets of income range questions are asked so that each successive question establishes a smaller income range. The midpoint of the income range is used as the total family

Table VI. Imputed family income percentages in the National Health Interview Survey, by selected characteristics: United States, 1990–2012

Year	All ages	Under 18 years	18 years and over	18–64 years	Under 65 years	1–64 years	65 years and over	Females 18 years and over	Females 40 years and over	2 years and over	45 years and over
	Percent										
1990	16	14	18	16	15	15	24	18	21	17	22
1991	18	15	19	17	17	17	26	19	23	18	23
1992	18	16	19	18	17	17	27	20	23	18	23
1993	16	14	17	16	15	15	23	17	19	16	20
1994	17	15	18	17	16	16	25	18	21	17	21
1995	16	14	16	15	15	15	22	17	19	16	19
1996	17	14	17	16	16	16	24	18	20	17	20
1997	24	21	26	24	23	23	34	26	30	17	30
1998	29	25	30	28	27	27	39	30	34	29	34
1999	31	27	32	30	29	29	43	33	37	31	37
2000	32	28	33	31	30	31	45	34	38	32	38
2001	32	27	33	30	30	30	44	34	37	32	38
2002	32	28	33	31	30	30	44	33	37	32	37
2003	33	30	35	33	32	32	44	35	38	34	38
2004	33	29	34	32	31	31	41	34	36	33	37
2005	33	29	34	32	31	31	44	35	37	33	38
2006	34	31	35	33	33	33	45	36	39	34	39
2007	33	29	34	32	31	31	43	35	38	33	37
2008	30	27	31	29	29	29	40	32	34	30	34
2009	25	21	26	24	23	23	34	26	29	25	29
2010	25	20	26	24	23	23	36	27	30	25	30
2011	22	19	23	22	21	21	31	24	26	23	26
2012	23	19	24	22	21	21	32	24	27	23	27

NOTES: Percentages are weighted. See [Appendix II, Family income](#).

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

income value for respondents who answered “don't know” or refused to give a dollar amount. A family income variable is constructed from the total family income question and the cascading income questions. If an exact income is given, family income is set to this amount; otherwise it is set to the midpoint of the tightest bounds established by the cascading income questions. The values of total family income are used to calculate a poverty measure. For NIS, this ratio is calculated only for households with age-eligible children, using the actual family income value or the midpoint of the interval from the series of cascading questions in the numerator and the poverty threshold provided by the Census Bureau for the size of the family and the number of related children in the household in the denominator. Details of the income questions and computation of the income-to-poverty ratio for each data collection year can be found in the NIS data documentation (Data User's Guide and Household Interview Questionnaire) provided on the NIS website at: <http://www.cdc.gov/nchs/nis/datasets.htm>.

For more information, see: Battaglia MP, Hoaglin DC, Izrael D, Khare M, Mokdad A. Improving income imputation by using partial income information and ecological variables. Presented at the American Statistical Association–Joint Statistical Meeting;

2002 Aug 11–15, New York, NY. Available from: http://www.cdc.gov/nchs/data/nis/estimation_weighting/Battaglia2002.pdf.

Federal hospital—See [Appendix II, Hospital](#).

Fee-for-service health insurance—Fee-for-service health insurance is private (commercial) health insurance that reimburses health care providers on the basis of a fee for each health service provided to the insured person. It is also known as indemnity health insurance. In addition, “fee-for-service” is a term often applied to original Medicare, before Medicare managed-care plans or other new payment systems were introduced. (Also see [Appendix II, Health insurance coverage](#); [Managed care](#); [Medicare](#).)

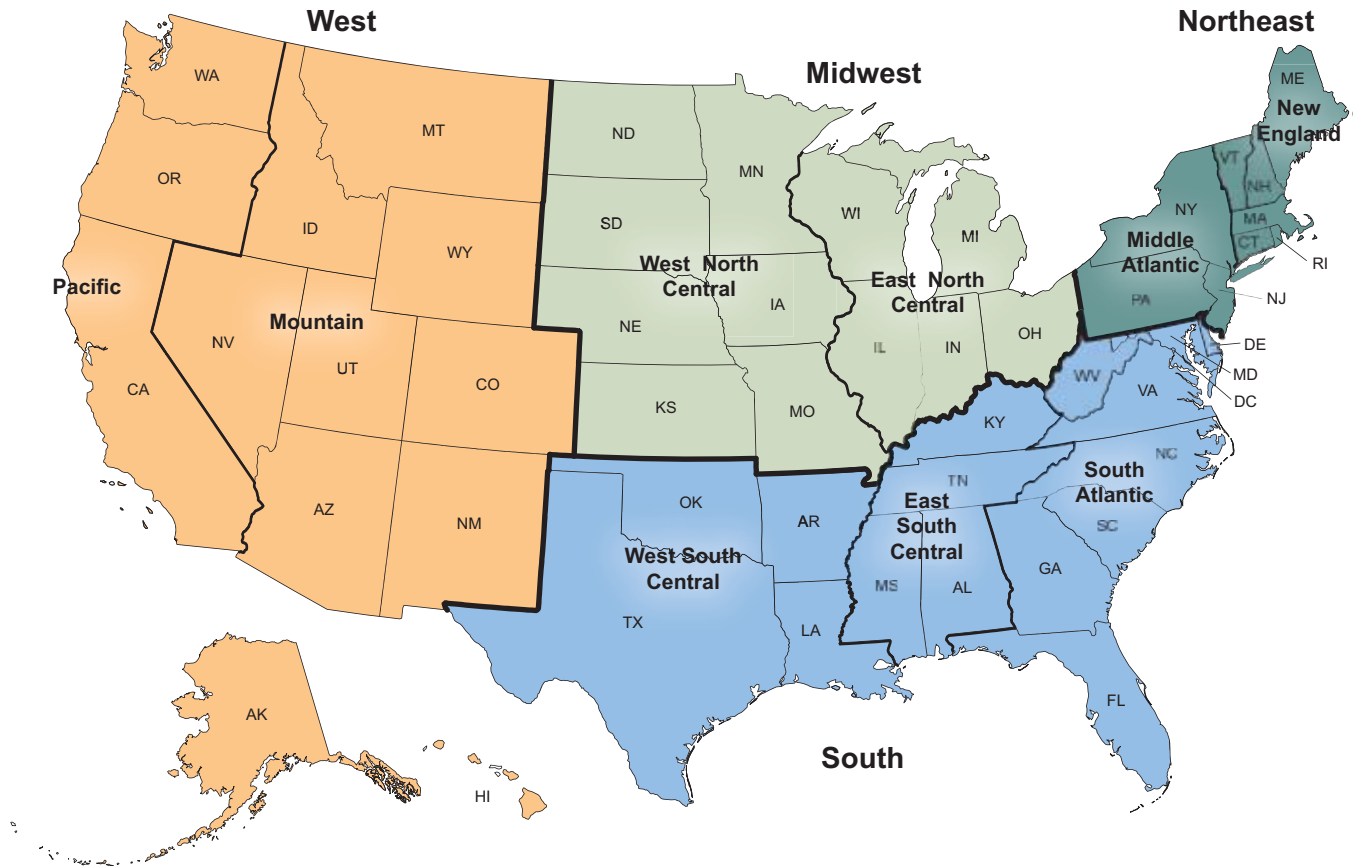
Fertility rate—See [Appendix II, Rate: Birth and related rates](#).

General hospital—See [Appendix II, Hospital](#).

Geographic region—The U.S. Census Bureau groups the 50 states and D.C., for statistical purposes, into four geographic regions (Northeast, Midwest, South, and West) and nine divisions based on geographic proximity. (See [Figure I](#).)

Gestation—For the National Vital Statistics System and CDC's Abortion Surveillance System, the period of gestation

Figure I. U.S. Census Bureau: Four geographic regions and nine divisions of the United States



is defined as beginning with the first day of the last normal menstrual period and ending with the day of birth or day of termination of pregnancy. Data on gestational age are subject to error for several reasons, including imperfect maternal recall or misidentification of the last menstrual period because of postconception bleeding, delayed ovulation, or intervening early miscarriage.

Gross domestic product (GDP)—The GDP is the market value of the goods and services produced by labor and property located in the United States. As long as the labor and property are located in the United States, the suppliers (i.e., the workers and, for property, the owners) may be U.S. residents or residents of other countries. [Also see [Appendix II, Consumer Price Index \(CPI\); Health expenditures, national.](#)]

Health care contact—Starting in 1997, the National Health Interview Survey has collected information on health care contacts with doctors and other health care professionals by using the following series of questions: “During the past 12 months, how many times have you gone to a hospital emergency room about your own health?,” “During the past 12 months, did you receive care at home from a nurse or other health care professional? What was the total number of home visits received?,” and “During the past 12 months,

how many times have you seen a doctor or other health care professional about your own health at a doctor's office, a clinic, or some other place? Do not include times you were hospitalized overnight, visits to hospital emergency rooms, home visits, or telephone calls.” Starting with 2000 data, this question was amended to specifically exclude dental visits.

For 1997–1999, for each question, respondents were shown a flash card with response categories of 0, 1, 2–3, 4–9, 10–12, or 13 or more visits. For tabulation of the 1997–1999 data, responses of 2–3 were recoded to 2, responses of 4–9 were recoded to 6, responses of 10–12 were recoded to 11, and 13 or more visits were recoded to 13. The recoded values for the three types of visits were then added to yield an estimate of total health care contacts. Starting with 2000 data, response categories were expanded to 0, 1, 2–3, 4–5, 6–7, 8–9, 10–12, 13–15, or 16 or more. For 2000 and more recent data, these response categories were recoded to the midpoint of the range. The category of 16 or more was recoded to 16. The recoded values for the three types of visits were then added to yield an estimate of the summary measure of health care contacts (including doctor's visits, hospital emergency room visits, and home visits). After summing the three component visit variables, respondents with values on the edge of the categories presented in *Health, United States* were rounded down to provide a more conservative estimate of the

number of visits. For example, a respondent with 3.5 health care contacts was included in the 1–3 visits category, and a respondent with 9.5 health care contacts was included in the 4–9 visits category. Respondents were included in this analysis only if they were known on all three visit variables.

Analyses of the percentage of children without a health care visit are based on the following question: “During the past 12 months, how many times has [person] seen a doctor or other health care professional about (his/her) health at a doctor’s office, a clinic, or some other place? Do not include times [person] was hospitalized overnight, visits to hospital emergency rooms, home visits, or telephone calls.” (Also see [Appendix II, Emergency department or emergency room visit](#); [Home visit](#).)

Health expenditures, national—National health expenditures are estimated by the Centers for Medicare & Medicaid Services (CMS) and measure calendar year spending for health care in the United States by type of service delivered (e.g., hospital care, physician services, nursing home care) and source of funding for those services (e.g., private health insurance, Medicare, Medicaid, out-of-pocket spending). CMS produces both historical and projected estimates of health expenditures by category. [Also see [Appendix II, Consumer Price Index \(CPI\)](#); [Gross domestic product \(GDP\)](#).] Types of national health expenditures include:

Health consumption expenditures are outlays for goods and services relating directly to patient care, plus expenses for administering health insurance programs and public health activities. This category is equivalent to total national health expenditures minus expenditures for investment in noncommercial research and structures and equipment.

Personal health care expenditures are outlays for goods and services relating directly to patient care. These expenditures are total national health expenditures minus expenditures for investment, health insurance program administration and the net cost of insurance, and public health activities.

Business, household, and other private expenditures are outlays for services paid for by nongovernmental sources, such as consumers, private industry, and philanthropic and other non-patient-care sources.

Government expenditures are outlays for services paid for by federal, state, and local government agencies or expenditures required by governmental mandate (such as workers’ compensation insurance payments).

Health insurance coverage—Health insurance is broadly defined to include both public and private payers who cover medical expenditures incurred by a defined population in a variety of settings.

National Health Interview Survey (NHIS)—For point-in-time health insurance estimates, NHIS respondents were

asked about their coverage at the time of interview. For 1993–1996, respondents were asked about their coverage in the previous month. Questions on health insurance coverage were expanded starting in 1993, compared with previous years. In 1997, the entire questionnaire was redesigned and data were collected using a computer-assisted personal interview (CAPI). In 2007, questions on health insurance coverage were expanded again to include three new questions on high-deductible health plans, health savings accounts, and flexible spending accounts.

Respondents were considered to be covered by private health insurance if they indicated private health insurance or, prior to 1997, if they were covered by a single-service hospital plan. Private health insurance includes managed care such as health maintenance organizations (HMOs).

Private insurance obtained through the workplace was defined as any private insurance that was originally obtained through a present or former employer or union, or, starting in 1997, through the workplace, self-employment, or a professional association. Starting in 2011, respondents were also asked whether health insurance coverage was obtained through parents or another relative. Coverage obtained through parents or another relative was not included as workplace coverage.

Until 1996, persons were defined as having Medicaid or other public assistance coverage if they indicated that they had either Medicaid or other public assistance or if they reported receiving Aid to Families with Dependent Children (AFDC) or Supplemental Security Income (SSI). After welfare reform in late 1996, Medicaid was delinked from AFDC and SSI. Starting in 1997, persons were considered to be covered by Medicaid if they reported Medicaid or a state-sponsored health program. Starting in 1999, persons were considered covered by Medicaid if they reported coverage by the Children’s Health Insurance Program (CHIP). Medicare or military health plan coverage was also determined in the interview, and starting in 1997 other government-sponsored program coverage was determined as well.

If respondents did not report coverage under one of the above types of plans and they had unknown coverage under either private health insurance or Medicaid, they were considered to have unknown coverage.

The remaining respondents without any indicated coverage were considered uninsured. The uninsured were persons who did not have coverage under private health insurance, Medicare, Medicaid, public assistance, a state-sponsored health plan, other government-sponsored programs, or a military health plan. Persons with only Indian Health Service (IHS) coverage were considered uninsured. Estimates of the percentage of persons who were uninsured based on NHIS may differ

slightly from those based on the March Current Population Survey (CPS) because of differences in survey questions, recall period, and other aspects of survey methodology. Although NHIS respondents who report IHS coverage as their only source of coverage are currently recoded to being uninsured, IHS provides a comprehensive health service delivery system for approximately 2.1 million of the nation's estimated 3.4 million American Indian and Alaska Native population. See: <http://www.ihs.gov/newsroom/factsheets/quicklook/>.

In NHIS, on average less than 2% of people aged 65 and over reported no current health insurance coverage, but the small sample size precludes the presentation of separate estimates for this population. Therefore, the term “uninsured” refers only to the population under age 65.

Two additional questions were added to the health insurance section of NHIS beginning with the third quarter of 2004 (Table VII). One question was asked of persons aged 65 and over who had not indicated that they had Medicare: “People covered by Medicare have a card which looks like this. [Are/Is] [person] covered by Medicare?” The other question was asked of persons under age 65 who had not indicated any type of coverage: “There is a program called Medicaid that pays for health care for persons in need. In this state it is also called [state name]. [Are/Is] [person] covered by Medicaid?” Respondents who originally classified themselves as uninsured, but whose classification was changed to Medicare or Medicaid on the basis of a “yes” response to either question, subsequently received appropriate follow-up questions concerning periods of noncoverage for insured respondents. Of the 892 people (unweighted) who were eligible to receive the Medicare probe question in the third and fourth quarters of 2004, 55% indicated that they were covered by Medicare. Of the 9,146 people (unweighted) who were eligible to receive the Medicaid probe question in the third and fourth quarters of 2004, 3% indicated that they were covered by Medicaid. Estimates in *Health, United States* were calculated using the responses to the two additional probe questions. For a complete discussion of the effect of the addition of these two probe questions on the estimates for insurance coverage, see: Cohen RA, Martinez ME. Impact of Medicare and Medicaid probe questions on health insurance estimates from the National Health Interview Survey, 2004. Health E-Stats. NCHS; 2005. Available from: <http://www.cdc.gov/nchs/data/hestat/impact04/impact04.htm>.

Survey respondents may be covered by health insurance at the time of interview but may have experienced one or more lapses in coverage during the 12 months prior to interview. Starting with *Health, United States, 2006*, NHIS estimates have been presented for the following three exhaustive categories: (a) people with health insurance

continuously for the full 12 months prior to interview, (b) those who had a period of up to 12 months prior to interview without coverage, and (c) those who were uninsured for more than 12 months prior to interview. This stub variable has been added to selected tables. Two additional NHIS questions were used to determine the appropriate category for the survey respondents: (a) all persons without a known comprehensive health insurance plan were asked, “About how long has it been since [person] last had health care coverage?”; and (b) all persons with known health insurance coverage were asked, “In the past 12 months, was there any time when [person] did NOT have ANY health insurance coverage?”

[Also see [Appendix II, Children's Health Insurance Program \(CHIP\)](#); [Fee-for-service health insurance](#); [Health maintenance organization \(HMO\)](#); [Managed care](#); [Medicaid](#); [Medicare](#); [Uninsured](#).]

Health maintenance organization (HMO)—An HMO is a health care system that assumes or shares both the financial risks and the delivery risks associated with providing comprehensive medical services to a voluntarily enrolled population in a particular geographic area, usually in return for a fixed, prepaid fee. Pure HMO enrollees use only the prepaid, capitated health services of the HMO panel of medical care providers. Open-ended HMO enrollees use the prepaid HMO health services but may also receive medical care from providers who are not part of the HMO panel. There is usually a substantial deductible, copayment, or coinsurance associated with use of nonpanel providers. HMO model types are as follows:

Group model HMO is an HMO that contracts with a single multispecialty medical group to provide care to the HMO's membership. The group practice may work exclusively with the HMO, or it may provide services to non-HMO patients as well. The HMO pays the medical group a negotiated per capita rate, which the group distributes among its physicians, usually on a salaried basis.

Staff model HMO is a closed-panel HMO (where patients can receive services only through a limited number of providers) in which physicians are HMO employees. The providers see members in the HMO's own facilities.

Network model HMO is an HMO that contracts with multiple physician groups to provide services to HMO members. It may include single or multispecialty groups.

Individual practice association (IPA) is a health care provider organization composed of a group of independent practicing physicians who maintain their own offices and band together for the purpose of contracting their services to HMOs, preferred provider organizations, and insurance companies. An IPA may contract with and provide services to both HMO and non-HMO plan participants.

Table VII. Percentage of persons under age 65 with Medicaid or who are uninsured, by selected demographic characteristics, using Method 1 and Method 2 estimation procedures: United States, 2004

Characteristic	Medicaid ¹		Uninsured ²	
	Method 2 ³	Method 1 ³	Method 2 ³	Method 1 ³
	Percent (standard error)			
Age				
Under 65 years	12.0 (0.24)	11.8 (0.24)	16.4 (0.23)	16.6 (0.23)
Under 18 years	25.4 (0.49)	24.9 (0.49)	9.2 (0.30)	9.7 (0.29)
18–64 years	6.6 (0.17)	6.5 (0.17)	19.3 (0.26)	19.4 (0.26)
Percent of poverty level ⁴				
Below 100%	47.5 (1.03)	46.6 (1.03)	29.6 (0.89)	30.5 (0.92)
100%–less than 200%	22.0 (0.59)	21.5 (0.60)	28.9 (0.66)	29.4 (0.66)
200% or more	2.9 (0.13)	2.8 (0.13)	9.4 (0.23)	9.5 (0.23)
Age and percent of poverty level ⁴				
Under 18 years:				
Below 100%	71.9 (1.35)	70.2 (1.35)	14.5 (1.15)	16.2 (1.22)
100%–less than 200%	39.2 (1.13)	38.4 (1.14)	15.0 (0.81)	15.8 (0.82)
200% or more	6.2 (0.33)	6.1 (0.33)	4.9 (0.30)	4.9 (0.30)
18–64 years:				
Below 100%	31.2 (1.02)	30.8 (1.02)	39.7 (1.09)	40.1 (1.09)
100%–less than 200%	12.0 (0.48)	11.8 (0.48)	37.0 (0.72)	37.2 (0.72)
200% or more	1.7 (0.11)	1.7 (0.10)	11.0 (0.26)	11.1 (0.26)
Hispanic origin and race ⁵				
Hispanic or Latino	22.2 (0.55)	21.5 (0.55)	34.4 (0.64)	35.1 (0.65)
Mexican	22.0 (0.63)	21.5 (0.63)	37.6 (0.82)	38.1 (0.83)
Not Hispanic or Latino	10.2 (0.25)	10.1 (0.25)	13.2 (0.23)	13.3 (0.23)
White only	7.4 (0.26)	7.4 (0.26)	12.0 (0.25)	12.1 (0.25)
Black or African American only	23.9 (0.80)	23.5 (0.79)	17.3 (0.58)	17.8 (0.58)

¹Includes persons who do not have private coverage but who have Medicaid or other state-sponsored health plans, including the Children's Health Insurance Program (CHIP).

²Includes persons who have not indicated that they are covered at the time of interview under private health insurance, Medicare, Medicaid, CHIP, a state-sponsored health plan, other government programs, or military health plan (includes VA, TRICARE, and CHAMP–VA). This category includes persons who are only covered by Indian Health Service or only have a plan that pays for one type of service, such as accidents or dental care.

³Starting with the third quarter of 2004, two additional questions were added to the National Health Interview Survey (NHIS) insurance section to reduce potential errors in reporting of Medicare and Medicaid status. Persons aged 65 and over not reporting Medicare coverage were asked explicitly about Medicare coverage, and persons under age 65 with no reported coverage were asked explicitly about Medicaid coverage. Estimates calculated without using the additional information from these questions are noted as Method 1. Estimates calculated using the additional information from these questions are noted as Method 2.

⁴Based on family income and family size and composition, using the U.S. Census Bureau's poverty thresholds. The percentage of respondents with unknown poverty level was 28.2% in 2004. See the *NHIS Survey Description* for 2004. Available from: <http://www.cdc.gov/nchs/data/nhis/srvydesc.pdf>.

⁵Persons of Hispanic origin may be of any race or combination of races. Similarly, the category Not Hispanic or Latino refers to all persons who are not of Hispanic or Latino origin, regardless of race.

SOURCE: CDC/NCHS, National Health Interview Survey, 2004, Family Core Component. Data are based on household interviews of a sample of the civilian noninstitutionalized population. Available from: <http://www.cdc.gov/nchs/data/hestat/impact04/impact04.htm>. See [Appendix I, National Health Interview Survey \(NHIS\)](#).

Mixed model HMO is an HMO that combines features of more than one HMO model.

[Also see [Appendix II, Managed care; Preferred provider organization \(PPO\)](#).]

Health services and supplies expenditures—See [Appendix II, Health expenditures, national](#).

Health status, respondent-assessed—Health status was measured in the National Health Interview Survey by asking the family respondent about his or her health or the health of a family member: “Would you say [person’s] health in general is excellent, very good, good, fair, or poor?”

Hearing trouble—In the National Health Interview Survey, information about hearing trouble is obtained by asking respondents how well they hear without the use of hearing aids. Prior to 2007 data, respondents were asked, “Which statement best describes your hearing without a hearing aid: good, a little trouble, a lot of trouble, or deaf?” In *Health, United States*, a lot of trouble and deaf are combined into one category: hearing trouble. In the 2007 data, the question was revised to expand the response categories. Respondents were asked, “These next questions are about your hearing WITHOUT the use of hearing aids or other listening devices. Is your hearing excellent, good, a little trouble hearing, moderate trouble, a lot of trouble, or are you deaf?” Starting with 2008 data, respondents were asked, “WITHOUT the use of hearing aids or other listening devices, is your hearing excellent, good, a little trouble hearing, moderate trouble, a lot of trouble, or are you deaf?” For 2007 and subsequent data, a lot of trouble and deaf are still combined into the one category, hearing trouble, in *Health, United States*. However, because of the expanded response categories, 2007 and subsequent data are not strictly comparable with earlier years and caution is urged when interpreting trends. For example, in 2006, 3.5% of adults (aged 18 and over) were classified as having hearing difficulty (response categories: a lot of trouble or deaf). In 2007, 2.3% of adults (aged 18 and over) were classified as having hearing difficulty (response categories: a lot of trouble or deaf). This more than 30% decline from 2006 to 2007 in the estimate of those with hearing trouble is likely attributable to the addition of the moderate trouble response category, rather than changes in the prevalence of hearing trouble. Although all age groups saw a decline in the percentage reporting hearing trouble between 2006 and 2007, the amount of the decline varied. There was a 50% decline in reported hearing trouble among adults aged 18–44 (from 0.8% in 2006 to 0.4% in 2007). Among adults aged 45–64, the percentage that reported hearing trouble declined 43%, from 3.5% in 2006 to 2.0% in 2007. Among adults aged 65 and over, reported hearing trouble declined 24%, from 11.4% in 2006 to 8.7% in 2007. For all age groups, these declines are likely attributable to the additional response categories in the revised hearing question.

For more information, see: Pleis JR, Lucas JW. Summary health statistics for U.S. adults: National Health Interview Survey, 2007. NCHS. Vital Health Stat 2009;10(240). Available from: http://www.cdc.gov/nchs/data/series/sr_10/sr10_240.pdf.

(Also see [Appendix II, Basic actions difficulty](#).)

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

Birth file—The reporting area for an Hispanic-origin item on the birth certificate expanded between 1980 and 1993 [when the Hispanic item was included on the birth certificate in all states and D.C.]. Trend data on births of Hispanic and non-Hispanic parentage in *Health, United States* are affected by expansion of the reporting areas, which affects numbers of events, composition of the Hispanic population, and maternal and infant health characteristics.

In 1980 and 1981, information on births of Hispanic parentage was reported on the birth certificate by the following 22 states: Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Illinois, Indiana, Kansas, Maine, Mississippi, Nebraska, Nevada, New Jersey, New Mexico, New York, North Dakota, Ohio, Texas, Utah, and Wyoming. In 1982 Tennessee, and in 1983 D.C., began reporting this information. Between 1983 and 1987, information on births of Hispanic parentage was available for 23 states and D.C. In 1988, this information became available for Alabama, Connecticut, Kentucky, Massachusetts, Montana, North Carolina, and Washington state, increasing the number of states reporting information on births of Hispanic parentage to 30 states and D.C. In 1989, this information became available from an additional 17 states, increasing the number of Hispanic-reporting states to 47 and D.C. In 1989, only Louisiana, New Hampshire, and Oklahoma did not report Hispanic parentage on the birth certificate. With the inclusion of Louisiana in 1989 and Oklahoma in 1990 as Hispanic-reporting states, 99% of birth records included information on mother’s origin. Hispanic origin of the mother was reported on the birth certificates of 49 states and D.C. in 1991 and 1992; only New Hampshire did not provide this information. Starting in 1993, Hispanic origin of mother was reported by all 50 states and D.C.

Starting with 2003 data, some states began using the 2003 revision of the U.S. Standard Certificate of Live Birth. Hispanic origin and race are collected separately on the birth certificate. The Hispanic origin question on the 2003 revision of the birth certificate asks respondents to select only one response. Occasionally, more than one Hispanic origin response is given; that is, a specified Hispanic origin group (Mexican, Puerto Rican, Cuban, or Central and South American) in combination

with one or more other specified Hispanic origin groups. When this occurs, all responses are collected. In 2012, 0.4% of births in the revised-state reporting area, plus Massachusetts (unrevised states that also reported more than one Hispanic origin response), were to women reporting more than one Hispanic origin. Respondents who select more than one Hispanic origin on the birth certificate are classified as other Hispanic. These procedures have been in place since the first revision year, 2003. The Hispanic origin question on the 1989 revision of the birth certificate also offers the opportunity to report more than one origin; however, NCHS processing guidelines for unrevised data allow for coding only the first Hispanic origin listed.

Linked birth/Infant death file—The linked birth/infant death file is particularly useful for computing accurate infant mortality rates by race and Hispanic origin because the race and Hispanic origin of the mother from the birth certificate are used in both the numerator and denominator of the linked birth/infant death infant mortality rate. In contrast, infant mortality rates based on the vital statistics mortality file use for the numerator race and Hispanic origin as reported on the death certificate and for the denominator the race and Hispanic origin of the mother as reported on the birth certificate. Race and Hispanic origin information from the birth certificate, which is reported by the mother, is considered more reliable than race and Hispanic origin information from the death certificate, which is reported by the funeral director based on information provided by an informant or by observation. See [Appendix II, Hispanic origin](#); sections for Birth file, Mortality file.

Mortality file—The reporting area for an Hispanic-origin item on the death certificate expanded between 1985 and 1997. In 1985, mortality data by Hispanic origin of decedent were based on deaths of residents of the following 17 states and D.C. whose data on the death certificate were at least 90% complete on a place-of-occurrence basis and of comparable format: Arizona, Arkansas, California, Colorado, Georgia, Hawaii, Illinois, Indiana, Kansas, Mississippi, Nebraska, New York, North Dakota, Ohio, Texas, Utah, and Wyoming. In 1986, New Jersey began reporting Hispanic origin of decedent, increasing the number of reporting states to 18 and D.C. in 1986 and 1987. In 1988, Alabama, Kentucky, Maine, Montana, North Carolina, Oregon, Rhode Island, and Washington state were added to the reporting area, increasing the number of states to 26 and D.C. In 1989, an additional 18 states were added, increasing the Hispanic reporting area to 44 states and D.C.; only Connecticut, Louisiana, Maryland, New Hampshire, Oklahoma, and Virginia were not included in the reporting area. Starting with 1990 data in *Health, United States*, the criterion was changed to include states whose data were at least 80% complete. In 1990, Maryland, Virginia, and Connecticut; in 1991 Louisiana; and in 1993 New Hampshire were added, increasing the reporting

area for Hispanic origin of decedent to 47 states and D.C. in 1990; 48 states and D.C. in 1991 and 1992; and 49 states and D.C. in 1993–1996. Only Oklahoma did not provide this information in 1993–1996. Starting in 1997, Hispanic origin of decedent was reported by all 50 states and D.C. Based on data from the U.S. Census Bureau, the 1990 reporting area encompassed 99.6% of the U.S. Hispanic population. In 1990, more than 96% of death records included information on Hispanic origin of the decedent.

Starting with 2003 data, some states began using the 2003 revision of the U.S. Standard Certificate of Death, which allows the reporting of more than one race (multiple races) and includes some revisions in the item reporting Hispanic origin. The effect of the 2003 revision of the Hispanic origin item on the reporting of Hispanic origin on death certificates is presumed to be minor. For more information, see [Appendix II, Race](#). Also see the Technical Notes section of the annual series of “Deaths: Final Data” reports, available from: <http://www.cdc.gov/nchs/products/nvsr.htm>; and NCHS procedures for multiple-race and Hispanic origin data: Collection, coding, editing, and transmitting. Hyattsville, MD: NCHS; 2004. Available from: http://www.cdc.gov/nchs/data/dvs/Multiple_race_docu_5-10-04.pdf.

National Health Interview Survey (NHIS) and National Health and Nutrition Examination Survey (NHANES)—Questions on Hispanic origin are self-reported in NHANES III and subsequent years, and since 1976 in NHIS, and precede questions on race. For 1999–2006 data, the NHANES sample was designed to provide estimates specifically for persons of Mexican origin and not for all Hispanic-origin persons in the United States. Persons of Hispanic origin other than Mexican were entered into the sample with different selection probabilities that are not nationally representative of the total U.S. Hispanic population. Starting with 2007–2008 data collection, all Hispanic persons were oversampled, not just persons of Mexican origin. In addition to allowing estimates for the total group of Hispanic persons, the sample size for Hispanic persons of Mexican origin is sufficient to continue to produce reliable estimates for this group. However, the methodology for the oversampling of Hispanic persons did not provide sufficient sample sizes for calculating estimates for other Hispanic subgroups besides Mexican origin. For more information on the NHANES sampling methodology changes, see http://www.cdc.gov/nchs/nhanes/nhanes2007-2008/sampling_0708.htm; and the series of NHANES analytic guidelines available from: http://www.cdc.gov/nchs/nhanes/analytic_guidelines.htm. For more information on race and Hispanic origin in NHIS, see the NHIS Race and Hispanic Origin Information home page. Available from: <http://www.cdc.gov/nchs/nhis/rhoi.htm>.

Surveillance, Epidemiology, and End Results (SEER) Program—SEER data are available from the National Institutes of Health, National Cancer Institute. SEER Hispanic data used in *Health, United States* tables exclude data from Alaska. The North American Association of Central Cancer Registries, Inc. (NAACCR) Hispanic Identification Algorithm was used on a combination of variables to classify incidence cases as Hispanic for analytic purposes. See: NAACCR guideline for enhancing Hispanic–Latino identification. Bethesda, MD: National Cancer Institute; 2003. Available from: http://seer.cancer.gov/seerstat/variables/seer/yr1973_2004/race_ethnicity/.

Youth Risk Behavior Survey (YRBS)—Prior to 1999, a single question was asked about race and Hispanic origin, with the option of selecting one of the following categories: white not Hispanic, black not Hispanic, Hispanic or Latino, Asian or Other Pacific Islander, American Indian or Alaska Native, or other. Between 1999 and 2003, respondents were asked a single question about race and Hispanic origin with the option of choosing one or more of the following categories: white, black or African American, Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, or American Indian or Alaska Native. Beginning in 2005, respondents were asked a question about Hispanic origin (“Are you Hispanic or Latino?”) and a second separate question about race that included the option of selecting one or more of the following categories: American Indian or Alaska Native, Asian, black or African American, Native Hawaiian or Other Pacific Islander, or white. Because of the differences between questions, the data about race and Hispanic ethnicity for the years prior to 1999 are not strictly comparable with estimates for the subsequent years. However, analyses of data collected between 1991 and 2003 have indicated that the data are comparable across years and can be used to study trends. See [Appendix II, Race](#); and see: Brener ND, Kann L, McManus T. A comparison of two survey questions on race and ethnicity among high school students. *Public Opin Q* 2003;67(2):227–36.

HIV—See [Appendix II, Human immunodeficiency virus \(HIV\) disease](#).

Home visit—Starting in 1997, the National Health Interview Survey has been collecting information on home visits received during the 12 months prior to interview. Respondents are asked, “During the past 12 months, did you receive care at home from a nurse or other health care professional? What was the total number of home visits received?” These data are combined with data on visits to doctors' offices, clinics, and emergency departments to provide a summary measure of health care visits. (Also see [Appendix II, Emergency department or emergency room visit; Health care contact](#).)

Hospital—According to the American Hospital Association (AHA), hospitals are licensed institutions with at least six beds whose primary function is to provide diagnostic and therapeutic patient services for medical conditions; they have an organized physician staff and provide continuous nursing services under the supervision of registered nurses. The World Health Organization (WHO) considers an establishment to be a hospital if it is permanently staffed by at least one physician, can offer inpatient accommodation, and can provide active medical and nursing care. Hospitals may be classified by type of service, ownership, size in terms of number of beds, and length of stay. In the National Hospital Ambulatory Medical Care Survey, hospitals include all those with an average length of stay for all patients of less than 30 days (short-stay) or hospitals whose specialty is general (medical or surgical) or children's general. Federal hospitals and hospital units of institutions and hospitals with fewer than six beds staffed for patient use are excluded. (Also see [Appendix II, Average length of stay; Bed, health facility; Days of care; Emergency department; Inpatient; Outpatient department](#).)

Community hospital—Community hospitals, based on the AHA definition, include all nonfederal, short-term general and special hospitals whose facilities and services are available to the public. Special hospitals include obstetrics and gynecology; eye, ear, nose, and throat; rehabilitation; orthopedic; and other specialty services. Short-term general and special children's hospitals are also considered to be community hospitals. A hospital may include a nursing-home-type unit and still be classified as short-term, provided the majority of its patients are admitted to units where the average length of stay is less than 30 days. Hospital units of institutions such as prisons and college infirmaries that are not open to the public and are contained within a nonhospital facility are not included in the category of community hospitals. Traditionally, the definition included all nonfederal short-stay hospitals except facilities for the mentally retarded. In a revised definition, the following additional sites were excluded: hospital units of institutions, and alcoholism and chemical dependency facilities.

Federal hospital—Federal hospitals are those operated by the federal government.

For-profit hospital—For-profit hospitals are operated for profit by individuals, partnerships, or corporations.

General hospital—General hospitals provide diagnostic, treatment, and surgical services for patients with a variety of medical conditions. According to WHO, these hospitals provide medical and nursing care for more than one category of medical discipline (e.g., general medicine, specialized medicine, general surgery, specialized surgery, and obstetrics). Excluded are hospitals, usually in rural areas, that provide a more limited range of care.

Nonprofit hospital—Nonprofit hospitals are those controlled by nonprofit organizations, such as religious organizations and fraternal societies.

Registered hospital—Registered hospitals are those registered with AHA. About 98% of U.S. hospitals are registered.

Short-stay hospital—In the National Hospital Discharge Survey, short-stay hospitals are those in which the average length of stay is less than 30 days. The National Health Interview Survey defines short-stay hospitals as any hospital or hospital department in which the type of service provided is general; maternity; eye, ear, nose, and throat; children's; or osteopathic.

Special hospital—Special hospitals are those, such as psychiatric, tuberculosis, chronic disease, rehabilitation, maternity, and alcoholic or narcotic dependency facilities, that provide a particular type of service to the majority of their patients.

Hospital-based physician—See [Appendix II, Physician](#).

Hospital day—See [Appendix II, Days of care](#).

Hospital utilization—Estimates of hospital utilization (such as hospital discharge rate, days of care rate, average length of stay, and percentage of the population with a hospitalization) presented in *Health, United States* are based on data from four sources: the Healthcare Cost and Utilization Project, Nationwide Inpatient Sample (HCUP–NIS); the National Health Interview Survey (NHIS); the National Hospital Discharge Survey (NHDS); and the American Hospital Association (AHA). HCUP–NIS data are based on hospital stays for persons discharged alive or deceased from about 1,000 hospitals sampled to approximate a 20% stratified sample of U.S. community hospitals. NHIS data are based on household interviews of the civilian noninstitutionalized population and thus exclude hospitalizations for institutionalized persons and those who died while hospitalized. NHDS data are based on hospital discharge records of persons who had an inpatient stay in a nonfederal, short-stay hospital. NHDS includes hospital discharge records for persons discharged alive or deceased and for institutionalized persons. The NHDS tables shown in *Health, United States* exclude data for newborns. Estimates for average length of stay between the NHDS and AHA data presented in *Health, United States* differ because of different methods for counting days of care. [Also see [Appendix II, Average length of stay; Days of care; Discharge](#); and [Appendix I, Healthcare Cost and Utilization Project \(HCUP\), Nationwide Inpatient Sample; National Health Interview Survey \(NHIS\); National Hospital Discharge Survey \(NHDS\)](#).]

Human immunodeficiency virus (HIV) disease—HIV disease is caused by infection with a cytopathic retrovirus, which in turn leads to destruction of parts of the immune system. A surveillance case for HIV requires laboratory-

confirmed evidence of infection, including a positive result on a screening test for HIV antibody, followed by a positive result on a confirmatory test, or a positive result or detectable quantity on an HIV virologic test [see MMWR 2008;57(RR–10):1–8].

Since 1985, many states and U.S. dependent areas have implemented HIV case reporting as part of their comprehensive HIV and AIDS surveillance programs. As of April 2008, all reporting areas (50 states, D.C., and the six U.S. dependent areas of American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, the Republic of Palau, and the U.S. Virgin Islands) had implemented HIV case surveillance using a confidential system for name-based case reporting for both HIV infection and AIDS. To better capture and characterize populations in which HIV infection has been newly diagnosed, including persons with evidence of recent HIV infection, many states report the prevalence of those living with a diagnosis of HIV infection, including those living with AIDS. In 2008, changes were made to the case definition for HIV infection. The new case definition combined the two previous case definitions for HIV and AIDS and established a new disease staging classification. The term HIV/AIDS was replaced with the term “diagnosis of HIV infection,” which is defined as diagnosis of HIV infection regardless of the stage of disease [stage 1, 2, 3 (AIDS), or unknown] and refers to all persons with a diagnosis of HIV infection [see MMWR 2008;57(RR–10):1–8]. Mortality and morbidity coding for HIV disease are similar and have evolved over time.

Mortality coding—Starting with 1999 data and the introduction of the 10th revision of the *International Classification of Diseases* (ICD–10), the title for this cause of death was changed from HIV infection to HIV disease, and the ICD codes were changed to B20–B24. Starting with 1987 data, NCHS introduced category numbers *042–*044 for classifying and coding HIV infection as a cause of death in ICD–9. The asterisks before the category numbers indicate that these codes were not part of the original ICD–9. HIV infection was formerly referred to as human T-cell lymphotropic virus-III/lymphadenopathy-associated virus (HTLV-III/LAV) infection. Before 1987, deaths involving HIV infection were classified to Deficiency of cell-mediated immunity (ICD–9 code 279.1) contained in the title All other diseases; to Pneumocystosis (ICD–9 code 136.3) contained in the title All other infectious and parasitic diseases; to Malignant neoplasms, including neoplasms of lymphatic and hematopoietic tissues; and to a number of other causes. Therefore, before 1987, death statistics for HIV infection are not strictly comparable with data for 1987 and subsequent years and are not shown in *Health, United States*.

Morbidity coding—The National Hospital Discharge Survey codes diagnosis data using the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM). During 1984 and 1985, only

data for AIDS (ICD–9–CM code 279.19) were included. In 1986–1994, discharges with the following diagnoses were included: AIDS, HIV infection and associated conditions, and positive serological or viral culture findings for HIV (ICD–9–CM codes 042–044, 279.19, and 795.8). Beginning in 1995, discharges with the following diagnoses were included: HIV disease and asymptomatic HIV infection status (ICD–9–CM codes 042 and V08).

[Also see [Appendix II, Acquired immunodeficiency syndrome \(AIDS\)](#); [Cause of death](#); [International Classification of Diseases \(ICD\)](#); [International Classification of Diseases, 9th Revision, Clinical Modification \(ICD–9–CM\)](#); [Tables IV and X.](#)]

Hypertension—See [Appendix II, Blood pressure, high](#).

ICD; ICD codes—See [Appendix II, Cause of death](#); [International Classification of Diseases \(ICD\)](#).

Illicit drug use—Illicit drug use refers to the use and misuse of illegal and controlled drugs.

Monitoring the Future (MTF) Study—In this school-based survey of secondary school students, information on illicit drug use is collected using self-completed questionnaires. The information is based on the following questions: “On how many occasions (if any) have you used marijuana in the last 30 days?” and “On how many occasions (if any) have you used hashish in the last 30 days?” Questions on cocaine use include the following: “On how many occasions (if any) have you taken crack (cocaine in chunk or rock form) during the last 30 days?” and “On how many occasions (if any) have you taken cocaine in any other form during the last 30 days?”

National Survey on Drug Use & Health (NSDUH)—Information on illicit drug use is collected for survey participants aged 12 and over. Information on any illicit drug use includes any use of marijuana or hashish, cocaine, heroin, hallucinogens, or inhalants, as well as nonmedical use of prescription psychotherapeutic drugs. Current use (within the past month) is based on the question: “How long has it been since you last used (drug name)?” (Also see [Appendix II, Substance use](#).)

Immunization—See [Appendix II, Vaccination](#).

Incidence—Incidence is the number of cases of disease having their onset during a prescribed period of time. It is often expressed as a rate (e.g., the incidence of measles per 1,000 children aged 5–15 during a specified year). Measuring incidence may be complicated because the population at risk for the disease may change during the period of interest, for example, due to births, deaths, or migration. In addition, determining whether a case is new—that is, whether its onset occurred during the prescribed period of time—may be difficult. Because of these difficulties in measuring incidence, many health statistics are instead measured in terms of prevalence. (Also see [Appendix II, Prevalence](#).)

Table VIII. Codes for industries, based on the North American Industry Classification System (NAICS)

<i>Industry</i>	<i>Code</i>
Agriculture, forestry, fishing and hunting	11
Mining, quarrying, and oil and gas extraction	21
Utilities	22
Construction	23
Manufacturing	31–33
Wholesale trade	42
Retail trade	44–45
Transportation and warehousing	48–49
Information	51
Finance and insurance	52
Real estate and rental and leasing	53
Professional, scientific, and technical services	54
Management of companies and enterprises	55
Administrative and support and waste management and remediation services	56
Educational services	61
Health care and social assistance	62
Arts, entertainment, and recreation	71
Accommodation and food services	72
Other services, except public administration	81
Public administration	92

SOURCE: Bureau of Labor Statistics. Available from: <http://www.census.gov/eos/www/naics/>.

Income—See [Appendix II, Family income](#).

Individual practice association (IPA)—See [Appendix II, Health maintenance organization \(HMO\)](#).

Industry of employment—For the presentation of data in *Health, United States*, industries are classified according to the North American Industry Classification System (NAICS). For each year of data presented, the most recent version of NAICS was used. NAICS groups establishments into industries based on their production or supply function: establishments using similar raw material inputs, capital equipment, and labor are classified in the same industry. This approach creates homogeneous categories well suited for economic analysis. NAICS uses a six-digit hierarchical coding system to classify all economic activity into 20 industry sectors. The first two digits of the six-digit code designate the highest level of aggregation, into the government and 20 private industry sectors ([Table VIII](#)). Private industry sectors are classified as goods- or service-producing. Agriculture, forestry, farming and hunting; mining, quarrying, and oil and gas extraction; construction; and manufacturing are primarily goods-producing sectors, and the remaining 16 sectors are entirely service providing. NAICS allows for the classification of 1,170 industries. For more information on NAICS, see: <http://www.census.gov/eos/www/naics>.

Table IX. Codes for external causes of injury, from the *International Classification of Diseases, 9th Revision, Clinical Modification*

<i>External cause of injury category</i>	<i>E code</i>
All injury	E800–E869, E880–E929, E950–E999
Unintentional.	E800–E869, E880–E929
Motor vehicle traffic	E810–E819
Falls	E880–E886, E888
Struck by or against objects or persons	E916–E917
Caused by cutting and piercing instruments or objects.	E920
Intentional (suicide and homicide)	E950–E969, E979, E999.1
Undetermined	E980–E989
Other (includes legal intervention and operations of war).	E970–E978, E990–E999.0

SOURCE: Recommended framework of E code groupings for presenting injury morbidity data. Available from: http://www.cdc.gov/injury/wisqars/ecode_matrix.html, and the *International Classification of Diseases, 9th Revision, Clinical Modification*. Available from: <http://www.cdc.gov/nchs/icd/icd9cm.htm>.

NAICS replaces the Standard Industrial Classification (SIC) system, originally designed in the 1930s and revised and updated periodically to reflect changes in the U.S. economy. The last SIC revision was in 1987. The SIC system focused on the manufacturing sector of the economy and provided significantly less detail for the now-dominant service sector, including newly developed industries in information services, health care delivery, and high-tech manufacturing. Although some titles in SIC and NAICS are similar, there is little comparability between the two systems because industry groupings are defined differently. Estimates of deaths, injuries, and illnesses classified by NAICS should not be compared with earlier estimates that used SIC.

Starting with *Health United States, 2005*, health data by industry from the Bureau of Labor Statistics' Census of Fatal Occupational Injuries (CFOI) data system are classified using NAICS; this replaces trends in occupational health data based on the SIC system in previous editions of *Health, United States*.

Infant death—An infant death is the death of a live-born child before his or her first birthday. Age at death may be further classified as neonatal or postneonatal. Neonatal deaths are those that occur before the 28th day of life; postneonatal deaths are those that occur within 28 days to under 1 year of age. (Also see [Appendix II, Rate: Death and related rates](#).)

Injury—The International Classification of External Causes of Injuries (ICECI) Coordination and Maintenance Group defines injury as a (suspected) bodily lesion resulting from acute overexposure to energy (this can be mechanical, thermal, electrical, chemical, or radiant) interacting with the body in amounts or rates that exceed the threshold of physiological tolerance. The time between exposure to the energy and the appearance of an injury is short. In some cases, an injury results from an insufficiency of any of the vital elements (i.e., air, water, or warmth), as in strangulation, drowning, or freezing. Acute poisonings and toxic effects, including overdoses of substances and wrong substances given or taken in error are included, as are adverse effects

and complications of therapeutic, surgical, and medical care. Psychological harm is excluded. Injuries can be intentional or unintentional (i.e., accidental). In NCHS data systems, external causes of nonfatal injuries are coded to the *International Classification of Diseases, 9th Revision, Clinical Modification*, Supplementary Classification of External Causes of Injury and Poisoning, and the codes are often referred to as E codes. See [Table IX](#) for a list of external causes of injury categories and E codes used in *Health, United States*. Also see the NCHS injury website at: <http://www.cdc.gov/nchs/injury.htm>; and see: ICECI Coordination and Maintenance Group. International Classification of External Causes of Injuries (ICECI), ver 1.2. Amsterdam, The Netherlands: Consumer Safety Institute; and Adelaide, Australia: Australian Institute of Health and Welfare National Injury Surveillance Unit. Flinders University; 2004. Available from: <http://www.who.int/classifications/icd/adaptations/iceci/en/index.html>. (Also see [Appendix II, Diagnosis; Injury-related visit](#).)

Injury-related visit—In the National Hospital Ambulatory Medical Care Survey (NHAMCS), an emergency department visit was considered injury-related if the physician diagnosis was injury-related or an external cause-of-injury code (E code) was present ([Tables IX and X](#)). Starting with *Health, United States, 2008*, an injury-related visit was redefined as an initial injury visit. In the 2001–2010 NHAMCS, an initial injury visit was the first visit to an emergency department for an injury that was characterized by either the first-listed diagnosis being a valid injury diagnosis or by a valid first-listed E code, regardless of the diagnosis code. Visits for which the first-listed diagnosis or the first-listed E code was for a complication of medical care or for an adverse event were not counted as injury visits. For 2001–2004 and 2007 and subsequent data years, the patient record form had a specific question on whether the episode of care was an initial visit for the problem. In the 2005 and 2006 surveys, this variable was not included, and in its place an imputed variable was constructed that indicated whether the visit was or was not the initial visit for the problem. For an explanation of the methodology used to create the imputed

Table X. Codes for diagnostic categories, from the *International Classification of Diseases, 9th Revision, Clinical Modification*

<i>Diagnostic category</i>	<i>Code</i>
Childbirth	V27
Septicemia	038
Human immunodeficiency virus (HIV/AIDS) (1990–1994 data)	042–044, 279.19, 795.8
(Starting with 1995 data)	042, V08
Cancer, all	140–208, 230–234
(Starting with 2010 data)	140–208, 230–234, 209.31–209.36, 209.70–209.75, 209.79
Colorectal cancer	153–154, 197.5, 230.3–230.6
Lung/bronchus/tracheal cancer	162, 176.4, 197.0, 197.3, 231.1–231.2
Breast	174–175, 198.81, 233.0
Prostate	185, 233.4
Uterine fibroids	218
Diabetes	250
Dehydration	276.5
(Starting with 2006 data)	276.50–276.52
Alcohol and drug	291–292, 303–304, 305.0, 305.2–305.9
Schizophrenia, mood disorders, delusional disorders, nonorganic psychoses	295–298
Schizophrenia	295
Mood disorders	296
Dementia and Alzheimer’s disease	290, 294, 331.0
Heart disease	391–392.0, 393–398, 402, 404, 410–416, 420–429
Ischemic heart disease	410–414
Heart attack	410
Arrhythmias	427
Heart failure	428
Hypertension	401
Stroke	430–438
Acute bronchitis and bronchiolitis	466
Pneumonia	480–486, 487.0
Chronic obstructive pulmonary disease	490–492, 496
Asthma	493
Appendicitis	540–543
Gallstones	574
Kidney disease	580–589
Urinary tract infection	599.0
Hyperplasia of the prostate	600
Osteoarthritis	715, 721
Intervertebral disc disorders	722
Injury	800–909.2, 909.4, 909.9, 910–994.9, 995.5, 995.80–995.85
Fracture	800–829
Hip fracture	820
Internal organ injury	850–854, 860–869, 952, 995.55
Poisoning and toxic effects	960–989
Complications of care and adverse effects	996–999, 909.3, 909.5, 995.0–995.4, 995.6–995.7, 995.86, 995.89

initial visit variable, see: <http://www.cdc.gov/nchs/data/ahcd/initialvisit.pdf>. For more information, see the CDC/NCHS Injury Data and resources website at: <http://www.cdc.gov/nchs/injury.htm>; and Fingerhut LA. Recommended definition of initial injury visits to emergency departments for use with the NHAMCS–ED data. NCHS. Health E-Stats; 2006. Available from: <http://www.cdc.gov/nchs/data/hestat/injury/injury.htm>. (Also see [Appendix II, Emergency department or emergency room visit](#); [External cause of injury](#); [Injury](#).)

Inpatient—An inpatient is a person who is formally admitted to the inpatient service of a hospital for observation, care, diagnosis, or treatment. (Also see [Appendix II, Admission](#); [Average length of stay](#); [Days of care](#); [Discharge](#); [Hospital](#).)

Inpatient care—See [Appendix II, Hospital utilization](#).

Inpatient day—See [Appendix II, Days of care](#).

Instrumental activities of daily living (IADL)—IADLs are activities related to independent living and include preparing meals, managing money, shopping for groceries or personal items, performing light or heavy housework, and using a telephone. In the National Health Interview Survey, respondents are asked whether they or family members aged 18 and over need the help of another person for handling routine IADL needs because of a physical, mental, or emotional problem.

In the Medicare Current Beneficiary Survey, if a sample person had any difficulty performing an activity by him- or herself and without special equipment, or did not perform the activity at all because of health problems, the person was categorized as having a limitation in that activity. The limitation may have been temporary or chronic at the time of interview. Sample persons in the community answered health status and functioning questions themselves, if able to do so. For sample persons in a long-term care facility, a proxy such as a nurse answered questions about the sample person's health status and functioning. [Also see [Appendix II, Activities of daily living \(ADL\)](#); [Complex activity limitation](#); [Limitation of activity](#).]

Insurance—See [Appendix II, Health insurance coverage](#).

Intermediate care facility—See [Appendix II, Nursing home](#).

International Classification of Diseases (ICD)—The ICD is used to code and classify cause-of-death data. The ICD is developed collaboratively by the World Health Organization and 10 international centers, one of which is housed at NCHS. The purpose of the ICD is to promote international comparability in the collection, classification, processing, and presentation of health statistics. Since 1900, the ICD has been modified about once every 10 years, except for the 20-year interval between the 9th and 10th revisions (ICD-9 and ICD-10) ([Table III](#)). The purpose of the revisions is to stay abreast of advances in medical science. New revisions usually introduce major disruptions in time series of mortality statistics ([Tables IV](#) and [V](#)). For more information, see the NCHS ICD-10 website at: <http://www.cdc.gov/nchs/icd/icd10.htm>. [Also see [Appendix II, Cause of death](#); [Comparability ratio](#); [International Classification of Diseases, 9th Revision, Clinical Modification \(ICD-9-CM\)](#).]

International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)—ICD-9-CM is based on, and is compatible with, the World Health Organization's ICD-9. The United States currently uses ICD-9-CM to code morbidity diagnoses and inpatient procedures. ICD-9-CM consists of three volumes. Volumes 1 and 2 contain the diagnosis tabular list and index; Volume 3 contains the procedure classification (tabular list and index combined).

ICD-9-CM is divided into 17 chapters and two supplemental classifications. The chapters are arranged primarily by body system. In addition, there are chapters for Infectious and parasitic diseases; Neoplasms; Endocrine, nutritional, and metabolic diseases; Mental disorders; Complications of

pregnancy, childbirth, and puerperium; Certain conditions originating in the perinatal period; Congenital anomalies; and Symptoms, signs, and ill-defined conditions. The two supplemental classifications are for factors influencing health status and contact with health services (V codes), and for external causes of injury and poisoning (E codes).

In *Health, United States*, morbidity data are currently classified using ICD-9-CM. Diagnostic categories and codes for ICD-9-CM are shown in [Table X](#); ICD-9-CM procedure categories and codes are shown in [Tables XI](#) and [XII](#). For more information about ICD-9-CM, see the NCHS Classification of Diseases, Functioning, and Disability website at: <http://www.cdc.gov/nchs/icd.htm>. [Also see [Appendix II, International Classification of Diseases \(ICD\)](#).]

International Classification of Diseases, 10th Revision, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS)—Use of ICD-10-CM/PCS to report medical diagnoses and inpatient procedures will be implemented October 1, 2015. The transition to ICD-10 is required for everyone covered by the Health Insurance Portability and Accountability Act (HIPAA). This change to ICD-10 does not affect Current Procedural Terminology (CPT) coding for outpatient procedures and physician services. ICD-10-CM/PCS consists of two parts: ICD-10-CM for diagnosis coding, and ICD-10-PCS for inpatient procedure coding. For more information about ICD-10-CM/PCS, see the NCHS Classification of Diseases, Functioning, and Disability website at: <http://www.cdc.gov/nchs/icd.htm> and the Centers for Medicare & Medicaid Services ICD-10 transition website at: <http://www.cms.gov/Medicare/Coding/ICD10/index.html>.

Late fetal death rate—See [Appendix II, Rate: Death and related rates](#).

Leading causes of death—See [Appendix II, Cause-of-death ranking](#).

Length of stay—See [Appendix II, Average length of stay](#).

Life expectancy—Life expectancy is the average number of years of life remaining to a person at a particular age and is based on a given set of age-specific death rates—generally the mortality conditions existing in the period mentioned. Life expectancy may be determined by sex, race and Hispanic origin, or other characteristics by using age-specific death rates for the population with that characteristic. (Also see [Appendix II, Rate: Death and related rates](#).)

U.S. life tables by Hispanic origin were available starting with 2006 data. Life expectancy data for the Hispanic population was not available before 2006 for three major reasons: (a) coverage of the Hispanic population in the U.S. mortality statistics system was incomplete, (b) misclassification of Hispanic persons on death certificate data underestimated deaths in the Hispanic population, and (c) misstatement of age at the oldest ages in the Hispanic population led to an underestimation of mortality at the oldest ages.

Table XI. Codes for procedure categories for National Hospital Discharge Survey data, from the *International Classification of Diseases, 9th Revision, Clinical Modification*

<i>Procedure category</i>	<i>Code</i>
Operations on vessels of heart (through 2005 data)	36
Operations on vessels of heart (starting with 2006 data)	36, 00.66
Coronary angioplasty or arthrectomy (through 2005 data)	36.01, 36.02, 36.05
(Starting with 2006 data)	00.66
Coronary artery stent insertion	36.06, 36.07
Drug-eluting stent insertion	36.07
Coronary artery bypass graft (CABG)	36.1
Cardiac catheterization	37.21–37.23
Pacemaker	37.7–37.8
(Starting with 2003 data)	37.7–37.8, 00.50, 00.52, 00.53
Carotid (neck arteries) endarterectomy	38.12
Endoscopy of small intestine	45.11–45.14, 45.16
Endoscopy of large intestine	45.21–45.25
Gall bladder removal	51.2
Laparoscopic gall bladder removal	51.23, 51.24
Treatment of intra-abdominal scar tissue	54.5
Removal of prostate	60.2–60.6
Transurethral prostatectomy	60.2
Hysterectomy	68.3–68.5
Abdominal hysterectomy	68.4
Vaginal hysterectomy	68.5
Forceps, vacuum, and breech delivery	72
Episiotomy	72.1, 72.21, 72.31, 72.71, 73.6
Other procedures inducing or assisting delivery	73
Medical induction of labor	73.4
Cesarean section	74.0–74.2, 74.4, 74.99
Reduction of fracture	79.0–79.5, 76.7, 21.7, 02.02, 03.53
Excision of intervertebral disc and spinal fusion	80.5 and 81.0
Total hip replacement	81.51
Partial hip replacement	81.52
Total knee replacement	81.54
Mastectomy	85.4
CT scan	87.03, 87.41, 87.71, 88.01, 88.38
Arteriography and angiocardiology with contrast	88.4–88.5
Diagnostic ultrasound	00.2, 37.28, 88.7, 95.13
Magnetic resonance imaging	88.91–88.97
Mechanical ventilation (1990–1991 data)	93.92
(Starting with 1992 data)	96.7

Hispanic origin was added to the U.S. standard death certificate in 1989, but it was not adopted by every state until 1997. By 1997, all states had reporting at rates over 99%. Research on race and Hispanic origin reporting on U.S. death certificates found that misclassification of race and Hispanic origin accounts for a net underestimate of 5% for total Hispanic deaths and 1% for total non-Hispanic black deaths, and a net overestimate of 0.5% for non-Hispanic white deaths. To address the effects of age misstatement at the oldest ages, the probability of death for Hispanic persons over age 80 is estimated as a function of non-Hispanic white mortality with the use of the Brass relational logit model. For more information, see: Arias E. United States life tables by Hispanic origin. NCHS. Vital Health Stat 2010;2(152). Available from: http://www.cdc.gov/nchs/data/series/sr_02/sr02_152.pdf.

In 2000, the life table methodology was revised. The revised methodology is similar to that developed for the 1999–2001 decennial life tables. In 2008, the life table methodology was refined in two important ways. First, a logistic rather than a nonlinear least squares model was used to smooth and extrapolate the Vital and Medicare blended death rates at the older ages. Second, the age at which smoothing is begun was raised from 66 to 85 years or so, depending on the population. Values for 2001 and subsequent data years are based on the latest revision of the life table methodology. As a result, data post-2000 may differ from figures published previously. For a full description of the new life table methodology, see: Arias E. United States life tables, 2008. National vital statistics reports; vol 61 no 3. Hyattsville, MD: NCHS; 2012. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_03.pdf.

Table XII. Codes for procedure categories for Healthcare Cost and Utilization Project data, from the *International Classification of Diseases, 9th Revision, Clinical Modification*

Procedure category	Code
Amputation of lower extremity (amputation of lower limb)	84.10–84.19
Appendectomy	47.0, 47.01, 47.09, 47.1, 47.11, 47.19
Arthroplasty knee (knee replacement)	00.80–00.84, 81.41–81.44, 81.46, 81.47, 81.54, 81.55
Cesarean section	74.0, 74.1, 74.2, 74.4, 74.99
Cholecystectomy (gall bladder removal).	51.21–51.24, 51.41–51.43, 51.49, 51.51, 51.59
Colorectal resection (removal of part of the bowel)	17.31–17.36, 17.39, 45.71–45.76, 45.79, 45.8, 45.81–45.83, 48.40–48.43, 48.49, 48.5, 48.50–48.52, 48.59, 48.61–48.66, 48.69
Coronary artery bypass graft (CABG)	36.10–36.17, 36.19, 36.2, 36.3, 36.31–36.34, 36.39
Endarterectomy (plaque removal from artery lining of brain, head, neck)	38.11, 38.12
Heart valve procedures	35.00–35.04, 35.10–35.14, 35.20–35.28, 35.96, 35.97 35.99
Hip replacement	00.70–00.77, 00.85–00.87, 81.51–81.53, 81.69
Hysterectomy	68.3, 68.31, 68.39, 68.4, 68.41, 68.49, 68.5, 68.51, 68.59, 68.6, 68.61, 68.69, 68.7, 68.71, 68.79, 68.9
Incision and excision of CNS (brain surgery)	01.01, 01.09, 01.21–01.28, 01.31, 01.32, 01.39, 01.41, 01.42, 01.51–01.53, 01.59
Insertion, revision, replacement, removal of cardiac pacemaker	00.50–00.54, 00.56, 00.57, 17.51, 17.52, 37.70–37.83, 37.85–37.87, 37.89, 37.94–37.98
Laminectomy (spine surgery)	03.02, 03.09, 80.5, 80.50, 80.51, 80.59, 84.59–84.69, 84.80–84.85
Ligation of fallopian tubes (“tying” of fallopian tubes)	66.21, 66.22, 66.29, 66.31, 66.32, 66.39
Oophorectomy (removal of one or both ovaries).	65.3, 65.31, 65.39, 65.4, 65.41, 65.49, 65.51–65.54, 65.61–65.64
Percutaneous coronary angioplasty (PTCA) (balloon angioplasty).	00.66, 36.01, 36.02, 36.05
Small bowel resection (removal of part of the small bowel).	45.61–45.63
Spinal fusion.	81.00–81.09, 81.30–81.39, 81.61–81.64, 84.51
Tonsillectomy and/or adenoidectomy	28.2, 28.3, 28.6, 28.7
Treatment, fracture or dislocation of hip and femur.	78.55, 78.65, 79.05, 79.15, 79.25, 79.35, 79.45, 79.55, 79.65, 79.75, 79.85, 79.95

NOTES: Procedures were classified by Clinical Classifications Software (CCS). For more information, see: <http://www.hcup-us.ahrq.gov/toolssoftware/ccs/AppendixBSinglePR.txt>.

SOURCE: Agency for Healthcare Research and Quality.

Limitation of activity—Limitation of activity may be defined in different ways, depending on the conceptual framework. In the National Health Interview Survey, limitation of activity refers to a long-term reduction in a person's capacity to perform the usual kind or amount of activities associated with his or her age group as a result of a chronic condition. Limitation of activity is assessed by asking persons a series of questions about limitations in their or a family member's ability to perform activities usual for their age group because of a physical, mental, or emotional problem. Persons are asked about limitations in activities of daily living, instrumental activities of daily living, play, school, work, difficulty walking or remembering, and any other activity limitations. For reported limitations, the causal health conditions are determined, and persons are considered limited if one or more of these conditions is chronic. Children under age 18 who receive special education or early intervention services are considered to have a limitation of activity. [Also see [Appendix II, Activities of daily living \(ADL\); Instrumental activities of daily living \(IADL\)](#).]

Long-term care facility—A long-term care facility is a residence that provides a specific level of personal or medical care or supervision to residents. In the Medicare Current Beneficiary Survey, a residence is considered a long-term care facility if it has three or more long-term care beds and answers affirmatively to at least one of three questions: “Does this facility (a) provide personal care services to residents, (b) provide continuous supervision of residents, (c) provide any long-term care?” Types of long-term care facilities include licensed nursing homes, skilled nursing homes, intermediate care facilities, retirement homes (that provide services), domiciliary or personal care facilities, distinct long-term care units in a hospital complex, mental health facilities and centers, assisted and foster care homes, and institutions for the mentally retarded and developmentally disabled. (Also see [Appendix II, Nursing home](#).)

Low birthweight—See [Appendix II, Birthweight](#).

Mammography—A mammogram is an x-ray image of the breast used to detect irregularities in breast tissue. In the National Health Interview Survey, questions concerning use of mammography are asked on an intermittent schedule, and question content differed across years. In 1987 and 1990, women were asked to report when they had their last mammogram. In 1991, women were asked whether they had a mammogram in the past 2 years. In 1993 and 1994, women were asked whether they had a mammogram within the past year, between 1 and 2 years ago, or over 2 years ago. In 1998, women were asked whether they had a mammogram a year ago or less, more than 1 year but not more than 2 years, or more than 2 years ago.

In 1999, women were asked when they had their most recent mammogram, in days, weeks, months, or years. Ten percent of women in the sample responded “2 years ago,” and in this analysis these women were coded as within the past 2 years, although a response of 2 years ago may include women whose last mammogram was more than 2 but less than 3 years ago. Thus, estimates for 1999 are overestimated to some degree in comparison with estimates in previous years.

In 2000 and 2003, women were asked when they had their most recent mammogram (give month and year). Women who did not respond were given a follow-up question that used the 1999 wording, and women who did not answer the question with the 1999 wording were asked a second follow-up question that used the 1998 wording. In 2000 and 2003, 2% of women in the sample answered “2 years ago” using the 1999 wording, and they were coded as within the past 2 years. Thus, estimates for 2000 and 2003 may be slightly overestimated in comparison with estimates for years prior to 1999.

In 2005, women were asked the same series of mammography questions as in the 2000 and 2003 surveys but the skip pattern was modified so that more women were asked the follow-up question using the 1998 wording. Because additional information was available for women who replied that their last mammogram was 2 years ago, these women were not uniformly coded as having had a mammogram within the past 2 years. Thus, estimates for 2005 are more precise than estimates for 1999, 2000, and 2003 and are slightly lower than they would have been without this additional information. For example, using the improved methodology instituted in 2005, 66.8% of women aged 40 and over reported a mammogram in the past 2 years, compared with an estimate of 68.7% in 2005 using the method employed in 2000 and 2003. SAS code to categorize mammography data for 2000 and beyond is available from: http://www.cdc.gov/nchs/nhis/nhis_2005_data_release.htm.

In 2008 and 2010, the mammography questions were identical to those asked in 2005.

Mammography screening recommendations have changed over time and vary in the recommended age to begin screening and the interval for screening. For a summary of

current and historic recommendations see: U.S. Preventive Services Task Force. Screening for breast cancer. Rockville, MD: Agency for Healthcare Research and Quality; 2009. Available from: <http://www.uspreventiveservicestaskforce.org/uspstf/uspstfbrca.htm>; and see: U.S. Preventive Services Task Force. Guide to clinical preventive services, 2010–2011. Rockville, MD: Agency for Healthcare Research and Quality; 2011. Available from: <http://www.ahrq.gov/clinic/pocketgd1011/>.

Managed care—“Managed care” is a term originally used to refer to prepaid health plans (generally, health maintenance organizations, or HMOs) under which care is provided through a network of providers under a fixed budget and costs are “managed.” Increasingly, the term is also being used to include preferred provider organizations (PPOs) and even forms of indemnity insurance coverage (i.e., “fee-for-service” insurance).

Medicare managed care has included a combination of risk-based and cost-based plans. Risk-based plans receive a fixed prepayment per beneficiary per month to cover the cost of all covered services that a beneficiary may receive. The Centers for Medicare & Medicaid Services (CMS) announces a “benchmark” amount each year for each county for coverage of Medicare Part A and B services. A managed care plan contracting with Medicare then submits a “bid” representing its revenue needs to cover such services. If the bid is above the benchmark, this amount must be charged in a premium to the enrollees of the plan. If the bid is below the benchmark, then a portion of the difference must be used to provide additional benefits to enrollees, with the Medicare trust funds receiving the remaining share.

Cost-based plans are offered by an HMO or a competitive medical plan and receive reimbursement for their “reasonable costs” in providing Medicare services to enrollees, based on annual cost reports filed with CMS. For current definitions of the various Medicare managed care plans, see: CMS. Medicare managed care manual. Ch 1, sec 30, Types of MA plans. Baltimore, MD: CMS; 2007. Available from: <http://www.cms.gov/manuals/downloads/mc86c01.pdf>.

Medicare enrollees have the choice to enroll in a managed care program (if available) or to receive services on a fee-for-service basis.

The two major Medicaid managed care categories are risk-based plans [managed care organizations (MCOs)] and primary care case management (PCCM) arrangements. In risk-based plans, MCOs are paid a fixed monthly fee per enrollee. The MCOs assume some or all of the financial risk for providing the services covered under the contract. PCCM providers are usually physicians, physician group practices, or entities employing or having other arrangements with such physicians but sometimes also including nurse practitioners, nurse midwives, or physician assistants. These providers (sometimes called gatekeepers) contract directly with the state to locate, coordinate, and monitor covered

primary care (and sometimes additional services). PCCM providers are paid a per-patient case management fee and usually do not assume financial risk for the provision of services. Some states allow Medicaid enrollees to voluntarily enroll in managed care plans; most states require that at least certain categories of Medicaid beneficiaries join managed care plans. Within both risk-based plans and PCCM arrangements there are plans that provide specialized services to certain categories of Medicaid beneficiaries. For more information on state Medicaid managed care plans, see <http://www.medicaid.gov>.

[Also see [Appendix II, Health maintenance organization \(HMO\); Medicare; Medicaid; Preferred provider organization \(PPO\).](#)]

Marital status—Marital status is classified through self-reporting into the categories married and unmarried. The term “married” encompasses all married people, including those separated from their spouses. “Unmarried” includes those who are single (never married), divorced, or widowed. Prior to 1978, abortion data collected by the CDC’s Abortion Surveillance Program included separated women with unmarried women.

Birth file—In 1970, 39 states and D.C., and in 1975, 38 states and D.C., included a direct question about mother’s marital status on the birth certificate. Since 1980, national estimates of births to unmarried women have been based on two methods for determining marital status: a direct question in the birth registration process and inferential procedures. In 1980–1996, marital status was reported on the birth certificates of 41–45 states and D.C.; with the addition of California in 1997, 46 states and D.C.; and in 1998–2001, 48 states and D.C. In 1997, all but four states (Connecticut, Michigan, Nevada, and New York), and in 1998, all but two states (Michigan and New York) included a direct question about mother’s marital status on their birth certificates. In 1998–2007, marital status was imputed as married on birth records with missing information in the 48 states and D.C. where this information was obtained by a direct question. In 2008–2011 for 49 states and D.C., marital status is reported in the birth registration process.

For states lacking a direct question, marital status was inferred. Before 1980, the incidence of births to unmarried women in states with no direct question on marital status was assumed to be the same as the incidence in reporting states in the same geographic division. Starting in 1980, for states without a direct question, marital status was inferred by comparing the parents’ and child’s surnames. For 1994–1996, birth certificates in 45 states and the D.C. included a question about the mother’s marital status. Beginning in 1997, the marital status of women giving birth in California and Nevada has been determined by a direct question in the birth registration process. Beginning June 15, 1998, Connecticut discontinued inferring the mother’s marital status and added a direct question regarding mother’s marital status to the state’s birth certificate.

In 2005, Michigan added a direct question to the birth registration process but uses inferential procedures to update information collected using the direct question. In both Michigan and New York, a birth is inferred as nonmarital if either of these factors, listed in priority-of-use order, is present: (a) a paternity acknowledgment was received or (b) the father’s name is missing. For 2006–2008 data, inferential procedures were used to compile birth statistics by marital status, in full or in part, for New York and Michigan, respectively. For 2009–2011, mother’s marital status is inferred for New York.

National Health Interview Survey (NHIS)—In NHIS, marital status is asked of, or about, all persons aged 14 and over. Respondents are asked, “Are you now married, widowed, divorced, separated, never married, or living with a partner?”

Maternal age—See [Appendix II, Age](#).

Maternal education—See [Appendix II, Education](#).

Medicaid—Medicaid was authorized in 1965 and became Title XIX of the Social Security Act. Medicaid is a jointly funded cooperative venture between the federal and state governments to assist states in the provision of adequate medical care to eligible persons. Within broad federal guidelines, each state establishes its own eligibility standards; determines the type, amount, duration, and scope of services; sets the rate of payment for services; and administers its own program.

Medicaid is the largest program providing medical and health-related services to America’s poorest people. Medicaid eligibility criteria have changed over time. Currently, Medicaid provides health coverage to children, pregnant women, parents, seniors and individuals with disabilities. In order to participate in Medicaid, federal law requires states to cover certain population groups (mandatory eligibility groups) and gives them the flexibility to cover other population groups (optional eligibility groups). States set individual eligibility criteria within federal minimum standards. States can apply to the Centers for Medicare & Medicaid Services for a waiver of federal law to expand health coverage beyond these groups. In order to be eligible for Medicaid, individuals need to satisfy federal and state requirements regarding residency, immigration status, and documentation of U.S. citizenship.

Many states have expanded coverage, particularly for children, above the federal minimums. For many eligibility groups, income is calculated in relation to U.S. Department of Health and Human Services poverty guidelines, which are updated annually. For other groups, income standards are based on income or other nonfinancial criteria standards for other programs, such as the Supplemental Security Income (SSI) program.

The Affordable Care Act of 2010 creates a national Medicaid minimum eligibility level of 133% of poverty (\$29,700 for a

family of four in 2011) for nearly all Americans under age 65. This Medicaid eligibility expansion went into effect January 1, 2014, but states can choose to expand coverage with federal support before this date. The major eligibility groups covered by most states include:

- *Major Eligibility Groups*

Children—Most states have elected to provide Medicaid to children in families with family incomes above the minimum of 100% of poverty, and all states have expanded coverage to children with higher incomes through the Children's Health Insurance Program (CHIP). In general, children in families with incomes up to \$44,700 per year (for a family of four in 2011) are likely to be eligible for Medicaid or CHIP coverage. In many states, families with higher incomes can still qualify for coverage for their children. This includes children in mandatory Medicaid eligibility groups, which states must cover in order to participate in Medicaid, as well as children in optional eligibility groups that a state may elect to cover. All children from birth to age 6 years with family incomes up to 133% of poverty (\$29,700 for a family of four in 2011) and children ages 6–18 with family incomes up to 100% of poverty (\$22,350 for a family of four in 2011) are eligible for Medicaid. Other eligible children include infants born to women covered by Medicaid (known as “deemed newborns”), certain children in foster care or an adoption assistance program, and certain children with disabilities.

Nondisabled Adults—Medicaid provides health coverage to 11 million nonelderly low-income parents, other caretaker relatives, pregnant women, and other nondisabled adults. States provide coverage to parents and caretaker relatives who are in mandatory eligibility groups and optional eligibility groups.

Eligibility levels for parents and caretaker relatives vary across the country, and there is currently no federal requirement that states provide coverage to nonpregnant adults without dependent children. The Affordable Care Act creates a national minimum eligibility standard of 133% of poverty, beginning in 2014, which will include coverage of most adults under age 65 at this income level.

Parents and Caretaker Relatives—Parents and caretaker relatives in low-income families with dependent children are eligible for coverage if their income meets minimum eligibility levels established for financial and medical assistance in 1996, which averages 41% of poverty. (1996 was the year of enactment for welfare reform, which held in place guaranteed Medicaid eligibility for those receiving AFDC benefits at that time.) Parents are also eligible for Medicaid if they are medically needy, or through Transitional Medical Assistance (TMA). States have the option to cover parents with incomes above the 1996 minimum levels, and many states do so as mandatory or optional Medicaid state plan coverage or as part of a 1115 waiver program.

Adults Without Dependent Children—There is currently no federal requirement that states provide health coverage to adults without dependent children. These adults qualify for Medicaid coverage only if they have a disability or are age 65 or over. However, about one-half of states provide some coverage through federal waivers or state-funded programs for nondisabled adults who have limited incomes but do not otherwise qualify for Medicaid.

Affordable Care Act Provides Eligibility for Most Low-income Adults—In 2014, individuals under age 65 (including parents and adults without dependent children) with incomes below 133% of poverty (\$14,500 for an individual in 2011) will become eligible for Medicaid in every state. This change ends the longstanding coverage gap for low-income adults. States can choose to expand eligibility for adults prior to 2014, and several states have already done so.

- *Other Eligibility Groups*

Medically Needy—Many states have what are called “medically needy programs,” which are optional for states. Individuals with significant health needs whose income is too high to otherwise qualify for Medicaid under other eligibility groups can still become eligible by “spending down” the amount of income that is above a particular state's medically needy income standard. Individuals spend down by incurring expenses for medical and remedial care. If once those incurred expenses are subtracted from the person's annual income and the person's income is at or below the state's medically needy income standard, the person can be eligible for Medicaid. The Medicaid program then pays the cost of services that exceed what the individual had to incur in the way of expenses in order to become eligible.

In addition to states with medically needy programs, states that determine Medicaid eligibility of the aged, blind, and disabled using more restrictive eligibility criteria than are used by the Supplemental Security Income (SSI) program [known as 209(b) states] also allow individuals to spend down their excess income to the state's categorically needy income standard. 209(b) states must allow a spenddown to their categorically needy income standard even if the state also has a medically needy program.

Thirty-six states and the District of Columbia use spenddown programs, either as medically needy programs or as 209(b) states.

Breast and Cervical Cancer Prevention and Treatment Program—States can choose to provide Medicaid coverage to certain groups of women who are in need of treatment for breast and cervical cancer. Women are screened through the Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program.

In order for a woman to be eligible for Medicaid under this option, she must have been screened for and found to have breast or cervical cancer, including precancerous conditions, through the National Breast and Cervical Cancer Early Detection Program (NBCCEDP); need treatment for breast or cervical cancer; be under age 65; and be uninsured and otherwise not eligible for Medicaid.

Tuberculosis (TB)—States can choose to provide Medicaid financing for coverage of TB-related services to low-income individuals who are infected with TB. This eligibility group serves individuals who are not otherwise eligible for Medicaid based on the traditional eligibility categories.

Medicaid operates as a vendor payment program. States may pay health care providers directly on a fee-for-service basis, or states may pay for Medicaid services through various prepayment arrangements, such as through health maintenance organizations or other forms of managed care. Within federally imposed upper limits and specific restrictions, each state for the most part has broad discretion in determining the payment methodology and payment rate for services. Thus, the Medicaid program varies considerably from state to state, as well as within each state over time. For more information see: <http://www.medicaid.gov/>.

[Also see [Appendix II, Health expenditures, national](#); [Health insurance coverage](#); [Health maintenance organization \(HMO\)](#); [Managed care](#); and [Appendix I, Medicaid Statistical Information System \(MSIS\)](#).]

Medicaid payments—Under the Medicaid program, medical vendor payments are payments (expenditures) to medical vendors from the state through a fiscal agent, or to a health insurance plan. Adjustments are made for Indian Health Service payments to Medicaid, cost settlements, third-party recoupments, refunds, voided checks, and other financial settlements that cannot be related to specific provided claims. Excluded are payments made for medical care under the emergency assistance provisions; payments made from state medical assistance funds that are not federally matchable; disproportionate-share hospital payments, cost sharing, or enrollment fees collected from recipients or a third party; and administration and training costs. Medicaid payment data presented in *Health, United States* are from the Medical Statistical Information System (MSIS), which obtains payment data from electronic Medicaid data submitted to the Centers for Medicare & Medicaid Services by each state. Payment data are based on adjudicated claims for medical services reimbursed with Title XIX funds.

Medical specialty—See [Appendix II, Physician specialty](#).

Medicare—Medicare is a nationwide health insurance program providing health insurance protection to selected groups, regardless of income. The groups covered include

most people aged 65 and over; people entitled to Social Security or Railroad Retirement disability benefits for at least 24 months (with limited exceptions for people with specific diagnoses); government employees with Medicare-only coverage who have been disabled for more than 29 months (with the waiting period waived or reduced in certain situations); most people with end-stage renal disease; and certain people in the Libby, Montana, vicinity who are diagnosed with asbestos-related conditions. The program was enacted July 30, 1965, as Title XVIII, Health Insurance for the Aged, of the Social Security Act, and became effective July 1, 1966. From its inception, it has included two separate but coordinated programs: hospital insurance (Part A) and supplementary medical insurance (Part B). In 1999, additional choices were allowed for delivering Medicare Part A and Part B benefits. Part C (Medicare Advantage previously Medicare+Choice) is an expanded set of options for the delivery of health care under Medicare, created in the Balanced Budget Act passed by Congress in 1997. The term “Medicare Advantage” refers to options other than original Medicare for receiving Part A and Part B benefits. Although all Medicare beneficiaries can receive their benefits through the original fee-for-service program, most beneficiaries enrolled in both Part A and Part B can choose to participate in a Medicare Advantage plan instead. Organizations that seek to contract as Medicare Advantage plans must meet specific organizational, financial, and other requirements. Most Medicare Advantage plans are coordinated care plans such as health maintenance organizations, preferred provider organizations, and special needs plans. Medicare Advantage plans also include private fee-for-service plans, provider-sponsored organizations, and medical savings account (MSA) plans—which provide benefits after a single high deductible is met. Medicare Advantage plans are generally paid on a capitation basis, meaning that plans are paid a predetermined amount per month per member, which is adjusted according to the health status of the plans' members. Medicare Advantage plans are required to provide at least those services covered by Parts A and B, except hospice services. Plans may (and in certain situations must) provide extra benefits (such as vision or hearing coverage) or reduce cost sharing or premiums.

The Medicare Prescription Drug, Improvement, and Modernization Act (also called the Medicare Modernization Act, or MMA) was passed December 8, 2003. This act (Pub. L. No. 108–173, 117 Stat. 2006) established a voluntary drug benefit for Medicare beneficiaries and created a new Medicare Part D. People eligible for Medicare could begin to enroll in Part D beginning in January 2006. For more information see: <http://www.medicare.gov/publications/pubs/pdf/10050.pdf> and <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MedicareMedicaidStatSupp/2013.html>.

[Also see [Appendix II, Fee-for-service health insurance](#); [Health insurance coverage](#); [Health maintenance organization \(HMO\)](#); [Managed care](#); and [Appendix I, Medicare Administrative Data](#).]

Metropolitan statistical area (MSA)—The Office of Management and Budget (OMB) defines MSAs according to published standards that are applied to U.S. Census Bureau data. The standards are revised periodically, generally prior to the decennial census, and are applied to the census data to delineate the statistical areas. Revisions to the areas are implemented between censuses by using updated population estimates. The most recent standards were released in June 2010 (available from: http://www.whitehouse.gov/sites/default/files/omb/assets/fedreg_2010/06282010_metro_standards-Complete.pdf). In February 2013, OMB released a new delineation of the nation's metropolitan and micropolitan statistical areas based on the 2010 standards (available from: <http://www.whitehouse.gov/sites/default/files/omb/bulletins/2013/b13-01.pdf>). None of the data for MSAs currently in *Health, United States* are based on the new 2010-based delineation. The MSA data will be updated when the new delineation is incorporated into individual data systems. In the 2000 and 2010 standards, an MSA is a county, or group of contiguous counties, that contains at least one urbanized area with a population of 50,000 or more. In addition to the county or counties that contain all or part of the urbanized area, an MSA may contain other counties if there are strong social and economic ties with the central county or counties, as measured by commuting. Counties that are not within an MSA are considered to be nonmetropolitan. For more information, see: <http://www.census.gov/population/metro/> and http://www.whitehouse.gov/omb/bulletins_fy05_b05-02. (Also see [Appendix II, Urbanization](#).)

For respondents to the National Health Interview Survey (NHIS), designation of place of residence as metropolitan or nonmetropolitan is based on the following MSA definitions: for 2006 and beyond, on the June 2003 OMB definitions (2000 OMB standards applied to 2000 census data); for 1995–2005, on the June 1993 OMB definitions (1990 OMB standards applied to 1990 census data); and for 1985–1994, on the June 1983 OMB definitions (1980 OMB standards applied to 1980 census data). For estimates based on 2006 NHIS data combined with earlier years of NHIS, metropolitan status of residence for all years involved is based on the June 2003 definitions. Introduction of each set of standards may create a discontinuity in trends. For example, when coding is based on the 2000 census data and standards, the percentage of the population under age 65 obtaining private insurance through the workplace in 2005 was 64.3% for persons residing within MSAs and 59.7% for persons living outside MSAs; when coding is based on the 1990 standards and 1990 census data, the percentages are 64.5% and 59.6%, respectively.

Designation of place of residence as metropolitan or nonmetropolitan for respondents to the National Immunization Survey (NIS) is based on 2000 census data and the MSAs delineated in 2003, as well as the following versions and revisions of MSA definitions: for 2011 and 2012, on the December 2009 definitions; for 2010, on the

November 2008 definitions, for New England, the county-based areas were used; for 2009, on the November 2007 definitions, for New England, the county-based areas were used; for 2008, on the December 2006 definitions, for New England, the county-based areas were used; for quarter 4 of 2007, on the December 2006 definitions; for quarters 1–3 of 2007, on the December 2005 definitions, for New England, the county-based areas were used in 2007; for 2006, on the November 2004 definitions, for New England, the county-based areas were used; for 2005, on the December 2003 definitions, for New England, the county-based areas were used; for quarters 3 and 4 of 2004, on the December 2003 definitions; and for quarters 1 and 2 of 2004 and quarter 4 of 2003, on the June 2003 definitions. For 2003–2004 for New England, the county-based areas were used. For more information, see: <http://www.census.gov/population/metro/>.

Micropolitan statistical area—The Office of Management and Budget (OMB) defines micropolitan statistical areas based on published standards that are applied to U.S. Census Bureau data. The standards are revised periodically, generally prior to the decennial census, and are applied to the census data to delineate statistical areas. Revisions to the areas are implemented between censuses using updated population estimates. The most recent standards were released in June 2010 (available from: http://www.whitehouse.gov/sites/default/files/omb/assets/fedreg_2010/06282010_metro_standards-Complete.pdf). OMB released a new delineation of the nation's metropolitan and micropolitan statistical areas based on the 2010 standards in February 2013 (available from: <http://www.whitehouse.gov/sites/default/files/omb/bulletins/2013/b13-01.pdf>). None of the data for micropolitan statistical areas currently in *Health, United States* are based on the new 2010-based delineation. The micropolitan statistical area data will be updated when the new delineation is incorporated into individual data systems.

A micropolitan statistical area is a nonmetropolitan county, or group of contiguous nonmetropolitan counties, that contains an urban cluster of 10,000–49,999 persons. A micropolitan statistical area may include surrounding counties that have strong social and economic ties with the central county or counties as measured by commuting. Nonmetropolitan counties that are not classified as part of a micropolitan statistical area are considered noncore. For more information about micropolitan statistical areas, see <http://www.census.gov/population/www/metroareas/metroarea.html>. (Also see [Appendix II, Urbanization](#).)

Multum Lexicon Plus therapeutic class—Starting with 2003 data, NCHS used Lexicon Plus (Cerner Multum, Inc., Denver, CO), a proprietary database, to assist with data editing and classification of human drugs. Starting with 2005 data, Lexicon Plus has also been used to assist with data collection. Data collected before 2003 were updated by adding a generic drug code from Lexicon Plus.

Lexicon Plus is a comprehensive database of all prescription and some nonprescription drug products available in the U.S. drug market. It uses a three-level nested category system to assign a therapeutic classification to each drug [e.g., for atenolol: cardiovascular agents (level 1); beta-adrenergic blocking agents (level 2); cardioselective beta blockers (level 3)]. Not all drugs have three classification levels; some may only have two [e.g., for diltiazem: cardiovascular agents (level 1); calcium channel blocking agents (level 2)]. Other drugs may have only one classification level. All drugs in NCHS surveys were assigned into a Lexicon Plus drug category, even those drugs not found in the Lexicon Plus drug database. “Unspecified” drugs were assigned to their respective therapeutic category (e.g., hormones/hormone modifiers– unspecified: category ID = 97, category name = hormones/hormone modifiers).

Data presented in the *Health, United States* Trend Table on prescription drug use by drug class are based on the second level of the Lexicon Plus nested category system (e.g., calcium channel blocking agents). A drug may have up to four drug therapeutic categories; drugs classified into more than one class were counted in each class. For example, if a person reported taking lorazepam, that respondent was classified as taking an anticonvulsant, an antiemetic/antivertigo agent, and an anxiolytic, sedative, hypnotic drug.

The drug information file is updated along with each cycle of prescription medication data release. Some new therapeutic categories could be added, and a few assigned classification levels might be changed [e.g., alendronate now has three classification levels: metabolic agents (level 1), bone resorption inhibitors (level 2), and bisphosphonates (level 3); under the prior drug information file, alendronate had two classification levels: hormones (level 1) and bisphosphonates (level 2)]. Data presented in *Health, United States* used the most recent drug information file for all data years.

For more information, see: http://www.cdc.gov/nchs/nhanes/nhanes1999-2000/RXQ_DRUG.htm.

Neonatal mortality rate—See [Appendix II, Rate: Death and related rates](#).

Nonprofit hospital—See [Appendix II, Hospital](#).

North American Industry Classification System (NAICS)—See [Appendix II, Industry of employment](#).

Notifiable disease—A notifiable disease is one that, when diagnosed, health providers are required (usually by law) to report to state or local public health officials. Notifiable diseases are of public interest by reason of their contagiousness, severity, or frequency. For more information, see: http://www.cdc.gov/osels/ph_surveillance/nndss/nndsshis.htm.

Nursing home—In the Quality Improvement Evaluation System (QIES) [formerly, the Online Survey Certification and Reporting (OSCAR) database], a nursing home is a facility that is certified and meets the Centers for Medicare & Medicaid Services' long-term care requirements for Medicare and Medicaid eligibility.

In the National Nursing Home Survey (for surveys fielded in 1995, 1997, 1999, and 2004), nursing homes have been defined as facilities that routinely provide nursing care services and have three or more beds set up for residents. Facilities may be certified by Medicare or Medicaid, or not certified but licensed by the state as a nursing home. The facilities may be freestanding or a distinct unit of a larger facility.

After October 1, 1990, long-term care facilities that met the Omnibus Budget Reconciliation Act of 1987, Pub. L. No. 100–203, 101 Stat. 1330 nursing home reform requirements and were formerly certified under Medicaid as skilled nursing, nursing home, or intermediate care facilities were reclassified as nursing facilities. Medicare continues to certify skilled nursing facilities but not intermediate care facilities. State Medicaid programs can certify intermediate care facilities for the mentally retarded or developmentally disabled. To be certified for participation in Medicaid, nursing facilities must also be certified to participate in Medicare (except those facilities that have obtained waivers). Thus, most nursing home care is now provided in skilled care facilities.

(Also see [Appendix II, Long-term care facility; Nursing home; Resident, health facility](#).)

Nursing home expenditures—See [Appendix II, Health expenditures, national](#).

Obesity—See [Appendix II, Body mass index \(BMI\)](#).

Occupancy rate—In American Hospital Association statistics, hospital occupancy rate is calculated as the average daily census divided by the number of hospital beds, cribs, and pediatric bassinets set up and staffed on the last day of the reporting period, expressed as a percentage. Average daily census is calculated by dividing the total annual number of inpatients, excluding newborns, by 365 days to derive the number of inpatients receiving care on an average day during the annual reporting period. The occupancy rate for facilities other than hospitals is calculated as the number of residents at the facility reported on the day of interview, divided by the number of reported beds. In the Quality Improvement Evaluation System (QIES) databases [formerly, the Online Survey Certification and Reporting (OSCAR)], occupancy is determined as of the day of certification inspection as the total number of residents on that day divided by the total number of beds on that day.

Office-based physician—See [Appendix II, Physician](#).

Office visit—In the National Ambulatory Medical Care Survey, a physician's ambulatory practice (office) can be in any location other than in a hospital, nursing home, other extended care facility, patient's home, industrial clinic, college clinic, or family planning clinic. Offices in health maintenance organizations and private offices in hospitals are included. An office visit is any direct personal exchange between an ambulatory patient and a physician or members of his or her staff for the purpose of seeking care and rendering health services. (Also see [Appendix II, Outpatient visit](#).)

Operation—See [Appendix II, Procedure](#).

Outpatient department—According to the National Hospital Ambulatory Medical Care Survey (NHAMCS), an outpatient department (OPD) is a hospital facility where nonurgent ambulatory medical care is provided. The following types of OPDs are excluded from NHAMCS: ambulatory surgical centers, chemotherapy, employee health services, renal dialysis, methadone maintenance, and radiology. (Also see [Appendix II, Emergency department; Outpatient visit](#).)

Outpatient surgery—According to the American Hospital Association, outpatient surgery is a surgical operation, whether major or minor, performed on a patient who does not remain in the hospital overnight. Outpatient surgery may be performed in inpatient operating suites, outpatient surgery suites, or procedure rooms within an outpatient care facility. A surgical operation involving more than one surgical procedure is considered one surgical operation. (Also see [Appendix II, Procedure](#).)

Outpatient visit—The American Hospital Association defines outpatient visits as visits for receipt of medical, dental, or other services at a hospital by patients who are not lodged in the hospital. Each appearance by an outpatient to each unit of the hospital is counted individually as an outpatient visit, including all clinic visits, referred visits, observation services, outpatient surgeries, and emergency department visits. In the National Hospital Ambulatory Medical Care Survey, an outpatient department visit is a direct personal exchange between a patient and a physician or other health care provider working under the physician's supervision for the purpose of seeking care and receiving personal health services. (Also see [Appendix II, Emergency department or emergency room visit; Outpatient department](#).)

Overweight—See [Appendix II, Body mass index \(BMI\)](#).

Pap smear—A Pap smear (also known as a Papanicolaou smear or Pap test) is a microscopic examination of cells scraped from the cervix that is used to detect cancerous or precancerous conditions of the cervix or other medical conditions.

In the National Health Interview Survey (NHIS), questions concerning Pap smear use are asked on an intermittent schedule, and the question content has differed slightly across years. In 1987, women were asked to report when they had their most recent Pap smear, in days, weeks, months, or years. Women who did not respond were asked a follow-up question, "Was it 3 years ago or less, between 3 and 5 years, or 5 years or more ago?" Pap smear data in the past 3 years were not available in 1990 and 1991. In 1993 and 1994, women were asked whether they had a Pap smear within the past year, between 1 and 3 years ago, or more than 3 years ago. In 1998, women were asked whether they had a Pap smear 1 year ago or less, more than 1 year but not more than 2 years ago, more than 2 years but not more than 3 years ago, more than 3 years but not more than 5 years ago, or more than 5 years ago.

In 1999, women were asked when they had their most recent Pap smear, in days, weeks, months, or years. Four percent of women in the sample responded "3 years ago." In *Health, United States*, these women were coded as within the past 3 years, although a response of 3 years ago may include women whose last Pap smear was more than 3 but less than 4 years ago. Thus, estimates for 1999 may be overestimated to some degree in comparison with estimates for previous years.

In 2000 and 2003, women were asked when they had their most recent Pap smear (give month and year). Women who did not respond were given a follow-up question that used the 1999 wording, and women who did not answer the follow-up question were asked a second follow-up question that used the 1998 wording. In 2000 and 2003, less than 1% of women in the sample answered "3 years ago" using the 1999 wording, and they were coded as within the past 3 years. Therefore, estimates for 2000 and 2003 may be slightly overestimated in comparison with estimates for years prior to 1999.

In 2005, women were asked the same series of questions about Pap smear use as in the 2000 and 2003 surveys, but the skip pattern was modified so that more women were asked the follow-up question using the 1998 wording. Because additional information was available for women who replied that their last Pap smear was 3 years ago, these women were not uniformly coded as having had a Pap smear within the past 3 years. Thus, estimates for 2005 are more precise than estimates for 1999, 2000, and 2003 and are slightly lower than they would have been without this additional information. For example, using the improved methodology instituted in 2005, 77.7% of women aged 18 and over reported a Pap smear in the past 3 years, compared with an estimate of 78.3% in 2005 using the method employed in 2000 and 2003. SAS code to categorize Pap smear data for 2000 and beyond is available from: http://www.cdc.gov/nchs/nhis/nhis_2005_data_release.htm.

In 2008 and 2010, Pap smear questions were similar to those asked in 2005.

All women aged 18 and over are asked the Pap smear question(s). In some data years, a series of questions was asked that also included information about hysterectomy. Women who reported having had a hysterectomy (removal of the uterus, with or without removal of the ovaries and cervix) were still asked the Pap smear questions because a woman who has had a hysterectomy may still have Pap smear testing.

The U.S. Preventive Services Task Force recommends against routine Pap smear screening in women who have had a total hysterectomy for benign disease. Therefore, two measures of Pap smear screening are presented in *Health, United States*: one among all women and one among women who did not report having a hysterectomy, although it is not known from NHIS data whether the hysterectomy was for benign disease. Questions about whether the respondent had a hysterectomy were not asked in 2003. For other survey years, questions about hysterectomy in NHIS differed slightly. In 1987, women who reported that they had not had a recent Pap smear were asked the most important reason they had not had a Pap smear. One reason women could select was because they had had a hysterectomy. In 1993, 1994, 1998, and 1999, women were asked, "Have you had a hysterectomy?" In 2000, 2005, 2008, and 2010, two questions were used to determine whether women had had a hysterectomy. Women were asked, "Have you had a hysterectomy?" In addition, women who reported that they had not had a recent Pap smear were asked the most important reason they had not had a Pap smear. One reason women could select was because they had had a hysterectomy. Women indicating in either of these questions that they had had a hysterectomy were excluded from the Pap smear screening estimates.

Pap smear screening recommendations have changed over time and vary in the recommended age to begin and end screening and the interval for screening. For a summary of current and historic recommendations, see: U.S. Preventive Services Task Force. Screening for cervical cancer. Rockville, MD: Agency for Healthcare Research and Quality; 2012. Available from: <http://www.uspreventiveservicestaskforce.org/uspstf/uspscerv.htm>.

Patient—See [Appendix II, Inpatient; Office visit; Outpatient visit](#).

Percent change/percentage change—See [Appendix II, Average annual rate of change \(percent change\)](#).

Perinatal mortality rate; ratio—See [Appendix II, Rate: Death and related rates](#).

Personal care home with or without nursing—See [Appendix II, Nursing home](#).

Personal health care expenditures—See [Appendix II, Health expenditures, national](#).

Physical activity, leisure-time—Starting with *Health, United States, 2010*, estimates on leisure-time physical activity changed to reflect the federal *2008 Physical Activity Guidelines for Americans* (available from: <http://www.health.gov/PAGuidelines/guidelines/default.aspx>). Adults who met the 2008 guidelines reported at least 150 minutes per week of moderate-intensity or 75 minutes per week of vigorous-intensity aerobic physical activity (or an equivalent combination of moderate- and vigorous-intensity aerobic activity) and muscle strengthening activities at least twice a week. The estimates for the percentage of Americans who met the 2008 guidelines for aerobic and muscle strengthening are not comparable with estimates shown in previous editions of *Health, United States* that showed the percentage of Americans with regular leisure-time physical activity. For more information, see: Carlson SA, Fulton JE, Schoenborn CA, Loustalot F. Trend and prevalence estimates based on the 2008 Physical Activity Guidelines for Americans. *Am J Prev Med* 2010;39(4):305–13.

Starting with 1998 data, leisure-time physical activity has been assessed in the National Health Interview Survey (NHIS) by asking adults a series of questions about how often they do vigorous or light/moderate physical activity of at least 10 minutes duration and about how long these sessions generally last. All questions related to leisure-time physical activity were phrased in terms of current behavior and lack a specific reference period. Vigorous physical activity is described as causing heavy sweating or a large increase in breathing or heart rate, and light/moderate as causing light sweating or a slight to moderate increase in breathing or heart rate. Adults were also asked about how often they did leisure-time physical activities specifically designed to strengthen their muscles, such as lifting weights or doing calisthenics. For more information, see the NHIS Adult Physical Activity Information website at: http://www.cdc.gov/nchs/nhis/physical_activity.htm.

Physician—Data on physician characteristics are obtained through physician self-report from the American Medical Association's (AMA) Physician Masterfile. Although the AMA collects data for both doctors of medicine (MDs) and doctors of osteopathy (DOs), in *Health, United States* data for DOs come from the American Osteopathic Association.

Active (or professionally active) physician—These 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, and medical societies. Physicians who are retired, semiretired, working part-time, or not practicing are classified as inactive and are excluded. Also excluded are physicians with unknown address and physicians who did not provide information on type of practice or present employment (not classified).

Hospital-based physician—These physicians are employed under contract with hospitals to provide direct patient care and include physicians in residency training (including clinical fellows) and full-time members of the hospital staff.

Office-based physician—These physicians are engaged in seeing patients in solo practice, group practice, two-physician practice, other patient care employment, or in providing inpatient services such as those offered by pathologists and radiologists.

Data for physicians are presented by type of education (doctor of medicine or doctor of osteopathy); place of education (U.S. medical graduates and international medical graduates); activity status (professionally active and inactive); area of specialty; and geographic area. (Also see [Appendix II, Physician specialty](#).)

Physician specialty—A physician specialty is any specific branch of medicine in which a physician may concentrate. Data are based on physician self-reports of their primary area of specialty. Physician data are broadly categorized into two areas of practice: those who provide primary care and those who provide specialty care.

Primary care generalist—These physicians practice in the general fields of family medicine, general practice, internal medicine, obstetrics and gynecology, and pediatrics. Specifically excluded are primary care specialists associated with these generalist fields.

Primary care specialist—These specialists practice in the primary care subspecialties of family medicine, internal medicine, obstetrics and gynecology, and pediatrics. Family medicine subspecialties include geriatric medicine and sports medicine. Internal medicine subspecialties include adolescent medicine, critical care medicine, diabetes, endocrinology, diabetes and metabolism, hematology, hepatology, hematology/oncology, cardiac electrophysiology, infectious diseases, clinical and laboratory immunology, geriatric medicine, sports medicine, nephrology, nutrition, medical oncology, pulmonary critical care medicine, and rheumatology. Obstetrics and gynecology subspecialties include hospice and palliative medicine (obstetrics and gynecology), maternal and fetal medicine, critical care medicine (obstetrics and gynecology), and reproductive endocrinology. Pediatric subspecialties include adolescent medicine, pediatric critical care medicine, pediatrics/internal medicine, neonatal–perinatal medicine, pediatric allergy, pediatric cardiology, pediatric endocrinology, pediatric infectious disease, pediatric pulmonology, medical toxicology (pediatrics), pediatric emergency medicine, pediatric gastroenterology, pediatric hematology/oncology, clinical and laboratory immunology (pediatrics), pediatric nephrology, pediatric rheumatology, and sports medicine (pediatrics).

Specialty care physician—These physicians are sometimes called specialists and include primary care specialists listed above in addition to all other physicians not included in the generalist definition. Specialty fields include allergy and immunology, aerospace medicine, anesthesiology, cardiovascular diseases, child and adolescent psychiatry, colon and rectal surgery, dermatology, diagnostic radiology, forensic pathology, gastroenterology, general surgery, medical genetics, neurology, nuclear medicine, neurological surgery, occupational medicine, ophthalmology, orthopedic surgery, otolaryngology, psychiatry, public health and general preventive medicine, physical medicine and rehabilitation, plastic surgery, anatomic and clinical pathology, pulmonary diseases, radiation oncology, thoracic surgery, urology, addiction medicine, critical care medicine, legal medicine, and clinical pharmacology.

(Also see [Appendix II, Physician](#).)

Population—The U.S. Census Bureau collects and publishes data on populations in the United States according to several different definitions. Various statistical systems then use the appropriate population for calculating rates. (Also see [Appendix I, Population Census and Population Estimates](#).)

Resident population includes persons whose usual place of residence (i.e., the place where one usually lives and sleeps) is in one of the 50 states or D.C. It includes members of the Armed Forces stationed in the United States and their families. It excludes members of the Armed Forces stationed outside the United States and civilian U.S. citizens whose usual place of residence is outside the United States. The resident population is the denominator for calculating birth and death rates and incidence of disease.

Civilian population is the resident population excluding members of the Armed Forces, although families of members of the Armed Forces are included. The civilian population is the denominator for rates calculated for the National Hospital Discharge Survey and for emergency department visit rates using the National Hospital Ambulatory Medical Care Survey—Emergency Department Component.

Civilian noninstitutionalized population is the civilian population excluding persons residing in institutions (such as nursing homes, prisons, jails, mental hospitals, and juvenile correctional facilities). U.S. Census Bureau estimates of the civilian noninstitutionalized population are used to calculate sample weights for the National Health Interview Survey, the National Health and Nutrition Examination Survey, and the National Survey of Family Growth, and as denominators for rates calculated for the National Ambulatory Medical Care Survey and the National Hospital Ambulatory Medical Care Survey—Outpatient Department Component.

Postneonatal mortality rate—See [Appendix II, Rate: Death and related rates](#).

Poverty—Two related versions of federal poverty measures are shown in *Health, United States*. The first measure—a ratio of family income to federal poverty threshold—is constructed using poverty thresholds from the U.S. Census Bureau. Poverty thresholds are updated annually for inflation by the Census Bureau using the Consumer Price Index for all urban consumers (CPI-U). Poverty thresholds include a set of money income thresholds that vary by family size and composition but do not vary geographically. Families or individuals with income below the appropriate threshold are classified as below poverty. For example, the average poverty threshold for a family of four was \$23,492 in 2012, \$22,314 in 2010, \$17,603 in 2000, and \$13,359 in 1990. For more information, see: the U.S. Census Bureau's poverty threshold website at: <http://www.census.gov/hhes/www/poverty/poverty.html>.

The second poverty measure used in *Health, United States* is a ratio of family income to the U.S. Department of Health and Human Services' (HHS) poverty guidelines. Poverty guidelines are derived from the U. S. Census Bureau's poverty thresholds, are issued annually by HHS, and are often used to determine eligibility in certain federal programs. The HHS poverty guidelines take into account family size and state (coterminous, Alaska, Hawaii), but not family composition. For more information, see HHS. Office of the Assistant Secretary for Planning and Evaluation. Poverty Guidelines, Research, and Measurement website at: <http://aspe.hhs.gov/poverty/index.cfm>.

National Health Interview Survey (NHIS) —For data years prior to 1997, a ratio of family income to U.S. Census Bureau poverty threshold is computed taking into account family income and family size. Starting with 1997 data, the poverty ratio was based on family income, family size, and family composition (number of children in the family, and for families with two or fewer adults the age of the adults in the family). [Also see [Appendix II, Consumer Price Index \(CPI\)](#); [Family income](#); and [Appendix I, Current Population Survey \(CPS\)](#); [National Health Interview Survey \(NHIS\)](#).]

National Health and Nutrition Examination Survey (NHANES)—NHANES uses the U.S. Census Bureau's Current Population Survey (CPS) definition of family to group household members into a family unit. A poverty ratio is computed by dividing family income by the HHS poverty guidelines specific to family size, as well as the appropriate guideline year, and state. See: Johnson CL, Paulose-Ram R, Ogden CL, et al. National Health and Nutrition Examination Survey: Analytic guidelines, 1999–2010. NCHS. Vital Health Stat 2(161). 2013. Available from: http://www.cdc.gov/nchs/data/series/sr_02/sr02_161.pdf.

Preferred provider organization (PPO)—A PPO is a type of medical plan in which coverage is provided to participants

through a network of selected health care providers, such as hospitals and physicians. Enrollees may seek care outside the network but pay a greater percentage of the cost of coverage than within the network. [Also see [Appendix II, Health maintenance organization \(HMO\)](#); [Managed care](#).]

Prenatal care—Prenatal care is medical care provided to a pregnant woman to prevent complications and decrease the incidence of prenatal mortality. Information on when pregnancy care began is recorded on the birth certificate. Between 1970 and 1980, the reporting area for prenatal care expanded. In 1970, 39 states and D.C. reported prenatal care on the birth certificate. Data were not available from Alabama, Alaska, Arkansas, Connecticut, Delaware, Georgia, Idaho, Massachusetts, New Mexico, Pennsylvania, and Virginia. In 1975, data were available from three additional states (Connecticut, Delaware, and Georgia), increasing the number of states reporting prenatal care to 42 and D.C. During 1980–2002, prenatal care information was available for the entire United States.

Starting in 2003, some states began implementation of the 2003 revision of the U.S. Standard Certificate of Live Birth. The prenatal care item on the 2003 revision of the certificate asks for the date of first prenatal visit, whereas the prenatal care item on the 1989 revision asks for the month prenatal care began. In addition, the 2003 revision recommends that information on prenatal care be gathered from prenatal care or medical records, whereas the 1989 revision did not recommend a source for these data. Data on prenatal care from the 2003 revision of the birth certificate are not comparable with data from the 1989 revision.

Prevalence—Prevalence is the number of cases of a disease, number of infected persons, or number of persons with some other attribute present during a particular interval of time. It is often expressed as a rate (e.g., the prevalence of diabetes per 1,000 persons during a year). (Also see [Appendix II, Incidence](#).)

Primary care specialty—See [Appendix II, Physician specialty](#).

Private expenditures—See [Appendix II, Health expenditures, national](#).

Procedure—Procedures can include surgical procedures (such as appendectomy), diagnostic procedures (such as spinal tap), and therapeutic treatments (such as infusion of a cancer chemotherapeutic substance) reported on a patient's medical record. In *Health, United States*, procedures are currently coded according to the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD–9–CM)*.

National Hospital Discharge Survey (NHDS)—In NHDS, up to four different procedures are coded per hospital stay; starting with 2010 data, up to eight different procedures are coded. Common procedures were identified by procedure code or, where appropriate, by groups of procedure codes ([Table XI](#)). Procedures per hospital stay

can be counted in different ways depending on the type of data of interest. Counting any-listed procedures means that if one or more of the same procedure occurs during the hospital stay, it is only counted once, so any-listed counts will generally be equivalent to the number of hospital stays during which a procedure was performed. Counting all-listed procedures means that if the same procedure occurs multiple times during a hospital stay it is counted each time it occurs, up to the maximum of four available codes, to maintain consistency across all of the data years shown in *Health, United States*; thus, all-listed procedure counts can be greater than the number of hospital stays with a procedure. In *Health, United States*, NHDS procedure data are presented for any-listed procedures.

Healthcare Cost and Utilization Project, Nationwide Inpatient Sample (HCUP–NIS)—Up to 15 procedures are coded per hospital stay in the HCUP–NIS database. For each record, a principal procedure is identified as the first procedure listed. HCUP–NIS procedure data presented in *Health, United States* are limited to operating room procedures that are principal procedures (first-listed). Valid operating room procedures were identified according to diagnosis-related groups (DRGs). For DRGs, physician panels classify all ICD–9–CM procedure codes based on whether the procedure would be performed in operating rooms in most hospitals. Clinical Classifications Software (CCS) was used to categorize ICD–9–CM principal operating room procedure codes into one of 231 clinically meaningful categories. CCS was developed at the Agency for Healthcare Research and Quality as a tool for clustering patient procedures into a manageable number of clinically meaningful categories. For more information on CCS, see: <http://www.hcup-us.ahrq.gov/toolssoftware/ccs/AppendixBSinglePR.txt>. The top-ranking operating room procedure categories by age group, based on the number of discharges and total national costs, are presented in *Health, United States* (Table XII). CCS categories labeled “other” are not presented because these comprise miscellaneous procedures and that do not form a homogenous group.

(Also see [Appendix II, Outpatient surgery](#).)

Proprietary hospital—See [Appendix II, Hospital](#).

Public expenditures—See [Appendix II, Health expenditures, national](#).

Purchasing power parities (PPPs)—PPPs are calculated rates of currency conversion that equalize the purchasing power of different currencies by eliminating the differences in price levels between countries. PPPs show the ratio of prices in national currencies for the same good or service in different countries. PPPs can be used to make intercountry comparisons of the gross domestic product (GDP) and its

component expenditures. [Also see [Appendix II, Gross domestic product \(GDP\)](#).]

Race—In 1977, the Office of Management and Budget (OMB) issued “Race and Ethnic Standards for Federal Statistics and Administrative Reporting” (Statistical Policy Directive 15) to promote comparability of data among federal data systems. The 1977 Standards called for the federal government’s data systems to classify individuals into the following four racial groups: American Indian or Alaska Native, Asian or Pacific Islander, black, and white. Depending on the data source, the classification by race was based on self-classification or on observation by an interviewer or other person filling out the questionnaire.

In 1997, revisions were announced for classification of individuals by race within the federal government’s data systems. [See: Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. Fed Regist 1997 October 30;62(210):58781–90.] The 1997 Standards specify five racial groups: American Indian or Alaska Native, Asian, black or African American, Native Hawaiian or Other Pacific Islander, and white. These five categories are the minimum set for data on race in federal statistics. The 1997 Standards also offer an opportunity for respondents to select more than one of the five groups, leading to many possible multiple-race categories. As with the single-race groups, data for the multiple-race groups are to be reported when estimates meet agency requirements for reliability and confidentiality. The 1997 Standards allow for observer or proxy identification of race but clearly state a preference for self-classification. The federal government considers race and Hispanic origin to be two separate and distinct concepts. Thus, Hispanic persons may be of any race. Federal data systems were required to comply with the 1997 Standards by 2003.

National Health Interview Survey (NHIS)—Starting with *Health, United States, 2002*, race-specific estimates based on NHIS were tabulated using the 1997 Standards for data year 1999 and beyond and are not strictly comparable with estimates for earlier years. The 1997 Standards specify five single-race categories plus multiple-race categories. Estimates for specific race groups are shown when they meet requirements for statistical reliability and confidentiality. The race categories white only, black or African American only, American Indian or Alaska Native only, Asian only, and Native Hawaiian or Other Pacific Islander only include persons who reported only one racial group; the category 2 or more races includes persons who reported more than one of the five racial groups in the 1997 Standards or one of the five racial groups and “some other race.” Prior to data year 1999, data were tabulated according to the 1977 Standards, with four racial groups, and the Asian only category included Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race,

Table XIII. Current cigarette smoking among adults aged 18 and over, by race and Hispanic origin under the 1997 and 1977 Standards for federal data on race and ethnicity: United States, average annual 1993–1995

1997 Standards	Sample size	Percent	Standard error	1977 Standards	Sample size	Percent	Standard error
White only	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 or Alaska Native only	416	32.9	2.53	American Indian or Alaska Native	480	33.9	2.38
Asian only	1,370	15.0	1.19	Asian or Pacific Islander	1,411	15.5	1.22
2 or more races total	786	34.5	2.00				
Black or African American; white	83	*21.7	6.05				
American Indian or Alaska Native; white	461	40.0	2.58				
Race, any mention							
White, any mention	46,882	25.3	0.26				
Black or African American, any mention	7,382	26.6	0.63				
American Indian or Alaska Native, any mention	965	36.3	1.71				
Asian, any mention	1,458	15.7	1.20				
Native Hawaiian or Other Pacific Islander, any mention	53	*17.5	5.10				
Hispanic origin 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 or Alaska Native only	358	33.5	2.69	American Indian or Alaska Native	407	35.4	2.53
Asian only	1,320	14.8	1.21	Asian or 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

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

NOTES: The Office of Management and Budget’s (OMB) 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* specifies five race groups (white, black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander) and allows respondents to report one or more race groups. Estimates for single-race and multiple-race groups not shown above do not meet standards for statistical reliability or confidentiality (relative standard error greater than 30%). Race groups under the 1997 Standards were based on the question, “What is the group or groups which represents [person’s] race?” For persons who selected multiple groups, race groups under the OMB’s 1977 *Race and Ethnic Standards for Federal Statistics and Administrative Reporting* were based on the additional question, “Which of those groups would you say best represents [person’s] race?” Race-specific estimates in this table were calculated after excluding respondents of other and unknown race. Other published race-specific estimates are based on files in which such responses have been edited. Estimates are age-adjusted to the year 2000 standard population using five age groups: 18–24, 25–34, 35–44, 45–64, and 65 and over. See [Appendix II, Age adjustment](#).

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

identified one race as best representing their race. Differences between estimates tabulated using the two standards for data year 1999 are discussed in the footnotes for each NHIS table in *Health, United States 2002, 2003, and 2004* editions. Available from: <http://www.cdc.gov/nchs/hus/previous.htm#editions>.

Tables XIII and XIV illustrate NHIS data tabulated by race and Hispanic origin according to the 1997 and 1977 Standards for two health statistics (cigarette smoking and private health insurance coverage). In these examples, three separate tabulations using the 1997 Standards are shown: (a) Race: mutually exclusive race groups, including several multiple-race combinations;

(b) Race, any mention: race groups that are not mutually exclusive because each race category includes all persons who mention that race; and (c) Hispanic origin and race: detailed race and Hispanic origin with a multiple-race total category. Where applicable, comparison tabulations by race and Hispanic origin are shown based on the 1977 Standards. Because there are more race groups with the 1997 Standards, the sample size of each race group under the 1997 Standards is slightly smaller than the sample size under the 1977 Standards. Only those few multiple-race groups with sufficient numbers of observations to meet standards of statistical reliability are shown. These tables also

To improve the quality of data on ethnicity and race in NHIS, hot-deck imputation of selected race and ethnicity variables was done for the first time in the 2000 NHIS and continued to be used for subsequent data years. Starting with 2003 data, records for persons for whom “other race” was the only race response were treated as having missing data on race and were added to the pool of records for which selected race and ethnicity variables were imputed. Prior to the 2000 NHIS, a crude imputation method that assigned a race to persons with missing values for the variable MAINRACE (the respondent's classification of the race he or she most identified with) was used. Under these procedures, if an observed race was recorded by the interviewer, it was used to code a race value. If there was no observed race value, all persons who had a missing value for MAINRACE and were identified as Hispanic on the Hispanic origin question were coded as white. In all other cases, non-Hispanic persons were coded as “other race.” Additional information on the NHIS methodology for imputing race and ethnicity is available from the survey documentation at: http://www.cdc.gov/nchs/nhis/quest_data_related_1997_forward.htm and from the NHIS race and Hispanic origin home page at: <http://www.cdc.gov/nchs/nhis/rhoi.htm>.

National Health and Nutrition Examination Survey (NHANES)—Starting with *Health, United States, 2003*, race-specific estimates based on NHANES were tabulated using the 1997 Standards for data years 1999 and beyond. Prior to data year 1999, the 1977 Standards were used. Because of the differences between the two standards, the race-specific estimates shown in Trend Tables based on NHANES for 1999–2004 are not strictly comparable with estimates for earlier years. Race in NHANES I and II was determined primarily by interviewer observation; starting with NHANES III, race was self-reported by survey participants.

The NHANES sample for data years 1999–2006 was designed to provide estimates specifically for persons of Mexican origin and not for all Hispanic-origin persons in the United States. Persons of Hispanic origin other than Mexican origin were entered into the sample with different selection probabilities that are not nationally representative of the total U.S. Hispanic population. Starting with 2007–2008 data, all Hispanic persons were oversampled, not just persons of Mexican origin. Estimates for 1999–2006 are shown for non-Hispanic white, non-Hispanic black, and Mexican-origin persons. Although data were collected according to the 1997 Standards, there are insufficient numbers of observations during this period to meet statistical reliability or confidentiality requirements for reporting estimates for additional race categories.

National Survey on Drug Use & Health (NSDUH)—Race-specific estimates based on NSDUH are tabulated using the 1997 Standards. Estimates in the NSDUH Trend Table

begin with data year 2002. Estimates for specific race groups are shown when they meet requirements for statistical reliability and confidentiality. The race categories white only, black or African American only, American Indian or Alaska Native only, Asian only, and Native Hawaiian or Other Pacific Islander only include persons who reported only one racial group; the category two or more races includes persons who reported more than one of the five racial groups in the 1997 Standards or one of the five racial groups and “some other race.”

National Vital Statistics System (NVSS)—Some of the states in the Vital Statistics Cooperative Program are still revising their birth and death records to conform to the 1997 Standards on race and ethnicity. During the transition to full implementation of the 1997 Standards, vital statistics data will continue to be presented for four major race groups (white, black or African American, American Indian or Alaska Native, and Asian or Pacific Islander) in accordance with the 1977 Standards.

Birth file—Information about the race and Hispanic origin of the mother and father are provided by the mother at the time of birth and are recorded on the birth certificate or fetal death record. Since 1980, birth rates, birth characteristics, and death rates for live-born infants and fetal deaths are presented in *Health, United States* according to race of the mother. Before 1980, data were tabulated by race of the newborn and fetus, taking into account the race of both parents. If the parents were of different races and one parent was white, the child was classified according to the race of the other parent. When neither parent was white, the child was classified according to father's race, with one exception: if either parent was Hawaiian, the child was classified Hawaiian. Before 1964, if race was unknown, the birth was classified as white. Starting in 1964, unknown race was classified according to information on the birth record. Starting with the 2000 census, the race and ethnicity data used for denominators (population) to calculate birth and fertility rates have been collected in accordance with the 1997 revised OMB standards for race and ethnicity. However, the numerators (births) will not be compatible with the denominators until all the states revise their birth certificates to reflect the new standards. To compute rates, it is currently necessary to bridge population data for multiple-race persons to single-race categories. (Also see [Appendix I, Population Census and Population Estimates, Bridged-race Population Estimates](#).)

Starting with 2003 data, some states began using the 2003 revision of the U.S. Standard Certificate of Live Birth, which allows the reporting of more than one race (multiple races). For 2012 data, 41 states, D.C., Guam, and Northern Marianas allowed the reporting of multiple-race data. The 41 states and D.C. represented 90% of all U.S. resident births. In 2012, multiple race was reported

for slightly more than 2% of mothers in the states that permitted reporting of more than one race. In 2012, data from the vital records of the remaining 9 states, and 2 territories followed the 1977 OMB Standards and reported the minimum set of four race categories, compared with the minimum of five race categories for the 1997 Standards. To provide uniformity and comparability of the data during the transition period, before multiple-race data are available for all reporting areas, the responses of those who reported more than one race must be bridged to a single race. For more information on the adoption of the 2003 revision of the U.S. Standard Certificate of Live Birth, see the Technical Notes section of the annual series of "Births: Final Data" reports, available from: <http://www.cdc.gov/nchs/products/nvsr.htm>.

Although the bridging procedure imputes multiple race of mothers to one of the four minimum races stipulated in the 1977 Standards, mothers of a specified Asian or Pacific Islander (API) subgroup (Chinese, Japanese, Hawaiian, or Filipino) in combination with another race (American Indian or Alaska Native, black, and/or white) or another API subgroup cannot be imputed to a single API subgroup. Data for the API subgroups are available in the 2012 Natality public-use data file at: <http://www.cdc.gov/nchs/births.htm>.

Mortality file—Information about the race and Hispanic origin of a decedent is reported by the funeral director as provided by an informant (often the surviving next of kin), or in the absence of an informant, on the basis of observation. Death rates by race and Hispanic origin are based on information from death certificates (numerators of the rates) and on population estimates from the Census Bureau (denominators). Race and ethnicity information from the census is by self-report. To the extent that race and Hispanic origin are inconsistent between these two data sources, death rates will be biased. Studies have shown that persons self-reported as American Indian, Asian, or Hispanic on census and survey records may sometimes be reported as white or non-Hispanic on the death certificate, resulting in an underestimation of deaths and death rates for the American Indian, Asian, and Hispanic groups. Bias also results from undercounts of some population groups in the census—particularly young black males, young white males, and elderly persons—resulting in an overestimation of death rates. Race and ethnicity reporting on the death certificate continues to be excellent for the white and black populations. It remains poor for the American Indian or Alaska Native population but is reasonably good for the Hispanic and Asian or Pacific Islander populations. Decedent characteristics such as place of residence and nativity have an important effect on the quality of reporting on the death certificate. The effects of misclassification on mortality estimates were most pronounced for the American Indian or Alaska Native population, where

correcting for misclassification reverses a large American Indian or Alaska Native-over-white mortality advantage to a large disadvantage. Among the Hispanic and Asian or Pacific Islander populations, adjustment for death certificate misclassification did not significantly affect minority-majority mortality. For more information, see: Arias E, Schauman WS, Eschbach K, et al. The validity of race and Hispanic origin reporting on death certificates in the United States. *NCHS. Vital Health Stat* 2008;2(148). Available from: http://www.cdc.gov/nchs/data/series/sr_02/sr02_148.pdf.

Denominators for infant mortality rates are based on the number of live births, rather than on population estimates. Race information for the denominator is supplied from the birth certificate. Before 1980, race of child for the denominator took into account the races of both parents. Starting in 1980, race information for the denominator has been based solely on the race of the mother. Race information for the numerator is supplied from the death certificate. For the infant mortality rate, race information for the numerator is race of the deceased child.

Issues affecting the interpretation of vital event rates for the American Indian or Alaska Native population include (a) changes in the classification or self-identification of persons of American Indian or Alaska Native heritage over time, and (b) misclassification of American Indian or Alaska Native persons on death certificates by the funeral director or informant. Vital event rates for the American Indian or Alaska Native population shown in *Health, United States* are based on the total U.S. resident American Indian and Alaska Native population, as enumerated by the U.S. Census Bureau. In contrast, the Indian Health Service calculates vital event rates for this population based on U.S. Census Bureau county data for American Indian and Alaska Native persons who reside on or near reservations. Because of misclassification of American Indian or Alaska Native persons on death certificates American Indian or Alaska Native national and state-specific mortality estimates published in *Health, United States* should be interpreted with caution.

Interpretation of trends for the Asian population in the United States should take into account that this population more than doubled between 1980 and 1990, primarily because of immigration. Between 1990 and 2000, the increase in the Asian population was 48% for persons reporting that they were Asian alone and 72% for persons who reported they were either Asian alone or Asian in combination with another race.

For more information on coding race by using vital statistics, see: NCHS. Vital statistics of the United States, vol I, Natality, and vol II, Mortality, part A, Technical appendix. Hyattsville, MD; published annually. Available from: <http://www.cdc.gov/nchs/nvss.htm>.

Starting with 2003 data, some states began using the 2003 revision of the U.S. Standard Certificate of Death, which allows the reporting of more than one race (multiple races). This change was implemented to reflect the increasing diversity of the U.S. population and to be consistent with the decennial census. For more information on states reporting of multiple-race data, see the annual series of “Deaths: Final Data” reports, available from: <http://www.cdc.gov/nchs/products/nvsr.htm>.

To provide uniformity and comparability of data until all states are reporting multiple-race data, it has been necessary to bridge the responses of those for whom more than one race is reported (multiple race) to one single race. For more information, see: NCHS procedures for multiple-race and Hispanic origin data: Collection, coding, editing, and transmitting. Hyattsville, MD: NCHS; 2004. Available from: http://www.cdc.gov/nchs/data/dvs/Multiple_race_docu_5-10-04.pdf; and NCHS. Vital statistics of the United States, vol I, Natality, and vol II, Mortality, part A, Technical appendix. Hyattsville, MD; published annually. Available from: <http://www.cdc.gov/nchs/nvss.htm>.

Youth Risk Behavior Survey (YRBS)—Prior to 1999, the 1977 OMB Standards were used. Respondents could select only one of the following categories: white (not Hispanic), black (not Hispanic), Hispanic or Latino, Asian or Pacific Islander, American Indian or Alaska Native, or other. Beginning in 1999, the 1997 OMB Standards were used for race-specific estimates, and respondents were given the option of selecting more than one category to describe their race and ethnicity. Between 1999 and 2003, students were asked a single question about race and Hispanic origin, with the option of choosing more than one of the following responses: white, black or African American, Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, or American Indian or Alaska Native. In 2005, students were asked a question about Hispanic origin (“Are you Hispanic or Latino?”) and a second separate question about race that included the option of selecting more than one of the following categories: American Indian or Alaska Native, Asian, black or African American, Native Hawaiian or Other Pacific Islander, or white. Because of the differences between questions, data about race and Hispanic ethnicity for the years prior to 1999 are not strictly comparable with estimates for the later years. However, analyses of data collected between 1991 and 2003 have indicated that the data are comparable across years and can be used to study trends. See: Brener ND, Kann L, McManus T. A comparison of two survey questions on race and ethnicity among high school students. *Public Opin Q* 2003;67(2):227–36.

(Also see [Appendix II, Hispanic origin](#); and [Appendix I, Population Census and Population Estimates](#).)

Rate—A rate is a measure of some event, disease, or condition in relation to a unit of population, along with some specification of time. (Also see [Appendix II, Age adjustment](#); [Population](#).)

- *Birth and related rates*

Birth rate is calculated by dividing the number of live births in a population in a year by the resident population. For census years, rates are based on unrounded census counts of the resident population as of April 1. For the noncensus years 1981–1989, rates are based on national estimates of the resident population as of July 1, rounded to thousands. Rounded population estimates for 5-year age groups are calculated by summing unrounded population estimates before rounding to thousands. Starting in 1991, rates are based on unrounded national population estimates. Birth rates for 1991–1999 were revised based on the April 1, 2000, census. Birth rates for 1991–1999 were revised based on the 1990 and 2000 censuses. The rates for 1990, 2000, and 2010 are based on populations from the censuses in those years as of April 1. Birth rates for 2001–2009 were revised based on the 2000 and 2010 censuses. Birth rates for 2011 and subsequent years were computed using 2010-based postcensal estimates. The population estimates have been provided by the U.S. Census Bureau and have been modified to be consistent with OMB racial categories as of 1977 and historical categories for birth data. Beginning in 1997, the birth rate for the maternal age group 45–49 includes data for mothers aged 50–54 in the numerator and is based on the population of women aged 45–49 in the denominator. Birth rates are expressed as the number of live births per 1,000 population. The rate may be restricted to births to women of specific age, race, marital status, or geographic location (specific rate), or it may be related to the entire population (crude rate).

Fertility rate is the total number of live births, regardless of the age of the mother, per 1,000 women of reproductive age (15–44 years). Beginning in 1997, the birth rate for the maternal age group 45–49 includes data for mothers aged 50–54 in the numerator and is based on the population of women aged 45–49 in the denominator.

- *Death and related rates*

Death rate is calculated by dividing the number of deaths in a population in a year by the midyear resident population. For census years, rates are based on unrounded census counts of the resident population as of April 1. For the noncensus years 1981–1989, rates are based on national estimates of the resident population as of July 1, rounded to thousands. Rounded population estimates for 10-year age groups are calculated by summing unrounded population estimates before rounding to thousands. Starting in 1991, rates are based on unrounded national population estimates. Rates for

the Hispanic and non-Hispanic white populations in each year are based on unrounded state population estimates for states in the Hispanic reporting area. Death rates are expressed as the number of deaths per 100,000 resident 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). [Also see [Appendix I, Population Census and Population Estimates](#).]

Birth cohort infant mortality rates are based on the birth cohort linked birth and infant death files and are computed as the number of deaths under age 1 year to members of the birth cohort, divided by the number of live births, times 1,000. (Also see [Appendix II, Birth cohort](#).)

Fetal mortality rate is the number of fetal deaths with stated or presumed gestation of 20 weeks or more, divided by the sum of live births plus fetal deaths, times 1,000.

Infant mortality rate is based on period files and is calculated by dividing the number of infant deaths during a calendar year by the number of live births reported in the same year. It is expressed as the number of infant deaths per 1,000 live births. Neonatal mortality rate is the number of deaths among infants under age 28 days per 1,000 live births. Postneonatal mortality rate is the number of infant deaths that occur between 28 days to under 1 year after birth, per 1,000 live births. (Also see [Appendix II, Infant death](#).)

Late fetal mortality rate is the number of fetal deaths with stated or presumed gestation of 28 weeks or more, divided by the sum of live births plus late fetal deaths, times 1,000. (Also see [Appendix II, Gestation](#).)

Perinatal mortality rates and ratios relate to the period surrounding the birth event. Rates and ratios are based on events reported in a calendar year. Although several different perinatal mortality definitions exist, the perinatal definition used in *Health, United States* (and used most commonly for international comparisons) is the sum of late fetal deaths at 28 weeks of gestation or more plus infant deaths within 7 days of birth, divided by the sum of live births plus late fetal deaths, times 1,000. Perinatal mortality ratio is the sum of late fetal deaths plus infant deaths within 7 days of birth, divided by the number of live births, times 1,000.

- **Visit rate**

Visit rate is a basic measure of service utilization for event-based data. Examples of events include physician office visits with drugs provided, or hospital discharges. In the visit rate calculation, the numerator is the number of estimated events, and the denominator is the corresponding U.S. population estimate for those who possibly could have had events during a given period of time. The interpretation is that for every person in the

population there were, on average, x events. It does not mean that x of the population had events, because some persons in the population had no events while others had multiple events. The only exception is when an event can occur just once for a person (e.g., if an appendectomy is performed during a hospital stay). The visit rate is best used to compare utilization across various subgroups of interest, such as age or race groups or geographic regions.

Region—See [Appendix II, Geographic region](#).

Registered hospital—See [Appendix II, Hospital](#).

Registration area—The United States has separate registration areas for birth, death, marriage, and divorce statistics. In general, registration areas correspond to states and include two separate registration areas for D.C. and New York City. The term “reporting area” may be used interchangeably with the term “registration area.” All registration areas have adopted laws that require registration of births and deaths and the reporting of fetal deaths. It is believed that more than 99% of births and deaths occurring in this country are registered.

The death registration area was established in 1900 with 10 states and D.C., and the birth registration area was established in 1915, also with 10 states and D.C. Beginning in 1933, all states were included in the birth and death registration areas. The specific states added year by year are shown in: Hetzel AM. History and organization of the vital statistics system. Hyattsville, MD: NCHS; 1997. Available from: <http://www.cdc.gov/nchs/data/misc/usvss.pdf>. Currently, Puerto Rico, the U.S. Virgin Islands, and Guam each constitute a separate registration area, although their data are not included in statistical tabulations of U.S. resident data. (Also see [Appendix II, Reporting area](#).)

Relative standard error (RSE)—RSE is a measure of an estimate's reliability. The RSE of an estimate is obtained by dividing the standard error of the estimate, $SE(r)$, by the estimate itself, r . This quantity is expressed as a percentage of the estimate and is calculated as follows:

$$RSE = 100 \times [SE(r)/r]$$

Estimates with large RSEs are considered unreliable. In *Health, United States*, most statistics with large RSEs are preceded by an asterisk or are not presented. The criteria for evaluating RSEs is discussed in the footnotes accompanying each table.

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 estimates the proportion of cancer patients that have survived their cancer for 5 years after diagnosis. Because more than one-half of all cancers occur in persons aged 65

and over, many of these individuals die of other causes with no evidence of recurrence of their cancer. However, by adjusting observed survival for the normal life expectancy of the general population of the same age, the relative survival rate gives a more specific estimate of the chance of surviving the effects of cancer alone.

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, D.C., and New York City. The term “reporting area” may be used interchangeably with the term “registration area.” [Also see [Appendix II, Registration area](#); and [Appendix I, National Vital Statistics System \(NVSS\)](#).]

Resident, health facility—In the Quality Improvement Evaluation System (QIES) [formerly the Online Survey Certification and Reporting (OSCAR) database], all residents in certified facilities are counted on the day of certification inspection.

Resident population—See [Appendix II, Population](#).

Rural—See [Appendix II, Urbanization](#).

Self-assessment of health—See [Appendix II, Health status, respondent-assessed](#).

Serious psychological distress—The K6 mental health screening instrument is a measure of psychological distress associated with unspecified but potentially diagnosable mental illness that may result in a higher risk for disability and higher utilization of health services. In the National Health Interview Survey (NHIS), the K6 questions were asked of adults aged 18 and over. The K6 is designed to identify persons with serious psychological distress, using as few questions as possible. The six items included in the K6 are:

During the past 30 days, how often did you feel:

- So sad that nothing could cheer you up?
- Nervous?
- Restless or fidgety?
- Hopeless?
- That everything was an effort?
- Worthless?

Possible answers are “All of the time” (4 points), “Most of the time” (3 points), “Some of the time” (2 points), “A little of the time” (1 point), and “None of the time” (0 points).

To score the K6, the points are added together, yielding a possible total of 0–24 points. A threshold of 13 points or more is used to define serious psychological distress. Persons answering “Some of the time” to all six questions would not reach the threshold for serious psychological distress because to achieve a score of 13 they would need to answer “Most of the time” to at least one item. The version

of the K6 used in NHIS provides 1-month prevalence rates because the reference period is the past 30 days. For more information, see: Kessler RC, Barker PR, Colpe LJ, Epstein JF, Gfroerer JC, Hiripi E, et al. Screening for serious mental illness in the general population. *Arch Gen Psychiatry* 2003;60(2):184–9. (Also see [Appendix II, Basic actions difficulty](#).)

Short-stay hospital—See [Appendix II, Hospital](#).

Skilled nursing facility—See [Appendix II, Nursing home](#).

Smoker—See [Appendix II, Cigarette smoking](#).

Special hospital—See [Appendix II, Hospital](#).

Substance use—Substance use refers to the use of selected substances, including alcohol, tobacco products, drugs, inhalants, and other substances that can be consumed, inhaled, injected, or otherwise absorbed into the body with possible dependence and other detrimental effects. (Also see [Appendix II, Illicit drug use](#).)

Monitoring the Future (MTF) Study—MTF collects information on the use of selected substances by using self-completed questionnaires in a school-based survey of secondary school students. MTF has tracked 12th graders' illicit drug use and attitudes toward drugs since 1975. In 1991, 8th and 10th graders were added to the study. The survey includes questions on abuse of substances including (but not limited to) marijuana, inhalants, other illegal drugs, alcohol, cigarettes, and other tobacco products. [Also see [Appendix I, Monitoring the Future \(MTF\) Study](#).]

National Survey on Drug Use & Health (NSDUH)—NSDUH conducts in-person, computer-assisted interviews of a sample of individuals aged 12 and over at their place of residence. For illicit drug use, alcohol use, and tobacco use, information is collected about use in the lifetime, past year, and past month. However, only estimates of use in the past month are presented in *Health, United States*. For illicit drug use, respondents in NSDUH are asked about use of marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, and prescription-type psychotherapeutic drugs (pain relievers, tranquilizers, stimulants, and sedatives) used nonmedically. A series of questions is asked about each substance: “Have you ever, even once, used [substance]?” “How long has it been since you last used [substance]?” Numerous probes and checks are included in the computer-assisted interview system. Nonprescription medications and legitimate use of prescription drugs under a doctor's supervision are not included in the survey. Summary measures, such as current illicit drug use, are produced. [Also see [Appendix II, Alcohol consumption](#); [Cigarette smoking](#); [Illicit drug use](#); and [Appendix I, National Survey on Drug Use & Health \(NSDUH\)](#).]

Suicidal ideation—Suicidal ideation means having thoughts of suicide or of taking action to end one's own life. Suicidal ideation includes all thoughts of suicide, both when the thoughts include a plan to commit suicide and when they do not include a plan. Suicidal ideation is measured in the Youth Risk Behavior Survey by the following three questions: "During the past 12 months, did you ever seriously consider attempting suicide?"; "During the past 12 months, how many times did you actually attempt suicide?"; and "If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?" For more information, see: <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>.

Surgery—See [Appendix II, Outpatient surgery; Procedure](#).

Surgical specialty—See [Appendix II, Physician specialty](#).

Tobacco use—See [Appendix II, Cigarette smoking](#).

Uninsured—In the Current Population Survey (CPS), persons are considered uninsured if they do not have coverage through private health insurance, Medicare, Medicaid, Children's Health Insurance Program, military or veterans coverage, another government program, a plan of someone outside the household, or other insurance. Persons with only Indian Health Service coverage are considered uninsured. In addition, if the respondent has missing Medicaid information but has income from certain low-income public programs, then Medicaid coverage is imputed. The questions on health insurance are administered in March and refer to the previous calendar year.

In the National Health Interview Survey (NHIS), the uninsured are persons who do not have coverage under private health insurance, Medicare, Medicaid, public assistance, a state-sponsored health plan, other government-sponsored programs, or a military health plan. Persons with only Indian Health Service coverage are considered uninsured. Estimates of the percentage of persons who are uninsured based on NHIS may differ slightly from those based on the March CPS because of differences in survey questions, recall period, and other aspects of survey methodology. Estimates for the uninsured are shown only for the population under age 65.

Survey respondents may be covered by health insurance at the time of interview but may have experienced one or more lapses in coverage during the year prior to interview. Starting with *Health, United States, 2006*, NHIS estimates for people with health insurance coverage for all 12 months prior to interview, for those who were uninsured for any period up to 12 months, and for those who were uninsured for more than 12 months were added as stub variables to selected tables. [Also see [Appendix II, Health insurance coverage](#); and [Appendix I, Current Population Survey \(CPS\)](#).]

Urbanization—Urbanization is the degree of urban (city-like) character of a particular geographic area. Urbanization can be measured in a variety of ways. In *Health, United States*, the two measures used to categorize counties by urbanization level are the Office of Management and Budget's (OMB) metropolitan and micropolitan statistical area classification and the 2006 NCHS Urban–Rural Classification Scheme for Counties. For more information on the OMB classification of counties, see [Appendix II, Metropolitan statistical area \(MSA\); Micropolitan statistical area](#).

The 2006 NCHS Urban–Rural Classification Scheme for Counties is a six-level classification scheme developed by NCHS to categorize the 3,141 U.S. counties and county equivalents based on their urban and rural characteristics. The classification scheme includes four metropolitan (or urban) categories and two nonmetropolitan (or rural) categories. The county classifications are based on the following information: (a) the December 2005 OMB delineation of metropolitan and micropolitan counties; (b) 2004 postcensal county and place population estimates; and (c) county-level data on selected settlement density, socioeconomic, and demographic variables from Census 2000. The six categories of the 2006 NCHS Urban–Rural Classification Scheme for Counties are large central metro (inner city counties of metropolitan areas of 1 million or more population), large fringe metro (suburban counties of metropolitan areas of 1 million or more population), medium metro (counties of metropolitan areas of 250,000–999,999 population), small metro (counties of metropolitan areas with less than 250,000 population), nonmetropolitan micropolitan, and nonmetropolitan noncore. The NCHS Urban–Rural Classification scheme is being revised to incorporate 2010 census data and 2010-based delineations of metropolitan and micropolitan statistical areas. The updated NCHS scheme will be incorporated in future issues of *Health, United States*. For more information on the classification scheme, see: http://www.cdc.gov/nchs/data_access/urban_rural.htm.

Usual source of care—Usual source of care was measured in the National Health Interview Survey (NHIS) in 1993 and 1994 by asking the respondent, "Is there a particular person or place that [person] usually goes to when [person] is sick or needs advice about [person's] health?" In the 1995 and 1996 NHIS, the respondent was asked, "Is there one doctor, person, or place that [person] usually goes to when [person] is sick or needs advice about health?" Starting in 1997, the respondent was asked, "Is there a place that [person] usually goes when he/she is sick or you need advice about [his/her] health?" Persons who report the emergency department as their usual source of care are defined in *Health, United States* as having no usual source of care.

Vaccination—Vaccinations, or immunizations, work by stimulating the immune system—the natural disease-fighting system of the body. A healthy immune system is able to recognize invading bacteria and viruses and produce

substances (antibodies) to destroy or disable these invaders. Vaccinations prepare the immune system to ward off a disease. In addition to the initial immunization process, the effectiveness of some immunizations can be improved by periodic repeat injections or “boosters.” Vaccines are among the most successful and cost-effective public health tools available for reducing morbidity and mortality from vaccine-preventable diseases. For a comprehensive list of vaccine-preventable diseases, see: <http://www.cdc.gov/vaccines/vpd-vac/vpd-list.htm> and <http://www.cdc.gov/vaccines/spec-grps/default.htm>.

The currently recommended childhood vaccination schedule includes vaccines that prevent infectious diseases including hepatitis A and B, diphtheria, tetanus toxoids, acellular pertussis (whooping cough), measles, mumps, rubella (German measles), polio, varicella (chicken pox), and some forms of meningitis (HIB), influenza, and pneumonia. In February 2006, a rotavirus vaccine (RotaTeq) was licensed for use in U.S. infants.

A vaccine that protects against the four types of human papillomavirus (HPV) that cause most cervical cancers and genital warts began to be marketed in 2006 and is now available for both females and males. The vaccine was recommended for 11- and 12 year-old girls and for girls and women aged 13–26 who have not yet been vaccinated or completed the vaccine series. In October 2011, HPV vaccination was recommended for males aged 11 and 12. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6050a3.htm>.

Boosters (revaccination) of vaccinations received during childhood or adulthood are necessary for some vaccines. In addition to keeping current with the vaccines listed above, and annual influenza vaccination, some additional vaccinations are recommended for older adults, persons with specific health conditions, or health care workers who are likely to be exposed to infectious persons. Herpes zoster vaccination is recommended one time for adults aged 60 and over, and pneumococcal vaccination is recommended one time for adults aged 65 and over.

For a full discussion of recommended vaccination schedules by age and population, see CDC's vaccination and immunization website at: <http://www.cdc.gov/vaccines/schedules/index.html>.

Influenza vaccination—In the National Health Interview Survey, questions concerning influenza vaccination were slightly different across the survey years. Respondents were asked, “During the past 12 months, have you had a flu shot? A flu shot is usually given in the fall and protects against influenza for the flu season.” Beginning in September 2003, respondents were asked about influenza vaccination by nasal spray (sometimes called by the brand name FluMist) during the past 12 months, in addition to the question regarding the flu shot. Starting with 2005 data, receipt of nasal spray or a flu shot was included in the calculation of influenza

vaccination estimates. In 2010, additional questions were asked about the receipt of the H1N1 flu shot and spray, including month and year received. These H1N1 questions, and the original seasonal flu questions, were asked only in quarters 1 and 2 and the first several weeks of quarter 3. Beginning August 11, 2010, revised flu vaccination questions replaced all flu vaccination questions fielded earlier in 2010 and were used in 2011 and beyond. The revised questions reflect the introduction of a new combined flu vaccination that protects against both the seasonal and H1N1 strains. For more information regarding 2010 influenza questions, see: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHIS/2010/srvydesc.pdf.

The prevalence of influenza vaccination during the past 12 months may differ from season-specific coverage, and estimates from different data sources may differ (additional estimates are available from: <http://www.cdc.gov/flu/fluview/>).

Wages and salaries—See [Appendix II, Employer costs for employee compensation](#).

Years of potential life lost (YPLL)—YPLL is a measure of premature mortality. Starting with *Health, United States, 1996*, YPLL has been presented for persons under age 75 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, 1–14, 15–24, 25–34, 35–44, 45–54, 55–64, and 65–74. The number of deaths for each age group is multiplied by years of life lost, calculated as the difference between age 75 years and the midpoint of the age group. For the eight age groups, the midpoints are 0.5, 7.5, 19.5, 29.5, 39.5, 49.5, 59.5, and 69.5 years, respectively. For example, the death of a person aged 15–24 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 age 65. For more information, see: CDC. Premature mortality in the United States: Public health issues in the use of years of potential life lost. MMWR 1986;35(SS-02):1S–11S. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/00001773.htm>.

Index

(Numbers are table and figure numbers)

A	<i>Table/Figure (F)</i>
Abortion	8
Access to care (see also Dental visits; Emergency department visits;	
Health insurance; Hospital utilization; Injuries; Unmet need for medical	
care, dental care, prescription drugs)	
Health care visits	78
No recent health care visit, children	77
No usual source of care	72, 73, F17
Accidents, see Motor vehicle-related injuries; Unintentional injuries.	
Activities of daily living (ADL) see Basic actions difficulty;	
Complex activity limitation; Limitation of activity.	
Adolescents, see Child and adolescent health.	
AIDS, see HIV/AIDS.	
Alcohol consumption	60, 61, 63
Allergy	41
Alzheimer's disease	20, 21, 22, 23, 96, 97, 98, F3
Ambulatory surgery centers, Medicare-certified	111
American Indian or Alaska Native population	
Access to care	72, 73, 74, 77, 78
AIDS cases	40
Alcohol consumption	60, 63
Allergy	41
Asthma	41
Attention deficit hyperactivity disorder	41
Back pain, low	48
Basic actions difficulty	49
Birth rates	3, 5, F5
Births, number	4
Birthweight, low	6, 7
Breast cancer	30, 42
Cancer incidence rates	42
Cancer, respondent-reported	44
Chronic conditions, selected	45
Cigarette smoking	58, 60
Colorectal tests or procedures	85
Complex activity limitation	49
Death rates, all causes	19, 20, 25
Death rates, selected causes	20, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, F28
Death rates, state and U.S. territory	19
Deaths, leading causes	22
Dental visits	91
Drug poisoning	32
Ear infection	41
Emergency department visits	86, 87
Emotional or behavioral difficulties	41
End-stage renal disease	47
Expenses, health care	117, 118
Headache, severe or migraine	48
Health care visits	78
Health insurance	122, 123, 124, 125
Health status, respondent-assessed	52
Hearing trouble	51
Heart disease, respondent-reported	44
Hospital utilization, inpatient	94
Illicit drug use	60

A—Con.	<i>Table/Figure (F)</i>
American Indian or Alaska Native population—Con.	
Infant mortality	11, 14, 15
Mammography	83
Marijuana use	60
Medicaid	124, 130
Neck pain	48
Occupational injury deaths	38
Out-of-pocket health care expenditures	117, 118
Pap smear	84
Physical activity	68
Population, resident	1
Serious psychological distress	55
Stroke, respondent-reported	44
Teenage childbearing	3, 4
Unmarried mothers	5
Unmet need	74
Vaccinations	79, 80, 81, 82
Vision trouble	50
Years of potential life lost (YPLL)	21
Asian or Pacific Islander population	
Access to care	72, 73, 74, 77, 78
AIDS cases	40
Alcohol consumption	60, 63
Allergy	41
Asthma	41
Attention deficit hyperactivity disorder	41
Back pain, low	48
Basic actions difficulty	49
Birth rates	3, 5, F5
Births, number	4
Birthweight, low	6, 7
Breast cancer	30, 42
Cancer incidence rates	42
Cancer, respondent-reported	44
Chronic conditions, selected	45
Cigarette smoking	58, 60
Colorectal tests or procedures	85
Complex activity limitation	49
Death rates, all causes	19, 20, 25
Death rates, selected causes	20, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36
Death rates, state and U.S. territory	19
Deaths, leading causes	22
Death rates, selected causes	F28
Dental visits	91
Drug poisoning	32
Ear infection	41
Emergency department visits	86, 87
Emotional or behavioral difficulties	41
End-stage renal disease	47
Expenses, health care	117, 118
Headache, severe or migraine	48
Health care visits	78
Health insurance	122, 123, 124, 125

A—Con.

B—Con.

	<i>Table/Figure (F)</i>
Asian or Pacific Islander population—Con.	
Health status, respondent-assessed	52
Hearing trouble	51
Heart disease, respondent-reported	44
Hospital utilization, inpatient	94
Illicit drug use	60
Infant mortality	11, 14, 15
Mammography	83
Marijuana use	60
Medicaid	124, 130
Neck pain	48
Occupational injury deaths	38
Out-of-pocket health care expenditures	117, 118
Pap smear	84
Physical activity	68
Population, resident	1
Poverty	2
Serious psychological distress	55
Stroke, respondent-reported	44
Teenage childbearing	3, 4
Unmarried mothers	5
Unmet need	74
Vaccinations	79, 80, 81, 82
Vision trouble	50
Years of potential life lost (YPLL)	21
Asthma	41, 96, 97, 98
Atherosclerosis	22, 23
Attention deficit hyperactivity disorder	41

B

Back pain, low	48
Basic actions difficulty	48, 49, 52, 53, 54, 58, 63, 68, 73, 74, 78, 81, 82, 83, 84, 87, 91, 94, 122, 123, 124, 125, F7
Bed, health facility	107, 108, 110
Birth control, see Contraception.	
Births	
Age of mother	3, 5
Birth rates	3, 5
Births, number	4, 5
Birthweight, low	6, 7
Fertility rates	3
Hospital discharges	96, 97
Smoking status of mother during pregnancy	6
State	7
Teenage childbearing	4, F5
Unmarried mothers	5
Black or African American population	
Abortion	8
Access to care	72, 73, 74, 75, 77, 78
AIDS cases	40
Alcohol consumption	60, 61, 62, 63
Allergy	41
Asthma	41
Attention deficit hyperactivity disorder	41
Back pain, low	48
Basic actions difficulty	49, 53, 54
Birth rates	3, 4, 5, F5

	<i>Table/Figure (F)</i>
Black or African American population—Con.	
Births, number	4
Birthweight, low	6, 7
Breast cancer	30, 42
Breastfeeding	10
Cancer incidence rates	42
Cancer, respondent-reported	44
Cancer survival, 5-year relative	43
Cholesterol	66
Chronic conditions, selected	45
Cigarette smoking	56, 57, 58, 59, 60, 61
Cocaine use	61
Colorectal tests or procedures	85
Complex activity limitation	49, 53, 54
Contraception	9
Death rates, all causes	19, 20, 24, 25
Death rates, selected causes	20, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 38, F24, F28
Death rates, state and U.S. territory	19
Death rates, urbanization	24
Deaths, leading causes	22
Dental caries (cavities), untreated	71
Dental visits	91, 129
Diabetes	46
Doctor visits	90
Drug poisoning	32
Drugs, prescription, use in past 30 days	92, F22
Ear infection	41
Emergency department visits	86, 87, 89
Emotional or behavioral difficulties	41
End-stage renal disease	47
Expenses, health care	117, 118
Fetal mortality	13
Glycemic control	46
Headache, severe or migraine	48
Health care visits	78
Health insurance	75, 122, 123, 124, 125, 126
Health status, respondent-assessed	52, 53, 54
Healthy weight	69
Hearing trouble	51
Heart disease, respondent-reported	44
Hospital utilization, inpatient	94, 129
Hospital utilization, outpatient department	89, 129
Hypertension	65
Illicit drug use	60, 61
Infant mortality	11, 13, 14, 15
Inhalants	61
Life expectancy	18, F1
Limitation of activity	129
Mammography	83
Marijuana use	60, 61
Medicaid	118, 124, 126, 130
Medicare	118, 126, 129
Neck pain	48
Nursing home expenditures	129
Nursing home utilization	129
Occupational injury deaths	38
Out-of-pocket health care expenditures	117, 118

B—Con.

C—Con.

	Table/Figure (F)
Black or African American population—Con.	
Overweight and obesity	69, 70
Pap smear	84
Physical activity	68
Population, resident	1
Poverty	2
Seatbelt use	62
Serious psychological distress	55
Smoking status of mother during pregnancy	6
Stroke, respondent-reported	44
Suicidal ideation	62
Teenage childbearing	3, 4
Unmarried mothers	5
Unmet need	74
Vaccinations	79, 80, 81, 82
Violence	62
Vision trouble	50
Years of potential life lost (YPLL)	21
Blood pressure, high, see Hypertension.	
Breastfeeding	10

C

Calories, see Energy and macronutrient intake.	
Cancer (Malignant neoplasms)	
Breast	20, 21, 30, 42, 43, 96, 97, 98
Deaths and death rates	20, 22, 23, 28, 29, 30, F3
Hospital discharges	96, 97
Incidence rates	42
Prevalence, respondent-reported	44
Site-specific data	20, 21, 29, 30, 42, 43, 96, 97
Survival, 5-year relative	43
Trachea, bronchus, lung	20, 29, 42, 43, 96, 97
Years of potential life lost (YPLL)	21
Cardiac procedures, see Heart disease, procedures.	
Central and South American population, see Hispanic origin subgroups.	
Cerebrovascular disease (stroke)	
Deaths and death rates	20, 22, 23, 27, F3
Hospital discharges	96, 97
Prevalence, respondent-reported	44
Years of potential life lost (YPLL)	21
Cesarean section	99, 116
Chancroid, see Diseases, notifiable.	
Child and adolescent health	
Abortion	8
Access to care	72, 74, 77, 78, F17
AIDS cases	40
Alcohol consumption	60, 61, 62
Allergy	41
Asthma	41
Attention deficit hyperactivity disorder	41
Birthweight, low	6, 7
Breastfeeding	10
Cigarette smoking	60, 61, F8
Cocaine use	61
Contraception	9

	Table/Figure (F)
Child and adolescent health—Con.	
Death rates, all causes	23, 25
Death rates, selected causes	23, 26, 27, 28, 31, 32, 33, 34, 35, 36, 38
Deaths, leading causes	23
Dental caries (cavities), untreated	64, 71
Dental visits	91
Doctor visits	90
Drug poisoning	32
Drugs, prescription, use in 30 days	92, 93, F20, F26
Ear infection	41
Emergency department visits	86, 88, 89, F16
Emotional or behavioral difficulties	41
End-stage renal disease	47
Expenses, health care	116, 117, 118, 119
Health insurance	122, 123, 124, 125
Health status, respondent-assessed	52
Hospital utilization, inpatient	94, 95, 96, 97, 98
Hospital utilization, outpatient department	89
Illicit drug use	60, 61
Infant mortality	11, 12, 13, 14, 15, 16
Inhalants	61
Injury	88
Marijuana use	60, 61
Medicaid	118, 124, 130
Obesity	64, 70, F10
Out-of-pocket health care expenditures	117, 118, 119
Population, resident	1
Poverty	2
Seatbelt use	62
Suicidal ideation	62
Teenage childbearing	3, 4, 5, F5
Vaccinations	79, 80, F13
Violence	62
Chlamydia, see Diseases, notifiable.	
Cholesterol	64, 66, 93
Chronic conditions, selected	45
Chronic liver disease and cirrhosis	20, 21, 22, 23
Chronic lower respiratory diseases	20, 21, 22, 23, F3
Cigarette smoking (see also Births, smoking status of mother)	56, 57, 58, 59, 60, 61, F8
Cirrhosis, see Chronic liver disease and cirrhosis.	
Cocaine use	61
Colorectal tests or procedures	85
Complex activity limitation	48, 49, 52, 53, 54, 58, 63, 68, 73, 74, 78, 81, 82, 83, 84, 87, 91, 94, 122, 123, 124, 125, F7
Congenital anomalies	22, 23
Consumer Price Index (CPI)	113
Contraception	9
Cost, see Employers' costs.	
Cuban population, see Hispanic origin subgroups.	

D

Table/Figure (F)

Deaths, death rates [see also Cancer (Malignant neoplasms); Cerebrovascular disease (stroke); Chronic lower respiratory diseases; Diabetes; Drug poisoning; Firearm-related injuries; Heart disease; HIV/AIDS; Homicide; Infant mortality; Life expectancy; Motor vehicle-related injuries; Occupational diseases deaths; Occupational injuries; Suicide; Years of potential life lost (YPLL)]	
All causes	25
Leading causes	22, 23
Selected causes	20, F3, F24, F28
State	19
Urbanization	24
Dental caries (cavities), untreated	64, 71
Dental services expenditures	114
Dental visits	91, 129
Dentists	104, 106
Schools and students	106
State	104
Diabetes	20, 21, 22, 23, 46, 64, 96, 97, F3
Deaths and death rates	20, 22, 23, F3
Hospital discharges	96, 97, 98
Prevalence	46, 64
Years of potential life lost (YPLL)	21
Diagnostic procedures, during hospitalizations	99
Diphtheria, see Diseases, notifiable; Vaccinations.	
Disability	
Basic actions difficulty	48, 49, 52, 53, 54, 58, 63, 68, 73, 74, 78, 81, 82, 83, 84, 85, 87, 91, 94, 122, 123, 124, 125, F7
Blind and disabled Medicaid expenditures	130
Complex activity limitation	48, 49, 52, 53, 54, 58, 63, 68, 73, 74, 78, 81, 82, 83, 84, 85, 87, 91, 94, 122, 123, 124, 125, F7
Medicaid recipients	131
Medicare beneficiaries	129
Veterans with service-connected disabilities	132
Diseases, notifiable	39
Doctors of Medicine, see Physicians.	
Drug poisoning	32, F28
Drug use, illicit, see Alcohol consumption; Cigarette smoking; Cocaine use; Illicit drug use; Inhalants; Marijuana use.	
Drugs, prescription, use in past 30 days	92, 93, F20, F21, F22, F25
DTP (Diphtheria, Tetanus, Pertussis), see Vaccinations.	

E

Ear infection	41
Education	
Access to care	74
Alcohol consumption	61, 62
Back pain, low	48
Breastfeeding	10
Cancer, respondent-reported	44
Cigarette smoking	57, 58, 61
Cocaine use	61
Colorectal tests or procedures	85
Headache, severe or migraine	48
Hearing trouble	51
Heart disease, respondent-reported	44
Illicit drug use	61

E—Con.

Table/Figure (F)

Education—Con.	
Inhalants	61
Mammography	83
Marijuana use	61
Neck pain	48
Pap smear	84
Physical activity	68
Seatbelt use	62
Stroke, respondent-reported	44
Suicidal ideation	62
Unmet need	74
Violence	62
Vision trouble	50
Elderly population, see Older population aged 65 and over.	
Electronic health records	F27
Emergency department visits	86, 87, 88, F16
Employed health service personnel	105
Employers' costs for health insurance	121
End-stage renal disease	47
End-stage renal disease facilities, Medicare-certified	111
Energy and macronutrient intake	67
Ethnicity, see Hispanic or Latino population.	
Exercise, see Physical activity.	
Expenditures, national health [see also Consumer Price Index (CPI); Hospital care expenditures; Medicaid; Medicare; Nursing homes expenditures; Physician services expenditures; Prescription drug expenditures; Veterans' medical care]	
Amount per capita	112, 115
Percent of Gross Domestic Product	112
Personal health care	112, 114, 115
Source of funds	112, 115, F19
Type of expenditure	114, 115
Type of payer	120
Expenses, health care	117, 118, 119

F

Fertility rates, see Births.	
Fetal mortality	13, F2
Firearm-related injuries, death rates	36
Food intake, see Energy and macronutrient intake.	

G

Geographic region	
Access to care	72, 73, 74, 75, 77, 78
Back pain, low	48
Basic actions difficulty	53, 54
Breastfeeding	10
Cancer, respondent-reported	44
Cigarette smoking	59
Chronic conditions, selected	45
Colorectal tests or procedures	85
Complex activity limitation	53, 54
Death rates, urbanization	24
Dental visits	91
Emergency department visits	86, 87
Headache, severe or migraine	48
Health care visits	78

G—Con.

H—Con.

	Table/Figure (F)
Geographic region—Con.	
Health insurance	75, 122, 123, 124, 125
Health status, respondent-assessed	52, 53, 54
Hearing trouble	51
Heart disease, respondent-reported	44
Hospital utilization, inpatient	94, 95
Neck pain	48
Physical activity	68
Serious psychological distress	55
Stroke, respondent-reported	44
Unmet need	74
Vaccinations	81, 82
Vision trouble	50
Glycemic control	46
Gonorrhea, see Diseases, notifiable.	
Gross Domestic Product (GDP)	112

H

Haemophilus influenzae, invasive, see Diseases, notifiable.	
Hawaiian population, see Native Hawaiian or Other Pacific Islander population.	
Headache, severe or migraine	48
Health care expenses, see Expenses, health care.	
Health care utilization	77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100
Health expenditures, national, see Expenditures, national health.	
Health insurance (see also Access to care; Emergency department visits; Medicaid; Medicare)	
Basic actions difficulty	122, 123, 124, 125
Complex activity limitation	122, 123, 124, 125
Employer costs	121
Employment related	123
Medicaid	124, F14, F15
Private	122, 123, F14, F15
Race and Hispanic origin	122, 123, 124, 125, 126
65 years of age and over	126
Under age 65	122, 123, 124, 125
Uninsured	125, 135, F14, F15
Urbanization	75
Health professionals visits, see Visits to health professionals.	
Health status, respondent-assessed	52, 53, 54, F22
Healthy weight	69
Hearing trouble	51
Heart disease	
Deaths and death rates	20, 22, 23, 26, F3
Drugs, prescription, use in past 30 days	93
Hospital discharges	96, 97, 99
Ischemic heart disease	20, 21
Prevalence, respondent-reported	44, F6
Procedures (angiocardiography; cardiac catheterization; coronary artery bypass graft; insertion of stent; pacemaker)	99
Years of potential life lost (YPLL)	21
Hib (<i>Haemophilus influenzae</i> type b), see Vaccinations.	
Hispanic or Latino population	
Access to care	72, 73, 74, 75, 77, 78
AIDS cases	40

	Table/Figure (F)
Hispanic or Latino population—Con.	
Alcohol consumption	60, 62, 63
Allergy	41
Asthma	41
Attention deficit hyperactivity disorder	41
Back pain, low	48
Basic actions difficulty	49, 53, 54
Birth rates	3, 5, F5
Births, number	4
Birthweight, low	6, 7
Breast cancer	30, 42
Breastfeeding	10
Cancer incidence rates	42
Cancer, respondent-reported	44
Cholesterol	66
Chronic conditions, selected	45
Cigarette smoking	58, 59, 60
Colorectal tests or procedures	85
Complex activity limitation	49, 53, 54
Contraception	9
Death rates, all causes	19, 20, 25
Death rates, selected causes	20, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 38, F24, F28
Death rates, state and U.S. territory	19
Deaths, leading causes	22
Dental caries (cavities), untreated	71
Dental visits	91, 129
Diabetes	46
Drug poisoning	32
Drugs, prescription, use in past 30 days	92
Ear infection	41
Emergency department visits	86, 87
Emotional or behavioral difficulties	41
End-stage renal disease	47
Expenses, health care	117
Glycemic control	46
Headache, severe or migraine	48
Health care visits	78
Health insurance	75, 122, 123, 124, 125, 126
Health status, respondent-assessed	52, 53, 54
Healthy weight	69
Hearing trouble	51
Heart disease, respondent-reported	44
Hospital utilization, inpatient	94, 129
Hospital utilization, outpatient department	129
Hypertension	65
Illicit drug use	60
Infant mortality	11, 14, 15
Life expectancy	18, F1
Limitation of activity	129
Mammography	83
Marijuana use	60
Medicaid	124, 126, 130
Medicare	118, 126, 129
Neck pain	48
Nursing home expenditures	129
Nursing home utilization	129
Occupational injury deaths	38
Out-of-pocket health care expenditures	117, 118

H—Con.

	<i>Table/Figure (F)</i>
Hispanic or Latino population—Con.	
Overweight and obesity	69, 70
Pap smear	84
Physical activity	68
Population, resident	1
Poverty	2
Seatbelt use	62
Serious psychological distress	55
Stroke, respondent-reported	44
Suicidal ideation	62
Teenage childbearing	3, 4
Unmarried mothers	5
Unmet need	74
Vaccinations	79, 80, 81, 82
Violence	62
Vision trouble	50
Years of potential life lost (YPLL)	21
Hispanic origin subgroups (Central and South American; Cuban) (see also Mexican origin; Puerto Rican)	
Birth rates	5
Births, number	4
Birthweight, low	6
Chronic conditions, selected	45
Health insurance	122, 123, 124, 125
Infant mortality	11
Teenage childbearing	4
Unmarried mothers	5
HIV/AIDS	
Deaths and death rates	20, 22, 23, 31, F24
HIV diagnoses	40
Hospital discharges	96, 97, 98
Years of potential life lost (YPLL)	21
Home health agencies, Medicare-certified	111
Home health care expenditures	114
Homicide, death rates	20, 21, 22, 23, 34
Hospice	111
Hospital care expenditures [see also Consumer Price Index (CPI); Medicaid; Medicare]	115, 116
Hospital discharges	94, 95, 96, 97, 98, 99, 116
Hospital utilization (see also Access to care; Emergency department visits; Medicaid; Medicare; Veterans' medical care)	
Admissions	100
Average length of stay	95, 98, 100, 133
Days of care	95
Diagnoses, selected	96, 97, 98
Discharges	95, 96, 97, 99
Outpatient department	89, 100, 129
Procedures or surgeries	99, 116
Race and Hispanic origin	94, 129
Hospitals (see also Mental health; Nursing homes)	
Beds	107, 108
Occupancy rate	107, 109
State	108, 109
Hypertension	64, 65, F9

I

	<i>Table/Figure (F)</i>
Illicit drug use	60, 61
Immunizations, see Vaccinations.	
Incidence (Cancer)	42
Income, family, see Poverty.	
Infant mortality (see also Fetal mortality)	
Age at death	11, 13, 15, F2
Birth cohort data	11, 12
Birthweight	12
Cause of death	23
International	16
Race and Hispanic origin	11, 13, 14, 15
State	14, 15
Infectious disease	
Deaths	20, 21, 22, 23, 31
Hospital utilization	96, 97, 98
Notifiable diseases	39, 40
Vaccinations	79, 80, 81, 82
Influenza and pneumonia	20, 21, 22, 23
Influenza vaccination, see Vaccinations.	
Inhalants	61
Injuries, see Emergency department visits; Firearm-related injuries; Death rates; Hospital utilization, diagnoses, selected; Motor vehicle- related injuries; Occupational injuries; Unintentional injuries.	
Inpatient care, see Hospital utilization; Mental health, admissions, mental health organizations; Nursing homes, utilization.	
Instrumental activities of daily living (IADL), see Limitation of activity.	
Insurance, see Health insurance.	
International health (see also Expenditures, national health, international; Infant mortality; Life expectancy)	16, 17
Intervertebral disc disorders	96, 97, 98, 99, 116
Ischemic heart disease, see Heart disease.	

K

Kidney disease, see End-stage renal disease.

L

Leading causes of death, see Deaths, leading causes.	
Leisure-time activity, see Physical activity.	
Life expectancy	17, 18, F1
Limitation of activity (see also Basic actions difficulty; Complex activity limitation)	129
Liver disease, see Chronic liver disease and cirrhosis.	
Low birthweight, see Births; Infant mortality.	
Low income, see Poverty.	
Lyme disease, see Diseases, notifiable.	

M

Table/Figure (F)

Malignant neoplasms, see Cancer.	
Mammography	83
Marijuana use	60, 61
Maternal health, see Women's health.	
Measles (Rubella), see Diseases, notifiable; Vaccinations. Medicaid (see also Health insurance)	
Basic actions difficulty	124
Basis of eligibility	130
Complex activity limitation	124
Coverage	124, 126
Expenses, health care	117
Expenditures	115, 120
Payments	130, 131, 134
Race and Hispanic origin	124, 130
State	134
Type of service	131
Medical doctors, see Physicians.	
Medicare (see also Health insurance)	
Age and sex of beneficiaries	126, 128
Certified providers and suppliers	111
Coverage	126
Enrollment	127, 128, 129, 133
Expenses, health care	117
Expenditures	115, 120, 127
Hospital utilization	133
Payments	118, 128, 133
Race and Hispanic origin	126, 129
State	133
Type of service	127
Meningococcal disease	23, 39
Men's health	
Access to care	73, 74, 75, 78
AIDS cases	40
Alcohol consumption	60, 63
Back pain, low	48
Basic actions difficulty	49, 53, 54, F7
Cancer incidence rates	42
Cancer, respondent-reported	44
Cancer survival, 5-year relative	43
Cholesterol	66
Chronic conditions, selected	45
Cigarette smoking	56, 57, 58, 59, 60, F8
Colorectal tests or procedures	85
Complex activity limitation	49, 53, 54, F7
Death rates, all causes	20, 25, F3
Death rates, selected causes	20, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 38, F3, F4, F24, F28
Death rates, urbanization	24
Deaths, leading causes	22
Dental caries (cavities), untreated	71
Dental visits	91
Diabetes	46
Doctor visits	90
Drug poisoning	32
Drugs, prescription, use in past 30 days	92, 93, F25
Emergency department visits	87, 88, 89
End-stage renal disease	47
Energy and macronutrient intake	67

M—Con.

Table/Figure (F)

Men's health—Con.	
Expenses, health care	117, 118
Glycemic control	46
Headache, severe or migraine	48
Health insurance	75, 122, 123, 124, 125, 126, 128, 129
Health status, respondent-assessed	52, 53, 54
Healthy weight	69
Hearing trouble	51
Heart disease, respondent-reported	44, F6
Hospital utilization, inpatient	94, 95, 96, 97, 98, 99
Hospital utilization, outpatient department	89
Hypertension	65, F9
Illicit drug use	60
Injury	88, F4
Life expectancy	17, 18, F1
Marijuana use	60
Neck pain	48
Occupational injury deaths	38
Overweight and obesity	69, F11
Physical activity	68
Population, resident	1
Serious psychological distress	55
Stroke, respondent-reported	44
Vaccinations	81, 82
Vision trouble	50
Years of potential life lost (YPLL)	21
Mental health (see also Suicide)	
Drugs, prescription, use in past 30 days	93, F21, F25
Emotional or behavioral difficulties, children	41
Expenditures	131
Hospital discharges	96, 97, 98
Psychiatrists	102
Serious psychological distress	55
Metropolitan/nonmetropolitan data	
Access to care	72, 73, 74, 75, 77, 78
Back pain, low	48
Basic actions difficulty	49, 53, 54
Cancer, respondent-reported	44
Chronic conditions, selected	45
Cigarette smoking	59
Colorectal tests or procedures	85
Complex activity limitation	49, 53, 54
Death rates, urbanization	24
Dental visits	91
Emergency department visits	86, 87
Headache, severe or migraine	48
Health care visits	78
Health insurance	75, 122, 123, 124, 125
Health status, respondent-assessed	52, 53, 54
Hearing trouble	51
Heart disease, respondent-reported	44
Hospital utilization, inpatient	94
Medicaid	124
Neck pain	48
Physical activity	68
Reduced access to medical care	75
Serious psychological distress	55

M—Con.

N—Con.

	<i>Table/Figure (F)</i>
Metropolitan/nonmetropolitan data—Con.	
Stroke, respondent-reported	44
Unmet need	74
Vaccinations	79, 80, 81, 82
Vision trouble	50
Mexican origin population (see also Hispanic origin subgroups)	
Access to care	73, 74
Alcohol consumption	63
Back pain, low	48
Birth weight, low	6
Births, number	4
Cancer, respondent-reported	44
Cholesterol	66
Cigarette smoking	58
Colorectal tests or procedures	85
Dental caries (cavities), untreated	71
Diabetes	46
Drugs, prescription, use in past 30 days	92, F22
Emergency department visits	87
Glycemic control	46
Headache, severe or migraine	48
Health care visits	78
Health insurance	122, 123, 124, 125
Health status, respondent-assessed	52
Healthy weight	69
Hearing trouble	51
Heart disease, respondent-reported	44
Hypertension	65
Infant mortality	11
Medicaid	124
Neck pain	48
No usual source of care	73
Overweight and obesity	69, 70
Physical activity	68
Poverty	2
Serious psychological distress	55
Stroke, respondent-reported	44
Teenage childbearing	4
Unmarried mother	5
Unmet need	74
Vaccinations	81, 82
Vision trouble	50
MMR (Measles, Mumps, Rubella), see Vaccinations.	
Motor vehicle-related injuries	20, 21, 33, 88, F4
Mumps, see Diseases, notifiable; Vaccinations.	

N

National health expenditures, see Expenditures, national health.	
Native Hawaiian or Other Pacific Islander population	
AIDS cases	40
Alcohol consumption	60
Cigarette smoking	60
Illicit drugs	60
Occupational injury deaths	38
Vaccinations	79
Neck pain	48
Neonatal mortality, see Infant mortality, age at death.	

	<i>Table/Figure (F)</i>
Nephritis, nephrotic syndrome and nephrosis	22, 23
Nurses	105
Nursing homes	
Beds, occupancy	110
Expenditures	114, 115, 129
Utilization	110, 129, 132
Nutrition, see Energy and macronutrient intake.	

O

Obesity	64, 69, 70, F10, F11
Occupational diseases, deaths	37
Occupational injury deaths	38
Occupational therapists	105
Office visits	89, 90
Older population aged 65 and over	
Access to care	74, 78
AIDS cases	40
Alcohol consumption	63
Back pain, low	48
Basic actions difficulty	49, 54, F7
Cancer, respondent-reported	44
Cholesterol	66
Chronic conditions, selected	45
Cigarette smoking	56, 58, F8
Complex activity limitation	49, 54, F7
Death rates, all causes	25
Death rates, selected causes	26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 38, F28
Deaths, leading causes	23
Dental caries (cavities), untreated	71
Dental visits	91, 129
Diabetes	46
Doctor visits	90
Drug poisoning	32
Drugs, prescription, use in past 30 days	92, 93, F20, F21, F22
Emergency department visits	87, 88, 89
End-stage renal disease	47
Energy and macronutrient intake	67
Expenses, health care	116, 117, 118, 119
Glycemic control	46
Headache, severe or migraine	48
Health insurance	126, 129
Health status, respondent-assessed	52, 54
Healthy weight	69
Hearing trouble	51
Heart disease, respondent-reported	44, F6
Hospital utilization, inpatient	94, 95, 96, 97, 98, 99, 116, 129, 133
Hospital utilization, outpatient department	89, 129
Hypertension	65, F9
Injury	88
Life expectancy	17, 18
Limitation of activity	129
Mammography	83
Medicaid	130
Medicare	118, 126, 127, 128, 129, 133
Neck pain	48

O—Con.

P—Con.

	<i>Table/Figure (F)</i>
Older population aged 65 and over—Con.	
Nursing home expenditures	129
Nursing home utilization	110, 129
Occupational injury deaths	38
Out-of-pocket health care expenses	117, 118, 119
Overweight and obesity	69
Pap smear	84
Physical activity	68
Pneumonia discharges	96, 97
Population, resident	1
Serious psychological distress	55
Stroke, respondent-reported	44
Unmet need	74
Vaccinations	81, 82, F12
Vision trouble	50
Opioid poisoning	32
Optometry students	106
Osteoarthritis	96, 97, 98
Osteopaths, see Physicians.	
Out-of-pocket health care expenses	117, 118, 119, 120
Outpatient department, see Hospital utilization, outpatient department.	
Overweight	64, 69

P

Pacemakers	99
Pap smear	84
Perinatal mortality, see Infant mortality, age at death.	
Personal health care expenditures, see Expenditures, national health.	
Pertussis (whooping cough), see Diseases, notifiable; Vaccinations.	
Pharmacists/pharmacy students	105, 106
Physical activity	68
Physician services expenditures [see also Consumer Price Index (CPI); Medicaid; Medicare]	115
Physician utilization	89, 90
Physicians	
Doctors of osteopathy	106
International medical school graduates	102
Primary care	90, 103
Primary specialty	90, 102, 103
Schools and students	106
State	101
Pneumococcal vaccinations, see Vaccinations.	
Pneumonia (see also Influenza and pneumonia)	96, 97, 98
Podiatry students	106
Poliomyelitis (Polio), see Diseases, notifiable; Vaccinations.	
Population, resident	1
Postneonatal mortality, see Infant mortality, age at death.	
Poverty	
Access to care	72, 73, 74, 75, 77, 78, F18, F23
Alcohol consumption	63
Allergy	41
Asthma	41
Attention deficit hyperactivity disorder	41
Back pain, low	48
Basic actions difficulty	49, 53, 54
Cancer, respondent-reported	44
Cholesterol	66

Poverty—Con.	
Chronic conditions, selected	45
Cigarette smoking	58, 59
Colorectal tests or procedures	85
Complex activity limitation	49, 53, 54
Dental caries (cavities), untreated	71
Dental visits	91
Diabetes	46
Ear infection	41
Emergency department visits	86, 87
Emotional or behavioral difficulties	41
Glycemic control	46
Headache, severe or migraine	48
Health care visits	78
Health insurance	75, 122, 123, 124, 125, 126
Health status, respondent-assessed	52, 53, 54
Healthy weight	69
Hearing trouble	51
Heart disease, respondent-reported	44
Hospital utilization, inpatient	94
Hypertension	65
Mammography	83
Medicaid	124, 126
Medicare	126
Neck pain	48
Overweight and obesity	69, 70
Pap smear	84
Physical activity	68
Population	2
Serious psychological distress	55
Stroke, respondent-reported	44
Unmet need	74
Vaccinations	79, 80, 81, 82
Vision trouble	50
Prescription drug expenditures (see also Medicaid; Medicare)	114, 115, 117, F29
Prescription drug use, see Drugs, prescription, use in past 30 days.	
Primary care physicians, see Physicians.	
Private health insurance, see Health insurance.	
Procedures	99, 116
Public Health, schools of; students	106
Puerto Rican population (see also Hispanic origin subgroups)	
Births	5, 6
Birthweight, low	7
Death rates, state and U.S. territory	19
Health insurance	122, 123, 124, 125
Infant mortality	11, 14
Poverty	2

R

Race, see specific race groups.	
Rocky Mountain spotted fever, see Diseases, notifiable.	
Rubella (German measles), see Diseases, notifiable; Vaccinations.	
Rural data, see Metropolitan/nonmetropolitan data.	

S

Table/Figure (F)

Salmonellosis, see Diseases, notifiable.	
Self-assessment of health, see Health status, respondent-assessed.	
Septicemia	22, 23
Serious psychological distress (see also Mental health)	55
Shigellosis, see Diseases, notifiable.	
Smoking, see Cigarette smoking.	
Source of funds or payments (see also Expenditures, national health; Health insurance; Medicaid; Medicare)	115, 118, 120
Special feature, Prescription drugs	F20, F21, F22, F23, F24, F25, F26, F27, F28, F29
State and U.S. territory data	
Access to care	76
Birthweight, low	7
Death rates	19
Dentists	104
Health insurance, uninsured	135
Hospital beds	108
Hospital occupancy rates	109
Infant mortality	14, 15
Medicaid	134
Medicare	133
Nursing homes, beds, occupancy rates, residents	110
Physicians	101
Stent, cardiac, see Heart disease, procedures.	
Sterilization, see Contraception.	
Stroke, see Cerebrovascular disease (stroke).	
Sudden infant death syndrome, see Infant mortality, cause of death.	
Suicidal ideation	62
Suicide	20, 21, 22, 23, 35
Surgery, see Hospital utilization.	
Syphilis, see Diseases, notifiable.	

T

Tetanus, see Diseases, notifiable; Vaccinations.	
Tobacco use, see Cigarette smoking.	
Tuberculosis, see Diseases, notifiable.	

U

Uninsured, health, see Health insurance, uninsured.	
Unintentional injuries	20, 21, 22, 23, 88, F3
Unmet need for medical care, dental care, prescription drugs	74, 75, 76, F18, F23
Urban and rural data, see Metropolitan/nonmetropolitan data.	
U.S. territories, see State and U.S. territory data.	
Usual source of care, see Access to care.	

V

Vaccinations	79, 80, 81, 82, F12, F13
Varicella, see Vaccinations.	
Veterans' medical care	132
Vision trouble	50
Visits to health professionals	78

W

Table/Figure (F)

Wages and salaries	105, 121
Wages, health care occupations	105
Women's health	
Access to care	73, 74, 75, 78
Abortion	8
AIDS cases	40
Alcohol consumption	60, 63
Back pain, low	48
Basic actions difficulty	49, 53, 54, F7
Birth rates, fertility rates	3, 5
Births, number	5
Breast cancer	30, 42, 43, 96, 97
Breastfeeding	10
Cancer incidence rates	42
Cancer, respondent-reported	44
Cancer survival, 5-year relative	43
Cesarean section	99
Cholesterol	66
Chronic conditions, selected	45
Cigarette smoking	6, 56, 57, 58, 59, 60, F8
Colorectal tests or procedures	85
Complex activity limitation	49, 53, 54, F7
Contraception	9
Death rates, all causes	20, 25, F3
Death rates, selected causes	20, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 38, F3, F4, F24, F28
Death rates, urbanization	24
Deaths, leading causes	22
Dental caries (cavities), untreated	71
Dental visits	91
Diabetes	46
Doctor visits	90
Drug poisoning	32
Drugs, prescription, use in past 30 days	92, 93, F25
Emergency department visits	87, 88, 89
End-stage renal disease	47
Energy and macronutrient intake	67
Expenses, health care	117, 118
Glycemic control	46
Headache, severe or migraine	48
Health insurance	75, 122, 123, 124, 125, 126, 128, 129
Health status, respondent-assessed	52, 53, 54
Healthy weight	69
Hearing trouble	51
Heart disease, respondent-reported	44, F6
Hospital utilization, inpatient	94, 95, 96, 97, 98, 99
Hospital utilization, outpatient department	89
Hypertension	65, F9
Illicit drug use	60
Injury	88, F4
Life expectancy	17, 18, F1
Mammography	83
Marijuana use	60
Neck pain	48
Occupational injury deaths	38
Overweight and obesity	69, F11
Pap smear	84

W—Con.

Table/Figure (F)

Women's health—Con.

Physical activity	68
Population, resident	1
Poverty	2
Serious psychological distress	55
Stroke, respondent-reported	44
Teenage childbearing	3, 4
Unmarried mothers	5
Vaccinations	81, 82
Vision trouble	50
Years of potential life lost (YPLL)	21
Working-age adults (aged 18–64)	45, 49, 53, 59, 73, 74, 82, 84, 87, 91, 94, 122, 123, 124, 125, F7, F12, F16, F18, F21

Y

Years of potential life lost (YPLL)	21
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